

Minnesota Attorney General: Administrative Rules Proceedings

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#8 9.82

fls.

To: Larry
Date: 10/19/82
Re: MHD – Life Support Transportation Service, Emergency Medical Technician Registration

Rules as Adopted

p. 2. line 20 — .601 K.

This appears to be similar to the instance previously disapproved by this office i.e. the BCA "Machine gun" rules provided for reference to "current version" of Federal document, which was disapproved as improper delegation to Feds. of state rule-making.

p. 9. line 13 — .603 B. 1.

"Possess" must be corrected to "possesses"

p. 26 line 17 — .616 A. 2.

Appears to provide for waiver of compliance from certain rules but it is not clear at which party's discretion. If granting of waiver is at commissioner's discretion, it is not clear what standards shall govern that discretion.

p. 51-54 — .629 and .630

These rules contain many "may"s which appear to provide agency discretion as to granting of waivers and variances even though licensees have fulfilled the conditions for variances and waivers. No standards are provided for such discretion.

AG. copy.

Department of Health

Adopted Amendments to Life Support Transportation Service Rules (7 MCAR SS 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR SS 1.541-1.545)

Rules as Adopted

7 MCAR S 1.601 Definitions. For the purposes of 7 MCAR SS 1.601-1.630, the following terms have the meanings given them.

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

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

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

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

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

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

2. Hours during which service will be available; or

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

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

primary service area.

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

H. Commissioner. "Commissioner" means Commissioner of Health.

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

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

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

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

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

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

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

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

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

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

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

1. Provides advice on training and orientation of personnel;

2. Provides advice on upgrading and purchasing equipment;

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

4. Helps to develop and operate an internal quality assurance mechanism that includes a review of services provided.

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

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

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

a. Provides standards for training and orientation of personnel;

b. Provides standards on upgrading and purchasing equipment;

c. Prescribes any standing orders for the provision of

life support care;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Planning, conducting, and evaluating the program;

2. Selecting the students;

3. Selecting qualified instructors;

4. Documentation and maintaining of records;

5. Developing a curriculum; and

6. Helping to coordinate examination sessions and clinical training.

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

1. Insuring an accurate and thorough presentation of the medical content of an emergency care training program;

2. Certifying that each student has successfully completed the training course; and

3. In conjunction with the program coordinator, planning the clinical training that takes place in the hospital and ambulance.

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

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

specified medical category.

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

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

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

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

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

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

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

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

7 MCAR S 1.602 Applications for licensure.

A. Contents of all applications.

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

Minnesota Statutes, section 144.802:

a. Identification, location, and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

b. The addresses of the base of operation and substations;

c. The names, addresses, and telephone numbers of the medical adviser or medical director of the service and the base hospital or affiliated medical facility, if any, for the service;

d. The location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;

e. Whether the application is for a new license, license renewal, ~~change in~~ expansion of primary service area, change of base of operations, or change in type of service provided;

f. The type and identification of ownership;

g. The type and identification of the entity responsible for operation, if different from ownership;

h. Back-up coverage, including reserve ambulances owned by applicant, back-up services, and copies of signed mutual aid agreements with neighboring providers;

i. Other licensed providers in the primary service area;

j. A description of the population to be served;

k. Type of service to be licensed;

l. Actual past and estimated future utilization of the service;

m. Basic actual or estimated financial data, including actual and in-kind revenue or income, actual or projected patient charges, sources of revenue by type, and actual and imputed expenses by category and projected capital costs and operating costs;

n. Qualifications of personnel, including number of and credentials of attendants and drivers and names and addresses of key personnel; and

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

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

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

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

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

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

B. Contents of applications by health care facilities.

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

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

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

A. Qualifications in general.

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

support transportation service ambulance unless that person:

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

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

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

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

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

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

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

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

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

2. Files documenting personnel qualifications.

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

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

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

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

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

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

3. Maintain this documentation in its files.

7 MCAR S 1.605 Quality of life support treatment.

A. Quality control. Each licensee shall:

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

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

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

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

7 MCAR S 1.606 Restricted treatments and procedures.

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

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

1. Use of an esophageal obturator airway;

2. Use of a cardiac monitor or defibrillator; and

3. Establishment ~~or maintenance~~ of intravenous ~~lines~~ therapy or ~~administration~~ establishment or maintenance of intravenous infusions~~, and~~.

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

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

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

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

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

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

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

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

A. Minimum equipment standards.

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

1. They must carry splinting equipment that includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Three sterile towels and two sterile drapes;

b. Bulb syringe;

c. Four sterile pads or sterile sanitary napkins;

d. Plastic bag or basin;

e. Two sterile cord clamps or ties;

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

g. Sterile shears or scalpel; and

h. Single service sterile gloves.

6. They must carry equipment for determination of vital signs that includes:

a. one stethoscope, and

b. one sphygmomanometer with cuffs for use with child and adult patients.

7. They must carry a detailed current map for use in locating all points in the primary service area.

8. They must carry extrication equipment that includes either one 24-inch wrecking bar or a commercial extrication device.

9. They must carry other equipment that includes:

a. One stretcher 72 to 84 inches long and 18 to 24 inches wide;

b. Two sheets, two blankets, and one pillow;

c. Emesis container;

d. One flashlight;

e. One fire extinguisher, five-pound dry-chemical type with A:B:C rating; and

f. Three bidirectional reflective triangles or three flares.

B. Authorization for use of medical antishock trousers. Medical antishock trousers may be carried and used by basic life support transportation services only if:

1. Attendants and drivers who will use the equipment have been trained in its use and are certified under 7 MCAR S 1.624;

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

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

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

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

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

E. Air ambulance equipment.

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

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

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

F. Maintenance, sanitation, and testing.

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

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

and other offensive matter.

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

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

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

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

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

7 MCAR S 1.608 Ambulance standards.

A. Land ambulances.

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

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

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

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

d. The interior lighting in the patient compartment

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

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

f. The ambulance must:

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

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

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

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

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

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

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

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

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

compartment must allow easy access;

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

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

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

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

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

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

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

D. Maintenance and sanitation.

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

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

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

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

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

7 MCAR S 1.609 Communications.

A. Standards and radio frequency assignments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Each channel must be labeled to show use.

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

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

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

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

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

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

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

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

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

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

1. Complies with A.; and

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

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

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

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

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

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

1. Basic cardiac life support;

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

3. Cardiac monitoring and dysrhythmia recognition;

4. Establishing and maintaining an intravenous infusion line;

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

6. Use of drugs and defibrillation.

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

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

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

2. Files documenting personnel qualifications; and

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

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

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

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

1. Use of telemetry and two-way radio for physician direction of attendants;

2. Patient triage;

3. Use of standing orders; and

4. The means by which medical control will be provided 24 hours a day.

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

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

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

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

1. Advanced cardiac care equipment that includes one portable cardiac monitor and defibrillator;

2. Airway maintenance equipment that includes one esophageal obturator airway;

3. Equipment for intravenous therapy and the

administration of intravenous fluids;

4. Drugs and drug administration equipment and supplies; and

5. One set of medical antishock trousers.

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

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

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

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

7 MCAR S 1.615 Communications.

A. Standards and radio frequency assignments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

specified in 7 MCAR S 1.609 A.5.

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

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

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

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

A. General standards.

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

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

B. Declaration of and adherence to schedule.

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

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

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

7 MCAR S 1.617 Life support transportation services operated by

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

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

7 MCAR S 1.619 Disasters.

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

7 MCAR S 1.620 Advertisement.

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

7 MCAR S 1.621 Enforcement provisions.

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

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

time period specified in the correction order.

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

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

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

7 MCAR S 1.622 Primary service area.

A. Designation.

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

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

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

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

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

c. The specific type of service to be provided;

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

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

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

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

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

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

B. Observance of primary service areas.

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

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

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

b. No other licensed life support transportation

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

C. Life support transportation services provided by air. A.3. does not apply to life support transportation services provided by air ambulances.

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

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

7 MCAR S 1.624 Emergency care course program.

A. Application for initial program approval.

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

a. Content of courses;

b. The length of courses and course schedules;

c. The number of times per year the course will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of instructors;

i. Name and addresses of affiliated hospitals;

j. Admission requirements of trainees; and

k. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

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

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

4. The approval of an emergency care course program expires two years from the date of approval unless renewed according to B.

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

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

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

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

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

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

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

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

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

D. Program content.

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

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

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

b. Airway obstruction and respiratory arrest;

c. Cardiac arrest;

d. Mechanical aids to breathing and resuscitation;

e. Bleeding, shock, pulmonary and cardiopulmonary resuscitation;

f. Dressing and bandaging of wounds;

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

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

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

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

k. Medical emergencies, including poisoning, bites,

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

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

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

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

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

p. Extrication and rescue of patients; and

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

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

F. Equipment and supplies.

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

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

a. Splinting equipment including backboards;

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

c. Dressings, bandages, and bandaging supplies;

d. Emergency obstetrical kit;

e. Poison treatment kit described in 7 MCAR S 1.607 A.4.;

f. Burn treatment supplies;

g. Equipment for determination of vital signs; and

h. Extrication and rescue equipment.

G. Testing.

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

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

3. The practical examination must test the following skills:

a. Patient assessment including primary and secondary assessments;

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

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

d. Wound care, bandaging, and bleeding control;

e. Recognition and care of shock; and

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

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

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

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

H. Issuance of certificates.

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

2. Upon request of an applicant the commissioner shall

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

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

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

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

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

I. Emergency care refresher course program.

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

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

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

4. Providers of emergency care refresher course programs

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

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

J. Refresher course examination.

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

K. Issuance of renewal certificates.

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

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

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

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

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

the written and practical examinations approved by the commissioner; or

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

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

7 MCAR S 1.625 Intermediate emergency care course program.

A. Application for initial course program approval.

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

a. Content of course;

b. The length of courses and course schedules;

c. The number of times per year the course will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program physician medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training; and

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

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

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

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

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

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, intermediate emergency medical technicians, paramedics, or others holding equivalent certificates approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the 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

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

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

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

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

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

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

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

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

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

c. Providing assistance in triage of patients;

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

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

f. Drawing blood samples;

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

h. Administering oxygen.

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

1. Current certification as an emergency medical

technician; and

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

F. Equipment and supplies.

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

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

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

a. Esophageal obturator airways and intubation mannequins;

b. Medical antishock trousers;

c. Intravenous infusion equipment and supplies;

d. Ventilation assistance and airway maintenance equipment; and

e. Equipment for the determination of vital signs.

G. Testing.

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

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

3. The practical examination must test the following skills:

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

b. Esophageal obturator airway insertion and removal;

c. Administration of intravenous infusions; and

d. Application and removal of medical antishock trousers.

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

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

H. Issuance of certificates.

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

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

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

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

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

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

1. Annual certification in basic cardiac life support;

2. An approved emergency care refresher course and

examination approved by the commissioner; and

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

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

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

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

L. Certification renewal.

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

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

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

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

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

A. Application for initial approval.

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

a. Content of course;

b. The length of the courses and course schedules;

c. The number of times per year the courses will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of the instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training in the hospital; and

l. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

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

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

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

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

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, paramedics, or others approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the requirements in 7 MCAR S 1.624 C.5.

D. Program content.

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

a. The role and the legal and medical responsibilities of paramedics;

b. Human systems and patient assessment;

c. Shock and fluid therapy;

d. General pharmacology;

e. The respiratory sytem;

f. The cardiovascular system;

g. The central nervous system;

h. Care of soft tissue injuries;

i. The musculoskeletal system;

j. Medical emergencies;

k. Obstetric and gynecological emergencies;

l. Pediatrics and neonatal medical care;

m. Emergency care of the emotionally disturbed patient;

n. Rescue techniques; and

o. Telemetry and communications.

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

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

F. Equipment and supplies.

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

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

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

a. Splinting equipment;

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

c. Dressings, bandages, and bandaging supplies;

d. Emergency obstetrical kit;

e. Poison-treatment kit described in 7 MCAR S 1.607 A.4.;

f. Burn treatment supplies;

g. Equipment for the determination of vital signs;

h. Medical antishock trousers;

i. Intravenous therapy equipment; and

j. Advanced cardiac care equipment including a portable cardiac monitor and defibrillator.

G. Testing.

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

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

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

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

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

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

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

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

e. Fracture immobilization.

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

H. Issuance of certificates.

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

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

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

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

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

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

I. Continuing education requirements.

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

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

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

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

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

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

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

1. History taking;

2. Physical examination;

3. Cardiopulmonary resuscitation;

4. Infant resuscitation;

5. Esophageal obturator airway placement and endotrachial intubation;

6. Bag valve mask and bag valve tube ventilation;

7. Interpretation of oscilloscopic and hard copy electrocardiograms;

8. Spinal immobilization;

9. Fracture immobilization including use of traction splint;

10. Voice and electrocardiogram telemetry communications procedures, including actions during communications failure;

11. Intravenous therapy;

12. Parenteral drug administration;

13. Application and removal of medical antishock trousers; and

14. Obstetrical procedures.

K. Certification renewal.

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

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

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

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

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

7 MCAR S 1.627 Trip reports.

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

A. History of patient's presenting illness, including the findings of the physical examamination;

B. Patient's name and address;

C. Vital signs;

D. Treatments provided by the licensee's attendants;

E. Identification of life support transportation service;

F. Date and time of request for service;

G. Identification of crew members;

H. Destination to which patient was transported; and

I. Whatever additional information the medical director requires.

Trip reports may be reviewed by the commissioner.

7 MCAR S 1.628 License fees and expiration dates.

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

B. Expiration dates.

1. Life support transportation services are licensed biennially.

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

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

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

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

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

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

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

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

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

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

with an even number;

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

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

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

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

7 MCAR S 1.629 Waivers.

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

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

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

B. Renewal, revocation, and reporting.

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

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

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

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

7 MCAR S 1.630 Variances.

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

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

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

B. Renewal, revocation, and reporting.

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

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

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

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

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

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

D. Specific variances.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b. The use of the cardiac monitor or defibrillator has

been authorized by the licensee's medical director;

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

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

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

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

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

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

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

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

~~7. The commissioner may grant a variance to allow basic life support transportation service licensees to transport patients who are receiving intravenous therapy only when the following conditions are met:~~

~~a. Transportation is provided only between health care facilities, and~~

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

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

~~compartment in addition to the attendant required by 7 MCAR S 1.604 D.; or~~

~~d. The patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains a copy of the written information in its files and the attendant is certified under 7 MCAR S 1.624 and has completed training approved by the medical director in the maintenance of intravenous therapy equipment.~~

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

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

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

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

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

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

APPROVED AS TO LEGALITY
December 22, 1982
WARREN SPANNAUS, ATTORNEY GENERAL
BY Jerry D. Harris
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
DEC 22 1982
Joan Anderson Growe
Secretary of State
11:00 A.M.

NOV 19 1982

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO GEORGE R. PETTERSEN, MD DATE: 12/22/82

Attn: JOHN A. BREVIU, Special Assistant Attorney General

FROM : LARRY D. STARNS
Special Assistant
Attorney General PHONE: 297-3493

SUBJECT: In the Matter of the Adoption of Proposed Amendments to Life Support Transportation Service Rules (7 MCAR § 1.601-1.611), and Repeal of Emergency Medical Technician Registration Rules (7 MCAR § 1.541-1.545).

Enclosed herewith are the rules you have submitted for approval. These rules have been approved by this office and filed with the Secretary of State. Please note that they have not been filed with the State Register. This must be done promptly by your agency.

Upon receipt and before transmittal to your agency, however, it is important that you recheck these rules as to:

1. Affixation of stamps of the Attorney General and Secretary of State;

2. Coverage by these stamps of all rules submitted; and

3. Inclusion of all pages to the rules in the approved set.

If you have any questions in this regard, please contact me.

Encs.

LDS/ls
cc: Ms. Kathy Burek
Mr. Duane Harves

Our File No. 800

RULE REVIEW CHECKLIST

DATE RULE RECEIVED 10-13-82
DATE FOR REVIEW 10-25-82
DATE DUE 11-2-82

Adopted w/a hearing ✓
Adopted w/o hearing
Temporary rule

Approved ____ Disapproved ____ Returned to Agency ____

Resubmitted 12/14/82 Due 12-27-82
Approved ____ Disapproved ____ Returned to Agency ____

Date filed w/Secretary of State ____ Revisor approved 10/14/82 disapproved ____

✓✓ Rule as Adopted

✓ Rule as Proposed + modifications, 7.19.82

✓✓ Order Adopting 10.13.82 Date 12.3.82 Supplemental Order Adopting combined w/FofF

✓ Notice of Intent to Solicit Outside Opinion + comments 8.31.81.

✓ Order for rulemaking
7.29.82 date of Hearing

N/A Certificate of Board's Authorizing Resolution

✓ Notice of rulemaking
✓ Sufficiency

✓ Affidavit of Mailing Notice or rulemaking
6.18.82 At least 30 days prior to hearing/~~adoption~~
Affidavit of Delivery. 6.17.82

✓ Mailing list Certificate

✓ Publication in State Register
✓6.21.82 At least 30/~~20~~ days prior to hearing/~~adoption~~
✓7.12.82 Errata

✓ Hearing Examiner's Report

Chief Hearing Examiner's Report(s)
Approving H.E.'s Report
✓ 10.13.82 Approving agency action
✓ 12.14.82 Order of No Substantial Change

✓ Agency's Findings of Fact combined with Order Adopting

N/A LCRAR Report or agency Affidavit

N/A Certificate of Board's Resolution Adopting Rules

✓ Order Approving Incorporation by Reference see HE 24

✓ Statement of Need and Reasonableness + Supplement

N/A Petition for Adoption of a Rule

✓ Record (includes transcript or tape, exhibits, comments received by agency, requests for a hearing, and other relevant materials)

✓ Certificate of Compliance w/Rulemaking Procedures

✓ Affidavit of Mailing Notice of Submission to Attorney General

✓ Notice of Submission to the Attorney General

ADMIN 1000 (Rev. 1/78)

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL - Health

Office Memorandum

TO : Larry Starns
Special Assistant
Attorney General
204 Administration Bldg.

DATE: December 14, 1982

FROM : John A. Breviu
Special Assistant
Attorney General

PHONE: 341-7272

SUBJECT: Enclosed Rules Package

I am resubmitting, pursuant to your memo dated November 2, 1982, the enclosed documents relating to the Health Department's Life Support Transportation Service rules.

You indicated to me earlier that you would be able to provide an expedited review of this matter.

Thank you for your anticipated cooperation.

JAB:cs

Enclosures

STATE OF MINNESOTA)
(ss.
COUNTY OF HENNEPIN

Eileen A. Gaiovnik, being first duly sworn, hereby deposes and says:

That at the City of Minneapolis, county and state aforementioned, on the 14th day of December, 1982, she did serve the Order of No Substantial Change by the CHief Hearing Examiner, HLTH-82-012-JL upon The Commissioner of Health by personally handing to Wayne Arrowwood, a department employee,

Eileen A. Gaiovnik

Subscribed and sworn to before me
this 14th day of December, 1982

Donna L. Day

DONNA L. DAY
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
My Commission Expires Jan. 25, 1989

TH-82-012-JL

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

FOR THE DEPARTMENT OF HEALTH

In the Matter of Proposed Amendments to Life Support Transportation Service Rules, 7 MCAR Secs. 1.601 to 1.611 and Repeal of Emergency Medical Technician Registration Rules 7 MCAR Secs. 1.541 to 1.545.

ORDER OF NO SUBSTANTIAL CHANGE BY THE CHIEF HEARING EXAMINER

WHEREAS, a hearing was held on October 13, 1982, before Jon L. Lunde, a Hearing Examiner of the State Office of Administrative Hearings, on the above-entitled matter in compliance with Minn. Stat. Sec. 15.0412, subd. 4; and

WHEREAS, the Report of the Hearing Examiner made pursuant to Minn. Stat. 15.052, subd. 3, was issued to the Department of Health; and,

WHEREAS, the Department of Health has now determined to adopt rules pursuant to Minn. Stat. Sec. 15.0412, subd. 4-4f; and

WHEREAS, the Department of Health has submitted said rules to the Chief Hearing Examiner for review pursuant to Minn. Stat. Secs. 15.0412, subd. 4e and 15.052, subd. 4, and 9 MCAR Sec. 2.111; and

WHEREAS, the Chief Hering Examiner finds that the final proposed rules are not substantially different from those proposed at the public hearing,

NOW, THEREFORE, upon receipt of this Order, the Department of Health has the responsibility of submitting the complete hearing record and the rules as adopted by the Department to the Attorney General and to publish in the State Register all pursuant to Minn. Stat. Sec. 15.0412, subd. 4e and 4f.

Dated this 14th day of December, 1982.

Duane R. Harves

DUANE R. HARVES
Chief Hearing Examiner

RECEIVED
DEC 07 1982
ADMINISTRATIVE HEARINGS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA DEPARTMENT OF HEALTH

In the Matter of Proposed Amendments to Life Support Transportation Service Rules, 7 MCAR §§ 1.601 to 1.611 and Repeal of Emergency Medical Technician Registration Rules 7 MCAR §§ 1.541 to 1.545

SUPPLEMENTAL ORDER ADOPTING RULES

On October 13, 1982, the undersigned issued an Order Adopting Rules in the above-entitled matter. Those rules were then submitted to the Office of the Attorney General for review pursuant to Minn. Stat. § 15.0412, subd. 4e (1980). That office disapproved the rules for reasons set out in the November 2, 1982, memorandum of Larry D. Starns. Disapproval was based upon the use of the word "may" instead of "shall" in several instances.

The rules have now been amended to insert the word "shall" in place of the word "may" in all instances where required by the Office of the Attorney General. In addition, page 52, line 2 of the rules has been amended to correct a citation to 7 MCAR § 1.630D7. This does not constitute a substantive change but merely corrects a citation which is required to be changed due to earlier changes which occurred in the proposed rules. All of the above changes are found to be needed and reasonable. Moreover, none of them are found to be substantive changes.

ORDER

IT IS ORDERED that the above-referenced additional amendments to the rules captioned above are adopted this 3 day of Dec, 1982, pursuant to the authority vested in me by Minn. Stat. §§ 144.801 to 144.809.

STATE OF MINNESOTA

COMMISSIONER OF HEALTH

George R. Pettersen M.D.

GEORGE R. PETTERSEN, MD
Commissioner

SF-00006-02

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : GEORGE R. PETTERSEN, M.D.
Commissioner of Health

DATE: 11/2/82

ATTN: JOHN BREVIU, Spec. Ass't. Atty. Gen.

FROM : LARRY D. STARNS
Special Assistant
Attorney General

PHONE: 297-3493

SUBJECT: In the Matter of the Adoption of Proposed Amendments to Life Support Transportation Service Rules (7 MCAR § 1.601-1.611), and Repeal of Emergency Medical Technician Registration Rules (7 MCAR § 1.541-1.545).

The rules as described above have not been approved by this office for the following reasons:

1. 7 MCAR § 1.629.A states that the Commissioner "may" waive the requirements of these rules upon the applicant's satisfaction of certain stated criteria. The use of the word "may" leaves uncertain whether a waiver will be granted should an applicant meet all of the requirements established for such. This vests impermissibly broad discretion in the Commissioner and poses the risk of unequal application of the waiver power. To cure this defect, "shall" must be substituted for "may."

2. 7 MCAR § 1.629.B.1 uses the word "may" and is defective for the reasons stated in paragraph No. 1, above. To cure the defect, "shall" must be substituted for "may."

3. 7 MCAR § 1.629.B.2 uses the word "may" and is defective for the reasons stated in paragraph No. 1, above. To cure the defect, "shall" must be substituted for "may."

4. 7 MCAR § 1.630.A uses the word "may" and is defective for the reasons stated in paragraph No. 1, above. To cure the defect, "shall" must be substituted for "may."

5. 7 MCAR § 1.630.B.1 uses the word "may" and is defective for the reasons stated in paragraph No. 1, above To cure the defect, "shall" must be substituted for "may."

6. 7 MCAR § 1.630.B.2 uses the word "may" and is defective for the reasons stated in paragraph No. 1, above. To cure the defect, "shall" must be substituted for "may."

7. 7 MCAR § 1.630.D.3 uses the word "may" and is defective for the reasons stated in paragraph No. 1, above. To cure the defect, "shall" must be substituted for "may."

8. 7 MCAR § 1.630.D.5 uses the word "may" and is defective for the reasons stated in paragraph No. 1, above. To cure the defect, "shall" must be substituted for "may."

9. 7 MCAR § 1.630.D.6 uses the word "may" and is defective for the reasons stated in paragraph No. 1, above. To cure the defect, "shall" must be substituted for "may."

If you decide to resubmit the rules, please include a new or supplemental Order Adopting and two copies of the new rule as adopted. Also, please include a memorandum specifying that the rules are being resubmitted so that we may obtain our initial file in this matter.

Additionally, at the time when you resubmit the new rules to this office, you must submit two copies of the same to the Revisor of Statutes.

If you have any questions concerning the issues raised in this memorandum, please do not hesitate to call me.

LDS/ls

cc: Ms. Kathy Burek
Ms. Betsy Parker
Ms. Theresa Lautherback
Mr. Duane Harves

ADMIN 1000 (Rev. 1/78)

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL - Health

Office Memorandum

TO : Michael J. Miles
Assistant Attorney General
Administration Division

DATE: October 12, 1982

FROM : John A. Breviu
Special Assistant
Attorney General

PHONE: 341-7272

SUBJECT: In the Matter of Proposed Amendments to Life Support Transportation Service Rules (7 MCAR §§ 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR §§ 1.541-1.545)

In accordance with Minn. Stat. § 15.0412, subd. 4e and 1 MCAR § 1.202, the following documents are submitted for review:

1. Three copies of the Rule as Adopted (the Revisor's Office will submit the original bearing the Revisor's Certificate);

2. Two copies of the Order Adopting the Rule;

3. The complete Hearing Record including all documents submitted to the Hearing Examiner;

4. Hearing Examiner's Report;

5. Chief Hearing Examiner's Order;

6. Agency Findings of Fact, Conclusions and Order Adopting the Rule;

7. Certificate of Compliance with Rulemaking Procedures;

8. Affidavit of Mailing Notice of Submission to the Attorney General and Accompanying Notice; and

9. Erratta published in the State Register at 7 S.R. 64.

If there are any questions, please give me a call. Thank you.

JAB:sv

Enclosures

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

RECEIVED
JUN 28 1982
ADMINISTRATIVE
HEARINGS

In the Matter of the Adoption of Proposed Amendments to Rules Relating to Life Support Transportation Services 7 MCAR §§ 1.601-1.611, and the Repeal of Rules Relating to the Registration of Emergency Medical Technicians, 7 MCAR §§ 1.541-1.543.

AFFIDAVIT OF DELIVERY

Wayne Carlson, being first duly sworn, deposes and says:

That on the 17th day of June, 1982, at the City of Minneapolis, County of Hennepin, State of Minnesota, he served the attached Notice of Hearing on all members of the Minnesota Legislature as of the above-referenced date by delivering personally a copy for each Senator and Representative to the mail rooms for the Minnesota Senate and Minnesota House of Representatives in the State Capitol for placement in their respective mail boxes.

Wayne Robert Carlson

Subscribed and sworn to before
me this 17th day of June, 1982

Marie B. Tromiczak
Notary Public

MARIE B. TROMICZAK
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission Expires Oct. 23, 1987

Agency Exh. No. 9
File No. HLTH-82-012-JL
Date 7-29-82

Whereas, the commissioner has determined that the additional following routes, or segment of routes, should be designated to carry the gross weights allowed under Minnesota Statutes § 169.832.

IT IS HEREBY ORDERED that Commissioner of Transportation Order No. 66400 is amended this date by adding the following designated streets and highway routes, or segment of routes, as follows:

TRUNK HIGHWAYS

T.H. 63 — From Jct. T.H. 14 in Rochester to Jct. T.H. 61 at Lake City (Effective July 12, 1982.) (Seasonal.)

T.H. 251 — From Maple Island to Jct. I-35 (Effective August 1 each year.) (Seasonal.)

July 1, 1982

Richard P. Braun
Commissioner of Transportation

Errata

At State Register, Volume 6, Number 51, June 21, 1982, pp. 2270-2307, Proposed Amendments to Life Support Transportation Service Rules and Repeal of Emergency Medical Technician Registration Rules, make the following changes:

page 2279, 7 MCAR § 1.607 A.2.c., second line, change the second "mouth" to "mask";

page 2281, 7 MCAR § 1.607 F.7., in the last line change "suggests" to "suggested";

page 2282, 7 MCAR § 1.608 A.1.f.(2), change "miles" to "mile";

page 2284, 7 MCAR § 1.610 B., fifth line, change "1.604" to "1.624";

page 2288, 7 MCAR § 1.615 A.5., change "capacity" to "capability";

page 2288, 7 MCAR § 1.615 A.7., change "communications" to "communication."

SF-00006-01

STATE MINNESOTA

DEPARTMENT HEALTH

Office Memorandum

TO : Carol Porter, Editor
State Register

DATE: July 1, 1982

FROM : Betsy Parker, Standards Development Manager
Emergency Medical Services

PHONE: 6-5540

SUBJECT: Errata

Attached is the errata for the Proposed Amendments to Life Support Transportation Service Rules and Repeal of Emergency Medical Technician Registration Rules. The proposed amendments were published at 6 S.R. 2270, June 21, 1982. There is no billing form because you told me when we talked on July 1 that we wouldn't need one. Thank you.

BP:mt
Enclosure

cc:Jack Breviu, Spec.Asst.Atty.Gen.
Jon Lunde, Office of Administrative Hearings
Dan McInerney, Assistant Director, Health Systems

Errata

At State Register, volume 6, number 51, June 21, 1982, pages 2270 to 2307, Proposed Amendments to Life Support Transportation Service Rules and Repeal of Emergency Medical Technician Registration Rules, make the following changes:

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AG copy.

Department of Health

Adopted Amendments to Life Support Transportation Service Rules (7 MCAR SS 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR SS 1.541-1.545)

Rules as Adopted

7 MCAR S 1.601 Definitions. For the purposes of 7 MCAR SS 1.601-1.630, the following terms have the meanings given them.

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

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

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

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

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

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

2. Hours during which service will be available; or

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

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

primary service area.

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

H. Commissioner. "Commissioner" means Commissioner of Health.

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

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

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

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

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

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

improper delegation of rule-making authority

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

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

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

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

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

1. Provides advice on training and orientation of personnel;

2. Provides advice on upgrading and purchasing equipment;

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

4. Helps to develop and operate an internal quality assurance mechanism that includes a review of services provided.

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

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

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

a. Provides standards for training and orientation of personnel;

b. Provides standards on upgrading and purchasing equipment;

c. Prescribes any standing orders for the provision of

life support care;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Planning, conducting, and evaluating the program;

2. Selecting the students;

3. Selecting qualified instructors;

4. Documentation and maintaining of records;

5. Developing a curriculum; and

6. Helping to coordinate examination sessions and clinical training.

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

1. Insuring an accurate and thorough presentation of the medical content of an emergency care training program;

2. Certifying that each student has successfully completed the training course; and

3. In conjunction with the program coordinator, planning the clinical training that takes place in the hospital and ambulance.

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

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

specified medical category.

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

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

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

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

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

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

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

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

7 MCAR S 1.602 Applications for licensure.

A. Contents of all applications.

1. An application for license renewal, or for licensure of a new service, ~~change in~~ 7/19 modification expansion of primary service area, change of base of operation, or type of service provided must be made on a form provided by the commissioner and must include, at a minimum, the following categories of information to allow a determination of compliance with the requirements of Minnesota Statutes, sections 144.801 to 144.807 and to provide sufficient information for local and regional reviews prescribed in

Minnesota Statutes, section 144.802:

a. Identification, location, and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

b. The addresses of the base of operation and substations;

c. The names, addresses, and telephone numbers of the medical adviser or medical director of the service and the base hospital or affiliated medical facility, if any, for the service;

d. The location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;

e. Whether the application is for a new license, license renewal, ~~change in~~ expansion of primary service area, change of base of operations, or change in type of service provided;

f. The type and identification of ownership;

g. The type and identification of the entity responsible for operation, if different from ownership;

h. Back-up coverage, including reserve ambulances owned by applicant, back-up services, and copies of signed mutual aid agreements with neighboring providers;

i. Other licensed providers in the primary service area;

j. A description of the population to be served;

k. Type of service to be licensed;

l. Actual past and estimated future utilization of the service;

m. Basic actual or estimated financial data, including actual and in-kind revenue or income, actual or projected patient charges, sources of revenue by type, and actual and imputed expenses by category and projected capital costs and operating costs;

n. Qualifications of personnel, including number of and credentials of attendants and drivers and names and addresses of key personnel; and

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

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

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

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

existing not subject to our review

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

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

B. Contents of applications by health care facilities.

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

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

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

A. Qualifications in general.

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

support transportation service ambulance unless that person:

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

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

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

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

Possesses

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

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

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

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

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

2. Files documenting personnel qualifications.

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

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

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

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

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

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

3. Maintain this documentation in its files.

7 MCAR S 1.605 Quality of life support treatment.

A. Quality control. Each licensee shall:

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

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

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

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

7 MCAR S 1.606 Restricted treatments and procedures.

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

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

1. Use of an esophageal obturator airway;

2. Use of a cardiac monitor or defibrillator; and

3. Establishment ~~or maintenance~~ of intravenous ~~lines~~ therapy or ~~administration~~ establishment or maintenance of intravenous infusions~~, and~~.

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

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

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

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

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

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

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

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

A. Minimum equipment standards.

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

1. They must carry splinting equipment that includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Three sterile towels and two sterile drapes;

b. Bulb syringe;

c. Four sterile pads or sterile sanitary napkins;

d. Plastic bag or basin;

e. Two sterile cord clamps or ties;

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

g. Sterile shears or scalpel; and

h. Single service sterile gloves.

6. They must carry equipment for determination of vital signs that includes:

a. one stethoscope, and

b. one sphygmomanometer with cuffs for use with child and adult patients.

7. They must carry a detailed current map for use in locating all points in the primary service area.

8. They must carry extrication equipment that includes either one 24-inch wrecking bar or a commercial extrication device.

9. They must carry other equipment that includes:

a. One stretcher 72 to 84 inches long and 18 to 24 inches wide;

b. Two sheets, two blankets, and one pillow;

c. Emesis container;

d. One flashlight;

e. One fire extinguisher, five-pound dry-chemical type with A:B:C rating; and

f. Three bidirectional reflective triangles or three flares.

B. Authorization for use of medical antishock trousers. Medical antishock trousers may be carried and used by basic life support transportation services only if:

1. Attendants and drivers who will use the equipment have been trained in its use and are certified under 7 MCAR S 1.624;

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

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

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

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

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

E. Air ambulance equipment.

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

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

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

F. Maintenance, sanitation, and testing.

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

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

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and other offensive matter.

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

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

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

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

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

7 MCAR S 1.608 Ambulance standards.

A. Land ambulances.

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

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

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

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

d. The interior lighting in the patient compartment

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

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

f. The ambulance must:

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

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

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

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

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

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

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

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

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

compartment must allow easy access;

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

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

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

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

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

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

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

D. Maintenance and sanitation.

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

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

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

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

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

7 MCAR S 1.609 Communications.

A. Standards and radio frequency assignments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Each channel must be labeled to show use.

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

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

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

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

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

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

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

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

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

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

1. Complies with A.; and

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

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

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

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

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

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

1. Basic cardiac life support;

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

3. Cardiac monitoring and dysrhythmia recognition;

4. Establishing and maintaining an intravenous infusion line;

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

6. Use of drugs and defibrillation.

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

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

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

2. Files documenting personnel qualifications; and

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

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

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

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

1. Use of telemetry and two-way radio for physician direction of attendants;

2. Patient triage;

3. Use of standing orders; and

4. The means by which medical control will be provided 24 hours a day.

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

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

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

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

1. Advanced cardiac care equipment that includes one portable cardiac monitor and defibrillator;

2. Airway maintenance equipment that includes one esophageal obturator airway;

3. Equipment for intravenous therapy and the

administration of intravenous fluids;

4. Drugs and drug administration equipment and supplies; and

5. One set of medical antishock trousers.

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

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

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

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

7 MCAR S 1.615 Communications.

A. Standards and radio frequency assignments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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specified in 7 MCAR S 1.609 A.5.

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

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

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

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

A. General standards.

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

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

B. Declaration of and adherence to schedule.

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

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

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

7 MCAR S 1.617 Life support transportation services operated by

Is this "may" directed to choice by licensee or discretion of commissioner? If latter, where are the standards for waiver?

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

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

7 MCAR S 1.619 Disasters.

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

7 MCAR S 1.620 Advertisement.

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

7 MCAR S 1.621 Enforcement provisions.

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

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

time period specified in the correction order.

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

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

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

7 MCAR S 1.622 Primary service area.

A. Designation.

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

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

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

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

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

c. The specific type of service to be provided;

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

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

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

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

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

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

B. Observance of primary service areas.

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

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

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

b. No other licensed life support transportation

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

C. Life support transportation services provided by air. A.3. does not apply to life support transportation services provided by air ambulances.

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

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

7 MCAR S 1.624 Emergency care course program.

A. Application for initial program approval.

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

a. Content of courses;

b. The length of courses and course schedules;

c. The number of times per year the course will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of instructors;

i. Name and addresses of affiliated hospitals;

j. Admission requirements of trainees; and

k. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

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

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

4. The approval of an emergency care course program expires two years from the date of approval unless renewed according to B.

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

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

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

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

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

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

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

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

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

D. Program content.

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

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

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

b. Airway obstruction and respiratory arrest;

c. Cardiac arrest;

d. Mechanical aids to breathing and resuscitation;

e. Bleeding, shock, pulmonary and cardiopulmonary resuscitation;

f. Dressing and bandaging of wounds;

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

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

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

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

k. Medical emergencies, including poisoning, bites,

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

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

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

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

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

p. Extrication and rescue of patients; and

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

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

F. Equipment and supplies.

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

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

a. Splinting equipment including backboards;

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

c. Dressings, bandages, and bandaging supplies;

d. Emergency obstetrical kit;

e. Poison treatment kit described in 7 MCAR S 1.607 A.4.;

f. Burn treatment supplies;

g. Equipment for determination of vital signs; and

h. Extrication and rescue equipment.

G. Testing.

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

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

3. The practical examination must test the following skills:

a. Patient assessment including primary and secondary assessments;

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

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

d. Wound care, bandaging, and bleeding control;

e. Recognition and care of shock; and

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

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

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

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

H. Issuance of certificates.

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

2. Upon request of an applicant the commissioner shall

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

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

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

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

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

I. Emergency care refresher course program.

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

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

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

4. Providers of emergency care refresher course programs

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

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

J. Refresher course examination.

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

K. Issuance of renewal certificates.

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

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

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

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

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

the written and practical examinations approved by the commissioner; or

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

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

7 MCAR S 1.625 Intermediate emergency care course program.

A. Application for initial course program approval.

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

a. Content of course;

b. The length of courses and course schedules;

c. The number of times per year the course will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program physician medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training; and

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

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

3. Applicants who are approved to teach intermediate emergency care courses must notify the commissioner of the starting date of each course before that starting date. HE 20

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

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

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, intermediate emergency medical technicians, paramedics, or others holding equivalent certificates approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the 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

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

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

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

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

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

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

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

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

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

c. Providing assistance in triage of patients;

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

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

f. Drawing blood samples;

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

h. Administering oxygen.

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

1. Current certification as an emergency medical

technician; and

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

F. Equipment and supplies.

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

2. Programs must use standard teaching aids consisting of projectors, screens, films, and slides.

3. Instructors shall use emergency care equipment of the following types:

a. Esophageal obturator airways and intubation mannequins;

b. Medical antishock trousers;

c. Intravenous infusion equipment and supplies;

d. Ventilation assistance and airway maintenance equipment; and

e. Equipment for the determination of vital signs.

G. Testing.

1. In order to complete an approved intermediate care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The commissioner or a designated representative shall administer the written and practical examinations that test for competency in the subjects listed in D.2.

3. The practical examination must test the following skills:

a. Ability to perform a physical assessment for trauma which includes a first and second degree assessment, knowledge of treatment for trauma victims, and triage skills;

b. Esophageal obturator airway insertion and removal;

c. Administration of intravenous infusions; and

d. Application and removal of medical antishock trousers.

The skills in a. must be tested by a physician.

4. The written and practical portions of the National Registry of Emergency Medical Technicians--Intermediate examination as of the effective date of 7 MCAR SS 1.601-1.630, are deemed to comply with the examinations required in 1.

H. Issuance of certificates.

1. Persons who successfully complete an approved intermediate emergency care course will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner shall evaluate intermediate emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations that the commissioner has determined to be equivalent to those described in A.-G., shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June 30 expire on December 31 of the following year. Certificates initially issued from July 1 to December 31 will expire on December 31 of the second following year. All subsequent certificate renewal periods are for the full two-year period running from January 1 to December 31.

5. The certificate may be renewed after submission of evidence of successful completion of the continuing education requirements set forth in I., and submission of a statement of satisfactory skill maintenance signed by the physician medical director of the licensee by whom the applicant is employed.

I. Continuing education requirements. Each applicant for certificate renewal shall successfully complete within the certification period:

1. Annual certification in basic cardiac life support;

2. An approved emergency care refresher course and

examination approved by the commissioner; and

3. Twelve hours of continuing education in the subjects listed in D.2.;

4. Evidence of completion of continuing education requirements must be submitted to the commissioner within ~~30~~ 90 days after the certificate expiration date. HE 2

J. Approval of continuing education courses. Continuing education courses taken to fulfill the requirement in I. must be approved in writing by the licensee's physician medical director. Documentation of approval must be kept in the licensee's file.

K. Skill documentation. The medical director of a licensee shall document that the applicant for certificate renewal has the skills described in G.3. This document must be submitted to the commissioner within ~~30~~ 90 days after the certificate expiration date. HE 21

L. Certification renewal.

1. Persons who successfully complete the continuing education requirements set forth in I. and meet the requirement in K. will be issued a certificate by the commissioner.

2. Upon request by an applicant, the commissioner shall evaluate continuing education requirements in other states to determine whether they are equivalent to requirements described in I. and K. Applicants who have completed continuing education and examinations that are equivalent in content to those required in I. and who have submitted evidence of skill retention as required in K. shall be issued a renewal certificate by the commissioner.

3. Successful completion of the National Registry of Emergency Medical Technicians-Intermediate requirements for reregistration as of the effective date of 7 MCAR S 1.601-1.630 is deemed to comply with the requirements in I. and K.

M. Program audit. The commissioner may audit the courses approved under 7 MCAR S 1.625. The audit may include course inspection, classroom observation, review of instructor qualifications, and student interviews.

7 MCAR S 1.626 Advanced emergency care course programs for paramedics.

A. Application for initial approval.

1. Application for initial approval of an advanced emergency care course program must be made on a form provided by the commissioner and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in A. and C.-F. The following information must be provided:

a. Content of course;

b. The length of the courses and course schedules;

c. The number of times per year the courses will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of the instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training in the hospital; and

l. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

2. Applicants shall retain in a file documentation of all statements made in the application for program approval.

3. The approval of an advanced emergency care course program expires two years from the date of approval unless renewed according to the requirements of B.

B. Applications for renewal. Applications for renewal of an advanced emergency care course program must be made on a form

provided by the commissioner and must specify any changes from the information provided for initial approval and other information which the commissioner requires to clarify incomplete or ambiguous information presented in the application. Applicants for program renewal must have given the advanced emergency care course program for paramedics at least once during the previous biennial approval period. The commissioner, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of A.-F.

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, paramedics, or others approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the requirements in 7 MCAR S 1.624 C.5.

D. Program content.

1. An advanced emergency care course must provide classroom instruction and practical skills instruction in the following subjects:

a. The role and the legal and medical responsibilities of paramedics;

b. Human systems and patient assessment;

c. Shock and fluid therapy;

d. General pharmacology;

e. The respiratory sytem;

f. The cardiovascular system;

g. The central nervous system;

h. Care of soft tissue injuries;

i. The musculoskeletal system;

j. Medical emergencies;

k. Obstetric and gynecological emergencies;

l. Pediatrics and neonatal medical care;

m. Emergency care of the emotionally disturbed patient;

n. Rescue techniques; and

o. Telemetry and communications.

2. In addition to the instruction required in 1., each student must receive clinical training in a hospital and ambulance. The clinical training must be conducted under the direct, visual supervision of a physician, registered nurse, or paramedic certified under 7 MCAR S 1.626. Clinical training must include demonstration of the skill by the supervisor and observation by the student; practice and successful performance of the skill by the student; and evaluation by the supervisor.

E. Student prerequisite. Only persons who have successfully completed an emergency care course and who are currently certified as emergency medical technicians or intermediate emergency medical technicians may be admitted to an advanced emergency care course.

F. Equipment and supplies.

1. Programs must use student and instructor texts and current references in advanced emergency medical care.

2. Programs must use teaching aids consisting of projectors, screens, films, and slides.

3. Programs must use emergency care equipment of the following types:

a. Splinting equipment;

b. Ventilation assistance and airway maintenance equipment including esophageal obturator airways, endotracheal intubation equipment, and suction equipment;

c. Dressings, bandages, and bandaging supplies;

d. Emergency obstetrical kit;

e. Poison-treatment kit described in 7 MCAR S 1.607 A.4.;

f. Burn treatment supplies;

g. Equipment for the determination of vital signs;

h. Medical antishock trousers;

i. Intravenous therapy equipment; and

j. Advanced cardiac care equipment including a portable cardiac monitor and defibrillator.

G. Testing.

1. In order to complete an approved advanced emergency care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The commissioner or a designated representative shall administer written and practical examinations that test for competency in the subjects specified in D.1.

3. Examiners for practical examinations must be physicians, or registered nurses except that persons who are certified under 7 MCAR S 1.626 and who meet the requirements in 7 MCAR S 1.624 C.5. may serve as ~~sole examiners for the skills specified in G.4.d.,~~ and e. and ~~accessory examiners for the skill specified in G.4.a.-e.~~ A physician must be present at the practical examination and must monitor all stations of the examination and answer questions relating to the evaluation of skill performance.

4. The practical examination must test knowledge and skill in the following:

a. Trauma management including primary and secondary assessment, treating of trauma victims, and setting priorities for basic life support and advanced life support management;

b. Cardiology including electrocardiogram interpretation and treatment and related questions;

c. Cardiac arrest, including intubation, intravenous therapy, administration of intravenous drugs, and defibrillation;

d. Cardiopulmonary resuscitation including one- and two-person resuscitation, obstructed airway care, and infant resuscitation; and

e. Fracture immobilization.

5. The written and practical portions of the National Registry of Emergency Medical Technicians--Paramedic examination as of the effective date of 7 MCAR S 1.601-1.630 are deemed to comply with the examinations required in 1.

H. Issuance of certificates.

1. Persons who successfully complete an advanced emergency care course approved by the commissioner will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner may evaluate advanced emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations which the commissioner determines to be equivalent to those described in A.-G. shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June 30 expire on December 31 of the following year. Certificates initially issued from July 1 to December 31, expire on December 31 of the second following year. All subsequent certification renewal periods are for the full two-year period running from January 1 to December 31.

5. All certificates may be renewed for a period of two years when the applicant provides evidence of successful completion of the continuing education requirements in I. and submits a statement of satisfactory skill maintenance signed by the licensee's medical director as required in J.

6. Evidence of compliance with the requirements in 5. must be submitted by the applicant within 90 days after the certificate expiration date.

I. Continuing education requirements.

1. Each applicant for certificate renewal must successfully complete the following:

a. Forty-eight hours of continuing education in the subject areas listed in D.1.;

b. During one year of the certification period, a course in basic cardiac life support, up to four hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in a.; and

c. During the alternate year of the certification period, instruction in advanced cardiac life support, up to 16

hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in a.

2. Continuing education must be approved in writing by the licensee's physician medical director. Documentation of such approval must be maintained in the licensee's file.

J. Skill documentation. The medical director of an advanced life support transportation service must document that the applicant for certificate renewal retains proficiency in the following skills:

1. History taking;

2. Physical examination;

3. Cardiopulmonary resuscitation;

4. Infant resuscitation;

5. Esophageal obturator airway placement and endotrachial intubation;

6. Bag valve mask and bag valve tube ventilation;

7. Interpretation of oscilloscopic and hard copy electrocardiograms;

8. Spinal immobilization;

9. Fracture immobilization including use of traction splint;

10. Voice and electrocardiogram telemetry communications procedures, including actions during communications failure;

11. Intravenous therapy;

12. Parenteral drug administration;

13. Application and removal of medical antishock trousers; and

14. Obstetrical procedures.

K. Certification renewal.

1. Persons who successfully complete the requirements set forth in I. and J. will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner shall evaluate skill proficiency requirements and continuing education courses offered in other states to determine whether they are equivalent to those described in I. and J. Persons who have

successfully completed courses that the commissioner has determined to be equivalent to those described in I. and who have current evidence of skill proficiency retention for which documentation has been submitted as required in J., shall be issued a renewal certificate. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

3. Successful completion of the National Registry of Emergency Medical Technician--Paramedics continuing education requirements for Emergency Medical Technician--Paramedic reregistration as of the effective date of 7 MCAR SS 1.601-1.630 is deemed to comply with the continuing education requirements set forth in I. and J.

L. Program audit. Approved applicants shall cooperate with the audit activities of the commissioner. The audit may include course inspection, classroom observation, review of instructor qualifications and student interviews.

7 MCAR S 1.627 Trip reports.

Each licensee shall maintain trip reports for every run in which patient care was offered or provided to meet the reporting requirements of Minnesota Statutes, section 144.807. The report must contain at least the following information:

A. History of patient's presenting illness, including the findings of the physical examamination;

B. Patient's name and address;

C. Vital signs;

D. Treatments provided by the licensee's attendants;

E. Identification of life support transportation service;

F. Date and time of request for service;

G. Identification of crew members;

H. Destination to which patient was transported; and

I. Whatever additional information the medical director requires.

Trip reports may be reviewed by the commissioner.

7 MCAR S 1.628 License fees and expiration dates.

A. License fees. Each application for a license to operate a life support transportation service, to change or add a new base of operation, to offer a new type of service, or to expand a primary service area must be accompanied by a basic fee of $96 plus a $48 fee for each ambulance to be operated by the applicant. The licensee shall pay an additional $48 fee for the full licensure period or $2 per month for any fraction of the period for each ambulance added to the life support transportation service during the period for which the license is issued. License fees are not refundable.

B. Expiration dates.

1. Life support transportation services are licensed biennially.

2. Applicants for renewal shall submit complete applications for renewal as required by 7 MCAR S 1.602 A. at least 90 days before the expiration date shown on the license.

3. There are eight licensing periods. Each period begins on the first day of a calendar month and ends on the last day of the 24th month from the beginning of the period.

4. For licensing periods beginning October 1, 1982, and all subsequent periods, license renewal dates will be assigned according to the district as described in 7 MCAR S 1.609 A.3. in which the licensee's base of operation is located as follows:

a. Northwestern district: October 1, in years ending with an even number;

b. Northeastern district: January 1, in years ending with an odd number;

c. West central district: April 1, in years ending with an odd number;

d. Central district: July 1, in years ending with an odd number;

e. Metropolitan district: October 1, in years ending with an odd number;

f. Southwestern district: January 1, in years ending with an even number;

g. South central district: April 1, in years ending

with an even number;

h. Southeastern district: July 1, in years ending with an even number.

5. Applicants for new or renewal licenses after October 1, 1982, may be issued a license for a period remaining until the renewal date listed under 4. If the commissioner issues a license for less than 24 consecutive months, the license fee will be apportioned.

6. Renewal dates for licenses issued between October 1, 1982 and the time shown for renewal in 4., will be extended until the time for renewal shown in 4. After July 1, 1984, all licenses will be renewed every two years.

C. Identification of ambulances. The commissioner will issue a certificate for each licensed ambulance. The certificate must be affixed to the vehicle.

7 MCAR S 1.629 Waivers.

A. Application. The commissioner may waive any of 7 MCAR SS 1.601-1.630 except 7 MCAR S 1.630 D.5. if the applicant shows that:

1. Applying the rule would impose an undue burden on the applicant; and

2. Granting the waiver will not adversely affect the public health or welfare.

B. Renewal, revocation, and reporting.

1. The commissioner may renew the waiver upon reapplication in conformance with A.

2. The commissioner may revoke a waiver if a material change occurs in the circumstances that justified granting the waiver.

3. An applicant that has been granted a waiver shall notify the Department of Health in writing of any material change in circumstances.

C. Limitation. No waiver may be granted for a period longer than the current license period.

7 MCAR S 1.630 Variances.

A. Application. The commissioner may grant a variance from 7 MCAR SS 1.601-1.630 except 7 MCAR S 1.630 D.8. if the applicant proposes alternative practices equivalent or superior to those prescribed in the rule in question and shows that:

1. Applying the rule would impose an undue burden on the applicant; and

2. Granting the variance will not adversely affect the public health or welfare.

B. Renewal, revocation, and reporting.

1. The commissioner may renew a variance upon reapplication in conformance with A.

2. The commissioner may revoke a variance if:

a. A material change occurs in the circumstances which justified granting the variance; or

b. The applicant fails to comply with the alternative practice specified in its successful application for a variance.

3. An applicant that has been granted a variance must notify the Department of Health of any material change in circumstances.

C. Limitation. No variance may be granted for a period longer than the current license period.

D. Specific variances.

1. A basic life support transportation service licensee will be granted a variance under 7 MCAR S 1.607 C. upon compliance with the following: 7/19 modification

a. The licensee must submit to the commissioner a list of attendants who have received ~~additional~~ medically supervised training, specifying for each attendant, the subjects covered, the length of training, the nature of the medical supervision; and

b. A statement signed by the licensee's medical adviser stating approval of the training received by the attendants.

2. A basic life support transportation service licensee that seeks a variance to provide a treatment or procedure that is restricted under 7 MCAR S 1.606 shall have a physician

medical director who agrees to provide medical direction regarding attendant training, equipment, standing orders, continuing education, and assessment of the quality of care provided with respect to the treatment or procedure offered or provided pursuant to the variance.

3. The commissioner may grant a variance to allow the establishment or maintenance of intravenous infusions by basic life support transportation services only if the applicant shows that:

a. It will be established or maintained by attendants or drivers who have been trained in its establishment and or maintenance;

b. The establishment or maintenance of intravenous infusions has been approved by the licensee's medical director;

c. The medical director has developed or approved written standing orders and protocols for the establishment or maintenance of intravenous infusions;

d. Continuing education or clinical training is provided annually to persons authorized to establish or maintain intravenous infusions;

e. The administration of intravenous infusions is restricted to solutions administered only for fluid volume replacement; and

f. Documentation of a.-e. is retained in the licensee's file.

4. Persons who possess intermediate emergency medical technician and paramedic certificates are deemed to comply with the requirement in 3.a.

5. The commissioner may grant a variance to allow the use of a portable cardiac monitor or defibrillator by a basic life support transportation service only if the applicant shows that:

a. It will be used only by attendants and drivers who have received training in its use and the training has been approved by the licensee's medical director;

b. The use of the cardiac monitor or defibrillator has been authorized by the licensee's medical director;

c. The medical director has developed or approved standing orders for the use of the cardiac monitor or defibrillator;

d. Continuing education or clinical training on the use of the cardiac monitor or defibrillator is provided at least annually to persons authorized to use the equipment; and

e. Documentation of a.-d. is retained in the licensee's files.

6. The commissioner may grant a variance to allow the use of an esophageal obturator airway by attendants of a basic life support transportation service only if the applicant shows that:

a. The attendants who will use the equipment have been trained in its use or have successfully completed intermediate emergency medical technician or paramedic training described in 7 MCAR S 1.625 and 7 MCAR S 1.626.

b. Use of the esophageal obturator airway has been approved by the licensee's medical director;

c. The licensee's medical director annually assures that each attendant authorized to use the airway retains skill proficiency and signs a statement that the attendant has satisfactorily demonstrated proficiency; and

d. Documentation of a.-c. is retained in the licensee's files.

~~7. The commissioner may grant a variance to allow basic life support transportation service licensees to transport patients who are receiving intravenous therapy only when the following conditions are met:~~

~~a. Transportation is provided only between health care facilities; and~~

~~b. The intravenous therapy was established by the facility from which the patient is transported; and either~~

~~c. A physician, registered nurse, or paramedic from the facility from which the patient is transported or a paramedic, accompanies the patient and rides in the patient compartment in addition to the attendant required by 7 MCAR S 1.604 D.; or~~

~~d. The patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains a copy of the written information in its files and the attendant is certified under 7 MCAR S 1.624 and has completed training approved by the medical director in the maintenance of intravenous therapy equipment.~~ 7/19 modified

~~8.~~ 7. Basic life support licensees may not be granted variances for the following:

a. Parenteral administration of any drugs except solutions for intravenous infusion;

b. Nonparenteral administration of any drugs except sugar solutions for oral administration to conscious diabetic patients, oxygen, and syrup of ipecac and drinking liquids provided under 7 MCAR S 1.607 A.4.; and

c. Establishment of intravenous therapy involving the use of drugs other than solutions for intravenous infusion.

Repealer. Rules 7 MCAR SS 1.541-1.543 are repealed.

Effective date. These rules are effective October 1, 1982, or five working days after the notice of adoption is published in the ' State Register, ' whichever is later.

Exh. No. 5
File No. HLTH-82-012-IL
Date 7-29-82

RECEIVED
JUN 4 1982
ADMINISTRATIVE HEARINGS

Rules as Proposed

7 MCAR S 1.601 Definitions. For the purposes of 7 MCAR SS 1.601-1.630, the following terms have the meanings given them.

A. Air ambulance. "Air ambulance" means an ambulance that is designed and manufactured to travel by air~~, and~~. It includes fixed wing aircraft and helicopters.

B. ~~"ALS" means advanced life support transportation service.~~ Base of operation. "Base of operation" means the address at which the physical plant housing ambulances, related equipment and personnel is located.

~~C. "BLS" means basic life support transportation service.~~

~~D. "Central base of operation" means a base of operation for a life support transportation service that serves as the coordinating point for other bases of operation of a licensee within a single primary service area.~~

C. Basic cardiac life support. "Basic cardiac life support" means cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

~~E.~~ D. Change. "Change" means an action or occurrence by which a situation relevant to licensure has become distinctly and materially different such that it can reasonably be expected that the licensee will not meet the conditions of its current license.

~~F.~~ E. Change in type of service. "Change in type of service" means any change in the schedule of:

1. ~~Skills and equipment used in patient care~~ Level of service when the change is from basic life support to advanced life support;

2. Hours during which service will be available; or

3. The ~~group(s)~~ group of individuals for whom services will be exclusively provided ~~exclusively~~ such that a new type ~~or types~~ of ~~licenses are~~ license is required.

~~G.~~ F. Change of base of operation. "Change of base of operation" means ~~a change involving~~ a the relocation of vehicles, related equipment, and personnel housed at one

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location ~~for housing at~~ to another location such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.

~~H.~~ G. City of the first class and city of the second class. "City of the first class" and "city of the second class" have the meanings given to them in Minn. Stat. ~~ch. 410~~ S 410.01.

~~I.~~ H. Commissioner. "Commissioner" means Commissioner of Health.

~~J.~~ I. Communications base. "Communications base" means the ~~location at which equipment is housed~~ composite collection of radio base station equipment which is used for ~~use in~~ two-way radio communications ~~with~~ between ambulances ~~or~~ and medical facilities.

~~K.~~ J. Disaster. "Disaster" means a sudden occurrence or other temporary condition ~~determined to have resulted~~ causing or ~~to be~~ likely to ~~result in~~ cause such widespread damage and such mass casualties or threats to the health and safety of members of the public that available life support transportation services cannot reasonably be considered adequate to respond to the emergency needs of the affected public.

K. Drug. "Drug" means all medicinal substances and preparations recognized by the 'United States Pharmacopoeia National Formulary,' issued by the United States Pharmacopoeial Convention (Rockville, Maryland) or by any revision of that publication. It also means all substances and preparations intended for external and internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animal, and all substances and preparations, other than food, intended to affect the structure or any function of the body of man or other animal.

L. Emergency medical technician. "Emergency medical technician" means a person certified under 7 MCAR S 1.624 to provide basic life support service.

~~L.~~ M. Full operating condition and good repair. "Full operating condition and good repair" means a condition ~~whereby~~

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in which all systems, parts, elements, and components are completely workable, operational, and reliable.

N. Intermediate emergency medical technician. "Intermediate emergency medical technician" means a person who is certified under 7 MCAR S 1.624 and 7 MCAR S 1.625 to provide basic life support service and who may, under the medical direction of a physician, perform advanced life support procedures using intravenous infusions, medical antishock trousers, and esophageal obturator airways.

O. Intravenous infusion. "Intravenous infusion" means the introduction of a fluid other than blood into a vein for fluid volume replacement only.

P. Intravenous therapy. "Intravenous therapy" means the establishment of an intravenous line and the administration of intravenous fluids and drugs.

~~M.~~ Q. Land ambulance. "Land ambulance" means an ambulance that is designed and manufactured to travel on land.

R. Medical adviser. "Medical adviser" means a physician who:

1. Provides advice on training and orientation of personnel;

2. Provides advice on upgrading and purchasing equipment;

3. Provides triage, treatment, and transporting protocols to assure that patients requiring care are transported to appropriate medical facilities; and

4. Helps to develop and operate an internal quality assurance mechanism that includes a review of services provided.

~~N.~~ S. Medical control. "Medical control" means the direction by ~~physicians~~ a physician of out-of-hospital emergency medical care ~~delivered by non-physicians~~ that is provided ~~directly on the scene or~~, through direct oral communication by radio or telephone~~, or indirectly through written patient triage, treatment, and transfer guidelines or protocols, and that includes the following~~:.

~~1. providing advice on training and orientation of personnel,~~

~~2. providing advice on upgrading and purchasing~~

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~~equipment;~~

~~3. prescribing and maintaining any standing orders;~~

~~4. providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment; and~~

~~5. assisting with the development and operation of an internal quality assurance mechanism that includes review of services provided.~~

T. Medical director. "Medical director" has the following meanings:

1. "Medical director" means a physician who accepts responsibility for the quality of care provided by drivers and attendants of an advanced life support transportation service and who:

a. Provides standards for training and orientation of personnel;

b. Provides standards on upgrading and purchasing equipment;

c. Prescribes any standing orders for the provision of life support care;

d. Provides triage, treatment, and transporting protocols to assure that patients requiring care are transported to appropriate medical facilities;

e. Assists with the development and operation of an internal quality assurance mechanism that includes a review of services provided;

f. Provides written procedures for the storage and administration of drugs;

g. Provides written standards for medical equipment and supplies used to provide advanced life support transportation services.

2. With respect to a basic life support transportation service that has been granted a variance to perform a restricted treatment or procedure listed in 7 MCAR S 1.606 B., "medical director" means a physician who accepts responsibility for the quality of care given in the course of providing the restricted

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treatment or procedure who provides:

a. Standards for training and continuing education with respect to the restricted treatment or procedure for which the variance was granted;

b. Standards for the purchase of medical equipment and supplies necessary for the restricted treatment or procedure;

c. Standing orders for performing the restricted treatment or procedure; and

d. Regular review of the quality of care provided under the variance.

~~O.~~ U. Nonbreakable. "Nonbreakable" means not easily broken and not liable to be broken through normal use and minor abuse such as dropping.

~~P.~~ V. Osteopath. "Osteopath" means a person licensed to practice osteopathy ~~pursuant to~~ under Minn. Stat. SS 148.11-148.16 prior to 1963 or licensed to practice medicine ~~pursuant to~~ under Minn. Stat. ch. 147.

W. Paramedic. "Paramedic" means a paramedic emergency medical technician certified under 7 MCAR S 1.626 to provide advanced life support service under the medical control of a physician.

X. Parenteral. "Parenteral" means not through the alimentary canal, but rather by injection, through some other route.

~~Q.~~ Y. Physician. "Physician" means a person licensed to practice medicine ~~pursuant to~~ under Minn. Stat. ch. 147.

Z. Program coordinator. "Program coordinator" means a person who serves as the administrator of an emergency care training program and who is responsible for the following:

1. Planning, conducting, and evaluating the program;

2. Selecting the students;

3. Selecting qualified instructors;

4. Documentation and maintaining of records;

5. Developing a curriculum; and

6. Helping to coordinate examination sessions and clinical training.

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AA. Program medical director. "Program medical director" means a physician who accepts responsibility for the following elements of an emergency medical care training program:

1. Insuring an accurate and thorough presentation of the medical content of an emergency care training program;

2. Certifying that each student has successfully completed the training course; and

3. In conjunction with the program coordinator, planning the clinical training that takes place in the hospital and ambulance.

~~R.~~ BB. Registered nurse. "Registered nurse" means a person licensed to practice professional nursing ~~pursuant to~~ under Minn. Stat. ~~ch.~~ 148 SS 148.171-148.285.

~~S. "Scheduled advanced life support transportation service" means an advanced life support transportation service that:~~

~~1. restricts the availability of its services to specified periods of time;~~

~~2. restricts the availability of its services to a specified group of people; or~~

~~3. restricts the type of services it provides to a specified medical category or categories.~~

~~T. "Scheduled basic life support transportation service" means a basic life support transportation service that:~~

~~1. restricts the availability of its service to specified periods of time;~~

~~2. restricts the availability of its services to a specified group of people; or~~

~~3. restricts the type of services it provides to a specified medical category or categories.~~

~~U.~~ CC. Scheduled life support transportation service. "Scheduled life support transportation service" means basic or advanced life support transportation service that:

~~1.~~ restricts ~~the availability of~~ its services to specified periods of time;

~~2. restricts the availability of its services~~ or to a specified group of people~~;~~, or

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3. restricts the type of services it provides to a specified medical category, or categories.

V. DD. Single-service. "Single-service" means designed and manufactured to be used once and then disposed of, not to be reused.

W. EE. Sterile. "Sterile" means the state of being free from microorganisms.

FF. Substation. "Substation" means the location from which ambulances and personnel operate to provide life support transportation service which is supplementary to that provided from the base of operation and which enables the licensee to serve all points in its primary service area in accordance with the requirements in 7 MCAR S 1.622.

X. GG. Telemetry. "Telemetry" means the direct transmission of electronic signals indicating measurement of patient physiological parameters vital signs.

Y. HH. Treatment. "Treatment" means the use of the skills or equipment required by these rules 7 MCAR SS 1.601-1.630 for the management and care of an ill or injured person or of a pregnant woman for the purpose of combating disease, minimizing disability, preventing death, or preserving health.

II. Triage. "Triage" means the sorting out and classification of ill or injured persons to determine priority of need and place of treatment.

Z. JJ. Variance. "Variance" means permission to comply in a manner other than that generally specified by 7 MCAR SS 1.601-1.630.

AA. KK. Waiver. "Waiver" means permission not to comply with 7 MCAR SS 1.601-1.630.

7 MCAR S 1.602 Applications for licensure.

A. Contents of all applications.

1. An application for license renewal, or for licensure of a new service, change in primary service area, change in base of operations operation, or type of service provided shall must be made on a form provided by the commissioner and shall must include, at a minimum, the following categories of

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information to allow a determination of compliance with the requirements of Minn. Stat. SS 144.801 ~~et seq.~~ -144.807 and to provide sufficient information for local and regional reviews ~~as~~ prescribed in Minn. Stat. S 144.802:

a. Identification, location, and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

b. The ~~address~~ addresses of ~~all bases~~ the base of operation and substations;

c. The names, addresses, and telephone numbers of ~~the following:~~

~~(1)~~ the medical ~~adviser~~ adviser or medical director of the service~~,~~ and

~~(2)~~ the base hospital or affiliated medical facility, if any, for the service;

d. The location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;

e. ~~the type of action requested~~ (Whether the application is for a new license, license renewal, change in primary service area, change of base of operations, or change in type of service provided~~)~~;

f. The type and identification of ownership;

g. The type and identification of the entity responsible for operation, if different from ownership;

h. ~~a declaration of proposed primary service area according to the requirements of 7 MCAR S 1.608 F.;~~

~~i.~~ Back-up coverage, including reserve ~~ambulance(s)~~ ambulances owned by applicant, back-up services, and ~~indication~~ copies of signed mutual aid agreements with neighboring providers;

~~j.~~ i. Other licensed providers in the primary service area;

~~k.~~ j. A description of the population to be served;

~~l.~~ k. Type of service to be licensed;

~~m.~~ l. Actual past and estimated future utilization of

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the service;

~~n.~~ m. Basic actual or estimated financial data, including~~:~~

~~(1)~~ actual and in-kind revenue or income ~~(actual and in-kind)~~,

~~(2)~~ actual or projected patient charges,

~~(3)~~ sources of revenue by type, and

~~(4)~~ actual and imputed expenses ~~(actual and imputed)~~ by category and projected capital costs and operating costs;

~~o.~~ n. Qualifications of personnel, including~~:~~

~~(1)~~ ~~numbers~~ number of and credentials of attendants and drivers~~,~~ and

~~(2)~~ names and addresses of key personnel; and

~~p.~~ o. A listing and description of all ambulances to be used by the service if licensed~~.~~;

~~2. Applicants shall also furnish such other information that may be needed by the commissioner to clarify incomplete or ambiguous information presented in the application.~~

~~3. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.~~

~~B. Contents of applications for license of new services, expansions of primary service area, and changes in base of operation or type of service.~~

~~1. An application for licensure of a new service or for a change in base of operation, primary service area, or type of service shall include, at a minimum, the following categories of information to allow for a determination of need for the proposed service by local units of government, local boards of health, and Health Systems Agencies, as prescribed in Minn. Stat. § 144.802, subd. 3, and to allow for a determination of the applicability of Minn. Stat. §§ 145.832-144.845, the Minnesota Certificate of Need law.~~

~~a.~~ p. A description of ~~the~~ any proposed new service, change ~~in~~ of base of operation, expansion of primary service area, or change in type of service;

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~~b.~~ q. A justification of the need for ~~the~~ any proposed new service or modification in service;

~~c. a description of the population to be served by the proposed new service or modified service;~~

~~d.~~ r. A declaration of the proposed primary service area, including a description of the geographic features of the primary service area that have a direct bearing on the proposed service or modified service~~;~~ ~~and~~.

~~e. A statement of all costs associated with the new service, including any capital costs as defined in Minn. Stat. SS 145.832-145.845, operating costs and projected patient charges for at least one year, and other related information.~~

2. Applicants shall ~~also~~ furnish ~~such~~ other information that may be needed by the commissioner to clarify incomplete or ambiguous information presented in the application.

3. Applicants shall retain in their files documentation of all statements made in applications for licensure.

~~C.~~ B. Contents of applications ~~for life support licensure~~ by health care facilities ~~subject to certificate of need review under Minn. Stat. SS 145.832-145.845~~.

1. Applicants for life support licensure that are health care facilities as defined in Minn. Stat. S 145.833, subd. 2, shall submit sufficient information on the ~~forms~~ form described in ~~7 MCAR S 1.602 A. and B. above~~ A.1. to allow ~~for a determination of~~ the commissioner to determine the need ~~for review~~ for a certificate of need review as prescribed in Minn. Stat. S 145.834.

2. Applicants for life support licensure that are determined to be subject to certificate of need review by the commissioner shall provide ~~such~~ additional information as ~~may be~~ required by Minn. Stat. S 145.836~~,~~ ~~such~~. The information ~~shall~~ must be submitted on forms provided by the commissioner and ~~shall~~ must meet all criteria specified in rule and statute for certificate of need applications.

7 MCAR S 1.603 Personnel standards ~~for operation of~~; basic life support transportation services.

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A. ~~Personnel.~~

~~1.~~ Qualifications in general.

~~a.~~ Except for persons functioning as pilots of air ambulances, no person ~~shall~~ may function as an attendant or driver or represent himself ~~or herself~~ as an attendant or driver of a basic life support transportation service ~~(BLS)~~ ambulance unless that person:

~~(1)~~ 1. Possesses a current American Red Cross advanced first aid certificate; or

~~(2)~~ 2. Until two years after the effective date of 7 MCAR SS 1.601-1.630, possesses a current emergency care certificate issued by the commissioner ~~pursuant to~~ under Minn. Stat. S 214.13; or

~~(3) Possesses a current emergency care certificate that complies with the provisions of 7 MCAR S 1.609, or~~

~~(4) Meets the qualifications of 7 MCAR S 1.604 A. for an advanced life support transportation service ambulance.~~

~~b. The requirement set forth in 7 MCAR S 1.603 A.1.a. shall not apply to persons functioning as pilots of air ambulances.~~

3. Possesses a current certificate issued under 7 MCAR S 1.624, 7 MCAR S 1.625, or 7 MCAR S 1.626.

B. Air ambulance attendants. No person may act as an attendant of a basic life support air ambulance unless that person:

1. Possess a current certificate issued under 7 MCAR S 1.624, 7 MCAR S 1.625, or 7 MCAR S 1.626; and

2. Has received training approved by the licensee's medical adviser which includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude; instructions in the medical conditions requiring special precautions; and contra indications to air transport. The medical adviser must sign and file with the licensee, a statement that each attendant has successfully completed such training.

~~2.~~ 7 MCAR S 1.604 Staffing standards; basic life support

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transportation services.

a. A. Attendants; drivers. Each BLS basic life support transportation service licensee shall employ or otherwise have on its staff a minimum of five persons qualified under 7 MCAR S 1.603 A. 1. a. and shall maintain:

(1) 1. A current roster, including the name, address, and qualification of such those persons; and

(2) 2. Files documenting personnel qualifications.

b. B. Medical adviser. Each licensee that operates air ambulances and by July 1, 1985, each licensee that operates land ambulances shall have a physician medical adviser responsible for at least adviser.

(1) Providing advice on training and orientation of personnel;

(2) Providing advice on upgrading and purchasing equipment;

(3) Prescribing and maintaining any standing orders;

(4) Providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment; and

(5) Assisting with the development and operation of an internal quality assurance mechanism that shall include review of services provided.

c. C. File documents. The licensee shall maintain in its files the name and address of the medical adviser adviser and a written statement signed by the medical adviser adviser indicating his or her acceptance of the responsibilities as specified defined in 7 MCAR S 1.601 R. 7 MCAR S 1.603 A. 2. b. shall be maintained in the files of the licensee.

d. If a life support transportation service finds it impossible to arrange for an attendant to accompany a driver in responding to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant, provided that the service shall:

(1) make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and enroute

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~~to a health care facility;~~

~~(2) document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient (such documentation shall include an explanation of what reasonable efforts were made to arrange for an attendant to be present); and~~

~~(3) maintain such documentation in its files.~~

~~3.~~ D. Operational requirement. An attendant shall be in the patient compartment while transporting a patient ~~or patients~~ except as allowed by Minn. Stat. S 144.804, subd. 2. If a life support transportation service finds it impossible to arrange for an attendant to accompany a driver in responding to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant. Under these conditions the service shall:

1. Make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and en route to a health care facility;

2. Document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient and explain what reasonable efforts were made to arrange for an attendant to be present; and

3. Maintain this documentation in its files.

7 MCAR S 1.605 Quality of life support treatment.

A. Quality control. Each licensee shall:

1. Assure that attendants and drivers that it employs or has on its staff have current certificates issued by the commissioner or an American Red Cross advanced first aid certificate;

2. Assure that its attendants and drivers use only equipment that they are trained to use; and

3. Assure that its attendants and drivers provide care that conforms to the general standard of care expected of

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persons who are trained and certified as those attendants and drivers are trained and certified.

B. Complaints. Each licensee shall establish and implement a procedure for responding to complaints about its life support transportation service.

7 MCAR S 1.606 Restricted treatments and procedures.

A. Restricted treatments and procedures. Basic life support transportation services may use medical antishock trousers only as allowed under 7 MCAR S 1.607 B.

B. Restrictions. Except as authorized under 7 MCAR S 1.630 D., basic life support transportation services may not offer or provide the following:

1. Use of an esophageal obturator airway;

2. Use of a cardiac monitor or defibrillator;

3. Establishment or maintenance of intravenous lines or administration of intravenous infusions; and

4. Transfer of patients for whom maintenance of intravenous therapy is required.

C. Prohibitions. Basic life support transportation services may not administer drugs other than oxygen, syrup of ipecac, and nonprescription drugs.

~~E.~~ 7 MCAR S 1.607 Equipment standards; basic life support transportation services.

~~1.~~ A. Minimum equipment standards.

~~a.~~ All ambulances ~~shall~~ must carry equipment that complies with the following standards:

~~(1)~~ 1. They must carry splinting equipment that ~~shall include~~ includes:

~~(a)~~ a. One lower-extremity traction splint, fashioned so as to permit determination of distal pulse, sensitivity, and range of movement after the application of the splint;

~~(b)~~ b. Fixation splints for fractures of both legs and both arms; and

~~(c)~~ c. One short and one long backboard with head immobilization gear and patient fixation straps~~;~~.

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~~(2)~~ 2. They must carry ventilation assistance and airway maintenance equipment that ~~shall include~~ includes:

~~(a)~~ a. One portable oxygen system complying with the following specifications:

~~(i)~~ (1) High-pressure tank regulated to 50 ~~psi~~ pounds per square inch at flowmeter;

~~(ii)~~ (2) Calibrated to deliver to the patient two to 15 liters of oxygen per minute;

~~(iii)~~ (3) Minimum of 20 minutes supply at a rate of 15 liters per minute.

~~(iv)~~ (4) Single service tubing from regulator valve outlet to patient, except for oxygen-powered, manually-cycled valves;

~~(v) Single service nasal cannula and single-service inhalation mask~~ (5) Equipment for the administration of low concentrations of oxygen that consists of either one venturi-type face mask capable of a minimum flow of 24 percent oxygen or one single-service nasal cannula;

~~(vi) One each of infant, child and adult masks for administration of oxygen at a concentration of at least 40%~~ (6) Equipment for the administration of high concentrations of oxygen that consists of one each of pediatric and adult partial rebreather or non-rebreather face masks; and

~~(vii)~~ (7) Capability for use as an oxygen source as described in ~~7 MCAR § 1.603 B. 1. a. (2) (c) below~~ c.;

~~(b)~~ b. One oxygen system for use in the ambulance that complies with ~~7 MCAR § 1.603 B. 1. a. (2) (a) (i), (ii), (iv)-(viii), such a system shall be~~ a.(1), a.(2), and a.(4)-(7) and that is capable of delivering a minimum of 60 minutes supply at a rate of 15 liters per minute and a minimum of 30 minutes uninterrupted supply;

~~(c)~~ c. One ~~each~~ clear-domed mask for infant, child, and adult patients with a 15/22 ~~mm~~ millimeter adapter and oxygen inlet port for mouth-to-mask or mechanical-device mask ventilation; or one each of infant, child, and adult masks with an oxygen-powered manually cycled valve connected to an oxygen

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source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute;

~~(d)~~ d. Portable suction apparatus with catheter or oral suction equipment that ~~shall~~:

~~(i)~~ ~~Use~~ (1) Uses a nonbreakable bottle for collection of the aspirated material, and

~~(ii)~~ ~~Be~~ (2) Is capable of producing a vacuum of 150 ~~mmHg~~ millimeters of mercury with an air flow rate of 15 liters per minute for a period of at least five minutes; ~~(~~except that if the power source is oxygen, this requirement ~~shall be~~ is in addition to the time requirement for the administration of oxygen to the patient~~)~~; and

~~(e)~~ e. One ~~each~~ set of oropharyngeal airways suitable in use in adult, child, and infant ~~sizes,~~ patients.

~~(3)~~ 3. They must carry dressings, bandages, and bandaging equipment that ~~shall include~~ includes, at a minimum:

~~(a)~~ a. Two universal or multitrauma dressings approximately ten inches by 30 inches;

~~(b)~~ b. Twelve sterile gauze pads or twelve sterile abdominal pad dressings;

~~(c)~~ c. Two rolls of adhesive tape three-quarters of an inch to three inches wide;

~~(d)~~ d. Six soft rolled bandages, approximately three to six inches wide and five yards long; and

~~(e) bandage~~ e. Blunt tip shears, capable of cutting through heavy clothing.

~~(4)~~ 4. They must carry one poison-treatment kit that ~~shall include~~ includes:

~~(a)~~ two ounces of syrup of ipecac, and

~~(b)~~ one quart drinking ~~water~~ liquid in a nonbreakable container~~,~~.

~~(5)~~ 5. They must carry one emergency obstetric kit that ~~shall include~~ includes:

~~(a)~~ a. Three sterile towels and two sterile drapes;

~~(b)~~ b. Bulb syringe;

~~(c)~~ c. Four sterile pads or sterile sanitary napkins;

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~~(d)~~ d. Plastic bag or basin;

~~(e)~~ e. Two sterile cord clamps or ties;

~~(f)~~ f. One 18-inch by 25-foot roll of aluminum foil in an unopened original package or one ~~aluminum~~ reflective blanket, either of which must be ~~sterile~~ clean and wrapped, or a clean blanket designed for keeping premature infants warm;

~~(g)~~ g. Sterile shears or scalpel; and

~~(h)~~ h. Single service sterile gloves~~;~~.

~~(6)~~ 6. They must carry equipment for determination of vital signs that ~~shall include~~ includes:

~~(a)~~ a. one stethoscope, and

~~(b)~~ b. one sphygmomanometer with cuffs for use with child and adult patients~~;~~.

~~(7)~~ 7. They must carry a detailed current map for use in locating all points in the primary service area~~;~~.

~~(8)~~ 8. They must carry extrication equipment that ~~shall include~~ includes either one ~~twenty-four~~ 24-inch wrecking bar or a commercial extrication device ~~(KT tool or similar device)~~; and.

~~(9)~~ 9. They must carry other equipment that ~~shall include~~ includes:

~~(a)~~ a. One stretcher 72 to 84 inches long and 18 to 24 inches wide;

~~(b)~~ b. Two sheets, two blankets, and one pillow;

~~(c)~~ c. Emesis container;

~~(d)~~ d. One flashlight; ~~and~~

~~(e)~~ e. One fire extinguisher, five-pound dry-chemical type with A:B:C rating; and

f. Three bidirectional reflective triangles or three flares.

~~b.~~ ~~Inflatable~~ B. Authorization for use of medical antishock trousers. Medical antishock trousers may be carried and used by ~~BLS~~ basic life support transportation services only if:

~~(1)~~ ~~all~~ 1. Attendants and drivers who will use the equipment have been trained in ~~their~~ its use and are certified under 7 MCAR S 1.624;

~~(2)~~ 2. Use of such equipment has been authorized by the

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licensee's medical ~~adviser~~ adviser; and

~~(3)~~ 3. Documentation of ~~(1)~~ 1. and ~~(2)~~ 2. is retained in the licensee's files.

C. Variance for certain personnel. Basic life support transportation service licensees that use drivers and attendants who possess only an American Red Cross advanced first aid certificate must obtain a variance in the manner required in 7 MCAR S 1.630 D.1. to authorize those drivers and attendants to use equipment listed in A. for which no training was provided in the advanced first aid course.

~~e.~~ D. Equipment storage. All equipment carried ~~by~~ in an ambulance ~~shall~~ must be stored so that the patient, attendant, and~~/or~~ driver are not injured or ~~otherwise interfered with~~ inconvenienced in the event of a sudden stop or movement of the ambulance during transport.

~~d.~~ All equipment required by ~~7 MCAR S 1.603 B.1.a.~~ ~~shall~~ A. must be permanently stored and kept on or in the ambulance unless otherwise provided for in ~~7 MCAR S 1.603 B.2~~ E.

~~2.~~ E. Air ambulance equipment.

~~a.~~ 1. Air ambulances licensed to provide basic life support transportation service ~~shall~~ must carry all equipment listed in ~~7 MCAR S 1.603 B.1.a.~~ A. with the exception of the equipment in ~~7 MCAR S 1.603 B.1.a. (8) and (9)~~ ~~(e)~~ A.8. and A.9.e. and A.9.f.

~~b.~~ 2. Life support transportation services provided by air ambulances ~~shall~~ must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

~~c.~~ 3. Equipment required in ~~7 MCAR S 1.603 B.2.a.~~ 1. that is not permanently stored on or in an air ambulance ~~shall~~ must be kept separate from the air ambulance in a modular prepackaged form so as to be available for rapid loading and easy access aboard the aircraft at the time of response to a call.

~~3.~~ F. Maintenance ~~and~~, sanitation, and testing.

~~a.~~ 1. All equipment ~~shall~~ must be maintained in full

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operating condition and in good repair.

~~b.~~ 2. All equipment and containers used for storage of equipment ~~shall~~ must be kept clean so as to be free from dirt, grease, and other offensive matter.

~~c.~~ 3. Sheets and pillowcases ~~shall~~ must be changed after each use.

~~d.~~ 4. Single-service equipment ~~shall~~ must be wrapped, stored, and handled so as to prevent contamination and ~~shall~~ must be disposed of after use.

~~e.~~ 5. Reusable equipment ~~shall~~ must be cleaned after each use so as to be free from dirt, grease, and other offensive matter.

~~f.~~ 6. Equipment, soiled or otherwise not free from dirt, grease, and other offensive matter, ~~shall~~ must be kept in plastic bags or securely covered containers until disposed of or prepared for reuse.

~~g.~~ 7. Procedures for the periodic performance testing of mechanical equipment listed in ~~7 MCAR S 1.603 B.1.a.(2)~~ A.2. and ~~(6)(b)~~ ~~shall~~ A.6.b. must be developed, maintained, and followed; and records of ~~such~~ performance testing ~~shall~~ must be kept in the licensee's files. Testing must occur at the intervals suggested by the manufacturer of the equipment.

~~C.~~ 7 MCAR S 1.608 Ambulance standards.

~~1.~~ A. Land ambulances.

~~a.~~ 1. All new land ambulances purchased by a licensee after June 30, 1981, ~~shall~~ must comply with the following standards:

~~(1)~~ a. The size of the patient compartment ~~shall~~ must be a minimum of 116 inches long and ~~54~~ 52 inches high from ~~(~~ floor to ceiling~~)~~ and ~~shall~~ must provide in width:

~~(a)~~ not less than 69 inches ~~(~~wall to wall~~)~~; or

~~(b)~~ attendant walkway ~~and kneeling space that shall consist of:~~

~~(i)~~ not less than 12 inches ~~of clear walkway~~ between the stretcher and fixed bench and between stretchers; ~~and~~.

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~~(ii) not less than 25 inches width and 9 inches height of kneeling space for attendants along the right-hand side of the forward half of the primary stretcher, measured at floor level from the forward right-hand corner of the primary stretcher,~~

~~(2)~~ b. The door openings to the patient compartment ~~shall~~ must be a minimum of 30 inches wide and 42 inches high and the doors to the patient compartment must be operable from inside the ambulance, and must be capable of being fully opened and held open by a mechanical device.

~~(3)~~ c. The interior storage areas ~~shall~~ must provide a minimum of 30 cubic feet of storage space to accommodate all required equipment and other equipment carried and ~~shall~~ must be located ~~so as to provide for~~ easy access to all equipment.

~~(4)~~ d. The interior lighting in the patient compartment ~~shall~~ must include overhead or dome lighting ~~and~~, be designed so that no glare can be reflected to the driver's line of vision while the ambulance is transporting the patient; ~~illumination shall~~ and provide ~~a minimum intensity of 40 foot candles at the floor level to allow illumination for administering life support services,~~ sufficient lighting to allow visual determination of patient vital signs.

~~(5)~~ e. Environmental equipment ~~shall~~ must include a heater for the patient compartment that ~~shall have~~ has a minimum output of 21,000 ~~BTUs, and~~ BTU.

~~(6)~~ f. The ambulance ~~shall~~ must:

~~(a)~~ (1) Have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less;

~~(b)~~ (2) Have fuel capacity to provide no less than 175 mile range;

~~(c)~~ (3) Have ground clearance of at least six inches when loaded to ~~G.V.W.~~ gross vehicle weight rating; and

~~(d)~~ (4) Be capable of full performance at ambient temperatures of minus 30 degrees ~~F.~~ Fahrenheit to ~~125~~ 110 degrees ~~F.~~ Fahrenheit.

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g. The ambulance must be marked to show the name of the service as shown in the current license issued by the commissioner, in letters not less than three inches in height and in a position and color to allow identification of the service from the sides and rear of the vehicle.

~~b.~~ 2. Land ambulances that comply with the standards issued by the ~~Department of Transportation~~ General Services Administration in Federal ~~Specifications KKK-1822 for Ambulance~~ Specification KKK-A-1822 A for Emergency Medical Care Surface Vehicle ~~(dated January 2, 1974 and amended June 25, 1975),~~ dated April 1, 1980 with the exception of sections 3.14, 3.15, and 3.16, are deemed to comply with the standards contained in ~~this section~~ 1., 3., and 4.

~~c.~~ 3. All ambulances ~~purchased by a licensee~~ originally put into service by the licensee on or before June 30, 1981, ~~shall~~ and all ambulances other than land or air ambulances must substantially comply with the standards contained in ~~this section~~ 1. as determined by the commissioner according to the following considerations:

~~(1)~~ a. Size of the patient compartment ~~to~~ must allow adequate space for administering life support services;

~~(2)~~ b. Dimensions of door openings to the patient compartment and the operation of the doors to the patient compartment ~~to~~ must allow ~~for~~ easy access;

~~(3)~~ c. Design and location of interior storage areas ~~to~~ must allow ~~for~~ adequate storage and easy access;

~~(4)~~ d. Design and operation of interior lighting in the patient compartment ~~to allow~~ must provide adequate illumination for administering life support services;

~~(5)~~ e. Design and operation of environmental equipment ~~to allow for~~ must provide proper heating; and

~~(6)~~ f. Design, operation, and suspension ~~to allow for~~ must provide safe and stable transport.

34 4. All land ambulances must be equipped with a siren
35 capable of emitting sound that is audible under normal
36 conditions from a distance of not less than 500 feet and at

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least one light capable of displaying red light that is visible under normal atmospheric conditions from a distance of 500 feet from the front of the ambulance.

~~2.~~ B. Air ambulances.

~~a.~~ Life support transportation services provided by air ambulances ~~shall~~ must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

~~3. Standards for ambulances other than land or air ambulances.~~

~~a. Ambulances other than land or air ambulances shall substantially comply with 7 MCAR § 1.603 C.1.a. as determined by the commissioner according to the considerations set forth in 7 MCAR § 1.603 C.1.e. (1)-(6).~~

~~4.~~ C. Restraining devices.

~~a.~~ All ambulances ~~shall~~ must be equipped with restraining devices for the stretcher and all seating places in the patient compartment for patient and attendant.

~~5.~~ D. Maintenance and sanitation.

~~a.~~ 1. Each ambulance ~~shall~~ must be maintained in full operating condition and in good repair and documentation of ~~such~~ maintenance ~~shall~~ must be kept in the licensee's file.

~~b.~~ 2. The interior of the ambulance, including all storage areas, ~~shall~~ must be kept clean so as to be free from dirt, grease, and other offensive matter.

~~c.~~ 3. If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a transmissible infection or contagious disease ~~(~~, other than a common cold~~)~~, liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment and materials that come in contact with such patient ~~shall~~ must, immediately after each use, be cleaned so as to be free from dirt, grease, and other offensive matter and be disinfected or disposed in a secure container so as to prevent the presence of a level of microbiologic agents injurious to health.

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4. Smoking in any portion of the ambulance is prohibited.

~~D.~~ 7 MCAR S 1.609 Communications.

~~1. Compliance. All BLS services shall comply with these communication standards by June 30, 1981.~~

~~2.~~ A. Standards and radio frequency assignments.

~~a.~~ 1. Ambulances ~~shall~~ must have a two-way Very High Frequency (VHF) mobile radio, with Continuous Tone Coded Squelch System (CTCSS), capable of operating on at least two VHF high-band radio-frequency ~~(r-f)~~ channels.

~~b.~~ 2. Each BLS basic life support transportation service ~~shall~~ must have the capability of using a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high-band ~~r-f~~ radio-frequency channels.

~~c. Ambulances and their communication bases shall use Channel One of the mobile and base radios as the main operating channel for medical communications as provided in 7 MCAR S 1.603 D.2.d. and shall use Channel Two for statewide communications.~~

~~d.~~ 3. Ambulances and communications bases ~~shall~~ must select and operate ~~Channel One~~ one channel at the radio frequency assigned to the district within which the communications base is located, as follows:

~~(1) Agassiz~~ a. Northwestern district (Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Red Lake, Clearwater, Hubbard, Norman, and Mahnomen Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.325 ~~MHz~~ megahertz (MHz);

~~(2) Arrowhead~~ b. Northeastern district (Koochiching, St. Louis, Lake, Cook, Itasca, Carlton, and Aitkin Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.355 MHz;

~~(3) Min-Dak~~ c. West central district (Clay, Becker, Wilkin, Ottertail, Grant, Douglas, Stevens, Traverse, and Pope Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.355 MHz;

~~(1)~~ d. Central district (Cass, Wadena, Crow Wing,

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Todd, Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns, Benton, Sherburne, and Wright Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.385 MHz;

~~(5) Southwest~~ e. Southwestern district (Swift, Kandiyohi, Meeker, Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Nobles, Big Stone, and Jackson Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.400 MHz;

~~(6)~~ f. South central district (Sibley, LeSueur, Nicollet, Brown, Watonwan, Blue Earth, Waseca, Martin, and Fairbault Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.355 MHz;

~~(7)~~ g. Southeastern district (Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore, and Houston Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.385 MHz; and

~~(8)~~ h. Metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott, and Dakota Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.325 MHz.

~~e.~~ 4. The CTCSS tone operation on ~~Channel One ef~~ the channel assigned to the district frequency on the mobile radio ~~shall~~ must be the same as the CTCSS tone operation of the base radio for that channel and frequency.

~~f.~~ 5. Ambulances and communications bases ~~shall~~ must operate ~~Channel Two~~ one channel assigned to the national frequency at ~~an r-f~~ a radio frequency of 155.340 MHz and ~~shall~~ must use a CTCSS tone of 210.7 Hz for that channel ~~two~~.

6. Each channel must be labeled to show use.

7. The base station or other receiving site must be configured to receive the CTCSS tone of 210.7 Hz for operation of its speaker, but must not transmit the tone. The receiver must be operated with a digital dial decoder that bypasses the tone circuit for base to base communications on 155.340 MHz.

8. The ambulance radio must be configured to transmit the CTCSS tone of 210.7 Hz on 155.340 MHz radio frequency, and the

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radio must be connected in a manner that allows operation of the speaker system without reception of the tone.

~~g.~~ 9. Ambulances and communications bases ~~shall~~ may communicate by telephone and ~~other alternative~~ means of communication ~~rather~~ other than radio ~~communications~~ when radio communications are not necessary ~~and when readily available~~.

~~h.~~ 10. Mobile telephone services ~~shall~~ are not be acceptable as an alternative to the required two-way radio operation.

~~3.~~ B. Equipment performance. All communications equipment ~~shall~~ must be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area.

~~4.~~ C. Equipment maintenance. All communication equipment ~~shall~~ must be maintained in full operating condition and in good repair~~, and documentation of such maintenance shall be kept in the licensee's file~~.

7 MCAR S ~~1.604~~ 1.610 Personnel standards ~~for operation of~~; advanced life support transportation services.

A. ~~Personnel.~~

~~1. Qualifications and training requirements.~~

~~a.~~ Qualifications of attendants. Except for persons functioning as pilots of air ambulances, no person ~~shall~~ may function as an attendant or represent himself ~~or herself~~ as an attendant of an advanced life support transportation service ~~(ALS)~~ ambulance unless that person~~.~~

~~(1) is registered by the commissioner pursuant to Minn. Stat. S 214.13 to provide paramedic services, or~~

~~(2) has successfully completed the written examination and the practical examination approved by the commissioner according to the provisions of 7 MCAR S 1.604 A.2. and fulfills the continuing education requirements set forth in 7 MCAR S 1.604 A.3~~ possesses a current certificate issued under 7 MCAR S 1.626.

~~b.~~ B. Qualifications of drivers. Except for persons

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functioning as pilots of air ambulances, no person ~~shall~~ may function as a driver or represent himself ~~or herself~~ as a driver of an ~~ALS~~ advanced life support transportation service ambulance unless that person:

~~(1)~~ possesses a current emergency care certificate ~~issued by the commissioner pursuant to Minn. Stat. § 214.13, or~~

~~(2)~~ possesses a current emergency care certificate ~~that complies with the provisions of~~ issued under 7 MCAR S ~~1.609,~~ 1.624, 7 MCAR S 1.625, or 7 MCAR S 1.626.

~~(3) Meets the requirements of 7 MCAR § 1.604 A.1.a.~~

~~e. The requirement set forth in 7 MCAR § 1.604 A.1.b. shall not apply to persons functioning as pilots of air ambulances.~~

~~2. Written and practical examinations.~~

~~a. A written examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the commissioner.~~

~~(1) role, responsibilities and training of paramedics,~~

~~(2) human systems and patient assessment,~~

~~(3) shock and fluid therapy,~~

~~(4) general pharmacology,~~

~~(5) respiratory system,~~

~~(6) cardiovascular system,~~

~~(7) central nervous system,~~

~~(8) soft tissue injuries,~~

~~(9) musculoskeletal system,~~

~~(10) medical emergencies,~~

~~(11) obstetric/gynecological emergencies,~~

~~(12) pediatrics and neonatal,~~

~~(13) management of the emotionally disturbed patient,~~

~~(14) rescue techniques, and~~

~~(15) telemetry and communications.~~

~~b. A practical examination for attendants of ALS ambulances shall test for competency in the subject areas~~

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identified below in order to be approved by the commissioner.

(1) trauma management including primary and secondary assessment, treating of trauma victims and setting priorities for BLS and ALS management;

(2) cardiology including electrocardiogram interpretation and treatment and related questions;

(3) cardiac arrest, including intubation, intravenous therapy, administration of intravenous medication, and defibrillation;

(4) cardiopulmonary resuscitation (CPR) including one- and two-person CPR, obstructed airway care, and infant resuscitation; and

(5) fracture immobilization.

c. Examiners for practical examinations shall be physicians or nurses with the exception that persons who qualify as attendants under 7 MCAR § 1.604 A.1.a. or drivers under 7 MCAR § 1.604 A.1.b. may serve as examiners for the competencies specified in 7 MCAR § 1.604 A.2.b.(4) or (5).

d. Written and practical examinations shall be administered by the commissioner or by a designated representative.

e. The National Registry of Emergency Medical Technicians Examination for Emergency Medical Technician-Paramedics as of the effective date of these rules is deemed to comply with 7 MCAR § 1.604 A.2.a.-e.

3. Continuing education requirements.

a. Continuing education requirements for persons qualifying as ALS ambulance attendants pursuant to 7 MCAR § 1.604 A.1.a.(2) are as follows:

(1) successful completion every two years of 48 hours of refresher training in the subject areas listed in 7 MCAR § 1.604 A.2.a.(1)-(15);

(2) successful completion every year of a course in CPR, up to four hours of a course of such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years;

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~~(3) successful completion every two years of instruction in advanced cardiac life support, up to sixteen hours of a course or such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years, and~~

~~(4) retention of the competencies listed in 7 MCAR S 1.604 A.2.b. (1)-(5) as documented in a statement of satisfaction by the medical director.~~

~~b. Continuing education courses taken to fulfill the requirements of 7 MCAR S 1.604 A.3.a. shall be approved in writing by the licensee's physician medical director, documentation of such approval shall be maintained in the licensee's file.~~

~~c. Successful completion of the National Registry of EMT-Paramedics continuing education requirements for EMT-Paramedic re-registration shall be deemed to be complete fulfillment of the continuing education requirements set forth in 7 MCAR S 1.604 A.3.a.~~

~~4. Issuance of certificates.~~

~~a. Persons successfully completing the written and practical examinations approved by the commissioner pursuant to 7 MCAR S 1.604 A.2. shall be issued a certificate by the commissioner or a designated representative.~~

~~b. The certificate shall remain valid for two years from the date of issuance. The certificate may be renewed after each successful completion of the continuing education requirements specified in 7 MCAR S 1.604 A.3. and only for periods of two years.~~

C. Qualifications; air ambulance personnel. The licensee shall maintain in its files documentation that each person who works as an attendant of an advanced life support air ambulance:

1. Complies with A.; and

2. Has received training approved by the licensee's medical director which includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude; instructions in the medical

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conditions requiring special precautions; and contraindications to air transport. The medical director must sign and file with the licensee, a statement that each attendant has successfully completed such training.

~~5.~~ 7 MCAR S 1.611 Staffing ~~requirements~~ standards; advanced life support transportation services.

~~a.~~ A. Attendants; drivers. Each ~~ALS~~ advanced life support transportation service shall employ or have on its staff a minimum of:

~~(1)~~ 1. Five persons ~~meeting the qualifications of attendants set forth in~~ qualified under 7 MCAR S ~~1.604~~ 1.610 A. ~~1.a.~~; or

~~(2)~~ 2. Three persons meeting the qualifications of attendants set forth in 7 MCAR S ~~1.604~~ 1.610 A. ~~1.a.~~ and three persons meeting the qualifications of drivers set forth in 7 MCAR S ~~1.604 A.1.b~~ 1.610 B.

~~b. In addition, each ALS service shall maintain:~~

~~(1) A current roster, including the names and addresses of all current attendants and drivers, and~~

~~(2) Files documenting current personnel qualifications.~~

~~c.~~ B. Medical director. Each licensee shall have a physician medical director ~~responsible for at least the responsibilities set forth in 7 MCAR S 1.603 A.2.b. (1)-(5).~~ The medical director must have completed training in advanced cardiac life support that includes training in the following elements:

1. Basic cardiac life support;
2. Use of adjunctive equipment and special techniques for establishing and maintaining effective ventilation and circulation;
3. Cardiac monitoring and dysrhythmia recognition;
4. Establishing and maintaining an intravenous infusion line;
5. Employment of therapy in the treatment of the patient with suspected or overt acute myocardial infarction during

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cardiac arrest, dysrhythmia and in the postarrest phase; and

6. Use of drugs and defibrillation.

The advanced cardiac life support training course must be approved by the commissioner.

C. Roster; files. Each advanced life support transportation service licensee shall maintain:

1. A current roster, including the name, address, and qualifications of each attendant and driver;

2. Files documenting personnel qualifications; and

3. A written statement signed by the medical director stating acceptance of the responsibilities of medical director.

~~d.~~ D. Operational requirement. The ~~staffing~~ requirements ~~for BLS services as set forth in 7 MCAR S 1.603 A.2.e.-d. shall be applicable~~ 1.604 D. apply to ~~ALS~~ advanced life support transportation services.

~~e.~~ E. Affiliation with medical facility. Each ~~ALS~~ advanced life support transportation service ~~shall~~ must have a formal affiliation with a medical facility ~~capable of providing~~ which agrees to provide medical control for patient care by means of immediate two-way voice communication 24 hours a day, seven days a week. The name and address of the affiliated medical facility and a statement signed by the administrator of the medical facility and the medical director of the ~~ALS~~ advanced life support transportation service documenting the terms of the formal affiliation ~~shall~~ must be maintained in the files of the licensee. The terms of the formal affiliation must include a written policy on the administration of medical control for the service. The policy must address the following issues:

1. Use of telemetry and two-way radio for physician direction of attendants;

2. Patient triage;

3. Use of standing orders; and

4. The means by which medical control will be provided 24 hours a day.

~~6. Operational requirement. An attendant shall be in the~~

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patient compartment while transporting a patient or patients except as allowed by Minn. Stat. S 144.804, subd. 2.

7 MCAR S 1.612 Quality of life support treatment. The quality assurance requirements set forth in 7 MCAR S 1.605 apply to advanced life support transportation services.

B. 7 MCAR S 1.613 Equipment standards; advanced life support transportation services.

1. Minimum standards.

a. A. Basic life support transportation standards transferred. Equipment standards for BLS ambulances set forth in 7 MCAR S 1.603 B.1.a. through B.2.e. shall be 1.607 A. and D.-F. are applicable to ALS advanced life support transportation service ambulances.

b. B. Additional equipment. In addition to compliance with the equipment standards in 7 MCAR S 1.604 B.1.a. A., all ALS advanced life support transportation service ambulances shall be required to have must carry the following equipment:

(1) 1. Advanced cardiac care equipment that shall include includes one portable cardioscope cardiac monitor and defibrillator;

(2) 2. Airway maintenance equipment that shall include includes one esophageal obturator airway;

(3) 3. Equipment for intravenous therapy and the administration of intravenous medication fluids;

(4) Medications 4. Drugs and medication drug administration equipment and supplies; and

(5) 5. One set inflatable of medical antishock trousers.

6. The portable oxygen system which is required under A. must be equipped with an oxygen-powered, manually-cycled valve and must provide a minimum of 30 minutes continuous supply at a rate of 15 liters per minute when used with an oxygen-powered, manually-cycled valve.

c. C. Documentation of use. All equipment or supplies specified in 7 MCAR S 1.604 B.1.b. (3) and (4) required under B.3. and B.4. and any additional equipment and supplies used to

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provide advanced life support ~~shall~~ must be specified in writing by the medical director and documented in the licensee's files.

~~d. Medications shall be securely stored according to written procedures developed and maintained by the licensee's medical director and shall comply with applicable rules of the Minnesota Board of Pharmacy.~~

~~2.~~ D. Maintenance ~~and~~, sanitation, and testing.

~~a.~~ The maintenance ~~and~~, sanitation, and testing requirements ~~for BLS services~~ set forth in 7 MCAR S ~~1.603~~ ~~B.3.a.-b.~~ ~~shall be applicable~~ 1.607 F. apply to ALS advanced life support transportation services.

~~b. Procedures for the periodic performance testing of airway maintenance and electronic equipment shall be developed, maintained and followed, and records of such testing shall be kept in the licensee's files.~~

~~C.~~ 7 MCAR S 1.614 Compliance with ambulance standards. All ALS advanced life support transportation service ambulances ~~shall~~ must comply with 7 MCAR S ~~1.603 C~~ 1.608.

~~D.~~ 7 MCAR S 1.615 Communications.

~~1. Compliance. All ALS services shall comply with these communication standards by June 30, 1981.~~

~~2.~~ A. Standards and radio frequency assignments.

~~a.~~ 1. Each ALS advanced life support transportation service ~~shall~~ must have the capability of using a communications base that complies with the provisions of ~~7 MCAR S 1.604 D.2.b.-e~~ 2. or 3.

~~b.~~ 2. Ambulances and their communications bases that operate telemetry ~~shall~~ must have:

~~(1)~~ a. One two-way Ultra High Frequency (UHF) radio, with ~~CTCSS~~ Continuous Tone Coded Squelch System (CTCSS), capable of operating on ten UHF voice and telemetry ~~r-f~~ radio-frequency channels~~,~~; or

~~(2)~~ b. One two-way UHF radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF radio, with CTCSS, capable of operating on two

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dispatching ~~r-f~~ radio-frequency channels.

~~e.~~ 3. Ambulances and communications bases that do not operate telemetry shall comply with 2. or 7 MCAR S ~~1.604 D.2.b.~~ ~~or 7 MCAR S 1.603 D.2.a.-b~~ 1.609 A.1.-2.

~~d.~~ 4. Ambulances and ~~communication~~ communications bases using VHF shall comply with 7 MCAR S ~~1.603 D.2.e.-f~~ 1.609 A.3.-8.

~~e.~~ 5. Ambulances and communications bases using UHF for dispatching ~~shall~~ must have the capability of using the following radio frequencies for such functions:

~~(1)~~ a. 462.950 ~~MHz~~ megahertz (MHz) or 467.950 MHz for the mobile radio and 462.950 MHz for the base radio; and

~~(2)~~ b. 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

~~f.~~ 6. Ambulances and communications bases while operating telemetry ~~shall~~ in the UHF band must use only the following radio frequencies for medical control:

~~(1)~~ a. 468.000 MHz or 463.000 MHz for mobile radio and 463.000 MHz for base radio;

~~(2)~~ b. 468.025 MHz or 463.025 MHz for mobile radio and 463.025 MHz for base radio;

~~(3)~~ c. 468.050 MHz or 463.050 MHz for mobile radio and 463.050 MHz for base radio;

~~(4)~~ d. 468.075 MHz or 463.075 MHz for mobile radio and 463.075 MHz for base radio;

~~(5)~~ e. 468.100 MHz or 463.100 MHz for mobile radio and 463.100 MHz for base radio;

~~(6)~~ f. 468.125 MHz or 463.125 MHz for mobile radio and 463.125 MHz for base radio;

~~(7)~~ g. 468.150 MHz or 463.150 MHz for mobile radio and 463.150 MHz for base radio; and

~~(8)~~ h. 468.175 MHz or 463.175 MHz for mobile radio and 463.175 MHz for base radio.

7. Ambulances and communication bases while operating telemetry in the VHF band may use only those radio frequencies that have been approved by the Federal Communications Commission.

~~g.~~ 8. Ambulances and communications bases ~~shall~~ must have

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the capability of communicating on the statewide VHF radio frequency specified in 7 MCAR S ~~1.603 D.2.f~~ 1.609 A.5. ~~Documentation of such capability shall be kept in the licensee's file.~~

~~h.~~ 9. Ambulances and communications bases ~~shall~~ must comply with the provisions of 7 MCAR S ~~1.603 D.2.e., g., and h~~ 1.609 A.4.-9.

~~3.~~ B. Equipment performance. Communications equipment ~~shall~~ must comply with 7 MCAR S ~~1.603 D.3~~ 1.609 B.

~~4.~~ C. Equipment maintenance. Communications equipment ~~shall~~ must comply with 7 MCAR S ~~1.603 D.4~~ 1.609 C.

7 MCAR S ~~1.605~~ 1.616 Standards for the operation of scheduled life support transportation services.

A. General standards.

1. Scheduled life support transportation services ~~shall~~ must be either basic or advanced life support transportation services.

2. Scheduled basic life support transportation services ~~shall~~ must comply with the provisions of 7 MCAR SS 1.603-1.609, and scheduled advanced life support transportation services ~~shall~~ must comply with provisions of 7 MCAR SS ~~1.604~~ 1.610-1.615, except that such services ~~shall~~ be may be exempt from compliance with those provisions that ~~would specifically prohibit or~~ are not required for their operation as scheduled ~~BLS~~ basic life support or ~~ALS~~ advanced life support services in accordance with ~~7 MCAR S 1.605~~ this rule.

B. Declaration of and adherence to schedule.

1. An applicant for licensure as a scheduled life support transportation service shall declare at the time of application the specific schedule of its intended restrictions as to time, group served, and ~~type(s)~~ type of service provided.

2. A licensed scheduled life support transportation service ~~shall~~ may provide only the declared schedule of services approved by the commissioner in the granting of the license ~~pursuant to~~ under Minn. Stat. S 144.802. Any change in this schedule is subject to the provisions of Minn. Stat. S 144.802.

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C. Primary service area. An applicant for licensure as a scheduled life support transportation service shall comply with 7 MCAR S ~~1.608 F.~~ 1.622, with the exception of 7 MCAR S ~~1.608 F. 1.e.~~ 1.622 A.3.

7 MCAR S ~~1.606~~ 1.617 Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings. Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings are scheduled life support transportation services and shall comply with the provisions of 7 MCAR S ~~1.605~~ 1.616.

7 MCAR S ~~1.607~~ 1.618 Life support transportation services provided by an employer for the benefit of its employees. Life support transportation services that are operated by or for an employer for the benefit of its employees are scheduled life support transportation services and shall comply with provisions of 7 MCAR S ~~1.605~~ 1.616.

~~7 MCAR S 1.608 1.619 General provisions.~~

~~A. Waivers.~~

~~1. Application for waiver. A life support transportation service may apply to the commissioner for a time-limited waiver of any of these rules. Such a waiver will be granted if the applicant affirmatively substantiates that:~~

~~a. the rule or rules in question do not address a problem of significance to the public in relation to the applicant's service;~~

~~b. The application of the rule or rules would impose an undue burden upon the applicant; and~~

~~c. The granting of a waiver will not adversely affect the public health or welfare.~~

~~2. Renewal, revocation, and reporting.~~

~~a. A waiver may be renewed upon re-application in conformance with the process described in 7 MCAR S 1.608 A.1.~~

~~b. A waiver may be revoked if a material change in the~~

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~~circumstances justifying its granting occurs.~~

~~c. Any life support transportation service that has~~ been ~~granted a waiver shall immediately notify the Department of~~ Health ~~in writing of any such material change in circumstances.~~

~~B. Variances.~~

~~1. Application for variance.~~ A ~~life support~~ transportation ~~service may apply to the commissioner for a~~ time-~~limited variance from any of these rules.~~ Such ~~a variance~~ will ~~be granted if the applicant specifies alternative practices~~ or ~~measures equivalent or superior to those prescribed in the~~ rule ~~or rules in question and affirmatively substantiates that:~~

~~a. the rationale for the rule or rules in question can~~ be ~~met or exceeded by the specified alternative practices or~~ measures;

~~b. The application of the rule or rules would impose~~ an ~~undue burden upon the applicant; and~~

~~c. The granting of the variance will not adversely~~ affect ~~the public health or welfare.~~

~~2. Compliance.~~ Any ~~life support transportation service~~ that ~~is granted a variance shall comply with the alternative~~ practices ~~or measures specified in its successful application~~ for ~~the variance.~~

~~3. Renewal, revocation, and reporting.~~

~~a. A variance may be renewed upon re-application in~~ conformance ~~with the process described in 7 MCAR § 1.608 B.1.~~

~~b. A variance may be revoked if a material change in~~ the ~~circumstances justifying its granting occurs.~~

~~c. Any life support transportation service that has~~ been ~~granted a variance shall immediately notify the Department~~ of ~~Health of any such material change in circumstances.~~

~~C.~~ Disasters.

~~1. These Rules shall~~ 7 MCAR SS 1.601-1.630 do not apply to life support transportation services provided during time of disaster, mass casualty, or other public emergency.

~~2.~~ The commissioner reserves the right to determine whether a disaster, mass casualty, or other public emergency is

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occurring or has occurred so as to cause ~~these rules~~ 7 MCAR SS 1.601-1.630 to be nonapplicable.

~~D.~~ 7 MCAR S 1.620 Advertisement.

~~1.~~ No life support transportation service may advertise itself, allow itself to be advertised, or otherwise hold itself out as providing services of a type different from those ~~life support transportation~~ services that it is licensed to provide under ~~these rules~~ 7 MCAR SS 1.601-1.630.

~~2. All life support transportation services shall observe designated primary service areas as prescribed in 7 MCAR S 1.605 C. or 7 MCAR S 1.608 F. in conducting or allowing any form of advertisement for its service(s).~~

~~E.~~ 7 MCAR S 1.621 Enforcement provisions.

~~1.~~ A. Inspections. Life support transportation services ~~shall~~ may not hinder the inspection activities of authorized agents of the commissioner ~~pursuant to~~ under Minn. Stat. S 144.808.

~~2.~~ B. Correction order. Violation of ~~any of these rules~~ 7 MCAR SS 1.601-1.630 or of the provisions of Minn. Stat. SS 144.801-144.808 ~~shall constitute~~ constitutes grounds for the issuance of a correction order. Any life support transportation service licensee that is issued a correction order shall correct the violation within the time period specified in the correction order.

~~3.~~ C. Time periods for correction of violations.

~~a.~~ Violations of ~~these rules~~ 7 MCAR SS 1.601-1.630 or of Minn. Stat. SS 144.801-144.808 that create a risk of serious harm to patients of the life support transportation service ~~shall~~ must be corrected within time periods ranging from 0 to 14 days as specified by the commissioner or authorized agent.

~~b.~~ All other violations of ~~these rules~~ 7 MCAR SS 1.601-1.630 or of Minn. Stat. SS 144.801-144.808 ~~shall~~ must be corrected within time periods ranging from 15 to 120 days as specified by the commissioner or authorized agent.

~~4.~~ D. Noncompliance. If, upon reinspection, it is

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determined that a life support transportation service has not complied with the provisions of a correction order, such noncompliance ~~shall constitute~~ constitutes grounds for the initiation of suspension, revocation, or nonrenewal proceeding ~~pursuant to~~ under Minn. Stat. S 144.803.

~~F.~~ 7 MCAR S 1.622 Primary service area.

~~1.~~ A. Designation ~~of primary service area.~~

~~a. An applicant for licensure as a service shall, at the time of application for new service, for a change in type of service or base of operation, or for an expansion of primary service area, declare the primary service area that it intends to serve as a primary provider of life support transportation service and for which it seeks designation. Such~~

1. An applicant for a new license, for a change in type of service or base of operation, or for expansion of a primary service area must declare the primary service area that it intends to serve and seek designation of that area. A primary service area ~~shall~~ must contain one ~~or more bases~~ base of operation and may contain substations.

~~b.~~ 2. In applying for initial designation of a primary service area or ~~an~~ for expansion of a primary service area, an applicant ~~shall affirmatively substantiate~~ must show the reasonableness of the primary service area for which designation is sought according to the following considerations:

~~(1)~~ a. The average and maximum probable response times in good and severe weather from its proposed base of ~~operations~~ operation to the most distant boundary in its proposed primary service area; or, if the applicant's primary service area is to contain ~~more than one~~ a base of operation and substations, the average and maximum probable response times in good and severe weather from ~~each~~ the base of operation and substations to the most distant point covered by ~~that~~ the base of operation;

~~(2)~~ b. The projected distances to be traveled to provide such service;

~~(3)~~ c. The specific ~~type(s)~~ type of service to be provided;

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~~(4)~~ d. The applicant's current status as a licensed provider of life support transportation services to the population of that area; and

~~(5)~~ e. The applicant's intention to be responsible to the ~~general~~ population of the declared primary service area or to a specified group of persons as a ~~primary~~ source of ~~the~~ life support transportation service ~~for which it requests licensure~~.

~~e.~~ 3. The maximum primary service areas designated, as measured from a base of operation or substation, ~~shall~~ may not exceed:

~~(1)~~ a. Eight miles or ~~distance equivalent to~~ ten minutes travel time at maximum allowable speeds ~~in good weather~~, whichever is greater, for proposed primary service areas that include any portion of a city of the first ~~and second~~ class; or

~~(2)~~ b. Fifteen miles or 20 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the second class; or

c. Twenty-five miles or ~~distance equivalent to~~ 30 minutes travel time at maximum allowable speeds ~~in good weather~~, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

~~d. Licensees that have declared primary service areas in licensure applications current as of September 30, 1980, shall have these declared primary service areas designated in licensure beginning October 1, 1980, provided:~~

~~(1) that such primary service areas are consistent with 7 MCAR § 1.608 F.;~~

~~(2) that no change in primary service area base of operations, type or schedule of services, schedule of patients to be served, or schedule of availability has been made by the licensee since the receipt of the current effective license; and~~

~~(3) that licensees are eligible for licensure beginning October 1, 1980.~~

~~Licensees that do not meet criteria set forth in 7 MCAR § 1.608 F.1.d. (1)-(3) shall comply with the provisions of 7 MCAR §~~

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~~1. 608 F. 1. a. - e.~~

~~2.~~ B. Observance of primary service areas.

~~a.~~ 1. No life support transportation service ~~shall~~ may regularly provide its services within an area other than its primary service ~~area(s)~~ area.

~~b.~~ 2. Nothing in ~~7 MCAR S 1. 608 F. 2. a. shall prohibit~~ 1. prohibits a life support transportation service from responding to a request for service in any location in the state when it can reasonably be expected that:

~~(1)~~ a. Such a response is required by the immediate medical need of an individual; and

~~(2)~~ b. No other licensed life support transportation service is capable of or available for immediate and appropriate response.

~~3.~~ C. ~~Air~~ Life support transportation services provided by air. ~~7 MCAR S 1. 608 F. 1. e. shall~~ A.3. does not apply to life support transportation services provided by air ambulances.

~~6.~~ D. Mutual aid.

~~1.~~ Life support transportation service other than scheduled services ~~shall~~ must have written agreements with at least one neighboring life support transportation service for coverage during times when the licensee's ambulances are not available for service in its primary service area. ~~Such~~ The agreements ~~shall~~ must specify the duties and responsibilities of the agreeing parties.

~~2.~~ A copy of each mutual aid agreement ~~shall~~ must be maintained in the files of the licensee.

~~H.~~ 7 MCAR S 1.623 Compliance with approved local ordinances. Life support transportation services that are subject to local ordinances, rules, or regulations that have been approved by the commissioner ~~pursuant to~~ under Minn. Stat. S 144.804, subd. 5, ~~shall~~ must comply with the provisions of such ordinances, rules, and regulations.

~~7 MCAR S 1. 609~~ 1.624 ~~Emergency care course and emergency care refresher course approval.~~

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~~A.~~ Emergency care course program.

~~1.~~ A. Application for initial ~~course~~ program approval.

~~a.~~ 1. Application for initial approval of an emergency care course ~~shall~~ program for emergency medical technicians must be made on a form provided by the commissioner, and ~~shall~~ must include information ~~so as to permit~~ that permits a complete evaluation of whether the applicant meets the requirements for ~~course~~ program approval as specified ~~by~~ 7 MCAR § ~~1.609 A.3.-7~~ in A. and C.-F. The information provided on the application ~~shall~~ must include the following:

~~(1)~~ a. ~~Course~~ Content of courses;

~~(2)~~ b. The length of ~~course~~ courses and course ~~schedule~~ schedules;

~~(3)~~ c. The number of times per year the course will be given;

~~(4)~~ d. The number of trainees anticipated per year;

~~(5)~~ e. Identification of source materials, text books, references, and equipment to be used;

~~(6)~~ f. Name, address, and qualifications of ~~physician~~ the program medical ~~adviser~~ director;

g. Name, address, and qualifications of the program coordinator;

~~(7)~~ h. Names ~~and~~, addresses, and qualifications of ~~physician, nurse and lay~~ instructors;

~~(8)~~ i. Name and ~~address~~ addresses of affiliated ~~hospital~~ hospitals;

~~(9)~~ j. Admission requirements of trainees; and

~~(10)~~ k. Other information ~~as~~ that the commissioner ~~may require~~ requires to clarify incomplete or ambiguous information presented in the application.

~~b.~~ 2. Applicants shall ~~furnish or~~ retain in a file documentation of all statements made in the application for ~~licensure~~ program approval.

3. Applicants who are approved to teach emergency care courses must notify the commissioner of the starting date of each course before that starting date.

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~~c.~~ 4. The approval of an emergency care course ~~shall~~ ~~expire~~ program expires two years from the date of approval unless renewed according to ~~the requirements of 7 MCAR § 1.609 A.2~~ B.

~~2.~~ B. Application for renewal of ~~course~~ program approval.

~~a.~~ Applications for ~~renewal~~ renewed approval of an emergency care course ~~approval shall~~ program must be made on a form provided by the commissioner and ~~shall~~ must specify any changes from the information provided for initial approval, and other information ~~as~~ which the commissioner ~~may require~~ requires to clarify incomplete or ambiguous information presented in the application.

~~b.~~ An applicant for program renewal ~~shall~~ must have given the emergency care course at least two times during the previous biennial approval period. The commissioner, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of A.-F.

~~3.~~ ~~Course~~ C. Program personnel.

~~a.~~ 1. Each ~~course shall~~ program must have a ~~physician~~ program medical ~~adviser, who shall be present for a minimum of three (3) hours during each course~~ director.

~~b.~~ 2. Each program must have a program coordinator.

3. A minimum of ~~fourteen (14)~~ eight hours of the curriculum ~~shall~~, including patient physical assessment, must be personally taught by a physician ~~or physicians~~.

~~c.~~ 4. Instructors ~~shall~~ must be physicians, registered nurses, ~~or others qualified as specified in 7 MCAR § 1.603 A. 1. a. (2)-(4)~~ emergency medical technicians, intermediate emergency medical technicians, paramedics, or others qualified by training and experience and approved by the commissioner.

~~d. Documentation including the name, address, and qualifications of the medical adviser, and each of the instructors shall be maintained in the files of the applicant.~~

5. Instructors who are not physicians and who teach more than six hours of any course must possess the following qualifications:

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a. Two years or 4,000 hours experience in emergency medical care;

b. Certification as a basic cardiac life support instructor; and

c. Current state certification or licensure in the instructor's field.

~~e.~~ 6. At least one instructor ~~shall be~~ is required for every ten ~~(10)~~ students in the practical skill sessions ~~and at least one instructor shall be required for every one hundred (100) students in the classroom didactic sessions.~~

~~4.~~ Course D. Program content.

~~a.~~ 1. An emergency care course ~~shall have a total of not less than~~ must provide at least 81 total hours of instruction with a minimum of ~~60~~ 71 hours classroom didactic and practical skills instruction and a minimum of ~~10~~ ten hours clinical experience five of which must be in a hospital.

~~b.~~ 2. The following subjects ~~shall~~ must be included in the ~~course content~~ curriculum:

~~(1) Role, responsibilities and equipment of BLS ambulance attendant;~~

~~(2) Ambulance operation;~~

~~(3) Communications;~~

~~(4) Emergency room procedures;~~

~~(5) Airway obstruction and cardiopulmonary resuscitation;~~

~~(6) Mechanical aids to breathing and pulmonary resuscitation;~~

~~(7) Determination of vital signs;~~

~~(8) Introduction to intravenous therapy;~~

~~(9) Bleeding;~~

~~(10) Shock;~~

~~(11) Wounds, dressings, bandages and bandaging;~~

~~(12) Fractures of upper and lower extremities;~~

~~(13) Injuries to chest, abdomen and pelvis, face, eye, head, neck, spine and genitalia;~~

~~(14) Medical conditions including poisons, stings,~~

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~~bites, unconscious state, stroke, heart attack, epilepsy, acute abdomen, intestinal bleeding, communicable disease, diabetes, and dyspnea;~~

~~(15) Medical conditions due to environmental factors including burns, cold, heat, radiation, electrical hazards, water accidents, and explosions;~~

~~(16) Emergency childbirth;~~

~~(17) Care of the pediatric patient;~~

~~(18) Care of the disturbed and unruly patient;~~

~~(19) Emergency care of the drug abuser; and~~

~~(20) Extrication and rescue techniques.~~

a. Introduction to emergency care training; anatomy and physiology; vital signs;

b. Airway obstruction and respiratory arrest;

c. Cardiac arrest;

d. Mechanical aids to breathing and resuscitation;

e. Bleeding, shock, pulmonary and cardiopulmonary resuscitation;

f. Dressing and bandaging of wounds;

g. Principles of musculoskeletal care and fractures of the upper extremity;

h. Fractures of the pelvis, hip, and lower extremity;

i. Injuries to the head, face, neck, and spine;

j. Injuries to the eye, chest, abdomen, and genitalia;

k. Medical emergencies, including poisoning, bites, stings, heart attack, stroke, dyspnea, and practice in patient assessment.

l. Medical emergencies including diabetes, acute abdominal problems, communicable diseases, abnormal behavior, alcohol and drug abuse, epilepsy, pediatric emergencies and practice in patient assessment;

m. Emergency childbirth including resuscitating the newborn and care of the premature infant;

n. Environmental emergencies including burns, heat cramps, heat exhaustion, heat stroke, and frostbite, and care of the patient exposed to water hazards;

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o. Techniques of lifting and moving patients and care of suspected spine injuries;

p. Extrication and rescue of patients; and

q. Ambulance operations, triage, review of vital signs and patient assessment, and communications.

E. Content of clinical experience. The clinical training in a hospital must include observation in the emergency room or any of the following hospital clinical areas: coronary care; intensive care; labor and delivery room; operating room and postanesthetic recovery room; and morgue.

~~5.~~ F. Equipment and supplies.

~~a. Courses shall have~~ 1. Programs must use student and instructor texts and current reference sources in emergency care~~.~~ and

~~b. Courses shall have~~ must use standard teaching aids consisting of ~~such items~~ as projectors, screens, films, and slides ~~and other equipment and material used by the instructor to facilitate learning~~.

~~c. Courses shall~~ 2. Instructors shall use emergency care equipment of the following types ~~so as to train each student as a BLS ambulance attendant~~:

~~(1)~~ a. Splinting equipment including backboards;

~~(2)~~ b. Ventilation assistance and airway maintenance equipment and suctioning devices;

~~(3)~~ c. Dressings, bandages, and bandaging supplies;

~~(4)~~ d. Emergency obstetrical kit;

~~(5)~~ e. Poison treatment kit described in 7 MCAR S 1.607 A.4.;

~~(6)~~ f. Burn treatment supplies;

~~(7)~~ g. Equipment for determination of vital signs; and

~~(8)~~ h. Extrication and rescue equipment.

~~6.~~ G. Testing. ~~In order to complete an approved emergency care course successfully, each student shall pass the written and the practical examinations approved by the commissioner and administered by the commissioner or a designated representative.~~

~~7. Test approval.~~

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~~a. The written and the practical examinations that test for competency in the subjects specified in 7 MCAR § 1.609 A.4.b. are eligible for approval by the commissioner.~~

1. In order to complete an approved emergency care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The examinations must test for competency in the subjects specified in D.2.

3. The practical examination must test the following skills:

a. Patient assessment including primary and secondary assessments;

b. Care and immobilization of cervical and spinal injuries including use of the long and short backboards;

c. Care, immobilization, and traction splinting of long bone fractures;

d. Wound care, bandaging, and bleeding control;

e. Recognition and care of shock; and

f. Cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

4. The commissioner or a designated representative shall administer the written and practical examinations.

5. Examiners must possess current certificates issued under 7 MCAR S 1.624, 7 MCAR S 1.625, or 7 MCAR S 1.626 and must comply with 7 MCAR S 1.624 C.5.

~~b.~~ 6. The written portion of the National Registry of Emergency Medical Technicians Examination for Emergency Medical Technicians--Ambulance as of the effective date of ~~these rules~~ 7 MCAR SS 1.601-1.630 is deemed to comply with the written examination required in ~~7 MCAR § 1.609 A.7.a~~ G.1.

~~B. Emergency care refresher course.~~

~~1. applications for initial course approval shall comply with 7 MCAR § 1.609 A.1.-7.; with the exception of 7 MCAR § 1.609 A.3.b. and A.4.~~

~~2. Course content.~~

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~~a. A refresher course shall provide a total of not less than 20 hours of instruction and four hours of testing.~~

~~b. The content of a refresher course shall include the subjects listed in 7 MCAR § 1.609 A.4.b.~~

~~C.~~ H. Issuance of certificates.

1. Persons who successfully ~~completing~~ an complete an approved emergency care course ~~shall~~ will be issued a certificate by the commissioner ~~or a designated representative~~.

~~2. The certificate shall expire two years from the date of issuance and may only be renewed for a period of two years on successful completion of a refresher course.~~

~~D. Course audit. Approved applicants shall cooperate with and in no way hinder the audit activities of authorized agents of the commissioner.~~

~~E. Enforcement. Failure to comply with the provisions of 7 MCAR § 1.609 A.3.-D. shall constitute grounds for disapproval or nonrenewal.~~

2. Upon request of an applicant the commissioner shall evaluate emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations that the commissioner has determined to be equivalent to those described in A.-G. shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June 30, expire on December 31 of the following year. Certificates issued from July 1 to December 31 expire on December 31 of the second following year. All subsequent certificate renewal periods are for the full two-year period running from January 1 to December 31.

5. A certificate must be renewed according to the requirements in 6. or it will lapse.

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6. An applicant for renewal of the certificate must successfully complete an emergency care refresher course approved under I. and must pass approved written and practical examinations before the certificate expiration date. Evidence of completion of the requirements in J. must be submitted to the commissioner within 90 days after the certification expiration date. The emergency care refresher course must be taken during the second half of the certification period.

I. Emergency care refresher course program.

1. Applications for initial approval of emergency care refresher course programs must comply with the requirements in A.1. and A.2.

2. The approval of an emergency care refresher course program expires two years from the date of approval unless renewed according to the requirements of B.

3. Each program must have a program medical director and a program coordinator.

4. Providers of emergency care refresher course programs shall comply with the requirements in C.4.-6. and F.

5. An emergency care refresher course must provide not fewer than 20 hours of instruction and four hours of testing in the subjects listed in D.2. Instruction must be provided in cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

J. Refresher course examination.

In order to successfully complete an approved emergency care refresher course, each student must pass written and practical examinations approved by the commissioner. The written examination must test knowledge of subjects listed in D.2. The practical examination must test the skills listed in G.3. The commissioner or designated representative must administer the examinations approved by the commissioner.

K. Issuance of renewal certificates.

1. Persons who have successfully completed approved emergency care refresher courses will be issued a renewal

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certificate by the commissioner.

2. Upon request of an applicant the commissioner shall evaluate emergency care refresher courses, training, and examinations offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in I. and J. Persons who have successfully completed courses, training, and examinations that the commissioner has determined to be equivalent to those described in I. and J. shall be issued a renewal certificate by the commissioner.

3. Successful completion of the National Registry of Emergency Medical Technician continuing education requirements, in effect on the effective date of 7 MCAR SS 1.601-1.630, is deemed to comply with the emergency care refresher course requirements set forth in H.6.

L. Lapsed certificates. An applicant may renew a lapsed certificate as follows:

1. Within 12 months of the certificate expiration date, complete an approved emergency care refresher course and pass the written and practical examinations approved by the commissioner; or

2. If more than 12 months have passed since the certificate expiration date, complete an approved emergency care course and pass the written and practical examinations approved by the commissioner.

M. Program audit. Persons approved to offer emergency care course and emergency care refresher course programs shall cooperate with the audit activities of the commissioner. The audit may include course inspection, classroom observation, review of instructor qualifications and student interviews.

7 MCAR S 1.625 Intermediate emergency care course program.

A. Application for initial course program approval.

1. Application for initial approval of an intermediate emergency care course program must be made on a form provided by the commissioner, and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in A. and C.-F. The

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information provided on the application must include the following:

a. Content of course;

b. The length of courses and course schedules;

c. The number of times per year the course will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program physician medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training; and

l. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

2. Applicants shall retain in a file documentation of all statements made in the application for program approval.

3. The approval of an intermediate emergency care course program expires two years from the date of approval unless renewed according to the requirements of B.

B. Application for renewal. Application for renewal of intermediate emergency care course program approval must be made on a form provided by the commissioner and must specify any changes from the information provided for initial approval and other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application. An applicant for program renewal must have given the intermediate emergency care course at least once during the previous biennial approval period. The commissioner, in determining whether a renewal application will be approved,

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shall consider whether the applicant has complied with the requirements in A.-F.

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, intermediate emergency medical technicians, paramedics, or others holding equivalent certificates approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the 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 least 52 total hours of classroom instruction and practical skills instruction.

2. The following subjects must be included in the course:

a. Instruction in the role and the legal and medical responsibilities of intermediate emergency medical technicians;

b. Classroom and practical skills instruction in human physiological systems and patient assessment;

c. Classroom and practical skills instruction in shock and fluid therapy, including the use of medical antishock trousers; and

d. Classroom and practical skills instruction in the respiratory system and use of the esophageal obturator airway.

3. Each program must provide supervised clinical training in the hospital. During clinical training each student must practice under direct visual supervision, the following:

a. Performance of a patient physical assessment including conducting a physical examination, taking and recording vital signs, and auscultation of heart, lung and bowel sounds;

b. Providing assistance and review of treatment of trauma cases and medical emergencies;

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c. Providing assistance in triage of patients;

d. Assisting in trauma cases requiring hemorrhage control and splinting;

e. Performance of peripheral intravenous insertions using both a straight needle and an over the needle catheter device;

f. Drawing blood samples;

g. Maintaining an airway in an unconscious patient using manipulations, position of head, oropharyngeal airways, esophageal obturator airway, and suctioning; and

h. Administering oxygen.

E. Student admission requirement. Students admitted to an intermediate emergency care course must meet the following requirements:

1. Current certification as an emergency medical technician; and

2. Employment or service as a volunteer with a licensee that provides or intends to provide the type of emergency care and treatment that is taught in the intermediate emergency care course. Written verification of employment or volunteer service must be provided by the licensee's medical director.

F. Equipment and supplies.

1. Programs must use student and instructor texts and current references in advanced emergency medical care.

2. Programs must use standard teaching aids consisting of projectors, screens, films, and slides.

3. Instructors shall use emergency care equipment of the following types:

a. Esophageal obturator airways and intubation mannequins;

b. Medical antishock trousers;

c. Intravenous infusion equipment and supplies;

d. Ventilation assistance and airway maintenance equipment; and

e. Equipment for the determination of vital signs.

G. Testing.

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1. In order to complete an approved intermediate care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The commissioner or a designated representative shall administer the written and practical examinations that test for competency in the subjects listed in D.2.

3. The practical examination must test the following skills:

a. Ability to perform a physical assessment for trauma which includes a first and second degree assessment, knowledge of treatment for trauma victims, and triage skills;

b. Esophageal obturator airway insertion and removal;

c. Administration of intravenous infusions; and

d. Application and removal of medical antishock trousers.

The skills in a. must be tested by a physician.

4. The written and practical portions of the National Registry of Emergency Medical Technicians--Intermediate examination as of the effective date of 7 MCAR SS 1.601-1.630, are deemed to comply with the examinations required in 1.

H. Issuance of certificates.

1. Persons who successfully complete an approved intermediate emergency care course will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner shall evaluate intermediate emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations that the commissioner has determined to be equivalent to those described in A.-G., shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June

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30 expire on December 31 of the following year. Certificates initially issued from July 1 to December 31 will expire on December 31 of the second following year. All subsequent certificate renewal periods are for the full two-year period running from January 1 to December 31.

5. The certificate may be renewed after submission of evidence of successful completion of the continuing education requirements set forth in I., and submission of a statement of satisfactory skill maintenance signed by the physician medical director of the licensee by whom the applicant is employed.

I. Continuing education requirements. Each applicant for certificate renewal shall successfully complete within the certification period:

1. Annual certification in basic cardiac life support;

2. An approved emergency care refresher course and examination approved by the commissioner; and

3. Twelve hours of continuing education in the subjects listed in D.2.;

4. Evidence of completion of continuing education requirements must be submitted to the commissioner within 30 days after the certificate expiration date.

J. Approval of continuing education courses. Continuing education courses taken to fulfill the requirement in I. must be approved in writing by the licensee's physician medical director. Documentation of approval must be kept in the licensee's file.

K. Skill documentation. The medical director of a licensee shall document that the applicant for certificate renewal has the skills described in G.3. This document must be submitted to the commissioner within 30 days after the certificate expiration date.

L. Certification renewal.

1. Persons who successfully complete the continuing education requirements set forth in I. and meet the requirement in K. will be issued a certificate by the commissioner.

2. Upon request by an applicant, the commissioner shall

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evaluate continuing education requirements in other states to determine whether they are equivalent to requirements described in I. and K. Applicants who have completed continuing education and examinations that are equivalent in content to those required in I. and who have submitted evidence of skill retention as required in K. shall be issued a renewal certificate by the commissioner.

3. Successful completion of the National Registry of Emergency Medical Technicians-Intermediate requirements for reregistration as of the effective date of 7 MCAR S 1.601-1.630 is deemed to comply with the requirements in I. and K.

M. Program audit. The commissioner may audit the courses approved under 7 MCAR S 1.625. The audit may include course inspection, classroom observation, review of instructor qualifications, and student interviews.

7 MCAR S 1.626 Advanced emergency care course programs for paramedics.

A. Application for initial approval.

1. Application for initial approval of an advanced emergency care course program must be made on a form provided by the commissioner and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in A. and C.-F. The following information must be provided:

a. Content of course;

b. The length of the courses and course schedules;

c. The number of times per year the courses will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of the

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instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training in the hospital; and

l. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

2. Applicants shall retain in a file documentation of all statements made in the application for program approval.

3. The approval of an advanced emergency care course program expires two years from the date of approval unless renewed according to the requirements of B.

B. Applications for renewal. Applications for renewal of an advanced emergency care course program must be made on a form provided by the commissioner and must specify any changes from the information provided for initial approval and other information which the commissioner requires to clarify incomplete or ambiguous information presented in the application. Applicants for program renewal must have given the advanced emergency care course program for paramedics at least once during the previous biennial approval period. The commissioner, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of A.-F.

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, paramedics, or others approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the requirements in 7 MCAR S 1.624 C.5.

D. Program content.

1. An advanced emergency care course must provide classroom instruction and practical skills instruction in the following subjects:

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a. The role and the legal and medical responsibilities of paramedics;

b. Human systems and patient assessment;

c. Shock and fluid therapy;

d. General pharmacology;

e. The respiratory sytem;

f. The cardiovascular system;

g. The central nervous system;

h. Care of soft tissue injuries;

i. The musculoskeletal system;

j. Medical emergencies;

k. Obstetric and gynecological emergencies;

l. Pediatrics and neonatal medical care;

m. Emergency care of the emotionally disturbed patient;

n. Rescue techniques; and

o. Telemetry and communications.

2. In addition to the instruction required in 1., each student must receive clinical training in a hospital and ambulance. The clinical training must be conducted under the direct, visual supervision of a physician, registered nurse, or paramedic certified under 7 MCAR S 1.626. Clinical training must include demonstration of the skill by the supervisor and observation by the student; practice and successful performance of the skill by the student; and evaluation by the supervisor.

E. Student prerequisite. Only persons who have successfully completed an emergency care course and who are currently certified as emergency medical technicians or intermediate emergency medical technicians may be admitted to an advanced emergency care course.

F. Equipment and supplies.

1. Programs must use student and instructor texts and current references in advanced emergency medical care.

2. Programs must use teaching aids consisting of projectors, screens, films, and slides.

3. Programs must use emergency care equipment of the following types:

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a. Splinting equipment;

b. Ventilation assistance and airway maintenance equipment including esophageal obturator airways, endotracheal intubation equipment, and suction equipment;

c. Dressings, bandages, and bandaging supplies;

d. Emergency obstetrical kit;

e. Poison-treatment kit described in 7 MCAR S 1.607 A.4.;

f. Burn treatment supplies;

g. Equipment for the determination of vital signs;

h. Medical antishock trousers;

i. Intravenous therapy equipment; and

j. Advanced cardiac care equipment including a portable cardiac monitor and defibrillator.

G. Testing.

1. In order to complete an approved advanced emergency care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The commissioner or a designated representative shall administer written and practical examinations that test for competency in the subjects specified in D.1.

3. Examiners for practical examinations must be physicians, or registered nurses except that persons who are certified under 7 MCAR S 1.626 and who meet the requirements in 7 MCAR S 1.624 C.5. may serve as sole examiners for the skills specified in G.4.d., and e. and accessory examiners for the skill specified in G.4.a.-c. A physician must be present at the practical examination and must monitor all stations of the examination and answer questions relating to the evaluation of skill performance.

4. The practical examination must test knowledge and skill in the following:

a. Trauma management including primary and secondary assessment, treating of trauma victims, and setting priorities for basic life support and advanced life support management;

b. Cardiology including electrocardiogram

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interpretation and treatment and related questions;

c. Cardiac arrest, including intubation, intravenous therapy, administration of intravenous drugs, and defibrillation;

d. Cardiopulmonary resuscitation including one- and two-person resuscitation, obstructed airway care, and infant resuscitation; and

e. Fracture immobilization.

5. The written and practical portions of the National Registry of Emergency Medical Technicians--Paramedic examination as of the effective date of 7 MCAR S 1.601-1.630 are deemed to comply with the examinations required in 1.

H. Issuance of certificates.

1. Persons who successfully complete an advanced emergency care course approved by the commissioner will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner may evaluate advanced emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations which the commissioner determines to be equivalent to those described in A.-G. shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June 30 expire on December 31 of the following year. Certificates initially issued from July 1 to December 31, expire on December 31 of the second following year. All subsequent certification renewal periods are for the full two-year period running from January 1 to December 31.

5. All certificates may be renewed for a period of two years when the applicant provides evidence of successful completion of the continuing education requirements in I. and submits a statement of satisfactory skill maintenance signed by

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the licensee's medical director as required in J.

6. Evidence of compliance with the requirements in 5. must be submitted by the applicant within 90 days after the certificate expiration date.

I. Continuing education requirements.

1. Each applicant for certificate renewal must successfully complete the following:

a. Forty-eight hours of continuing education in the subject areas listed in D.1.;

b. During one year of the certification period, a course in basic cardiac life support, up to four hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in a.; and

c. During the alternate year of the certification period, instruction in advanced cardiac life support, up to 16 hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in a.

2. Continuing education must be approved in writing by the licensee's physician medical director. Documentation of such approval must be maintained in the licensee's file.

J. Skill documentation. The medical director of an advanced life support transportation service must document that the applicant for certificate renewal retains proficiency in the following skills:

1. History taking;

2. Physical examination;

3. Cardiopulmonary resuscitation;

4. Infant resuscitation;

5. Esophageal obturator airway placement and endotrachial intubation;

6. Bag valve mask and bag valve tube ventilation;

7. Interpretation of oscilloscopic and hard copy electrocardiograms;

8. Spinal immobilization;

9. Fracture immobilization including use of traction splint;

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10. Voice and electrocardiogram telemetry communications procedures, including actions during communications failure;

11. Intravenous therapy;

12. Parenteral drug administration;

13. Application and removal of medical antishock trousers; and

14. Obstetrical procedures.

K. Certification renewal.

1. Persons who successfully complete the requirements set forth in I. and J. will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner shall evaluate skill proficiency requirements and continuing education courses offered in other states to determine whether they are equivalent to those described in I. and J. Persons who have successfully completed courses that the commissioner has determined to be equivalent to those described in I. and who have current evidence of skill proficiency retention for which documentation has been submitted as required in J., shall be issued a renewal certificate. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

3. Successful completion of the National Registry of Emergency Medical Technician--Paramedics continuing education requirements for Emergency Medical Technician--Paramedic reregistration as of the effective date of 7 MCAR SS 1.601-1.630 is deemed to comply with the continuing education requirements set forth in I. and J.

L. Program audit. Approved applicants shall cooperate with the audit activities of the commissioner. The audit may include course inspection, classroom observation, review of instructor qualifications and student interviews.

7 MCAR S ~~1.610 Documentation~~ 1.627 Trip reports.

~~A. Documentation requirements for licenses.~~

~~1. Personnel records and documentation shall include:~~

~~a. Current roster and documentation of qualifications~~

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of attendants and drivers required in 7 MCAR § 1.603 A.2.a. and 7 MCAR § 1.604 A.5.b.;

b. Name and address of and signed statement by the medical adviser or director required in 7 MCAR § 1.603 A.2.c. and 7 MCAR § 1.604 A. 5.d.;

c. Documentation of reasonable efforts to arrange for second attendants under special circumstances as required in 7 MCAR § 1.603 A.2.d.(2)-(3) and 7 MCAR § 1.604 A.5.d.;

d. Continuing education course approval required by 7 MCAR § 1.604 A.3.b.; and

e. The name and address of the affiliated medical facility and signed statement required by 7 MCAR § 1.604 A.5.e.

2. Equipment records and documentation shall include:

a. Documentation by the medical adviser regarding the use of inflatable anti-shock trousers as specified in 7 MCAR § 1.603 B.1.b.

b. Performance testing of equipment required in 7 MCAR § 1.603 B.3.g. and 7 MCAR § 1.604 B.2.b.;

c. Any written approval of the medical director of the advanced life support equipment and supplies required in 7 MCAR § 1.604 B.1.c.; and

d. Any written procedures for secure storage of medications required in 7 MCAR § 1.604 B.1.d.

3. Ambulance records and documentation shall include maintenance of ambulance required in 7 MCAR § 1.603 C.5.a. and 7 MCAR § 1.604 C.

4. Communications records and documentation shall include:

a. Maintenance of communications equipment as required in 7 MCAR § 1.603 D.4. and 7 MCAR § 1.604 D.4.; and

b. Communications capability as required in 7 MCAR § 1.604 D.2.g.

5. Other records and documentation shall include:

a. Licensure application information required in 7 MCAR § 1.602;

b. A copy of mutual aid agreements required in 7 MCAR § 1.608 C.2.;

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~~c. Copies of all pertinent correspondence between the Department of Health to the licensee; and~~

d. Each licensee shall maintain trip reports for every run in which patient care was offered ~~to be provided~~ or provided ~~,~~ so as to meet the reporting requirements of Minn. Stat. S 144.807.

~~B. Documentation requirements for approved emergency care and refresher courses. Approved emergency care and refresher courses shall comply with the following documentation requirements:~~

~~1. Approval application information required in 7 MCAR S 1.609 A.1.b.; and~~

~~2. The names, addresses and qualifications of the physician medical adviser and instructors required in 7 MCAR S 1.609 A.3.c.~~ The report must contain at least the following information:

A. History of patient's presenting illness, including the findings of the physical examamination;

B. Patient's name and address;

C. Vital signs;

D. Treatments provided by the licensee's attendants;

E. Identification of life support transportation service;

F. Date and time of request for service;

G. Identification of crew members;

H. Destination to which patient was transported; and

I. Whatever additional information the medical director requires.

Trip reports may be reviewed by the commissioner.

7 MCAR S ~~1.611~~ 1.628 License fees and expiration dates.

A. License fees. Each application for a license to operate a life support transportation service, ~~as defined in Minn. Stat. SS 144.801 to 144.806, shall~~ to change or add a new base of operation, to offer a new type of service, or to expand a primary service area must be accompanied by a basic fee of ~~$35.00~~ $96 plus a ~~$10.00~~ $48 fee for each ambulance to be operated by the applicant. The licensee shall pay an additional

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~~$10.00~~ $48 fee for the full licensure period or $2 per month for any fraction of the period for each ambulance added to the life support transportation service during the period for which the license is issued. License fees are not refundable.

B. Expiration dates. ~~Life support transportation services shall be licensed annually for a period from October 1 (or from the date the original license is issued) until September 30. Applicants for license renewal shall submit complete applications by June 30 of each year on a form provided by the commissioner. The licenses of life support transportation services that are licensed as of the effective date of these rules are hereby extended until September 30, 1980.~~

1. Life support transportation services are licensed biennially.

2. Applicants for renewal shall submit complete applications for renewal as required by 7 MCAR S 1.602 A. at least 90 days before the expiration date shown on the license.

3. There are eight licensing periods. Each period begins on the first day of a calendar month and ends on the last day of the 24th month from the beginning of the period.

4. For licensing periods beginning October 1, 1982, and all subsequent periods, license renewal dates will be assigned according to the district as described in 7 MCAR S 1.609 A.3. in which the licensee's base of operation is located as follows:

a. Northwestern district: October 1, in years ending with an even number;

b. Northeastern district: January 1, in years ending with an odd number;

c. West central district: April 1, in years ending with an odd number;

d. Central district: July 1, in years ending with an odd number;

e. Metropolitan district: October 1, in years ending with an odd number;

f. Southwestern district: January 1, in years ending with an even number;

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g. South central district: April 1, in years ending with an even number;

h. Southeastern district: July 1, in years ending with an even number.

5. Applicants for new or renewal licenses after October 1, 1982, may be issued a license for a period remaining until the renewal date listed under 4. If the commissioner issues a license for less than 24 consecutive months, the license fee will be apportioned.

6. Renewal dates for licenses issued between October 1, 1982 and the time shown for renewal in 4., will be extended until the time for renewal shown in 4. After July 1, 1984, all licenses will be renewed every two years.

C. Identification of ambulances. The commissioner will issue a certificate for each licensed ambulance. The certificate must be affixed to the vehicle.

7 MCAR S 1.629 Waivers.

A. Application. The commissioner may waive any of 7 MCAR SS 1.601-1.630 except 7 MCAR S 1.630 D.5. if the applicant shows that:

1. Applying the rule would impose an undue burden on the applicant; and

2. Granting the waiver will not adversely affect the public health or welfare.

B. Renewal, revocation, and reporting.

1. The commissioner may renew the waiver upon reapplication in conformance with A.

2. The commissioner may revoke a waiver if a material change occurs in the circumstances that justified granting the waiver.

3. An applicant that has been granted a waiver shall notify the Department of Health in writing of any material change in circumstances.

C. Limitation. No waiver may be granted for a period longer than the current license period.

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7 MCAR S 1.630 Variances.

A. Application. The commissioner may grant a variance from 7 MCAR SS 1.601-1.630 except 7 MCAR S 1.630 D.8. if the applicant proposes alternative practices equivalent or superior to those prescribed in the rule in question and shows that:

1. Applying the rule would impose an undue burden on the applicant; and

2. Granting the variance will not adversely affect the public health or welfare.

B. Renewal, revocation, and reporting.

1. The commissioner may renew a variance upon reapplication in conformance with A.

2. The commissioner may revoke a variance if:

a. A material change occurs in the circumstances which justified granting the variance; or

b. The applicant fails to comply with the alternative practice specified in its successful application for a variance.

3. An applicant that has been granted a variance must notify the Department of Health of any material change in circumstances.

C. Limitation. No variance may be granted for a period longer than the current license period.

D. Specific variances.

1. A basic life support transportation service licensee will be granted a variance under 7 MCAR S 1.607 C. upon compliance with the following:

a. The licensee must submit to the commissioner a list of attendants who have received additional medically supervised training, specifying for each attendant, the subjects covered, the length of training, the nature of the medical supervision; and

b. A statement signed by the licensee's medical adviser stating approval of the training received by the attendants.

2. A basic life support transportation service licensee that seeks a variance to provide a treatment or procedure that

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is restricted under 7 MCAR S 1.606 shall have a physician medical director who agrees to provide medical direction regarding attendant training, equipment, standing orders, continuing education, and assessment of the quality of care provided with respect to the treatment or procedure offered or provided pursuant to the variance.

3. The commissioner may grant a variance to allow the establishment or maintenance of intravenous infusions by basic life support transportation services only if the applicant shows that:

a. It will be established or maintained by attendants or drivers who have been trained in its establishment and maintenance;

b. The establishment or maintenance of intravenous infusions has been approved by the licensee's medical director;

c. The medical director has developed or approved written standing orders and protocols for the establishment or maintenance of intravenous infusions;

d. Continuing education or clinical training is provided annually to persons authorized to establish or maintain intravenous infusions;

e. The administration of intravenous infusions is restricted to solutions administered only for fluid volume replacement; and

f. Documentation of a.-e. is retained in the licensee's file.

4. Persons who possess intermediate emergency medical technician and paramedic certificates are deemed to comply with the requirement in 3.a.

5. The commissioner may grant a variance to allow the use of a portable cardiac monitor or defibrillator by a basic life support transportation service only if the applicant shows that:

a. It will be used only by attendants and drivers who have received training in its use and the training has been approved by the licensee's medical director;

b. The use of the cardiac monitor or defibrillator has

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been authorized by the licensee's medical director;

c. The medical director has developed or approved standing orders for the use of the cardiac monitor or defibrillator;

d. Continuing education or clinical training on the use of the cardiac monitor or defibrillator is provided at least annually to persons authorized to use the equipment; and

e. Documentation of a.-d. is retained in the licensee's files.

6. The commissioner may grant a variance to allow the use of an esophageal obturator airway by attendants of a basic life support transportation service only if the applicant shows that:

a. The attendants who will use the equipment have been trained in its use or have successfully completed intermediate emergency medical technician or paramedic training described in 7 MCAR S 1.625 and 7 MCAR S 1.626.

b. Use of the esophageal obturator airway has been approved by the licensee's medical director;

c. The licensee's medical director annually assures that each attendant authorized to use the airway retains skill proficiency and signs a statement that the attendant has satisfactorily demonstrated proficiency; and

d. Documentation of a.-c. is retained in the licensee's files.

7. The commissioner may grant a variance to allow basic life support transportation service licensee's to transport patients who are receiving intravenous therapy only when the following conditions are met:

a. Transportation is provided only between health care facilities; and

b. The intravenous therapy was established by the facility from which the patient is transported; and either

c. A physician, registered nurse, or paramedic from the facility from which the patient is transported or a paramedic, accompanies the patient and rides in the patient compartment in addition to the attendant required by 7 MCAR S

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1.604 D.; or

d. The patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains a copy of the written information in its files and the attendant is certified under 7 MCAR S 1.624 and has completed training approved by the medical director in the maintenance of intravenous therapy equipment.

8. Basic life support licensees may not be granted variances for the following:

a. Parenteral administration of any drugs except solutions for intravenous infusion;

b. Nonparenteral administration of any drugs except sugar solutions for oral administration to conscious diabetic patients, oxygen, and syrup of ipecac and drinking liquids provided under 7 MCAR S 1.607 A.4.; and

c. Establishment of intravenous therapy involving the use of drugs other than solutions for intravenous infusion.

Repealer. Rules 7 MCAR SS 1.541-1.543 are repealed.

Effective date. These rules are effective October 1, 1982, or five working days after the notice of adoption is published in the State Register, whichever is later.

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Incorporations by reference (cont'd.):

7 MCAR S 1.624 K.3., 7 MCAR S 1.625 L.3., 7 MCAR S 1.626 K.3.	National Registry of Emergency Medical Technicians Board Certification 1. Registered EMT - Ambulance 2. Registered EMT - Intermediate 3. Registered EMT - Paramedic Columbus, Ohio 1. 3/11/81 2. 1981 3. 1980 (updated) National Registry of Emergency Medical Technicians Available at: State Law Library, 117 University Ave., St. Paul, MN 55155 and Emergency Medical Services Section Minnesota Department of Health 717 Delaware St., S.E. Minneapolis, MN 55440

OFFICE OF THE REVISOR OF STATUTES
PROPOSED RULES

June 1, 1982
RD100

Agency Department of Health

Division

Agency Contact Betsy Parker Phone Number 296-5540

Title: Proposed Rules Governing Life Support Transportation Services

Type of Rules: Permanent X Temporary

Incorporations by References:

Rule Number	Material Incorporated
7 MCAR S 1.601	Author: United States Pharmacopoeia and National Formulary Title: Place: Rockville, Maryland Publisher: United States Pharmacopeial Convention, Inc. Date: 1980 Cost: Places Available: Minnesota Public Library, Nicollet Mall Biological and Medical Library Diehl Hall, University of Minnesota Minnesota Board of Pharmacy 717 Delaware Street, Minneapolis
7 MCAR S 1.608 A.2.	Federal Specification KKK-A-1822A for Emergency Medical Care Surface Vehicle Issuing Agency: United States General Services Agency Place of Publication: Washington, D.C. Date: April 1, 1980 Available: Minnesota State Law Library, St. Paul G.S.A. Business Service Center, Room 3670 230 South Dearborn Street Chicago, Ill 60604 (312) 353-538

See Additional references on back Yes X No

Duplication of Statutory Language

Rule Number	Statutory Section Duplicated
7 MCAR S 1.601 B.	Minnesota Statutes, section 144.801, subdivision 7
7 MCAR S 1.601 K.	Minnesota Statutes, section 151.01, subdivision 5

The attached rules are approved as to form.

Steven C. Cross
Revisor of Statutes

Name: Mary H. Dunlap
Mary H. Dunlap

Title: Assistant Revisor

Phone: 297-2958

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Adoption of Proposed Amendments to Life Support Transportation Service Rules (7 MCAR § 1.601-1.611), and Repeal of Emergency Medical Technician Registration Rules (7 MCAR § 1.541-1.545).

FINDINGS, CONCLUSIONS, AND ORDER ADOPTING RULES

The above-entitled matter came on for hearing before Jon L. Lunde, duly appointed Hearing Examiner on Thursday, July 29, 1982, at 9:30 a.m., in the Department of Health Building, Room 105, 717 Delaware Street S.E., Minneapolis, Minnesota, pursuant to an Order for Hearing dated June 1, 1982. Proper notice required by Minn. Stat. § 15.0412 was served upon all persons, associations and other interested groups registered with the Commissioner of Health (hereinafter "Commissioner") for that purpose. Notice was also served upon other persons, associations and groups of which the Commissioner was aware as possibly having an interest in the above-captioned rules. The proposed amendments and Notice of Hearing were duly published in the State Register.

After affording interested persons an opportunity to present written and oral data, statements, and arguments, having heard and considered all of the testimony and evidence adduced and upon the records, files, and proceedings herein and applicable statutory standards or criteria, and confirming the need for and reasonableness of the amendments to the Life Support Transportation Service Rules, and the repeal of the Emergency Medical Technician Registration Rules, the Commissioner makes and enters the following:

FINDINGS OF FACT

1. The Findings of Fact and Conclusions contained in the Report of the Hearing Examiner (hereinafter "Report") dated September 10, 1982, are hereby adopted and made a part hereof except for paragraph 22 of the Hearing Examiner's Findings of Fact.

2. The Hearing Examiner, in paragraph number 20 in his findings recommended that the Department of Health (hereinafter "Department") consider an amendment to section 1.625 A. to make it consistent with section 1.624 A.3. As it was the Department's intention to make those sections consistent and to require individuals approved to teach both basic and intermediate emergency care programs to notify the Commissioner of the starting date of each course, that amendment has been made. The need and reasonableness of that amendment is found to be established on the same basis as the rule in section 1.624 which it duplicates and which was approved by the Hearing Examiner.

3. The Hearing Examiner, in paragraph number 21, in his findings suggested that the Department resolve the inconsistency between section 1.625 I.4. and the restatement of that section in the Statement of Need and Reasonableness. As it was the Department's intention to adopt a rule allowing a 90 day period for submission of evidence of completion of continuing education requirements, instead of a 30 day period as the rule states, that section has been amended to allow 90 days. The Statement of Need and Reasonableness which justifies a 90 day period is correct and the error which resulted in 30 days being typed in the rule is corrected.

4. The Hearing Examiner in paragraph number 22 of his findings, recommended that the Department consider whether it wished to adopt a provision for the renewal of lapsed certificates of intermediate emergency medical technicians. The Department considered this issue while drafting the rules and does not wish to adopt such a provision.

5. The Chief Hearing Examiner, Duane R. Harves, has found the change at section 1.625 K., page 42, line 15 of the final adopted rules to be non-substantial as indicated in an Order dated October 1982. The change is found to be needed and reasonable on the same basis as the change in paragraph 3.

ORDER

After affording interested persons an opportunity to present written and oral data, statements, and arguments, hearing all of the testimony, considering all of the evidence adduced and upon the records, files and proceedings herein and applicable statutory standards or criteria, and confirming the need for and reasonableness of the above-captioned rules,

NOW, THEREFORE, IT IS ORDERED that the amendments to the above-captioned rules, providing standards for the operation of life support transportation services and providing for the administration and enforcement of Minn. Stat. §§ 144.801-144.809 are adopted and the Emergency Medical Technician Registration Rules 7 MCAR § 1.541-1.545 are repealed this 13th day of October, 1982, pursuant to the authority vested in me by Minnesota Statutes §§ 144.801-144.809.

STATE OF MINNESOTA
COMMISSIONER OF HEALTH

George Petersen M.D.

GEORGE R. PETTERSEN, M.D.
COMMISSIONER OF HEALTH

SF-00006-01

STATE OF MINNESOTA

DEPARTMENT HEALTH

Office Memorandum

TO : Jim Stoffels, Chief
EMS Section

Agency Exh. No. 16
File No. HLTH-82-012-JL
Date 7-29-82

DATE: July 19, 1982

FROM : Betsy Parker B.P.
Standards Development Manager

PHONE:

SUBJECT: Modifications to Proposed Life Support Transportation Service Rules

Page 7, line 33, strike "change in" and insert "expansion of"

Page 8, line 20, strike "change in" and insert "expansion of"

Page 14, line 14, after the semicolon, add "and"

Page 14, line 15, delete "or maintenance" and "lines" and insert "therapy" after"intravenous"

Page 14, line 16, delete "administration" and insert "establishment or maintenance"

Page 14, line 16, delete the semicolon and "and" and insert a period.

Page 14, delete lines 17 and 18.

Page 14, after line 18, add:

C. Restrictions on transfer of patients. Basic life support transportation services may transport patients who are receiving intravenous therapy only when the following conditions are met:

1. Transportation is provided only between health care facilities; and

2. The intravenous therapy was established by the facility from which the patient is transported; and either

3. A physician, registered nurse, or paramedic accompanies the patient and rides in the patient compartment; or

4. The patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains a copy of the written information in its files and the attendant is certified under 7 MCAR § 1.624 and has completed training approved by the medical advisor in the maintenance of intravenous therapy equipment.

Page 14, line 19, delete C. and insert D. p.11

Page 31, delete lines 28 to 32. p.24

Page 33, line 33, delete "communication" and insert "communications" p.25.

Page 58, line 25, delete "sole" and "for the skills" p.46

Page 58, delete line 26. p.46

Page 58, line 27, delete everything up to the period.

Page 66, line 28, delete "additional" p.52

Page 67, line 12, delete "and" and insert "or" p.53

Page 68, delete lines 25 to 36. p.54

Page 69, delete lines 1 to 8. p.55

Page 69, line 9, delete "8." and insert "7." p.55

BP:mt
cc:Dan McInerney
Wayne Arrowood
George Lohmer
John Perkins
Jack Breviu

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

RECEIVED
JUN 4 1982
ADMINISTRATIVE HEARINGS

In the Matter of Proposed Amendment of Rules Relating to Life Support Transportation Services and Repeal of Rules Relating to Registration of Emergency Medical Technicians

ORDER FOR HEARING

IT IS HEREBY ORDERED that a public hearing on the above-captioned rules be held in Room 105, Minnesota Health Department Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, on Thursday, July 29, 1982, commencing at 9:30 a.m. and continuing until all interested persons have had an opportunity to be heard.

IT IS FURTHER ORDERED that a Notice of Hearing be mailed to all persons or representatives of associations or other interested groups who have registered their names with the Commissioner of Health for that purpose.

IT IS FURTHER ORDERED that the Notice of Hearing be published in the State Register.

Dated: June 1, 1982

STATE OF MINNESOTA

COMMISSIONER OF HEALTH

George A. Pettersen M.D.

GEORGE A. PETTERSEN, M.D.
Commissioner

Agency Exh. No. 2
File No. HLTH-82-012-TL
Date 2-29-82

Agency Exh. No. #10
File No. HLTH-82-012-JL
Date 7-29-82

STATE OF MINNESOTA

COUNTY OF HENNEPIN

AFFIDAVIT OF MAILING

In the Matter of the Adoption of Proposed Amendments to Rules Relating to Life Support Transportation Services, 7 MCAR §§ 1.601-1.611, and the Repeal of Rules Relating to the Registration of Emergency Medical Technicians, 7 MCAR §§ 1.541-1.543.

RECEIVED
JUN 28 1982
ADMINISTRATIVE HEARINGS

Elizabeth M. Parker, being first duly sworn, deposes and says:

1. That on the 18th day of June, 1982, at the City of Minneapolis, County of Hennepin, State of Minnesota, she served the attached Notice of Hearing by depositing in the United States mail at the City of Minneapolis, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations at the addresses listed on the Certificate of Agency's mailing list attached and made a part hereof as Exhibit A; and

2. That on the 18th day of June, 1982, at the City of Minneapolis, State of Minnesota, she served the attached Notice of Hearing by depositing in the United States mail at the City of Minneapolis, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations listed on Exhibit B, attached and made a part hereof.

Elizabeth M. Parker

Subscribed and sworn to before me
this 18th day of June, 1982.

Marie B. Tromiczak

MARIE B. TROMICZAK
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission Expires Oct. 23, 1987

Agency Exh. No. 7
File No. HLTH-82-012-JL
Date 7-29-82

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Adoption of
Proposed Amendments to Life Support
Transportation Service Rules,
7 MCAR §§ 1.601 to 1.611 and the
Repeal of the Emergency Medical
Technician Registration Rules
7 MCAR § 1.541 to 1.545

NOTICE OF HEARING

RECEIVED
JUN 28 1982
ADMINISTRATIVE
HEARINGS

A public hearing concerning the above entitled matters will be held in Room 105, Minnesota Health Department Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, on Thursday, July 29, 1982, commencing at 9:30 a.m. and continuing until all interested persons have had an opportunity to be heard.

Following the agency's presentation at the hearing, all interested or affected persons will have the opportunity to participate. Statements may be made orally and written material may be submitted at the hearing. In addition, whether or not an appearance is made at the hearing, written statements or material may be submitted to Jon L. Lunde, Hearing Examiner, Office of Administrative Hearings, 400 Summit Bank Building, 310 South Fourth Avenue, Minneapolis, Minnesota 55415, (612)341-7645. Unless a longer period, not to exceed 20 calendar days, is ordered by the hearing examiner at the hearing, the record will remain open for the inclusion of written material for five (5) working days after the hearing ends. The proposed amendments are subject to changes as a result of the rules hearing process. The agency strongly urges those who may be affected in any manner by the proposed amendments to be considered in this hearing, to participate in the rules hearing process. In addition, it is suggested, to save time and avoid duplication, that those persons, organizations, or associations having common viewpoints or interests in these proceedings, join together where possible and present a single statement on behalf of such interests. All such statements will be entered with and become a part of the record.

The rule hearing procedure is governed by Minn. Stat. §§ 15.0411-15.0417 and 15.052 and by 9 MCAR (Minnesota Code of Agency Rules) §§ 2.101-2.113. If you have any questions about the procedure, call or write the Hearing Examiner.

The statutory authority for the Commissioner of Health to adopt amendments to these rules is contained in Minn. Stat. § 144.804, which requires the commissioner to promulgate as rules standards for the operation of life support transportation services. The proposed amendments would amend rules which were originally adopted April 21, 1980. The Emergency Medical Technician Registration Rules which were adopted in 1979 will be repealed and replaced by the provisions for EMT certification in the proposed amendments. The authority for adoption of the registration rules is contained in Minn. Stat. § 214.13 which authorizes the commissioner only to register the occupation. Registration is optional. Most EMT's in Minnesota are not registered. Registration confers no advantage relative to employment for ambulance attendants. Therefore, given the implicit authority of the commissioner to repeal rules which are no longer required for the safety and well being of the citizens of the state, these rules will be repealed.

The proposed amendments to the Life Support Transportation Service Rules cover the following subjects:

1. Definitions of terms;
2. Applications for licensure;
3. Personnel standards; basic life support transportation services including air services;
4. Staffing standards; basic life support transportation services;
5. Quality of life support treatment required to be assured by licensee;
6. Restricted treatments and procedures which include the use of I.V. infusions and therapy; esophageal obturator airway; medical anti-shock trousers; drugs; and defibrillation;
7. Equipment standards; basic life support transportation services;
8. Ambulance standards;
9. Communications;
10. Personnel standards; advanced life support transportation services including air services;

11. Staffing standards; advanced life support transportation services;
12. Quality of life support treatment;
13. Equipment standards; advanced life support transportation services;
14. Compliance with ambulance standards;
15. Communications;
16. Standards for the operation of scheduled life support transportation services;
17. Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings;
18. Life support transportation services provided by an employer for the benefit of its employees;
19. Disasters;
20. Advertisement;
21. Enforcement provisions;
22. Primary service area;
23. Compliance with approved local ordinances;
24. Emergency care course program approval, course requirements; examination; certification and refresher courses;
25. Intermediate emergency care course program approval; course requirements; examination; certification and continuing education;
26. Advanced emergency care course programs for paramedics; course approval, requirements, examination, certification and continuing education;
27. Trip reports;
28. License fees and expiration dates including biennial licensing system;
29. Waivers; and
30. Variances for restricted treatments and procedures; certain personnel; and in general.

A free copy of the rules may be obtained by contacting Jim Stoffels, Minnesota Department of Health, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, (612)296-5518. Additional copies will be available at the hearing. If you have any questions about the rules, please contact Mr. Stoffels.

Twenty-five (25) days prior to the hearing, a Statement of Need and Reasonableness will be available for review at the agency and at the Office of Administrative Hearings. This Statement of Need and Reasonableness will include all of the evidence which the agency intends to present at the hearing to justify both the need for and the reasonableness of the proposed rules. The agency intends to present only a summary of the Statement of Need and Reasonableness at the hearing; however, additional evidence may be submitted in response to questions raised by interested persons. You are urged to review the Statement of Need and Reasonableness before the hearing and to attend the hearing. Copies of the Statement of Need and Reasonableness may be obtained from the Office of Administrative Hearings at a minimal charge. Additional copies will be available at the hearing.

Any person may request notification of the date on which the Hearing Examiner's Report will be available, after which date the agency may not take any final action on the rules for a period of five working days. Any person may request notification of the date on which the hearing record has been submitted or resubmitted to the Attorney General by the agency. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Hearing Examiner, in the case of the Hearing Examiner's Report, or to Mr. Stoffels, in the case of the agency's submission or resubmission to the Attorney General.

Minn. Stat. ch. 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11, (1980) as any individual:

a. Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

b. Who spends more than $250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone: (612)296-5615.

The adoption of the proposed amendments to these rules will not require expenditure of public funds totaling or exceeding $100,000 by local public bodies in either of the two years immediately following adoption of these amendments. 10

Dated: June 3, 1982

STATE OF MINNESOTA

Duane J. Johnson

For GEORGE R. PETTERSEN, M.D.
Commissioner of Health

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Adoption of
Proposed Amendments to Rules Relating
to Life Support Transportation Services,
7 MCAR §§ 1.601-1.611, and the Repeal
of Rules Relating to the Registration
of Emergency Medical Technicians.

CERTIFICATE OF
AGENCY'S MAILING LIST

I, Lora L. Erickson, secretary to the Commissioner of Health, hereby certify that I am responsible for maintaining the list of all persons who register with the Minnesota Department of Health for the purpose of receiving notice of rule hearings on proposed rules and amendments thereto on the subject captioned above pursuant to Minn. Stat. § 15.0412, subd. 4, and further certify that the list attached hereto and made a part hereof constitutes the complete list of the persons, associations, and other interested groups who as of 9 M, this 14th day of June 1982, have so registered with the Department.

STATE OF MINNESOTA

GEORGE R. PETTERSEN, M.D.

BY Lora L. Erickson

Agency Exh. No. 8
File No. HLTH-82-012-JR
Date 7-29-82

Exhibit A

Betsy: Proof of mailing

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Willmar, Minnesota 56201

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McGregor, Minnesota 55760

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28 West Palkie Road
Esko, Minnesota 55733

Superior Drillers Supply Company
5569 Arrowhead Road, P.O. Box 6780
Duluth, Minnesota 55806

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St. Paul, Minnesota 55112

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3M Company
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St. Paul, Minnesota 55144

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Rt. #4
St. Cloud, Minnesota 56301

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R.R. 2 Box 5
Grand Meadow, Minnesota 55936

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Fergus Falls Community College
Fergus Falls, Minnesota 56537

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~~Exhibit A~~

A.I.D. Homes, Inc.
Horizon Apartments
1094 Waterloo Avenue
West St. Paul, Minnesota 55118

Alpha Homes, Inc.
Board of Directors
P.O. Box 475
Spicer, Minnesota 56288

American Baptist Homes
of the Upper Midwest
7928 Eden Road
Eden Prairie, Minnesota 55344

Arnie Lee Memorial Home
Route 2
Evansville, Minnesota 56326

Assisi Residences of
Faribault County, Inc.
Board of Directors
218 South Linton
Blue Earth, Minnesota 56013

Bakke Group Home
Board of Directors
405 Lake Street
Osakis, Minnesota 56360

Brighter Day Residences, Inc.
620 North Wood Street
Mora, Minnesota 55051

Catholic Charities of
Diocese of St. Cloud
Board of Directors
1726 Seventh Avenue South
St. Cloud, Minnesota 56301

Christian Concern, Inc.
Board of Directors
402 North Third Street
St. Peter, Minnesota 56082

Community Involvement
Board of Directors
1926 Nicollet Avenue South
Minneapolis, Minnesota 55403

Community Living
Box 128
Victoria, Minnesota 55386

Crippled Children's School, Inc.
Box 23
Worthington, Minnesota 56187

Dakota's Children, Inc.
400 West Marie
West St. Paul, Minnesota 55118

The Dell's Place, Inc.
Board of Directors
235 South Second Avenue
Delano, Minnesota 55328

Dorothe Lane Children's Home
205 Sixth Street
Sauk Centre, Minnesota 56378

Duluth Regional Care
Board of Directors
603 Alworth Building
Duluth, Minnesota 55802

Dungarvin, Inc.
865 Front Street
St. Paul, Minnesota 55117

Episcopal Group Homes
522 Shadyway Road
Wayzata, Minnesota 55391

Fillmore County Handicapped
Services, Inc.
135 Center Street Southeast
Harmony, Minnesota 55939

Forestview Community Homes, Inc.
P.O. Box 1249
Minnetonka, Minnesota 55343

Forestview - Hemmingway
8045 Hemmingway Avenue South
Cottage Grove, Minnesota 55016
Washington County

Friendship Haven, Inc.
P.O. Box 576
Sherburne, Minnesota 56171

Good Neighbor Home
1091 Fairmont Avenue
St. Paul, Minnesota 55105

Great River Homes, Inc.
717 Rustic Lane
Wabasha, Minnesota 55981

Greenbrier Home, Inc.
Board of Directors
941 Birmingham Street
St. Paul, Minnesota 55106

Group Homes of Winona, Inc.
377 Main Street
Winona, Minnesota 55987

Hammer Residences, Inc.
Board of Directors
1909 East Wayzata Boulevard
Wayzata, Minnesota 55391

Harry Meyering Center
Board of Directors
109 Homestead Drive
Box 302
Mankato, Minnesota 56001

Hearthside Home
Board of Directors
Pike Bay Drive
Lake Vermillion
Tower, Minnesota 55790

Heartland Homes for
Retarded Citizens, Inc.
P.O. Box 214
Park Rapids, Minnesota 56470

Henry Hagen Residence
19845 Lillehei Drive
Hastings, Minnesota 55033

Hiawatha Children's Home
Board of Directors
1820 Valkyrie Drive Northwest
Rochester, Minnesota 55901

Hiawatha Manor, Inc.
Board of Directors
107 Fifth Avenue Northeast
Pipestone, Minnesota 56164

Home for Creative Living
Board of Directors
108 Ninth Street
Windom, Minnesota 56101

Homeward Bound, Inc.
4741 Zealand Avenue North
New Hope, Minnesota 55428

Hope Residence, Inc.
Box 63
Waterville, Minnesota 56096

Innovative Homes, Inc.
P.O. Box 11
Kasson, Minnesota 55944

Koep Group Home
Route 3
Fergus Falls, Minnesota 56537

Lakeview Home
Lincoln and West Second Streets
Sauk Centre, Minnesota 56378

Lutheran Social Services
of Minnesota
Board of Directors
2414 Park Avenue South
Minneapolis, Minnesota 55404

M.B.W. Company
801 Center Street
New Ulm, Minnesota 56073

Moore's Haven, Inc.
865 Front Street
St. Paul, Minnesota 55117

Mt. Olivet Rolling Acres
7200 Rolling Acres Road
Excelsior, Minnesota 55331

Nekton, Inc.
633 North Snelling Avenue
St. Paul, Minnesota 55104

New Dawn, Inc.
Board of Directors
Route 1, Box K1
Fulda, Minnesota 56131

NorHaven Homes, Inc.
Board of Directors
1394 Jackson Street
St. Paul, Minnesota 55117

Northeast House, Inc.
Board of Directors
2821 South Inglewood Avenue
Minneapolis, Minnesota 55416

Northeast Residence, Inc.
Board of Directors
104 Bald Eagle Avenue
White Bear Lake, Minnesota 55110

Olmsted ARC
Board of Directors
1312 Seventh Street Northwest
Rochester, Minnesota 55901

Orvilla, Inc.
Board of Directors
3430 Westcott Hills Drive
Eagan, Minnesota 55123

Our House of Minnesota, Inc.
1846 Portland Avenue
St. Paul, Minnesota 55104

Outreach Group Homes, Inc.
2344 Nicollet Avenue South
Suite 360
Minneapolis, Minnesota 55404

People, Inc.
1245 Northwestern National Bank Building
St. Paul, Minnesota 55101

The Phoenix Residence, Inc.
Board of Directors
135 Colorado Street East
St. Paul, Minnesota 55107

Pine Ridge Homes, Inc.
915 - 18th Street
Cloquet, Minnesota 55720

Pine River Group Home
Box 96
Pine River, Minnesota 56474

Presbyterian Family Foundation
901 Service Drive
Willmar, Minnesota 56201

QSS, Inc.
P.O. Box 838
Faribault, Minnesota 55021

Ramsey County Commissioners
Court House
St. Paul, Minnesota 55101

Range Center, Inc.
Board of Directors
1001 Eighth Avenue Northwest
Chisholm, Minnesota 55719

Resa, Inc.
38 Seventh Avenue North
Hopkins, Minnesota 55343

The Residence, Inc.
Board of Directors
2499 North Rice Street
Suite 139, Oakwood Square
Roseville, Minnesota 55133

Residential Alternatives, Inc.
5449 Lyndale Avenue North
Minneapolis, Minnesota 55430

Residential Services of Northeast Minnesota
2048 East Eighth Street
Duluth, Minnesota 55812

Riverview Manor, Inc.
Board of Directors
Box 215
Wanamingo, Minnesota 55983

Salmi Board and Lodging Home
Board of Directors
Route 1, Box 235
Aurora, Minnesota 55705

South Center Manor, Inc.
Park Island
Center City, Minnesota 55012

Summit House
1004 Summit Avenue
Minneapolis, Minnesota 55403

Sur La Rue, Inc.
1386 Jackson Street
St. Paul, Minnesota 55117

Uptown Group Living
Board of Directors
1154 East Grain Exchange
Minneapolis, Minnesota 55408

Valley Group Home
Board of Directors
1332 Second Avenue North
Moorhead, Minnesota 56560

Warner Care Homes
Board of Directors
450 East Third Street
Cokato, Minnesota 55321

Willmar Nursing Home, Inc.
1004 Ella Avenue
Willmar, Minnesota 56201

Windom CRF, Inc.
Box 244
Windom, Minnesota 56101

Woodvale Homes, Inc.
Box 1047
Austin, Minnesota 55912

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Exhibit B

Life Support Transportation Service Rules Amendments - Mailing list for Hearing Notice

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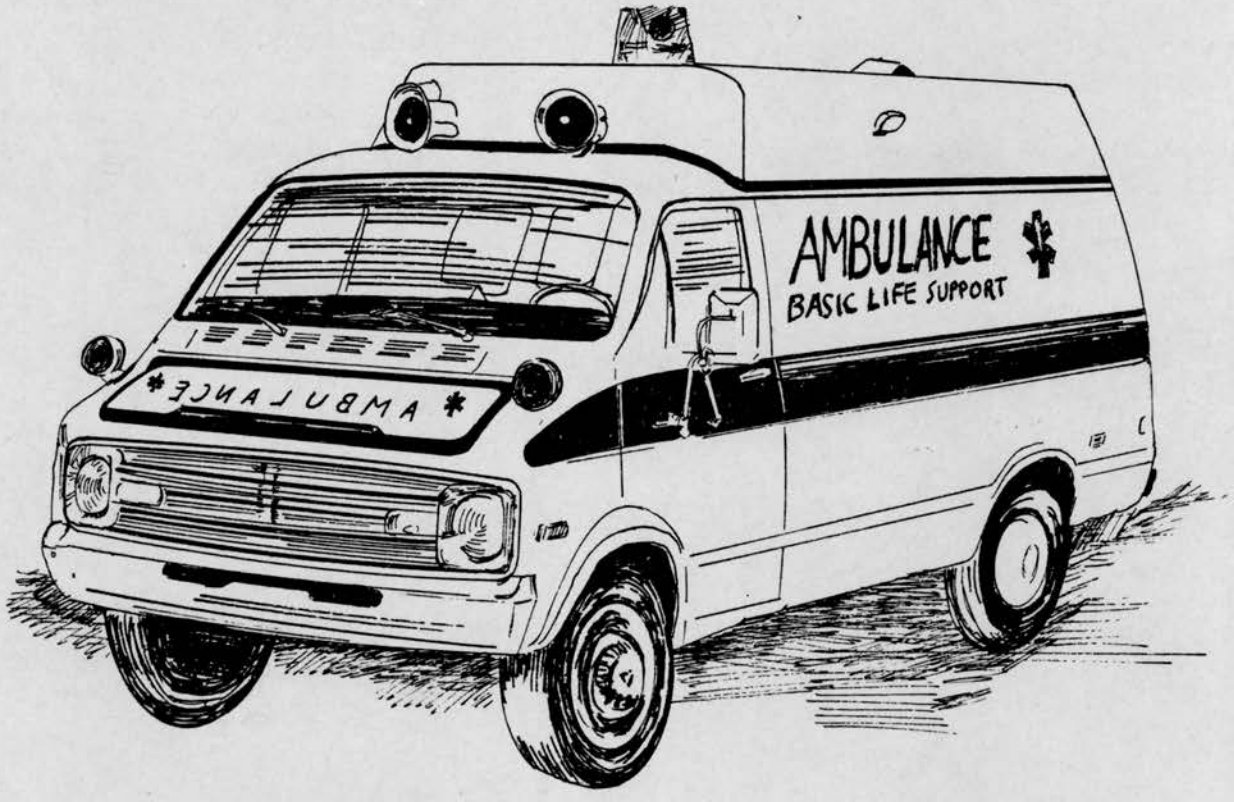
Life Support Transportation Services Licensure Information



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Emergency Medical Services Section
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Minneapolis, Minnesota 55440

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2 ADAMS AMBULANCE SERVICE P.O. BOX G ADAMS MN 55909 GORDON KLAUDT	MOWER S.E.	BLS	507/582-3601
3 ADRIAN AMBULANCE SERVICE PO BOX 338 ADRIAN MN 56110 JEFF HAMILTON	NOBLES S.W.	BLS	507/483-2668
316 JONES AITKIN AMBULANCE 422 MINNESOTA AVE SO AITKIN MN 56431 GENE KINKEL	AITKIN ARCH	BLS	218/927-6754
5 ALBERT LEA AMBULANCE 2213 E MAIN ST ALBERT LEA MN 56007 E. DUANE SMITH	FREEBORN S.E.	BLS	507/373-2438
6 NORLUND'S DOUGLAS CO AMB BOX 662 1417 BWDY ALEXANDRIA MN 56308 ROBERT NORLUND	DOUGLAS MIN-DAK	BLS	612/763-6160
7 ALTURA AMBULANCE SERVICE ALTURA MN 55910 JAMES CHRISTIE	WINONA S.E.	BLS	507/796-5321
8 ANNANDALE FIRE DEPT. AMB. BOX 38 ANNANDALE MN 55302 JERRY MANKE	WRIGHT CENTRAL	BLS	612/274-5330

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358 (SUB-AIR)U OF M AIR AMBULANCE 2289 COUNTY RD J ANOKA MN 55432 WALDO ANDERSON	ANOKA METRO	BLSS	612/784-1444
373 (SUB)DIVINE REDEEMER AMB 103 HAYES APPLE VALLEY MN 55124 SEE EMS#234	DAKOTA METRO	ALS	
9 APPLETON AMBULANCE 349 NORTH MILES ST. APPLETON MN 56208 RICHARD THOMPSON	SWIFT S.W.	BLS	612/289-1772
11 ARLINGTON AMBULANCE SERVICE 312 WEST ALDEN ARLINGTON MN 55307 ARLEN BRUHJELL	SIBLEY S.C.	BLS	612/964-2378
12 ASHBY FD AMBULANCE P.O.BOX 304 ASHBY MN 56309 MARCUS ROYTH	GRANT MIN-DAK	BLS	218/747-2876
13 ATWATER FD AMBULANCE ATWATER MN 56209 JOHN MUNSON	KANDIYOHI S.W.	BLS	612/974-8668
14 AUSTIN CAB CO.,INC AMBULANCE 312-1ST ST. NE AUSTIN MN 55912 NORM SOLLIE	MOWER S.E.	BLS	507/433-3471
15 AUSTIN FD AMBULANCE 122 FIRST AVE. N.E. AUSTIN MN 55912 A. DANIEL MILLER	MOWER S.E.	BLS	507/433-3405

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
16 BABBITT AMBULANCE SERVICE CITY HALL BABBITT MN 55706 PAUL BOTHWELL	ST. LOUIS ARCH	BLS	218/827-3388
17 CLEARWATER AMBULANCE SERVICE BOX 92,205 N RED LK BAGLEY MN 56621 MELVIN OFFERDAHL	CLEARWATER AGASSIZ	BLS	218/694-2200
18 BALATON FD AMBULANCE BALATON MN 56115 GARY BRINK	LYON S.W.	BLS	507/734-3511
19 BARNESVILLE AMBULANCE P.O.BOX 295 BARNESVILLE MN 56514 A. LEE ANDERSON	CLAY MIN-DAK	BLS	218/354-2292
20 LK OF THE WOODS CO. EMRG. RES. BOX 808 BAUDETTE MN 56623 TERRY WICZEK	LK OF WOOD AGASSIZ	BLS	218/634-2642
21 BELLE PLAINE COMM AMBULANCE 420 EAST MAIN ST. BELLE PLAINE MN 56011 STAN WALTON	SCOTT METRO	BLS	612/873-5553
315 BELVIEW VOLUNTEER FD MAIN STREET BELVIEW MN 56214 DAROLD ZIMMER	REDWOOD S.W.	BLS	507/938-4335
22 BEMIDJI AMBULANCE SERVICE,INC 1018 WASHINGTON AVE BEMIDJI MN 56601 MERLE LACOURSIEE	BELTRAMI AGASSIZ	BLS	218/751-3328

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
23 SWIFT COUNTY-BENSON HOSP 1815 WISCONSIN AVE BENSON MN 56215 JONATHAN PIZALLA	SWIFT S.W.	BLS	612/843-4232
24 BERTHA AMBULANCE SERVICE SECOND AVE WEST BERTHA MN 56437 MARVIN BRAATEN	TODD CENTRAL	BLS	218/924-4454
26 BIG LK-MONTICELLO AMBULANCE 140 EDGEWATER PLACE BIG LAKE MN 55309 NANCY POACH	SHERBURNE CENTRAL	BLS	612/263-2103
25 NORTHERN ITASCA HOSP AMBUL BIGFORK MN 56628 LILLIAN KRUEGER	ITASCA ARCH	BLS	218/743-3177
27 BIWABIK FD AMBULANCE P.O.BOX 529 BIWABIK MN 55708 GERALD MAKI	ST. LOUIS ARCH	BLS	218/865-6404
28 BLACKDUCK AMBULANCE FIRST ST & RAILROAD BLACKDUCK MN 56630 ROBERT KLUG	BELTRAMI AGASSIZ	BLS	218/835-4803
299 (AIR)MID-CONTINENT AIRLINES 2289 COUNTY ROAD J BLAINE MN 55432 WM COVINGTON	ANOKA METRO	ALSS	612/780-1307
29 BLOOMING PRAIRIE AMBULANCE BOX 68 BLOOMING PRA. MN 55917 HAROLD ULRICH	STEELE S.E.	BLS	507/583-7573

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
340 (SUB)SMITH-MARTIN AMBULANCE 9729 HUMBOLDT AVE SO BLOOMINGTON MN 55427 SEE EMS# 218	HENNEPIN METRO	ALS	
30 BLOOMINGTON RESCUE SQUAD 2215 W OLD SHAKOPEE BLOOMINGTON MN 55431 BILLY C. STONE	HENNEPIN METRO	BLS	612/887-9646
31 UNITED HOSPITAL AMBULANCE 515 SOUTH MOORE ST BLUE EARTH MN 56013 SANDRA BARTLETT	FARIBAULT S.C.	BLS	507/526-3273
32 (SUB)MEMORIAL HOSP AMB 132 SOUTH MAIN BRAHAM MN 55006 SEE EMS# 042	ISANTI CENTRAL	BLS	
33 BRAINERD AMBULANCE INC BOX 266 BRAINERD MN 56401 TERRY MOBERG	CROW WING CENTRAL	BLS	218/829-8767
34 AMBULANCE SERVICE,INC BOX 64 BRECKENRIDGE MN 56520 HUGH MIKKELSON	WILKIN MIN-DAK	BLS	218/643-2636
35 BRICELYN FD RESCUE BRICELYN MN 56014 THOMAS SENS	FARIBAULT S.C.	BLS	507/653-4308
347 (SUB)NO MEMORIAL MED CT HWY 52 & 152 BROOKLYN PK MN 55445 SEE EMS# 160	HENNEPIN METRO	ALS	

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
36 CITY OF BROWERVILLE AMBULANCE MAIN ST,CITY HALL BROWERVILLE MN 56438 DONALD P. FREI	TODD CENTRAL	BLS	612/594-2233
37 BROWNS VALLEY AMBULANCE 3RD ST SO,BOX 334 BROWNS VALLEY MN 56219 LINDA SCHWAGEL	TRAVERSE MIN-DAK	BLS	612/695-2110
38 (SUB)HEALTH CENTRAL,INC 104 NE 2ND ST BUFFALO MN 55313 SEE EMS# 500	WRIGHT CENTRAL	BLS	
39 BUFFALO LAKE AMBULANCE P.O. BOX 38 BUFFALO LAKE MN 55314 STANLEY GALLUP	RENVILLE S.W.	BLS	612/833-5370
40 BUHL AMBULANCE FIRE HALL-FOREST ST BUHL MN 55713 JOHN GREENLEE	ST.LOUIS ARCH	BLS	218/258-3852
372 (SUB) DIVINE REDEEMER AMB 200 NICOLLET BLVD BURNSVILLE MN 55378 SEE EMS# 234	DAKOTA METRO	ALS	
41 CALEDONIA VILLAGE AMBULANCE 231 EAST MAIN ST CALEDONIA MN 55921 ROBERT MEISCH	HOUSTON S.E.	BLS	507/724-2708
42 MEMORIAL HOSP AMBULANCE 725 SO DELLWOOD CAMBRIDGE MN 55008 JIM DOMBOVY	ISANTI CENTRAL	BLS	612/689-1500

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
43 CANBY COMMUNITY HOSP AMBULANCE 112 ST. OLAF AVE CANBY MN 56220 ROBERT SALMON	YELLOW MED S.W.	BLS	507/223-7277
44 CANNON FALLS AMBULANCE SER 306 WEST MILL ST CANNON FALLS MN 55009 ORDEAN HALLANGER	GOODHUE S.E.	BLS	507/263-3954
45 CARLTON VOLUNTEER AMBULANCE CIVIC CENTER CARLTON MN 55718 GORDON DAVIS	CARLTON ARCH	BLS	218/384-4229
322 LEECH LK RESERVATION BSN COMM P.O. BOX 308 CASS LAKE MN 56633 DOUGLAS GETTLE	CASS CENTRAL	BLS	218/335-6363
327 CEYLON COMMUNITY AMBULANCE FIRE HALL CEYLON MN 56121 ELMER DAHLKE	MARTIN S.C.	BLS	507/632-4247
46 CHASKA FD AMBULANCE SERVICE P.O. BOX 13 CHASKA MN 55318 STEVEN ARNSD	CARVER METRO	BLS	612/448-6622
47 CHATFIELD AMBULANCE SERVICE 21 SECOND STREET SE CHATFIELD MN 55923 EARL L BRANUM	FILLMORE S.E.	BLS	507/867-3810
48 CHISAGO LAKE RESCUE SERVICE CHISAGO LAKES HOSP CHISAGO CITY MN 55013 C.GENE JORGENSON	CHISAGO CENTRAL	BLS	612/257-2500

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
49 CHISHOLM PUBLIC SAFETY DEPT 301 W LAKE STREET CHISHOLM MN 55719 DARRELL SHANKS	ST. LOUIS ARCH	BLS	218/254-3300
50 CLARA CITY AMBULANCE SERVICE BOX 645,CITY HALL CLARA CITY MN 56222 DEAN GOSSELING	CHIPPEWA S.W.	BLS	612/847-2142
51 CLAREMONT AREA AMBULANCE R #2 CLAREMONT MN 55924 AMBULANCE CAPTAIN	DODGE S.E.	BLS	507/528-2611
52 CLARKFIELD AMBULANCE SERVICE 812 - 10TH AVE CLARKFIELD MN 56223 DENNIS KAMSTRA	YELLOW MED S.W.	BLS	612/669-4421
53 CLOQUET FIRE DEPT AMBULANCE 508 CLOQUET AVE CLOQUET MN 55720 BENNETT ROGINSKI	CARLTON ARCH	BLS	218/879-6514
346 COKATO AMBULANCE SERVICE 255 BROADWAY COKATO MN 55321 LOUISE T. WEBER	WRIGHT CENTRAL	BLS	612/286-5813
55 COLUMBIA HEIGHTS FD AMBULANCE 555 MILL STREET NE COLUMBIA HGHTS MN 55421 DONALD JOHNSON	ANOKA METRO	BLS	612/788-9221
56 COOK FD AMBULANCE SECOND AVE,CITY HALL COOK MN 55723 MELVIN BAKK	ST. LOUIS ARCH	BLS	218/666-2200

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
57 HEALTH CENTRAL EMS(MAIN BASE) 4050 COON RAP BLVD COON RAPIDS MN 55433 SEE EMS# 500	ANOKA METRO	ALS	
58 COSMOS AMBULANCE SERVICE COSMOS MN 56228 CHARLES KOELLN	MEEKER S.W.	BLS	612/877-7530
59 SOUTH WASHINGTON CO. AMBULANCE 7516 - 80TH ST SO COTTAGE GROVE MN 55016 JAMES KINSEY	WASHINGTON METRO	ALS	612/458-2835
60 COTTONWOOD AMBULANCE SERVICE MUNICIPAL BLDG COTTONWOOD MN 56229 GREGG ISAACKSON	LYON S.W.	BLS	507/423-6488
61 CROMWELL VOL FD AMBULANCE P.O. BOX 44 CROMWELL MN 55726 EDWARD NYNAS	CARLTON ARCH	BLS	218/644-3331
305 POLK COUNTY AMBULANCE BOX 197,122 SO MAIN CROOKSTON MN 56716 GREG WHITING	POLK AGASSIZ	BLS	218/281-5959
62 CUYUNA RANGE HOSP DIST AMB MAIN STREET CROSBY MN 56441 WILLIAM KIMBLER	CROW WING CENTRAL	BLS	218/546-5147
307 (SUB)CROSS LAKE AMBULANCE CROSS LAKE MN 56442 SEE EMS# 033	CROW WING CENTRAL	BLS	

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
63 DAWSON AMBULANCE SERVICE BOX 84,WALNUT & MEM DAWSON MN 56232 KEVIN SMITH	LACQUIPARL S.W.	BLS	612/769-4323
64 DEER RIV COMM MEM HOSP AMB P.O. BOX 488 DEER RIVER MN 56636 DAVID MCCLURE	ITASCA ARCH	BLS	218/246-8245
65 DETROIT LAKES AMBULANCE BOX 309,812 MINN AVE DETROIT LAKES MN 56501 DONALD BUCHOLZ	BECKER MIN-DAK	BLS	218/847-5422
306 DODGE CENTER AMBULANCE 31 EAST MAIN STREET DODGE CENTER MN 55927 DAVID VANBURKLEO	DODGE S.E.	BLS	507/374-2100
67 GOLD CROSS AMBULANCE SERVICE 210 E 1ST ST,BOX 35 DULUTH MN 55802 HARVEY HENGEL	ST. LOUIS ARCH	ALS	218/722-0807
348 (SUB)DIVINE REDEEMER HOSP AMB 2986 LONE OAK DRIVE EAGAN MN 55075 SEE EMS# 234	DAKOTA METRO	ALS	
69 EDGERTON VOLUNTEER AMBUALNCE 130 HOWARD ST. E. EDGERTON MN 56128 STANTON HARTOG	PIPESTONE S.W.	BLS	507/442-7891
374 (SUB)SMITH MARTIN AMBULANCE 6401 FRANCE AVE SO EDINA MN 55435 SEE EMS# 218	HENNEPIN METRO	ALS	

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
70 EDINA FIRE DEPT AMBULANCE 6250 TRACY AVE EDINA MN 55436 WILLIAM HANSON	HENNEPIN METRO	ALS	612/927-8868
71 GRANT COUNTY HOSP AMBULANCE BOX 306 ELBOW LAKE MN 56531 WARD STODDARD	GRANT MIN-DAK	BLS	218/685-4461
72 ELGIN VOLUNTEER AMBULANCE BOX 165,MAIN ST ELGIN MN 55932 FRANCIS HILLESHIEM	WABASHA S.E.	BLS	507/876-2935
73 ELK RIVER FD AMBULANCE BOX 45,415 JACKSON ELK RIVER MN 55330 STEVEN DITTBENNER	SHERBURNE CENTRAL	BLS	612/441-2733
74 ELLENDALE AMBULANCE SERVICE 2ND STREET ELLENDALE MN 56026 ALLEN LEE	STEELE S.E.	BLS	507/684-9617
75 ELMORE RESCUE SQUAD ELMORE MN 56027 LARRY EHRICH	FARIBAULT S.C.	BLS	507/943-3151
76 ELY-BLOOMENSON COMM HOSP AMB 328 WEST CONAN ST ELY MN 55731 VEARL NELSON	ST. LOUIS ARCH	BLS	218/365-3271
77 EVELETH AMBULANCE SERVICE MCKINLEY AVE EVELETH MN 55734 GUIDO ROSATI	ST. LOUIS ARCH	BLS	218/744-4875

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
78 EYOTA AMBULANCE SERVICE EYOTA MN 55934 JOANN GILES	OLMSTED S.E.	BLS	507/545-2211
79 FAIRFAX FIRE DEPT AMBULANCE 112 SE 1ST ST FAIRFAX MN 55332 WESLEY PRAX	RENVILLE S.W.	BLS	507/426-7255
80 FAIRMONT AMBULACE SERVICE 612 E BLUE EARTH AVE FAIRMONT MN 56031 DONALD ANDERSON	MARTIN S.C.	BLS	507/238-2123
343 FALCON HGTS FIRE & RESCUE AMB 1644 W LARPENTEUR FALCON HEIGHTS MN 55113 JERRY RENCHIN	RAMSEY METRO	BLS	612/644-5575
166 F-M AMBULANCE SERVICE BOX 1892,1101 1ST FARGO ND 58102 PERDEAN DAVIDSON	CLAY MIN-DAK	BLS	701/293-7726
81 HANSCOM AMBULANCE,INC 820 W DIVISION FARIBAULT MN 55021 GAIL & DAVID HANSCOM	RICE S.E.	BLS	507/334-6031
82 RINGDAHL AMBULANCE INC BOX 462,212 E JUNIUS FERGUS FALLS MN 56537 JOHN RINGDAHL	OTTERTAIL MIN-DAK	BLS	218/736-2819
83 FLOODWOOD AMBULANCE SERVICE BOX 348 FLOODWOOD MN 55736 ALICE JOHNSON	ST. LOUIS ARCH	BLS	218/476-2751

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
84 DISTRICT MEM HOSP AMBULANCE 246 11TH AVE SE FOREST LAKE MN 55025 BARRY MATTSON	WASHINGTON METRO	BLS	612/464-3341
86 WAYNE'S AMBULANCE SERVICE 418 WEST 1ST STREET FOSSTON MN 56542 WAYNE HALSETH	POLK AGASSIZ	BLS	218/435-6574
87 FRANKLIN AMBULANCE SERVICE BOX 289 FRANKLIN MN 55333 GERALD ZEMPEL	RENVILLE S.W.	BLS	507/557-2282
385 FREEBORN VOL FD AMBULANCE FIRST ST BANK FREEBORN MN 56032 TERRY ANDERSON	FREEBORN SE	BLS	507/863-2371
330 (SUB)HEALTH CENTRAL EMS 550 OSBORNE ROAD FRIDLEY MN 55432 SEE EMS# 500	ANOKA METRO	ALS	
89 FROST AREA RESCUE SERVICE %CITY CLERK FROST MN 56033 DAN NELSON	FARIBAULT S.C.	BLS	507/878-3293
367 FULDA AMBULANCE SERVICE 102 EAST THIRD ST FULDA MN 56131 RANDY LARSON	MURRAY S.W.	BLS	507/425-2205
90 GAYLORD AMBULANCE SERVICE 217 4TH ST-BOX 194 GAYLORD MN 55334 WILLIAM GREVE	SIBLEY S.C.	BLS	612/237-2476

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
91 GLENCOE AMBULANCE SERVICE 705 W 18TH ST GLENCOE MN 55336 WALLACE HOCHSPRUNG	MCLEOD S.W.	BLS	612/864-5658
92 GLACIAL RIDGE AMBULANCE 10 FOURTH AVE SE GLENWOOD MN 56334 JERRY MARKS	POPE MIN-DAK	BLS	612/634-4521
331 (SUB)HEALTH CENTRAL EMS 4101 GOLDEN VALL RD GOLDEN VALLEY MN 55422 SEE EMS# 500	HENNEPIN METRO	ALS	
93 GRACEVILLE AMBULANCE SERVICE BOX 334 GRACEVILLE MN 56240 DUANE BILLIET	BIG STONE S.W.	BLS	612/748-7280
94 UNITED HOSP AMBULANCE SERVICE 1200 COLUMBIA RD SO GRAND FORKS ND 58201 ANN E. MOLENAAR,R.N.	POLK AGASSIZ	ALS	701/780-5283
95 COOK COUNTY AMBULANCE NORTH SHORE HOSP GRAND MARAIS MN 55604 JAMES ALBERS	COOK ARCH	BLS	218/387-1500
388 GUNFLINT TRAIL FIRE & RESCUE BOX H.J.18 GUNFLINT GRAND MARAIS MN 55604 SUSAN KERFOOT	COOK ARCH	BLS	218/388-4461
96 GRAND MEADOW AREA AMBULANCE BOX 1027 GRAND MEADOW MN 55936 JAMES CRUSSEL	MOWER S.E.	BLS	507/754-5458

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
321 GRAND PORTAGE AMBULANCE INDIAN RESERVATION GRAND PORTAGE MN 55605 IRENE DESCHAMPE	COOK ARCH	BLS	218/475-2267
319 MEDS-1 AMBULANCE SERVICE 1017 FOURTH ST W GRAND RAPIDS MN 55744 JIM MCNICHOLS	ITASCA ARCH	BLS	218/326-0020
98 GRANITE FALLS AMBULANCE 345 10TH AVENUE GRANITE FALLS MN 56241 ROBERT STEVENS	YELLOW MED S.W.	BLS	612/564-3111
362 (SUB)TRI-COUNTY EMS GREENBUSH MN 55726 SEE EMS# 120	ROSEAU AGASSIZ	BLS	
99 KITTSON MEM HOSP AMBULANCE 1010 SOUTH BIRCH HALLOCK MN 56728 BRUCE BERG	KITTSON AGASSIZ	BLS	218/843-3612
100 HARMONY VOL AMBULANCE BOX 67 HARMONY MN 55939 MARY ANN JOHNSON	FILLMORE S.E.	BLS	507/886-8122
101 HASTINGS AMBULANCE 115 WEST 5TH STREET HASTINGS MN 55033 DONALD LATCH	DAKOTA METRO	BLS	612/437-5610
313 HAYFIELD COMM AMBULANCE BOX 34 HAYFIELD MN 55940 LEONARD ROLLINS	DODGE S.E.	BLS	507/477-3400

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
103 HUGHES AMBULANCE SERVICE 401 SO MAIN STREET HECTOR MN 55342 RAYMOND HUGHES	RENVILLE S.W.	BLS	612/848-6[illegible]7
104 HENDRICKS COMM HOSP AMBULANCE 503 E LINCOLN HENDRICKS MN 56136 HAZEL EVENSON	LINCOLN S.W.	BLS	507/275-3134
105 HENNING AMBULANCE SERVICE 511 DOUGLAS AVE HENNING MN 56551 SKIP STRANDBERG	OTTERTAIL MIN-DAK	BLS	218/583-2901
106 HERON LAKE AMBULANCE BOX 138 HERON LAKE MN 56137 JEROME WAGNER	JACKSON S.W.	BLS	507/793-2826
107 HIBBING FD AMBULANCE 2404 BROOKLYN DRIVE HIBBING MN 55746 ORLANDO ABATE	ST. LOUIS ARCH	BLS	218/263-2691
369 LIFE STAR AMB SYSTEMS BOX 3 HILL CITY MN 55748 BRUCE CHRISTENSEN	AITKIN ARCH	BLS	218/697-2694
350 (SUB)PINE COUNTY AMBULANCE HINCKLEY MN 55037 SEE EMS# 195	PINE CENTRAL	BLS	
387 HOFFMAN VOLUNTEER AMBULANCE HOFFMAN MN 56339 CHERYL STARNER	GRANT MIN-DAK	BLS	612/986-2448

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
375 (SUB)HENNEPIN CO MED CT AMB 320 WASHINGTON AVES HOPKINS MN 55343 SEE EMS# 156	HENNEPIN METRO	ALS	
109 HOPKINS FD AMBULANCE 1010 1ST ST SO HOPKINS MN 55343 E. LUNDGREN	HENNEPIN METRO	BLS	612/938-8885
110 HOUSTON COMMUNITY AMBULANCE BOX 667,105 W MAPLE HOUSTON MN 55943 CYNTHIA WENDEL	HOUSTON S.E.	BLS	507/896-3234
111 HOWARD LAKE AMBULANCE P.O. BOX 309 HOWARD LAKE MN 55349 JOE OSTGULEN	WRIGHT CENTRAL	BLS	612/543-2345
112 HOYT LAKES FD AMBULANCE CITY HALL HOYT LAKES MN 55750 LYNN MUGGE	ST. LOUIS ARCH	BLS	218/225-2110
113 HUTCHINSON COMM HOSP AMBULANCE CENTURY AVENUE HUTCHINSON MN 55350 DENNIS ANGLIN	MCLEOD S.W.	BLS	612/587-2148
114 INTERNATIONAL FALLS AMBULANCE BOX 392,6TH & 4TH INTERNAT'L FLS MN 56649 KENNETH HULTMAN	KOOCHICHIN ARCH	BLS	218/283-2929
115 ISLE AMBULANCE SERVICE ISLE MN 56342 FRED GRAVEL	MILLE LACS CENTRAL	BLS	612/676-3132

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
116 DIVINE PROVIDENCE HOSP AMB 312 EAST GEORGE ST IVANHOE MN 56142 SISTER M KETTERER	LINCOLN S.W.	BLS	507/694-1414
117 JACKSON VOL FD AMBULANCE BOX 342,305 SHERIDAN JACKSON MN 56143 LYLE DILLEY	JACKSON S.W.	BLS	507/847-3722
118 JASPER VOL AMBULANCE SERVICE JASPER MN 56144 MARK KRUEGER	PIPESTONE S.W.	BLS	507/348-8966
119 JEFFERS FIRE & RESCUE DEPT BOX 124 JEFFERS MN 56145 ALTON MILLER	COTTONWOOD S.W.	BLS	507/628-4242
120 TRI-COUNTY EMS DIST, INC %MRS.ORLIN ANDERSON KARLSTAD MN 56732 EARL HOUGARD	KITTSON AGASSIZ	BLS	218/436-2547
121 KENYON AMBULANCE SERVICE 712 2ND ST KENYON MN 55946 STEVE NESSETH	GOODHUE S.W.	BLS	507/789-6415
122 KERKHOVEN RESCUE SQUAD 7TH ST N KERKHOVEN MN 56252 NORRIS AUSTVOLD	SWIFT S.W.	BLS	612/264-2581
123 KIESTER RESCUE SQUAD C/O M WACHOLZ,RR 1 KIESTER (ALDEN) MN 56009 LEROY DAHLE	FARIBAULT S.C.	BLS	507/294-3542

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
124 TRI-STATE AMBULANCE SER 330 S 6TH ST,SU 104 LACROSSE WI 54601 WALTER GARDNER	WINONA S.E.	BLS	608/784-8872
125 LAFAYETTE FD AMBULANCE BOX 122 LAFAYETTE MN 56054 JAMES LANGHOFF	NICOLLET S.C.	BLS	507/228-8286
126 LAKE CITY AMBULANCE CITY HALL,W CENTER LAKE CITY MN 55041 BOB ANDERSON	WABASHA S.E.	BLS	612/345-5383
127 LAKE CRYSTAL AMBULANCE 100 EAST ROBINSON LAKE CRYSTAL MN 56055 AL SUTHERLAND	BLUE EARTH S.C.	BLS	507/726-2538
129 LAKE LILLIAM FD AMBULANCE BOX 103 LAKE LILLIAN MN 56253 BRIAN WITTMAN	KANDIYOHI S.W.	BLS	612/664-4528
130 LAKE MILLS AMBULANCE 406 SO 10TH AVE E LAKE MILLS IW 50450 KEITH HELLAND	FREEBORN S.E.	BLS	515/592-4900
128 LAKEFIELD AMBULANCE SERVICE BOX 868 LAKEFIELD MN 56150 BERT MCCLAIN	JACKSON S.W.	BLS	507/662-5457
324 LOWER ST CROIX VALLEY FD AMB BOX 234 LAKELAND MN 55043 JERRY EINERTSON	WASHINGTON METRO	BLS	612/436-7033

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
131 COMMUNITY AMBULANCE SERVICE 110 2ND AVE W LAMBERTON MN 56152 STEVEN FLAIG	REDWOOD S.W.	BLS	507/752-7601
132 LANESBORO FD AMBULANCE BOX 333,104 COFFEE W LANESBORO MN 55949 CHARLES ST. MANE	FILLMORE S.E.	BLS	507/467-3722
133 LECENTER VOL AMBULANCE SERVICE 26 E MINN LECENTER MN 56057 KARL GERMSCHEID	LESUEUR S.C.	BLS	612/357-4500
134 LEROY AMBULANCE COUNCIL LEROY MN 55951 DOUGLAS HUTCHINS	MOWER S.E.	BLS	507/324-5160
279 LESUEUR VOL AMBULANCE SERVICE 203 SOUTH 2ND ST LESUEUR MN 56058 ALLEN CORDS	LESUEUR S.C.	BLS	612/665-3323
135 LEWISTON VOL AMBULANCE SERVICE 75 WILSON ST LEWISTON MN 55952 ROGER NEITZKE	WINONA S.E.	BLS	507/523-2343
136 LEWISVILLE AMBULANCE & RESCUE MAIN STREET LEWISVILLE MN 56060 LOWELL FLETTER	WATONWAN S.C.	BLS	507/776-2751
137 MEEKER COUNTY AMBULANCE 310 SOUTH SIBLEY LITCHFIELD MN 55355 EARL KLITZKE	MEEKER S.W.	BLS	612/693-3389

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
138 LEMIEUR AMBULANCE BOX 156 LITTLE FALLS MN 56345 EARL LEMIEUR	MORRISON CENTRAL	BLS	612/632-9294
139 LITTLEFORK MUN HOSP AMBULANCE LITTLEFORK MN 56653 GERTRUDE ERICKSON	KOOCHICHIN ARCH	BLS	218/278-6634
366 (SUB)NORTH MEMORIAL MED CT LONG LAKE MN 55346 SEE EMS# 160	HENNEPIN METRO	ALS	
140 LONG PRAIRIE AMBULANCE SER 20 9TH ST SE LONG PRAIRIE MN 56347 LARRY ALSLEBEN	TODD CENTRAL	BLS	612/732-2141
310 LONGVILLE AMBULANCE SERVICE BOX 165 LONGVILLE MN 56655 DEBRA FELTON	CASS CENTRAL	BLS	218/363-2022
141 ROCK COUNTY AMBULANCE SERVICE 305 E LUVERNE ST LUVERNE MN 56156 JOSEPH MCFADDEN	ROCK S.W.	BLS	507/283-2321
142 MABEL AMBULANCE MAIN ST,BOX 425 MABEL MN 55954 LEROY KREAGER	FILLMORE S.E.	BLS	507/493-5299
143 MADELIA COMM RESCUE SQUAD 116 WEST MAIN MADELIA MN 56062 TONY STRONG	WATONWAN S.C.	BLS	507/642-3245

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
144 MADISON AMBULANCE SERVICE 404 - 6TH AVE MADISON MN 56256 HAROLD HODGE	LACQUIPARL S.W.	BLS	612/598-3239
145 MAHNOMEN CO & VILL HOSP AMB BOX 396 MAHNOMEN MN 56557 WALLACE M EID	MAHNOMEN AGASSIZ	BLS	218/935-2511
268 WILDWOOD LIONS AMBULANCE 600 STILLWATER RD MAHTOMEDI MN 55115 DOUG ROGERS	WASHINGTON METRO	BLS	612/426-3344
146 KOST AMBULANCE 465 POPLAR STREET MANKATO MN 56001 J BRADFORD REEVES	BLUE EARTH S.C.	BLS	507/345-5005
148 MAPLEWOOD PD PARAMEDIC PROG 1380 FROST AVE MAPLEWOOD MN 55109 DENNIS CUSICK	RAMSEY METRO	ALS	612/770-4537
149 MARIETTA AMBULANCE SERVICE BOX 61 MARIETTA MN 56257 LYNDON FITZPATRICK	LACQUIPARL S.W.	BLS	612/668-2105
150 MARINE FD RESCUE P.O.BOX 234 MARINE-ST.CROIX MN 55047 KAREN BOLIN	WASHINGTON METRO	BLS	612/433-2781
151 MARSHALL MUNICIPAL AMBULANCE 344 WEST MAIN ST. MARSHALL MN 56258 CRAIG LAMBERT	LYON S.W.	BLS	507/532-5420

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
309 MCGREGOR FD AMBULANCE ROUTE 2 MCGREGOR MN 55760 RAYMOND FARLEY	AITKIN ARCH	BLS	218/768-3522
152 MEADOWLANDS AMBULANCE SERVICE BOX 146 MEADOWLANDS MN 55765 MAVIS DEEM	ST. LOUIS ARCH	BLS	218/426-2763
153 MELROSE AREA AMBULANCE 11N-5TH AVE W,BX 196 MELROSE MN 56352 ERVIN DETTLER	STEARNS CENTRAL	BLS	612/256-4231
154 MILACA AREA HOSP AMBULANCE 150 NW 10TH ST MILACA MN 56353 TIM POORKER	MILLE LACS CENTRAL	BLS	612/983-3131
377 (SUB)HCMC FIRE STATION #27 4550 NICOLLET AVE S MINNEAPOLIS MN 55409 SEE EMS# 156	HENNEPIN METRO	ALS	
378 (SUB)HCMC FIRE STATION #4 1101 NORTH 6TH ST MINNEAPOLIS MN 55411 SEE EMS# 156	HENNEPIN METRO	ALS	
376 (SUB)HCMC-FIRE STATION #2 143 13TH AVE NE MINNEAPOLIS MN 55413 SEE EMS# 156	HENNEPIN METRO	ALS	
379 (SUB)SMITH MARTIN AMB-AIRPORT 7501 26TH ST SO MINNEAPOLIS MN 55450 SEE EMS# 218	HENNEPIN METRO	ALS	

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
342 (SUB) SMITH-MARTIN AMBULANCE 1362 LASALLE AVE MINNEAPOLIS MN 55404 SEE EMS# 218	HENNEPIN METRO	ALS	
383 (SUB-AIR) MID-CONTINENT AIR INTERNATIONAL AIRPO MINNEAPOLIS MN 55426 SEE EMS# 299	HENNEPIN METRO	ALSS	
500 HEALTH CENTRAL EMS (BUSINESS) 2810 57TH AVE NO MINNEAPOLIS MN 55432 RODNEY PIEPER	HENNEPIN METRO	ALS	612/574-7890
156 HENNEPIN CO MED CT AMBULANCE 701 PARK AVE SO MINNEAPOLIS MN 55415 KENNETH ESKEDAHL	HENNEPIN METRO	ALS	612/347-2446
159 MEDIBUS-HELPMOBILE, INC. 2324 4TH AVE SO MINNEAPOLIS MN 55404 WILLIAM OLSEN	HENNEPIN METRO	BLSS	612/871-8101
219 MID-WEST MED-KAB, INC. 2900 PLEASANT AVE SO MINNEAPOLIS MN 55408 BRAD ANDERSON	HENNEPIN METRO	BLS	612/827-6151
161 UNIVERSITY OF MINNESOTA PD AMB 2030 UNIVERSITY AVE MINNEAPOLIS MN 55455 WALLACE CARYL	HENNEPIN METRO	BLSS	612/373-3550
162 MINNEOTA COMM AMBULANCE 129 EAST 1ST ST MINNEOTA MN 56264 WALT BULANDER	LYON S.W.	BLS	507/872-6144

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
163 MINNESOTA LAKE AMBULANCE BOX 246 MINNESOTA LAKE MN 56068 DENNIS SONNEK	FARIBAULT S.C.	BLS	507/462-3525
345 (SUB) HENNEPIN CO MED CT 14550 MTKA BLVD MINNETONKA MN 55343 SEE EMS# 156	HENNEPIN METRO	ALS	
164 CHIPPEWA CO-MONTEVIDEO AMB 824 NO 11TH ST MONTEVIDEO MN 56265 FRED KNUTSON	CHIPPEWA S.W.	BLS	612/269-8878
165 MONTGOMERY AMBULANCE 201 ASH AVE W MONTGOMERY MN 56069 LARRY WHITE	LESUEUR S.C.	BLS	612/364-8888
349 (SUB) F-M AMBULANCE SERVICE 509 - 20TH ST SO MOORHEAD MN 56568 SEE EMS# 166	CLAY MIN-DAK	BLS	
167 MERCY HOSPITAL AMBULANCE HWY 61 MOOSE LAKE MN 55767 ROBERT SLOCUMB	CARLTON ARCH	BLS	218/485-4481
168 KANABEC HOSPITAL AMBULANCE 300 CLARK ST MORA MN 55051 WAYNE HELLERSTEDT	KANABEC CENTRAL	BLS	612/679-1212
169 MORGAN FIRE & AMBULANCE BOX 27,211 VERNON AV MORGAN MN 56266 JOHN KLEINSCHMIDT	REDWOOD S.W.	BLS	507/249-3455

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
170 STEVENS COUNTY AMBULANCE 400 E 1ST ST MORRIS MN 56267 RONALD JACOBSON	STEVENS MIN-DAK	BLS	612/589-1313
171 MOUNTAIN LAKE AMBULANCE 1604 6TH AVE MOUNTAIN LAKE MN 56159 PETER HEINRICHS	COTTONWOOD S.W.	BLS	507/427-2999
172 NASHWAUK AMBULANCE SERVICE BOX 26 NASHWAUK MN 55769 ANTHONY DEPETRO	ITASCA ARCH	BLS	218/885-2525
363 (SUB)WHITE EARTH RESERVATION NAYTAHWAUSH MN 56566 SEE EMS# 354	MAHNOMEN AGASSIZ	BLS	
328 BOIS FORTE RESERVATION AMB BOX 698 NETT LAKE MN 55772 DONALD HACKEY	ST. LOUIS ARCH	BLS	218/757-3261
173 NEW LONDON AMBULANCE NEW LONDON MN 56273 EARL MANSON	KANDIYOHI S.W.	BLS	612/354-2444
174 NEW PRAGUE COMM AMBULANCE 118 CENTRAL AVE NO NEW PRAGUE MN 56071 GARY GIESER	SCOTT S.C.	BLS	612/758-4401
175 NEW RICHLAND AMBULANCE NEW RICHLAND MN 56072 ORRIN RIBBE	WASECA S.C.	BLS	507/465-3514

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
176 E-MED AMBULANCE SERVICE BOX 481 NEW ULM MN 56073 WILLIAM WALLACE	BROWN S.C.	BLS	507/354-8839
180 NORTH ST PAUL FD AMBULANCE 2526 EAST 7TH AVE NO ST PAUL MN 55109 HOWARD ANDERSON	RAMSEY METRO	BLS	612/770-4480
177 NORTH BRANCH AREA RESCUE BOX 266 NORTH BRANCH MN 55056 DENNIS AULICH	CHISAGO CENTRAL	BLS	612/674-4033
178 HEIL AMBULANCE SERVICE 500 EAST 6TH ST NORTHFIELD MN 55057 FRED HEIL	RICE S.E.	BLS	507/645-4765
179 NORTHFIELD RESCUE SQUAD 300 WEST 5TH ST NORTHFIELD MN 55057 RICHARD HILEY	RICE S.E.	BLS	507/645-4255
181 NORWOOD FD AMBULANCE MAIN STREET NORWOOD MN 55368 RAY KRAEMER	CARVER METRO	BLS	612/467-3969
368 EAST CO. LINE VOLUNTEER FD AMB 1177 NO CENTURY AVE OAKDALE (MPWD) MN 55119 ROBERT BADE	WASHINGTON METRO	BLS	612/739-5086
182 OKLEE EMERGENCY SQUAD OKLEE MN 56742 BENNET LARSON	RED LAKE AGASSIZ	BLS	218/796-5157

		COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
183				
OLIVIA AMBULANCE SERVICE INC		RENVILLE S.W.	BLS	612/523-1232
OLIVIA	MN 56277			
LOUIS MILLER				
184				
COMMUNITY MERCY HOSP AMBULANCE		MILLE LACS CENTRAL	BLS	612/532-3154
ONAMIA	MN 56359			
GENE HELLE				
185				
ORTONVILLE AMBULANCE SERVICE		BIG STONE S.W.	BLS	612/839-3815
433 PARK AVE				
ORTONVILLE	MN 56278			
DIANE KVIDERA				
186				
OSAKIS AMBULANCE SERVICE		DOUGLAS MIN-DAK	BLS	612/859-2150
18 NOKOMIS ST W				
OSAKIS	MN 56360			
CLARENCE J MOHRON				
187				
OWATONNA AMBULANCE SERVICE		STEELE S.E.	ALS	507/451-8100
2440 ST PAUL ROAD				
OWATONNA	MN 55060			
ROYCE THOMPSON				
190				
JONES AMBULANCE SERVICE INC		HUBBARD AGASSIZ	BLS	218/732-9245
BOX 392				
PARK RAPIDS	MN 56470			
GENE KINKEL				
188				
PARKERS PRAIRIE COMM AMBULANCE		OTTERTAIL MIN-DAK	BLS	218/338-4115
BOX 70				
PARKERS PRAIRIE	MN 56361			
JAMES TALLEY				
191				
PAYNESVILLE AMBULANCE SERVICE		STEARNS CENTRAL	BLS	612/243-3714
221 WASHBURNE				
PAYNESVILLE	MN 56362			
GARY HEINEMAN				

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
192 (SUB)RINGDAHL AMBULANCE FIRE HALL PELICAN RAPIDS MN 56572 SEE EMS# 082	OTTERTAIL MIN-DAK	BLS	
386 PEMBINA AMBULANCE SERVICE BOX 131,FIREHALL PEMBINA ND 58271 CLINTON LITTLEFIELD	PEMBINA AGASSIZ	BLS	701/825-6201
194 PERHAM FIRE DEPT RESCUE 525 WEST MAIN PERHAM MN 56573 MARLIN ZITZOW	OTTERTAIL MIN-DAK	BLS	218/346-4444
195 PINE CO. AMBULANCE SERVICE COURTHOUSE PINE CITY MN 55063 JOHN KOZISEK	PINE CENTRAL	BLS	612/629-6781
196 JONES AMBULANCE BOX 45 PINE RIVER MN 56474 GENE KINKEL	CASS CENTRAL	BLS	218/587-4439
197 PIPESTONE CO. AMBULANCE BOX 509 PIPESTONE MN 56164 STEVEN SCHULZE	PIPESTONE S.W.	BLS	507/825-3446
198 PLAINVIEW VOL AMBULANCE 241 WEST BROADWAY PLAINVIEW MN 55964 WILLIAM WOHLERS	WABASHA S.E.	BLS	507/534-2229
365 (SUB)RED LAKE TRIBAL COUNCIL PONEMAH MN 56671 SEE EMS# 202	BELTRAMI AGASSIZ	BLS	

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
323 (SUB)WHITE EARTH RESERVATION PONSFORD MN 56575 SEE EMS# 354	BECKER MIN-DAK	BLS	
199 PRESTON EMERGENCY SERVICE PRESTON MN 55965 PAUL ZIMMERMAN	FILLMORE S.E.	BLS	507/765-4541
200 PRINCETON COMM HOSP AMBULANCE 704 FIRST ST PRINCETON MN 55371 JAMES HENNESSY	MILLE LACS CENTRAL	BLS	612/389-1313
201 PRIOR LAKE FD RESCUE SQUAD BOX 488 PRIOR LAKE MN 55372 ROBERT MERTENS	SCOTT METRO	BLS	612/447-3267
325 RAYMOND AMBULANCE SERVICE BOX 216 RAYMOND MN 56282 RICHARD SWALLA	KANDIYOHI S.W.	BLS	612/967-4336
202 COMPRHENSIVE HLTH SERVICE AMB RED LAKE MN 56671 MONTE HAMMITT	BELTRAMI AGASSIZ	BLS	218/679-3316
203 RED LAKE FALLS VOL AMBULANCE RED LAKE FALLS MN 56750 MICHAEL MOEN	RED LAKE AGASSIZ	BLS	218/253-2800
204 RED WING FD AMBULANCE 4TH AND PLUM ST RED WING MN 55066 DICK KOSEC	GOODHUE S.E.	BLS	612/388-7142

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
205 REDWOOD FALLS FD AMBULANCE 914 SO RAMSEY REDWOOD FALLS MN 56283 BURLYN BARNES	REDWOOD S.W.	BLS	507/637-8887
206 REMER AMBULANCE SERVICE BOX 205 REMER MN 56672 BRUCE POUND	CASS CENTRAL	BLS	218/566-2908
207 RENVILLE AMBULANCE SERVICE BOX 426 RENVILLE MN 56284 RONALD A. LENZ	RENVILLE S.W.	BLS	612/329-3111
380 (SUB)HENNEPIN CO MED CT 6700 PORTLAND AVE SO RICHFIELD MN 55423 SEE EMS# 156	HENNEPIN METRO	ALS	
160 NORTH AMBULANCE SERVICE 3220 LOWRY AVE NO ROBBINSDALE MN 55422 DOUG HOPPENRATH	HENNEPIN METRO	ALS	612/520-5357
296 (AIR)NEUMAN AIR CHARTER INC BOX 37,MUN AIRPORT ROCHESTER MN 55903 ANDREW NEUMAN	OLMSTED S.E.	BLSS	507/288-9594
297 (SUB-AIR)AEROMEDIC AMBULANCE ROCHESTER MUN AIRPO ROCHESTER MN 55901 SEE EMS# 280	OLMSTED S.E.	ALSS	
208 GOLD CROSS AMBULANCE INC 1005 6TH ST NW ROCHESTER MN 55901 JOHN PERKINS	OLMSTED S.E.	ALS	507/288-2407

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
364 (SUB)NORTH MEMORIAL MED CT SESAME ST & 101 ROGERS MN 55374 SEE EMS# 160	HENNEPIN METRO	ALS	
209 ROSEAU AREA HOSP DIST AMB 715 3RD AVE SE ROSEAU MN 56751 HAROLD KLOEMPKEN	ROSEAU AGASSIZ	BLS	218/463-2500
211 RUSH CITY AMBULANCE 760 W 4TH ST RUSH CITY MN 55069 JON PEDERSEN	CHISAGGO CENTRAL	BLS	612/358-4708
212 RUSHFORD CITY AMBULANCE 405 ELM STREET SO RUSHFORD MN 55971 BRUCE HOVLAND	FILLMORE S.E.	BLS	507/864-2444
213 RUSSELL AMBULANCE SERVICE BOX 57,CITY HALL RUSSELLL MN 56169 DENNIS ROKEK	LYON S.W.	BLS	507/823-4300
225 (SUB)PINE CO AMBULANCE SANDSTONE MN 55072 DONNA THOMAS	PINE CENTRAL	BLS	612/245-5144
226 SAUK CENTRE AMBULANCE SERVICE 508 2ND ST SAUK CENTRE MN 56378 VERN MEYER	STEARNS CENTRAL	BLS	612/352-2437
227 ST. FRANCIS HOSP AMBULANCE 325 WEST 5TH SHAKOPEE MN 55379 ELDON BERKLAND	SCOTT METRO	ALS	612/445-2322

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
228 SHERBURN FD AMBULANCE BOX 332 SHERBURN MN 56171 DONALD UFLAIN	MARTIN S.C.	BLS	507/764-6421
229 RESERVE MINING CO DISPENSARY 50 OUTER DRIVE SILVER BAY MN 55614 JON WARD	LAKE ARCH	BLS	218/226-4431
230 SILVER BAY RESCUE SQUAD MUNICIPAL BLDG SILVER BAY MN 55614 RICHARD CARLSON	LAKE ARCH	BLS	218/226-4486
231 SILVER LAKE AMBULANCE SERVICE BOX 110,MAIN & TOWER SILVER LAKE MN 55381 MARY BUTLER	MCLEOD S.W.	BLS	612/864-3134
232 MURRAY COUNTY AMBULANCE 2042 JUNIPER AVE SLAYTON MN 56172 ORLO BJERK	MURRAY S.W.	BLS	507/836-6111
233 SLEEPY EYE AMBULANCE SERVICE 2ND AVE NW SLEEPY EYE MN 56085 BILL KLEIN	BROWN S.C.	BLS	507/794-3711
234 DIVINE REDEEMER MEM HOSP AMB 724 19TH AVE NO SOUTH ST. PAUL MN 55075 GEORGE TOURVILLE	DAKOTA METRO	ALS	612/450-4539
237 SPRING GROVE AMBULANCE SERVICE SPRING GROVE MN 55974 WARREN JOHNSON	HOUSTON S.E.	BLS	507/498-5221

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
238 OSLAND AMBULANCE 316 NO BROADWAY AVE SPRING VALLEY MN 55975 WALLACE OSLAND	FILLMORE S.E.	BLS	507/346-7714
236 COMMUNITY AMBULANCE SERVICE 20 E CENTRAL ST SPRINGFIELD MN 56087 HOWARD COYOUR	BROWN S.C.	BLS	507/723-4267
361 (SUB)LEECH LK RES BUS COMM BOX 392 SQUAW LAKE MN 56681 SEE EMS# 322	ITASCA ARCH	BLS	218/335-6363
214 ST. CHARLES AMBULANCE SER 1242 WHITEWATER AVE ST. CHARLES MN 55972 ARLY HAMMAN	WINONA S.E.	BLS	507/932-3020
215 MURPHY AMBULANCE SERVICE 1324 1ST AVE NO ST. CLOUD MN 56301 JAMES MURPHY	STEARNS CENTRAL	BLS	612/251-8507
357 ST. CROIX VALLEY EMS, INC MEMORIAL HOSPITAL ST. CROIX FALLS WI 54024 JAMES BODAH	CHISAGO CENTRAL	BLS	715/483-3261
335 (SUB)HEALTH CENTRAL EMS ST. FRANCIS MN 55070 SEE EMS# 500	ANOKA METRO	BLS	
216 ST. JAMES AMBULANCE SERVICE 1207 6TH AVE SO ST. JAMES MN 56081 DONALD JOHNSON	WATONWAN S.C.	BLS	507/375-3261

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
382 (SUB)HENNEPIN COUNTY MED CT 5005 MINNETONKA BLVD ST. LOUIS PARK MN 55426 SEE EMS# 156	HENNEPIN METRO	ALS	
381 (SUB)HENNEPIN COUNTY MED CT 6500 EXCELSIOR BLVD ST. LOUIS PARK MN 55426 SEE EMS# 156	HENNEPIN METRO	ALS	
344 (SUB)SMITH-MARTIN AMBULANCE 6418 CAMBRIDGE ST. LOUIS PARK MN 55426 SEE EMS# 218	HENNEPIN METRO	BLS	
338 (SUB)MIDWEST MED-KAB,INC 403 MARIA AVE ST. PAUL MN 55106 SEE EMS# 219	RAMSEY METRO	BLS	
384 (SUB-AIR)MID-CONTINENT AIR HOLMAN FIELD ST. PAUL MN 55111 SEE EMS# 299	RAMSEY METRO	ALSS	
359 BIO-MEDICAL RESEARCH ASSC 1067 RICE STREET ST. PAUL MN 55117 STEPHEN DURST	RAMSEY METRO	ALSS	612/778-0417
217 FREINDSHIP AMBULANCE SERVICE BOX 4004 ST. PAUL MN 55104 OPERATIONS MANAGER	RAMSEY METRO	BLSS	612/483-9793
218 SMITH-MARTIN AMBULANCE 186 FORBES AVE ST. PAUL MN 55102 ROBERT LOSSIE	RAMSEY METRO	ALS	612/222-3728

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
222 ST.PAUL DEPT OF FIRE & SAFETY 101 EAST 10TH ST ST. PAUL MN 55101 ROBERT STOBER	RAMSEY METRO	ALS	612/224-7811
224 ST. PETER AREA AMBULANCE 618 WEST BROADWAY ST. PETER MN 56082 LLOYD REID	NICOLLET S.C.	BLS	507/931-2711
239 UNITED DISTRICT HOSP AMBULANCE 401 PRAIRIE AVE NO STAPLES MN 56479 TIM RICE	WADENA CENTRAL	BLS	218/894-1515
240 MINNEWASKA DIST HOSP AMBULANCE 610 WEST 6TH ST STARBUCK MN 56381 RUTH E BROWN	POPE MIN-DAK	BLS	612/239-2201
241 STEPHEN AMBULANCE SERVICE BOX 289 STEPHEN MN 56757 ROBERT ANDERSON	MARSHALL AGASSIZ	BLS	218/478-3537
242 STILLWATER AMBULANCE SERVICE 1504 SO GREELEY ST STILLWATER MN 55082 TOM CROPP	WASHINGTON METRO	BLS	612/439-6169
329 SUNBURG RESCUE SQUAD BOX 45 SUNBURG MN 56289 ORVILLE RUDNINGER	KANDIYOHI S.W.	BLS	612/366-3590
243 NORTHWESTERN HOSP AMBULANCE 120 LABREE AVE SO THIEF RIV FALLS MN 56701 NORMAN PETERSON	PENNINGTON AGASSIZ	BLS	218/681-8444

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
244 TOWER FIRE DEPT AMBULANCE BOX 576,MAIN ST TOWER MN 55790 CHUCK TEKANTZ	ST. LOUIS ARCH	BLS	218/753-4070
245 TRACY AMBULANCE SERVICE,INC MUNICIPAL BLDG TRACY MN 56175 HOMER DOBSON	LYON S.W.	BLS	507/629-4454
246 TRIMONT AMBULANCE SERVICE MAIN ST W TRIMONT MN 56176 THOMAS ANDER	MARTIN S.C.	BLS	507/639-2381
247 TRUMAN FIRE DEPT & RESCUE 101 EAST CIRO TRUMAN MN 56088 WILLIAM ZEHNDER	MARTIN S.C.	BLS	507/776-2661
248 COMMUNITY HEALTH CENTER, INC 4TH ST AT 11TH AVE TWO HARBORS MN 55616 JOHN BJORUM	LAKE ARCH	BLS	218/834-2171
249 TYLER AMBULANCE SERVICE 240 WILLOW ST TYLER MN 56178 STEPHEN WURSTER	LINCOLN S.W.	BLS	507/247-5521
360 (SUB)HEALTH CENTRAL EMS NO SUBURBAN RAMSEY VADNAIS HEIGHTS MN 55110 SEE EMS# 500	RAMSEY METRO	ALS	
250 VIRGINIA REGIONAL MED CT 901 NO 9TH ST VIRGINIA MN 55792 JOSEPH KOBENSKY	ST. LOUIS ARCH	BLS	218/741-3340

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
252 ABBOTT-WISE AMBULANCE SER 116 WEST MAIN ST WABASHA MN 55981 JAMES ABBOTT	WABASHA S.E.	BLS	612/565-3546
251 BUCKMAN AMBULANCE SERVICE 136 BRIDGE AVE WABASHA MN 55981 HAROLD BUCKMAN,JR.	WABASHA S.E.	BLS	612/565-4011
253 WABASSO AMBULANCE SERVICE NURSING HOME WABASSO MN 56293 EDWARD ROBASSE	REDWOOD S.W.	BLS	507/342-5111
254 WACONIA-RIDGEVIEW HOSP AMB 500 SO MAPLE ST WACONIA MN 55387 JOHN DEVINS	CARVER METRO	ALS	612/446-1200
255 WADENA COUNTY EMS HWY 10,BOX 387 WADENA MN 56482 WILLIAM JACOBSON	WADENA CENTRAL	BLS	218/631-4437
256 WALKER AMBULANCE SERVICE 6TH ST,BOX 207 WALKER MN 56484 RON GEISER	CASS CENTRAL	BLS	218/547-1619
257 WALNUT GROVE COMM AMBULANCE CITY HALL WALNUT GROVE MN 56180 ROLF NACKERUD	REDWOOD S.W.	BLS	507/859-2236
258 WARREN VOL AMBULANCE CORP 109 SO MINNESOTA ST WARREN MN 56762 EDWARD TURN	MARSHALL AGASSIZ	BLS	218/745-4211

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
259 WARROAD RESCUE UNIT BOX 50,415 E LAKE WARROAD MN 56763 HAROLD OLIMB	ROSEAU AGASSIZ	BLS	218/386-1454
260 NESTE AMBULANCE SERVICE 421 WEST ELM AVE WASECA MN 56093 MARK NESTE	WASECA S.C.	BLS	507/835-7374
261 (SUB)WATERTOWN AMBULANCE WATERTOWN MN 55388 SEE EMS# 254	CARVER METRO	ALS	
262 WATKINS AMBULANCE SERVICE WATKINS MN 55389 DUANE PETERSON	MEEKER S.W.	BLS	612/764-5591
263 WELLS COMMUNITY AMBULANCE 400 4TH AVE SE WELLS MN 56097 WM GROSKREUTZ JR	FARIBAULT S.C.	BLS	507/553-3111
265 WEST CONCORD FD AMBULANCE 501 MAIN WEST CONCORD MN 55985 LUVERN MARICLE	DODGE S.E.	BLS	507/527-2178
264 WESTBROOK AMBULANCE SERVICE WESTBROOK MN 56183 HARRIS BYERS	COTTONWOOD S.W.	BLS	507/274-5407
266 WHEATON COMMUNITY HOSPITAL AMB 5TH AVE & 12TH ST WHEATON MN 56296 WILLIAM BUCHOLZ	TRAVERSE MIN-DAK	BLS	612/563-8226

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
267 WHITE BEAR LAKE FD AMBULANCE 250 MILLER AVE WHITE BEAR LAKE MN 55110 GORDON VADNAIS	RAMSEY METRO	ALS	612/429-8504
354 WHITE EARTH RESERVATION AMB BOX 418 WHITE EARTH MN 56591 ARDETTE WARREN	BECKER MIN-DAK	BLS	218/983-3285
269 WILLMAR AMBULANCE SERVICE 415 WEST 6TH ST WILLMAR MN 56201 LYLE GOEDDERTZ	KANDIYOHI S.W.	BLS	612/235-1233
270 WINDOM AMBULANCE SERVICE 444 9TH ST WINDOM MN 56101 ROBERT MIELKE	COTTONWOOD S.W.	BLS	507/831-3340
271 WINNEBAGO AREA AMBULANCE 16 CLEVELAND AVE E WINNEBAGO MN 56098 ROBERT MAURIS	FARIBAULT S.C.	BLS	507/893-3217
272 PRAXEL AMBULANCE SERVICE 507 EAST 8TH ST WINONA MN 55987 MELVIN PRAXEL	WINONA S.E.	BLS	507/452-5882
273 (SUB)HEALTH CENTRAL EMS 551 4TH ST NO WINSTED MN 55395 SEE EMS# 500	MCLEOD S.W.	BLS	
274 WINTHROP AMBULANCE SERVICE BOX 305,305 N MAIN WINTHROP MN 55396 SCOT KUESTER	SIBLEY S.C.	BLS	507/647-5308

	COUNTY HSA	SERVICE LEVEL	TELEPHONE NUMBER
275 WOODBURY AMBULANCE COUNCIL 2100 RADIO DRIVE WOODBURY MN 55125 DARYL DURUM	WASHINGTON METRO	BLS	612/739-5972
276 WORTHINGTON REGIONAL HOSP 1018 SIXTH AVE WORTHINGTON MN 56187 CHRIS KAPP	NOBLES S.W.	BLS	507/372-2941
277 WYKOFF AMBULANCE SERVICE BOX 218 WYKOFF MN 55990 LORENZ MEYER	FILLMORE S.E.	BLS	507/352-4011
339 (SUB)PRINCETON COMM HOSP AMB ZIMMERMAN MN 55398 SEE EMS# 200	SHERBURNE CENTRAL	BLS	
278 ZUMBROTA AREA AMBULANCE SER BOX 7 ZUMBROTA MN 55992 ROBERT KALASS	GOODHUE S.E.	BLS	507/732-5191

RECEIVED
JUN 28 1982
ADMINISTRATIVE HEARINGS

Pursuant to Minn. Laws of 1980, § 15.0412, subd. 4h, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless seven or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules;

and

4. that the rule may be modified if modifications are supported by the data and views submitted.

If, during the 30-day comment period, seven or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of § 15.0412, subds. 4 through 4g, which state that if an agency decides to hold a public hearing, it must publish in the *State Register* a notice of its intent to do so. This notice must appear at least 30 days prior to the date set for the hearing, along with the full text of the proposed rules. (If the agency has followed the provisions of subd. 4h and has already published the proposed rules, a citation to the prior publication may be substituted for republication.)

Pursuant to Minn. Stat. § 15.0412, subd. 5, when a statute, federal law or court order to adopt, suspend or repeal a rule does not allow time for the usual rulemaking process, temporary rules may be proposed. Proposed temporary rules are published in the *State Register*, and for at least 20 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Health

Proposed Amendments to Life Support Transportation Service Rules (7 MCAR §§ 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR §§ 1.541-1.545)

Notice of Hearing

A public hearing concerning the above entitled matters will be held in Room 105, Minnesota Health Department Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, on Thursday, July 29, 1982, commencing at 9:30 a.m. and continuing until all interested persons have had an opportunity to be heard.

Following the agency's presentation at the hearing, all interested or affected persons will have the opportunity to participate. Statements may be made orally and written material may be submitted at the hearing. In addition, whether or not an appearance is made at the hearing, written statements or material may be submitted to Jon L. Lunde, Hearing Examiner, Office of Administrative Hearings, 400 Summit Bank Building, 310 South Fourth Avenue, Minneapolis, Minnesota 55415, (612) 341-7645. Unless a longer period, not to exceed 20 calendar days, is ordered by the hearing examiner at the hearing, the record will remain open for the inclusion of written material for five (5) working days after the hearing ends. The proposed amendments are subject to changes as a result of the rules hearing process. The agency strongly urges those who may be affected in any manner by the proposed amendments to be considered in this hearing, to participate in the rules hearing process. In addition, it is suggested, to save time and avoid duplication, that those persons, organizations, or associations having common viewpoints or interests in these proceedings, join together where possible and present a single statement on behalf of such interests. All such statements will be entered with and become a part of the record.

The rule hearing procedure is governed by Minn. Stat. §§ 15.0411-15.0417 and 15.052 and by 9 MCAR (Minnesota Code of Agency Rules) §§ 2.101-2.113. If you have any questions about the procedure, call or write the hearing examiner.

The statutory authority for the Commissioner of Health to adopt amendments to these rules is contained in Minn. Stat. § 144.804, which requires the commissioner to promulgate as rules standards for the operation of life support transportation services. The proposed amendments would amend rules which were originally adopted April 21, 1980. The Emergency Medical Technician Registration Rules which were adopted in 1979 will be repealed and replaced by the provisions for EMT certification in the proposed amendments. The authority for adoption of the registration rules is contained in Minn. Stat. § 214.13 which authorizes the commissioner only to register the occupation. Registration is optional. Most EMT's in Minnesota are not registered. Registration confers no advantage relative to employment for ambulance attendants. Therefore, given the implicit authority of the commission to repeal rules which are no longer required for the safety and well being of the citizens of the state, these rules will be repealed.

The proposed amendments to the Life Support Transportation Service Rules cover the following subjects:

1. Definitions of terms;
2. Applications for licensure;
3. Personnel standards; basic life support transportation services including air services;

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4. Staffing standards; basic life support transportation services;

5. Quality of life support treatment required to be assured by licensee;

6. Restricted treatments and procedures which include the use of I.V. infusions and therapy; esophageal obturator airway; medical anti-shock trousers; drugs; and defibrillation;

7. Equipment standards; basic life support transportation services;

8. Ambulance standards;

9. Communications;

10. Personnel standards; advanced life support transportation services including air services;

11. Staffing standards; advanced life support transportation services;

12. Quality of life support treatment;

13. Equipment standards; advanced life support transportation services;

14. Compliance with ambulance standards;

15. Communications;

16. Standards for the operation of scheduled life support transportation services;

17. Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings;

18. Life support transportation services provided by an employer for the benefit of its employees;

19. Disasters;

20. Advertisement;

21. Enforcement provisions;

22. Primary service area;

23. Compliance with approved local ordinances;

24. Emergency care course program approval, course requirements; examination; certification and refresher courses;

25. Intermediate emergency care course program approval; course requirements; examination; certification and continuing education;

26. Advanced emergency care course programs for paramedics; course approval, requirements, examination, certification and continuing education;

27. Trip reports;

28. License fees and expiration dates including biennial licensing system;

29. Waivers; and

30. Variances for restricted treatments and procedures; certain personnel; and in general.

A free copy of the rules may be obtained by contacting Jim Stoffels, Minnesota Department of Health, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, (612) 296-5518. Additional copies will be available at the hearing. If you have any questions about the rules, please contact Mr. Stoffels.

Twenty-five (25) days prior to the hearing, a statement of need and reasonableness will be available for review at the agency and at the Office of Administrative Hearings. This statement of need and reasonableness will include all of the evidence which the agency intends to present at the hearing to justify both the need for and the reasonableness of the proposed rules. The agency intends to present only a summary of the statement of need and reasonableness at the hearing; however, additional evidence may be submitted in response to questions raised by interested persons. You are urged to review the statement of need and reasonableness before the hearing and to attend the hearing. Copies of the statement of need and reasonableness may be obtained from the Office of Administrative Hearings at a minimal charge. Additional copies will be available at the hearing.

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Any person may request notification of the date on which the hearing examiner's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. Any person may request notification of the date on which the hearing record has been submitted or resubmitted to the Attorney General by the agency. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the hearing examiner, in the case of the hearing examiner's report, or to Mr. Stoffels, in the case of the agency's submission or resubmission to the Attorney General.

Minn. Stat. ch. 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11, (1980) as any individual:

a. Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including *his own* travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

b. Who spends more than $250, not including *his own* traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone: (612) 296-5615.

The adoption of the proposed amendments to these rules will not require expenditure of public funds totaling or exceeding $100,000 by local public bodies in either of the two years immediately following adoption of these amendments.

June 3, 1982

George R. Pettersen, M.D.
Commissioner of Health

Rules as Proposed

7 MCAR § 1.601 Definitions. For the purposes of 7 MCAR §§ 1.601-1.630, the following terms have the meanings given them.

A. Air ambulance. "Air ambulance" means an ambulance that is designed and manufactured to travel by air~~, and~~. It includes fixed wing aircraft and helicopters.

B. ~~"ALS" means advanced life support transportation service.~~ Base of operation. "Base of operation" means the address at which the physical plant housing ambulances, related equipment and personnel is located.

~~C. "BLS" means basic life support transportation service.~~

~~D. "Central base of operation" means a base of operation for a life support transportation service that serves as the coordinating point for other bases of operation of a licensee within a single primary service area.~~

C. Basic cardiac life support. "Basic cardiac life support" means cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

~~E.~~ D. Change. "Change" means an action or occurrence by which a situation relevant to licensure has become distinctly and materially different such that it can reasonably be expected that the licensee will not meet the conditions of its current license.

~~F.~~ E. Change in type of service. "Change in type of service" means any change in the schedule of:

1. ~~Skills and equipment used in patient care~~ Level of service when the change is from basic life support to advanced life support;

2. Hours during which service will be available; or

3. The ~~group(s)~~ group of individuals for whom services will be exclusively provided ~~exclusively~~ such that a new type ~~or types~~ of ~~licenses are~~ license is required.

~~G.~~ F. Change of base of operation. "Change of base of operation" means ~~a change involving a~~ the relocation of vehicles, related equipment, and personnel housed at one location ~~for housing at~~ to another location such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.

~~H.~~ G. City of the first class and city of the second class. "City of the first class" and "city of the second class" have the meanings given to them in Minn. Stat. ~~ch. 410~~ § 410.01.

~~I.~~ H. Commissioner. "Commissioner" means Commissioner of Health.

~~J.~~ I. Communications base. "Communications base" means the ~~location at which equipment is housed~~ composite collection

of radio base station equipment which is used for ~~use in~~ two-way radio communications ~~with~~ between ambulances ~~or~~ and medical facilities.

~~K.~~ J. Disaster. "Disaster" means a sudden occurrence or other temporary condition ~~determined to have resulted~~ causing or ~~to be~~ likely to ~~result in~~ cause such widespread damage and such mass casualties or threats to the health and safety of members of the public that available life support transportation services cannot reasonably be considered adequate to respond to the emergency needs of the affected public.

K. Drug. "Drug" means all medicinal substances and preparations recognized by the 'United States Pharmacopoeia National Formulary,' issued by the United States Pharmacopoeial Convention (Rockville, Maryland) or by any revision of that publication. It also means all substances and preparations intended for external and internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animal, and all substances and preparations, other than food, intended to affect the structure or any function of the body of man or other animal.

L. Emergency medical technician. "Emergency medical technician" means a person certified under 7 MCAR § 1.624 to provide basic life support service.

~~L.~~ M. Full operating condition and good repair. "Full operating condition and good repair" means a condition ~~whereby~~ in which all systems, parts, elements, and components are completely workable, operational, and reliable.

N. Intermediate emergency medical technician. "Intermediate emergency medical technician" means a person who is certified under 7 MCAR § 1.624 and 7 MCAR § 1.625 to provide basic life support service and who may, under the medical direction of a physician, perform advanced life support procedures using intravenous infusions, medical antishock trousers, and esophageal obturator airways.

O. Intravenous infusion. "Intravenous infusion" means the introduction of a fluid other than blood into a vein for fluid volume replacement only.

P. Intravenous therapy. "Intravenous therapy" means the establishment of an intravenous line and the administration of intravenous fluids and drugs.

~~M.~~ Q. Land ambulance. "Land ambulance" means an ambulance that is designed and manufactured to travel on land.

R. Medical adviser. "Medical adviser" means a physician who:

1. Provides advice on training and orientation of personnel;

2. Provides advice on upgrading and purchasing equipment;

3. Provides triage, treatment, and transporting protocols to assure that patients requiring care are transported to appropriate medical facilities; and

4. Helps to develop and operate an internal quality assurance mechanism that includes a review of services provided.

~~N.~~ S. Medical control. "Medical control" means the direction by ~~physicians~~ a physician of out-of-hospital emergency medical care ~~delivered by non-physicians~~ that is provided ~~directly on the scene or~~, through direct oral communication by radio or telephone~~, or indirectly through written patient triage, treatment, and transfer guidelines or protocols, and that includes the following:~~.

~~1. providing advice on training and orientation of personnel;~~

~~2. providing advice on upgrading and purchasing equipment;~~

~~3. prescribing and maintaining any standing orders;~~

~~4. providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment, and~~

~~5. assisting with the development and operation of an internal quality assurance mechanism that includes review of services provided.~~

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T. Medical director. "Medical director" has the following meanings:

1. "Medical director" means a physician who accepts responsibility for the quality of care provided by drivers and attendants of an advanced life support transportation service and who:

a. Provides standards for training and orientation of personnel;

b. Provides standards on upgrading and purchasing equipment;

c. Prescribes any standing orders for the provision of life support care;

d. Provides triage, treatment, and transporting protocols to assure that patients requiring care are transported to appropriate medical facilities;

e. Assists with the development and operation of an internal quality assurance mechanism that includes a review of services provided;

f. Provides written procedures for the storage and administration of drugs;

g. Provides written standards for medical equipment and supplies used to provide advanced life support transportation services.

2. With respect to a basic life support transportation service that has been granted a variance to perform a restricted treatment or procedure listed in 7 MCAR § 1.606 B., "medical director" means a physician who accepts responsibility for the quality of care given in the course of providing the restricted treatment or procedure who provides:

a. Standards for training and continuing education with respect to the restricted treatment or procedure for which the variance was granted;

b. Standards for the purchase of medical equipment and supplies necessary for the restricted treatment or procedure;

c. Standing orders for performing the restricted treatment or procedure; and

d. Regular review of the quality of care provided under the variance.

~~O.~~ U. Nonbreakable. "Nonbreakable" means not easily broken and not liable to be broken through normal use and minor abuse such as dropping.

~~P.~~ V. Osteopath. "Osteopath" means a person licensed to practice osteopathy ~~pursuant to~~ under Minn. Stat. §§ 148.11-148.16 prior to 1963 or licensed to practice medicine ~~pursuant to~~ under Minn. Stat. ch. 147.

W. Paramedic. "Paramedic" means a paramedic emergency medical technician certified under 7 MCAR § 1.626 to provide advanced life support service under the medical control of a physician.

X. Parenteral. "Parenteral" means not through the alimentary canal, but rather by injection, through some other route.

~~Q.~~ Y. Physician. "Physician" means a person licensed to practice medicine ~~pursuant to~~ under Minn. Stat. ch. 147.

Z. Program coordinator. "Program coordinator" means a person who serves as the administrator of an emergency care training program and who is responsible for the following:

1. Planning, conducting, and evaluating the program;

2. Selecting the students;

3. Selecting qualified instructors;

4. Documentation and maintaining of records;

5. Developing a curriculum; and

6. Helping to coordinate examination sessions and clinical training.

AA. Program medical director. "Program medical director" means a physician who accepts responsibility for the following elements of an emergency medical care training program:

1. Insuring an accurate and thorough presentation of the medical content of an emergency care training program;

2. Certifying that each student has successfully completed the training course; and

3. In conjunction with the program coordinator, planning the clinical training that takes place in the hospital and ambulence.

~~R.~~ BB. Registered nurse. "Registered nurse" means a person licensed to practice professional nursing ~~pursuant to~~ under Minn. Stat. ~~ch. 148~~ §§ 148.171-148.285.

~~S. "Scheduled advanced life support transportation service" means an advanced life support transportation service that:~~

~~1. restricts the availability of its services to specified periods of time;~~

~~2. restricts the availability of its services to a specified group of people; or~~

~~3. restricts the type of services it provides to a specified medical category or categories.~~

~~T. "Scheduled basic life support transportation service" means a basic life support transportation service that:~~

~~1. restricts the availability of its service to specified periods of time;~~

~~2. restricts the availability of its services to a specified group of people; or~~

~~3. restricts the type of services it provides to a specified medical category or categories.~~

~~U.~~ CC. Scheduled life support transportation service. "Scheduled life support transportation service" means basic or advanced life support transportation service that:

~~1.~~ restricts ~~the availability of~~ its services to specified periods of time;

~~2. restricts the availability of its services~~ or to a specified group of people~~;~~, or

~~3.~~ restricts the type of services it provides to a specified medical category~~, or categories~~.

~~V.~~ DD. Single-service. "Single-service" means designed and manufactured to be used once and then disposed of, not to be reused.

~~W.~~ EE. Sterile. "Sterile" means ~~the state of being~~ free from microorganisms.

FF. Substation. "Substation" means the location from which ambulances and personnel operate to provide life support transportation service which is supplementary to that provided from the base of operation and which enables the licensee to serve all points in its primary service area in accordance with the requirements in 7 MCAR § 1.622.

~~X.~~ GG. Telemetry. "Telemetry" means the direct transmission of electronic signals indicating measurement of patient physiological ~~parameters~~ vital signs.

~~Y.~~ HH. Treatment. "Treatment" means the use of the skills or equipment required by ~~these rules~~ 7 MCAR §§ 1.601-1.630 for the management and care of an ill or injured person or of a pregnant woman for the purpose of combating disease, minimizing disability, preventing death, or preserving health.

II. Triage. "Triage" means the sorting out and classification of ill or injured persons to determine priority of need and place of treatment.

~~Z.~~ JJ. Variance. "Variance" means permission to comply in a manner other than that ~~generally~~ specified by 7 MCAR §§ 1.601-1.630.

~~AA.~~ KK. Waiver. "Waiver" means permission not to comply with 7 MCAR §§ 1.601-1.630.

7 MCAR § 1.602 Applications for licensure.

A. Contents of all applications.

1. An application for license renewal, or for licensure of a new service, change in primary service area, change ~~in~~ of base of ~~operations~~ operation, or type of service provided ~~shall~~ must be made on a form provided by the commissioner and ~~shall~~ must include, at a minimum, the following categories of information to allow a determination of compliance with the requirements of Minn. Stat. §§ 144.801 ~~et seq.~~ -144.807 and to provide sufficient information for local and regional reviews as prescribed in Minn. Stat. § 144.802.

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a. Identification, location, and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;

b. The ~~address~~ addresses of ~~all bases~~ the base of operation and substations;

c. The names, addresses, and telephone numbers of ~~the following:~~

~~(1)~~ the medical ~~advisor~~ adviser or medical director of the service~~;~~ and

~~(2)~~ the base hospital or affiliated medical facility, if any, for the service;

d. The location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;

e. ~~the type of action requested~~ (Whether the application is for a new license, license renewal, change in primary service area, change of base of operations, or change in type of service provided~~)~~;

f. The type and identification of ownership;

g. The type and identification of the entity responsible for operation, if different from ownership;

h. ~~a declaration of proposed primary service area according to the requirements of 7 MCAR § 1.608 F.~~;

~~i.~~ Back-up coverage, including reserve ~~ambulance(s)~~ ambulances owned by applicant, back-up services, and ~~indication~~ copies of signed mutual aid agreements with neighboring providers;

~~j.~~ i. Other licensed providers in the primary service area;

~~k.~~ j. A description of the population to be served;

~~l.~~ k. Type of service to be licensed;

~~m.~~ l. Actual past and estimated future utilization of the service;

~~n.~~ m. Basic actual or estimated financial data, including~~:~~

~~(1)~~ actual and in-kind revenue or income ~~(actual and in-kind)~~,

~~(2)~~ actual or projected patient charges,

~~(3)~~ sources of revenue by type, and

~~(4)~~ actual and imputed expenses ~~(actual and imputed)~~ by category and projected capital costs and operating costs;

~~o.~~ n. Qualifications of personnel, including~~:~~

~~(1)~~ ~~numbers~~ number of and credentials of attendants and drivers~~;~~ and

~~(2)~~ names and addresses of key personnel; and

~~p.~~ o. A listing and description of all ambulances to be used by the service if licensed~~.~~;

~~2. Applicants shall also furnish such other information that may be needed by the commissioner to clarify incomplete or ambiguous information presented in the application.~~

~~3. Applicants shall furnish or retain in file documentation of all statements made in application for licensure.~~

~~B. Contents of applications for license of new services, expansions of primary service area, and changes in base of operation or type of service.~~

~~1. An application for licensure of a new service or for a change in base of operation, primary service area, or type of service shall include, at a minimum, the following categories of information to allow for a determination of need for the proposed service by local units of government, local boards of health, and Health Systems Agencies, as prescribed in Minn. Stat. § 144.802, subd. 3, and to allow for a determination of the applicability of Minn. Stat. §§ 145.832-144.845, the Minnesota Certificate of Need Law:~~

~~a.~~ p. A description of ~~the~~ any proposed new service, change ~~in~~ of base of operation, expansion of primary service area, or change in type of service;

~~b.~~ q. A justification of the need for ~~the~~ any proposed new service or modification in service;

~~c. a description of the population to be served by the proposed new service or modified service;~~

~~d.~~ r. A declaration of the proposed primary service area, including a description of the geographic features of the primary service area that have a direct bearing on the proposed service or modified service~~;~~ ~~and~~.

~~e. A statement of all costs associated with the new service, including any capital costs as defined in Minn. Stat. §§ 145.832-145.845, operating costs and projected patient charges for at least one year, and other related information.~~

2. Applicants shall ~~also~~ furnish ~~such~~ other information that may be needed by the commissioner to clarify incomplete or ambiguous information presented in the application.

3. Applicants shall retain in their files documentation of all statements made in applications for licensure.

~~C.~~ B. Contents of applications ~~for life support licensure~~ by health care facilities ~~subject to certificate of need review under Minn. Stat. §§ 145.832-145.845~~.

1. Applicants for life support licensure that are health care facilities as defined in Minn. Stat. § 145.833, subd. 2, shall submit sufficient information on the ~~forms~~ form described in ~~7 MCAR § 1.602 A. and B. above~~ A.1. to allow ~~for a determination of~~ the commissioner to determine the need ~~for review~~ for a certificate of need review as prescribed in Minn. Stat. § 145.834.

2. Applicants for life support licensure that are determined to be subject to certificate of need review by the commissioner shall provide ~~such~~ additional information as ~~may be~~ required by Minn. Stat. § 145.836~~; such~~. The information ~~shall~~ must be submitted on forms provided by the commissioner and ~~shall~~ must meet all criteria specified in rule and statute for certificate of need applications.

7 MCAR § 1.603 Personnel standards ~~for operation of~~; basic life support transportation services.

A. ~~Personnel.~~

~~1.~~ Qualifications in general.

~~a.~~ Except for persons functioning as pilots of air ambulances, no person ~~shall~~ may function as an attendant or driver or represent himself ~~or herself~~ as an attendant or driver of a basic life support transportation service ~~(BLS)~~ ambulance unless that person:

~~(1)~~ 1. Possesses a current American Red Cross advanced first aid certificate; or

~~(2)~~ 2. Until two years after the effective date of 7 MCAR §§ 1.601-1.630, possesses a current emergency care certificate issued by the commissioner ~~pursuant to~~ under Minn. Stat. § 214.13; or

~~(3) Possesses a current emergency care certificate that complies with the provisions of 7 MCAR § 1.609; or~~

~~(4) Meets the qualifications of 7 MCAR § 1.604 A. for an advanced life support transportation service ambulance.~~

~~b. The requirement set forth in 7 MCAR § 1.603 A.1.a. shall not apply to persons functioning as pilots of air ambulances.~~

3. Possesses a current certificate issued under 7 MCAR § 1.624, 7 MCAR § 1.625, or 7 MCAR § 1.626.

B. Air ambulance attendants. No person may act as an attendant of a basic life support air ambulance unless that person:

1. Possess a current certificate issued under 7 MCAR § 1.624, 7 MCAR § 1.625, or 7 MCAR § 1.626; and

2. Has received training approved by the licensee's medical adviser which includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude; instructions in the medical conditions requiring special precautions; and contra indications to air transport. The medical adviser must sign and file with the licensee, a statement that each attendant has successfully completed such training.

~~2.~~ **7 MCAR § 1.604 Staffing standards; basic life support transportation services.**

~~a.~~ A. Attendants; drivers. Each ~~BLS~~ basic life support transportation service licensee shall employ or ~~otherwise~~ have on its staff a minimum of five persons qualified under 7 MCAR § 1.603 A.~~1.a.~~ and shall maintain:

~~(1)~~ 1. A current roster, including the name, address, and qualification of ~~such~~ those persons; and

~~(2)~~ 2. Files documenting personnel qualifications.

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~~b.~~ B. Medical adviser. Each licensee that operates air ambulances and by July 1, 1985, each licensee that operates land ambulances shall have a physician medical ~~advisor responsible for at least:~~ adviser.

~~(1) Providing advice on training and orientation of personnel;~~

~~(2) Providing advice on upgrading and purchasing equipment;~~

~~(3) Prescribing and maintaining any standing orders;~~

~~(4) Providing triage and transporting guidelines to assure that patients requiring care are transported to appropriate medical facilities for treatment; and~~

~~(5) Assisting with the development and operation of an internal quality assurance mechanism that shall include review of services provided.~~

~~c.~~ C. File documents. The licensee shall maintain in its files the name and address of the medical ~~advisor~~ adviser and a written statement signed by the medical ~~advisor~~ adviser indicating ~~his or her~~ acceptance of the responsibilities ~~as specified~~ defined in 7 MCAR § 1.601 R. ~~7 MCAR § 1.603 A.2.b. shall be maintained in the files of the licensee.~~

~~d. If a life support transportation service finds it impossible to arrange for an attendant to accompany a driver in responding to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant, provided that the service shall:~~

~~(1) make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and enroute to a health care facility;~~

~~(2) document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient (such documentation shall include an explanation of what reasonable efforts were made to arrange for an attendant to be present); and~~

~~(3) maintain such documentation in its files.~~

~~3.~~ D. Operational requirement. An attendant shall be in the patient compartment while transporting a patient ~~or patients~~ except as allowed by Minn. Stat. § 144.804, subd. 2. If a life support transportation service finds it impossible to arrange for an attendant to accompany a driver in responding to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant. Under these conditions the service shall:

1. Make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and en route to a health care facility;

2. Document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient and explain what reasonable efforts were made to arrange for an attendant to be present; and

3. Maintain this documentation in its files.

7 MCAR § 1.605 Quality of life support treatment.

A. Quality control. Each licensee shall:

1. Assure that attendants and drivers that it employs or has on its staff have current certificates issued by the commissioner or an American Red Cross advanced first aid certificate;

2. Assure that its attendants and drivers use only equipment that they are trained to use; and

3. Assure that its attendants and drivers provide care that conforms to the general standard of care expected of persons who are trained and certified as those attendants and drivers are trained and certified.

B. Complaints. Each licensee shall establish and implement a procedure for responding to complaints about its life support transportation service.

7 MCAR § 1.606 Restricted treatments and procedures.

A. Restricted treatments and procedures. Basic life support transportation services may use medical antishock trousers only as allowed under 7 MCAR § 1.607 B.

B. Restrictions. Except as authorized under 7 MCAR § 1.630 D., basic life support transportation services may not offer or provide the following:

1. Use of an esophageal obturator airway;

2. Use of a cardiac monitor or defibrillator;

3. Establishment or maintenance of intravenous lines or administration of intravenous infusions; and

4. Transfer of patients for whom maintenance of intravenous therapy is required.

C. Prohibitions. Basic life support transportation services may not administer drugs other than oxygen, syrup of ipecac, and nonprescription drugs.

~~E.~~7 MCAR § 1.607 Equipment standards; basic life support transportation services.

~~1.~~ A. Minimum equipment standards.

~~a.~~ All ambulances ~~shall~~ must carry equipment that complies with the following standards:

~~(1)~~ 1. They must carry splinting equipment that ~~shall include~~ includes:

~~(a)~~ a. One lower-extremity traction splint; fashioned so as to permit determination of distal pulse, sensitivity, and range of movement after the application of the splint;

~~(b)~~ b. Fixation splints for fractures of both legs and both arms; and

~~(c)~~ c. One short and one long backboard with head immobilization gear and patient fixation straps~~;~~.

~~(2)~~ 2. They must carry ventilation assistance and airway maintenance equipment that ~~shall include~~ includes:

~~(a)~~ a. One portable oxygen system complying with the following specifications:

~~(i)~~ (1) High-pressure tank regulated to 50 ~~psi~~ pounds per square inch at flowmeter;

~~(ii)~~ (2) Calibrated to deliver to the patient two to 15 liters of oxygen per minute;

~~(iii)~~ (3) Minimum of 20 minutes supply at a rate of 15 liters per minute.

~~(iv)~~ (4) Single service tubing from regulator valve outlet to patient, except for oxygen-powered, manually-cycled valves;

~~(v) Single service nasal cannula and single-service inhalation mask~~ (5) Equipment for the administration of low concentrations of oxygen that consists of either one venturi-type face mask capable of a minimum flow of 24 percent oxygen or one single-service nasal cannula;

~~(vi) One each of infant, child and adult masks for administration of oxygen at a concentration of at least 40%~~ (6) Equipment for the administration of high concentrations of oxygen that consists of one each of pediatric and adult partial rebreather or non-rebreather face masks; and

~~(vii)~~ (7) Capability for use as an oxygen source as described in ~~7 MCAR § 1.603 B.1.a. (2)(c) below~~ c.;

~~(b)~~ b. One oxygen system for use in the ambulance that complies with ~~7 MCAR § 1.603 B.1.a. (2)(a)(i), (ii), (iv) (vii); such a system shall be~~ a.(1), a.(2), and a.(4)-(7) and that is capable of delivering a minimum of 60 minutes supply at a rate of 15 liters per minute and a minimum of 30 minutes uninterrupted supply;

~~(c)~~ c. One ~~each~~ clear-domed mask for infant, child, and adult patients with a 15/22 ~~mm~~ millimeter adapter and oxygen inlet port for mouth-to-mouth or mechanical-device mask ventilation; or one each of infant, child, and adult masks with an oxygen-powered manually cycled valve connected to an oxygen source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute;

~~(d)~~ d. Portable suction apparatus with catheter or oral suction equipment that ~~shall~~:

~~(i)~~ ~~Use~~ (1) Uses a nonbreakable bottle for collection of the aspirated material, and

~~(ii)~~ ~~Be~~ (2) Is capable of producing a vacuum of 150 ~~mmHg~~ millimeters of mercury with an air flow of 15 liters per minute for a period of at least five minutes; ~~(~~except that if the power source is oxygen, this requirement ~~shall be~~ is in addition to the time requirement for the administration of oxygen to the patient~~)~~; and

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~~(c)~~ c. One ~~each~~ set of oropharyngeal airways suitable in use in adult, child, and infant ~~sizes:~~ patients.

~~(3)~~ 3. They must carry dressings, bandages, and bandaging equipment that ~~shall include~~ includes, at a minimum:

~~(a)~~ a. Two universal or multitrauma dressings approximately ten inches by 30 inches;

~~(b)~~ b. Twelve sterile gauze pads or twelve sterile abdominal pad dressings;

~~(c)~~ c. Two rolls of adhesive tape three-quarters of an inch to three inches wide;

~~(d)~~ d. Six soft rolled bandages, approximately three to six inches wide and five yards long; and

~~(e) bandage~~ e. Blunt tip shears~~;~~ capable of cutting through heavy clothing.

~~(4)~~ 4. They must carry one poison-treatment kit that ~~shall include~~ includes:

~~(a)~~ two ounces of syrup of ipecac~~,~~ and

~~(b)~~ one quart drinking ~~water~~ liquid in a nonbreakable container~~;~~.

~~(5)~~ 5. They must carry one emergency obstetric kit that ~~shall include~~ includes:

~~(a)~~ a. Three sterile towels and two sterile drapes;

~~(b)~~ b. Bulb syringe;

~~(c)~~ c. Four sterile pads or sterile sanitary napkins;

~~(d)~~ d. Plastic bag or basin;

~~(e)~~ e. Two sterile cord clamps or ties;

~~(f)~~ f. One 18-inch by 25-foot roll of aluminum foil in an unopened original package or one ~~aluminum~~ reflective blanket, either of which must be ~~sterile~~ clean and wrapped, or a clean blanket designed for keeping premature infants warm;

~~(g)~~ g. Sterile shears or scalpel; and

~~(h)~~ h. Single service sterile gloves~~;~~.

~~(6)~~ 6. They must carry equipment for determination of vital signs that ~~shall include~~ includes:

~~(a)~~ a. one stethoscope, and

~~(b)~~ b. one sphygmomanometer with cuffs for use with child and adult patients~~;~~.

~~(7)~~ 7. They must carry a detailed current map for use in locating all points in the primary service area~~;~~.

~~(8)~~ 8. They must carry extrication equipment that ~~shall include~~ includes either one ~~twenty-four~~ 24-inch wrecking bar or a commercial extrication device ~~(KT tool or similar device); and~~.

~~(9)~~ 9. They must carry other equipment that ~~shall include~~ includes:

~~(a)~~ a. One stretcher 72 to 84 inches long and 18 to 24 inches wide;

~~(b)~~ b. Two sheets, two blankets, and one pillow;

~~(c)~~ c. Emesis container;

~~(d)~~ d. One flashlight; ~~and~~

~~(e)~~ e. One fire extinguisher, five-pound dry-chemical type with A:B:C rating; and

f. Three bidirectional reflective triangles or three flares.

~~b. Inflatable~~B. Authorization for use of medical antishock trousers. Medical antishock trousers may be carried and used by ~~BLS~~ basic life support transportation services only if:

~~(1) all~~ 1. Attendants and drivers who will use the equipment have been trained in ~~their~~ its use and are certified under 7 MCAR § 1.624;

~~(2)~~ 2. Use of such equipment has been authorized by the licensee's medical ~~advisor~~ adviser; and

~~(3)~~ 3. Documentation of ~~(1)~~ 1. and ~~(2)~~ 2. is retained in the licensee's files.

C. Variance for certain personnel. Basic life support transportation service licensees that use drivers and attendants who possess only an American Red Cross advanced first aid certificate must obtain a variance in the manner required in 7 MCAR § 1.630 D.1. to authorize those drivers and attendants to use equipment listed in A. for which no training was provided in the advanced first aid course.

~~e.~~ D. Equipment storage. All equipment carried ~~by~~ in an ambulance ~~shall~~ must be stored so that the patient, attendant, and/~~or~~ driver are not injured or ~~otherwise interfered with~~ inconvenienced in the event of a sudden stop or movement of the ambulance during transport.

~~d.~~ All equipment required by ~~7 MCAR § 1.603 B.1.a. shall~~ A. must be permanently stored and kept on or in the ambulance unless otherwise provided for in ~~7 MCAR § 1.603 B.2.~~ E.

~~2.~~ E. Air ambulance equipment.

~~a.~~ 1. Air ambulances licensed to provide basic life support transportation service ~~shall~~ must carry all equipment listed in ~~7 MCAR § 1.603 B.1.a.~~ A. with the exception of the equipment in ~~7 MCAR § 1.603 B.1.a.(8) and (9)(c)~~ A.8. and A.9.e. and A.9.f.

~~b.~~ 2. Life support transportation services provided by air ambulances ~~shall~~ must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

~~c.~~ 3. Equipment required in ~~7 MCAR § 1.603 B.2.a.~~ 1. that is not permanently stored on or in an air ambulance ~~shall~~ must be kept separate from the air ambulance in a modular prepackaged form so as to be available for rapid loading and easy access aboard the aircraft at the time of response to a call.

~~3.~~ F. Maintenance ~~and~~, sanitation, and testing.

~~a.~~ 1. All equipment ~~shall~~ must be maintained in full operating condition and in good repair.

~~b.~~ 2. All equipment and containers used for storage of equipment ~~shall~~ must be kept clean so as to be free from dirt, grease, and other offensive matter.

~~c.~~ 3. Sheets and pillowcases ~~shall~~ must be changed after each use.

~~d.~~ 4. Single-service equipment ~~shall~~ must be wrapped, stored, and handled so as to prevent contamination and ~~shall~~ must be disposed of after use.

~~e.~~ 5. Reusable equipment ~~shall~~ must be cleaned after each use so as to be free from dirt, grease, and other offensive matter.

~~f.~~ 6. Equipment, soiled or otherwise not free from dirt, grease, and other offensive matter, ~~shall~~ must be kept in plastic bags or securely covered containers until disposed of or prepared for reuse.

~~g.~~ 7. Procedures for the periodic performance testing of mechanical equipment listed in ~~7 MCAR § 1.603 B.1.a.(2)~~ A.2. and ~~(6)(b) shall~~ A.6.b. must be developed, maintained, and followed; and records of ~~such~~ performance testing ~~shall~~ must be kept in the licensee's files. Testing must occur at the intervals suggests by the manufacturer of the equipment.

~~C.~~ 7 MCAR § 1.608 Ambulance standards.

~~1.~~ A. Land ambulances.

~~a.~~ 1. All new land ambulances purchased by a licensee after June 30, 1981, ~~shall~~ must comply with the following standards:

~~(1)~~ a. The size of the patient compartment ~~shall~~ must be a minimum of 116 inches long and ~~54~~ 52 inches high from (floor to ceiling) and ~~shall~~ must provide in width:

~~(a)~~ not less than 69 inches (wall to wall); or

~~(b)~~ attendant walkway ~~and kneeling space that shall consist of:~~

~~(i)~~ not less than 12 inches ~~of clear walkway~~ between the stretcher and fixed bench and between stretchers~~, and~~.

~~(ii) not less than 25 inches width and 9 inches height of kneeling space for attendants along the right-hand side of the forward half of the primary stretcher, measured at floor level from the forward right-hand corner of the primary stretcher;~~

~~(2)~~ b. The door openings to the patient compartment ~~shall~~ must be a minimum of 30 inches wide and 42 inches high

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and the doors to the patient compartment must be operable from inside the ambulance~~;~~, and must be capable of being fully opened and held open by a mechanical device.

~~(3)~~ c. The interior storage areas ~~shall~~ must provide a minimum of 30 cubic feet of storage space to accommodate all required equipment and other equipment carried and ~~shall~~ must be located ~~so as~~ to provide ~~for~~ easy access to all equipment~~:~~.

~~(4)~~ d. The interior lighting in the patient compartment ~~shall~~ must include overhead or dome lighting ~~and~~, be designed so that no glare can be reflected to the driver's line of vision while the ambulance is transporting the patient; ~~illumination shall~~ and provide ~~a minimum intensity of 40 foot candles at the floor level to allow illumination for administering life support services,~~ sufficient lighting to allow visual determination of patient vital signs.

~~(5)~~ e. Environmental equipment ~~shall~~ must include a heater for the patient compartment that ~~shall have~~ has a minimum output of 21,000 ~~BTUs; and~~ BTU.

~~(6)~~ f. The ambulance ~~shall~~ must:

~~(a)~~ (1) Have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less~~;~~;

~~(b)~~ (2) Have fuel capacity to provide no less than 175 miles range;

~~(c)~~ (3) Have ground clearance of at least six inches when loaded to ~~C.V.W.~~ gross vehicle weight rating; and

~~(d)~~ (4) Be capable of full performance at ambient temperatures of minus 30 degrees ~~F.~~ Fahrenheit to ~~125~~ 110 degrees ~~F.~~ Fahrenheit.

g. The ambulance must be marked to show the name of the service as shown in the current license issued by the commissioner, in letters not less than three inches in height and in a position and color to allow identification of the service from the sides and rear of the vehicle.

~~b.~~ 2. Land ambulances that comply with the standards issued by the ~~Department of Transportation~~ General Services Administration in Federal ~~Specifications KKK-1822 for Ambulance~~ Specification KKK-A-1822 A for Emergency Medical Care Surface Vehicle ~~(dated January 2, 1974 and amended June 25, 1975),~~ dated April 1, 1980 with the exception of sections 3.14, 3.15, and 3.16 are deemed to comply with the standards contained in ~~this section~~ 1., 3., and 4.

~~c.~~ 3. All ambulances ~~purchased by a licensee~~ originally put into service by the licensee on or before June 30, 1981, ~~shall~~ and all ambulances other than land or air ambulances must substantially comply with the standards contained in ~~this section~~ 1. as determined by the commissioner according to the following considerations:

~~(1)~~ a. Size of the patient compartment ~~to~~ must allow adequate space for administering life support services;

~~(2)~~ b. Dimensions of door openings to the patient compartment and the operation of the doors to the patient compartment ~~to~~ must allow ~~for~~ easy access;

~~(3)~~ c. Design and location of interior storage areas ~~to~~ must allow ~~for~~ adequate storage and easy access;

~~(4)~~ d. Design and operation of interior lighting in the patient compartment ~~to allow~~ must provide adequate illumination for administering life support services;

~~(5)~~ e. Design and operation of environmental equipment ~~to allow for~~ must provide proper heating; and

~~(6)~~ f. Design, operation, and suspension ~~to allow for~~ must provide safe and stable transport.

4. All land ambulances must be equipped with a siren capable of emitting sound that is audible under normal conditions from a distance of not less than 500 feet and at least one light capable of displaying red light that is visible under normal atmospheric conditions from a distance of 500 feet from the front of the ambulance.

~~2.~~ B. Air ambulances.

~~a.~~ Life support transportation services provided by air ambulances ~~shall~~ must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

~~3. Standards for ambulances other than land or air ambulances.~~

~~a. Ambulances other than land or air ambulances shall substantially comply with 7 MCAR § 1.603 C.1.a. as determined by the commissioner according to the consideration set forth in 7 MCAR § 1.603 C.1.e.(1) (6).~~

~~4.~~ C. Restraining devices.

~~a.~~ All ambulances ~~shall~~ must be equipped with restraining devices for the stretcher and all seating places in the patient compartment for patient and attendant.

~~5.~~ D. Maintenance and sanitation.

~~a.~~ 1. Each ambulance ~~shall~~ must be maintained in full operating condition and in good repair and documentation of ~~such~~ maintenance ~~shall~~ must be kept in the licensee's file.

~~b.~~ 2. The interior of the ambulance, including all storage areas, ~~shall~~ must be kept clean so as to be free from dirt, grease, and other offensive matter.

~~c.~~ 3. If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a transmissible infection or contagious disease ~~(~~, other than a common cold~~)~~, liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment and materials that come in contact with such patient ~~shall~~ must, immediately after each use, be cleaned so as to be free from dirt, grease, and other offensive matter and be disinfected or disposed in a secure container so as to prevent the presence of a level of microbiologic agents injurious to health.

4. Smoking in any portion of the ambulance is prohibited.

~~D.~~ 7 MCAR § 1.609 Communications.

~~1. Compliance. All BLS services shall comply with these communication standards by June 30, 1981.~~

~~2.~~ A. Standards and radio frequency assignments.

~~a.~~ 1. Ambulances ~~shall~~ must have a two-way Very High Frequency (VHF) mobile radio, with Continuous Tone Coded Squelch System (CTCSS), capable of operating on at least two VHF high-band radio-frequency ~~(r-f)~~ channels.

~~b.~~ 2. Each ~~BLS~~ basic life support transportation service ~~shall~~ must have the capability of using a communications base that has a two-way VHF base radio, with CTCSS capable of operating on at least two VHF high-band ~~r-f~~ radio-frequency channels.

~~c. Ambulances and their communication bases shall use Channel One of the mobile and base radios as the main operating channel for medical communications as provided in 7 MCAR § 1.603 D.2.d. and shall use Channel Two for statewide communications.~~

~~d.~~ 3. Ambulances and communications bases ~~shall~~ must select and operate ~~Channel One~~ one channel at the radio frequency assigned to the district within which the communications base is located, as follows:

~~(1) Agassiz~~ a. Northwestern district (Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Red Lake, Clearwater, Hubbard, Norman, and Mahnomen Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.325 ~~MHz~~ megahertz (MHz);

~~(2) Arrowhead~~ b. Northeastern district (Koochiching, St. Louis, Lake, Cook, Itasca, Carlton, and Aitkin Counties) ~~shall have Channel One r-f~~ has one channell radio frequency of 155.355 MHz;

~~(3) Min Dak~~ c. West central district (Clay, Becker, Wilkin, Ottertail, Grant, Douglas, Stevens, Traverse, and Pope Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.355 MHz;

~~(4)~~ d. Central district (Cass, Wadena, Crow Wing, Todd, Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns, Benton, Sherburne, and Wright Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.385 MHz;

~~(5) Southwest~~ e. Southwestern district (Swift, Kandiyohi, Meeker, Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Nobles, Big Stone, and Jackson Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.400 MHz;

~~(6)~~ f. South central district (Sibley, LeSueur, Nicollet, Brown, Watonwan, Blue Earth, Waseca, Martin, and Faribault Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.355 MHz;

~~(7)~~ g. Southeastern district (Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore, and Houston Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.385 MHz; and

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~~(8)~~ h. Metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott, and Dakota Counties) ~~shall have Channel One r-f~~ has one channel radio frequency of 155.325 MHz.

~~e.~~ 4. The CTCSS tone operation on ~~Channel One of~~ the channel assigned to the district frequency on the mobile radio ~~shall~~ must be the same as the CTCSS tone operation of the base radio for that channel and frequency.

~~f.~~ 5. Ambulances and communications bases ~~shall~~ must operate ~~Channel Two~~ one channel assigned to the national frequency at ~~an r-f~~ a radio frequency of 155.340 MHz and ~~shall~~ must use a CTCSS tone of 210.7 Hz for that channel ~~two~~.

6. Each channel must be labeled to show use.

7. The base station or other receiving site must be configured to receive the CTCSS tone of 210.7 Hz for operation of its speaker, but must not transmit the tone. The receiver must be operated with a digital dial decoder that bypasses the tone circuit for base to base communications on 155.340 MHz.

8. The ambulance radio must be configured to transmit the CTCSS tone of 210.7 Hz on 155.340 MHz radio frequency, and the radio must be connected in a manner that allows operation of the speaker system without reception of the tone.

~~g.~~ 9. Ambulances and communications bases ~~shall~~ may communicate by telephone and ~~other alternative~~ means of communication ~~rather~~ other than radio ~~communications~~ when radio communications are not necessary ~~and when readily available~~.

~~h.~~ 10. Mobile telephone services ~~shall~~ are not ~~be~~ acceptable as an alternative to the required two-way radio operation.

~~3.~~ B. Equipment performance. All communications equipment ~~shall~~ must be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area.

~~4.~~ C. Equipment maintenance. All communication equipment ~~shall~~ must be maintained in full operating condition and in good repair~~, and documentation of such maintenance shall be kept in the licensee's file~~.

7 MCAR § ~~1.604~~ 1.610 Personnel standards ~~for operation of~~; advanced life support transportation services.

A. ~~Personnel.~~

~~1. Qualifications and training requirements.~~

~~a.~~ Qualifications of attendants. Except for persons functioning as pilots of air ambulances, no person ~~shall~~ may function as an attendant or represent himself ~~or herself~~ as an attendant of an advanced life support transportation service ~~(ALS)~~ ambulance unless that person~~:~~

~~(1) is registered by the commissioner pursuant to Minn. Stat. § 214.13 to provide paramedic services; or~~

~~(2) has successfully completed the written examination and the practical examination approved by the commissioner according to the provisions of 7 MCAR § 1.604 A.2. and fulfills the continuing education requirements set forth in 7 MCAR § 1.604 A.3~~ possesses a current certificate issued under 7 MCAR § 1.626.

~~b.~~ B. Qualifications of drivers. Except for persons functioning as pilots of air ambulances, no person ~~shall~~ may function as a driver or represent himself ~~or herself~~ as a driver of an ~~ALS~~ advanced life support transportation service ambulance unless that person:

~~(1) possesses a current emergency care certificate issued by the commissioner pursuant to Minn. Stat. § 214.13, or~~

~~(2)~~ possesses a current ~~emergency~~ care certificate ~~that complies with the provisions of~~ issued under 7 MCAR § ~~1.609;~~ 1.604, 7 MCAR § 1.625, or 7 MCAR § 1.626.

~~(3) Meets the requirements of 7 MCAR § 1.604 A.1.a.~~

~~c. The requirement set forth in 7 MCAR § 1.604 A.1.b. shall not apply to persons functioning as pilots of air ambulances.~~

~~2. Written and practical examinations.~~

~~a. A written examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the commissioner.~~

~~(1) role, responsibilities and training of paramedics;~~

~~(2) human systems and patient assessment;~~

~~(3) shock and fluid therapy;~~

(4) general pharmacology,

(5) respiratory system,

(6) cardiovascular system,

(7) central nervous system,

(8) soft tissue injuries,

(9) musculoskeletal system,

(10) medical emergencies,

(11) obstetric/gynecological emergencies,

(12) pediatrics and neonatal,

(13) management of the emotionally disturbed patient,

(14) rescue techniques, and

(15) telemetry and communications.

b. A practical examination for attendants of ALS ambulances shall test for competency in the subject areas identified below in order to be approved by the commissioner.

(1) trauma management including primary and secondary assessment, treating of trauma victims and setting priorities for BLS and ALS management;

(2) cardiology including electrocardiogram interpretation and treatment and related questions;

(3) cardiac arrest, including intubation, intravenous therapy, administration of intravenous medication, and defibrillation;

(4) cardiopulmonary resuscitation (CPR) including one- and two-person CPR, obstructed airway care, and infant resuscitation, and

(5) fracture immobilization.

c. Examiners for practical examinations shall be physicians or nurses with the exception that persons who qualify as attendants under 7 MCAR § 1.604 A.1.a. or drivers under 7 MCAR § 1.604 A.1.b. may serve as examiners for the competencies specified in 7 MCAR § 1.604 A.2.b.(4) or (5).

d. Written and practical examinations shall be administered by the commissioner or by a designated representative.

e. The National Registry of Emergency Medical Technicians Examination for Emergency Medical Technician-Paramedics as of the effective date of these rules is deemed to comply with 7 MCAR § 1.604 A.2.a.-c.

3. Continuing education requirements.

a. Continuing education requirements for persons qualifying as ALS ambulance attendants pursuant to 7 MCAR § 1.604 A.1.a.(2) are as follows:

(1) successful completion every two years of 48 hours of refresher training in the subject areas listed in 7 MCAR § 1.604 A.2.a.(1)-(15);

(2) successful completion every year of a course in CPR, up to four hours of a course of such instruction, if successfully completed, may be applied or partial fulfillment of the 48 hours required every two years.

(3) successful completion every two years of instruction in advanced cardiac life support; up to sixteen hours of a course or such instruction, if successfully completed, may be applied as partial fulfillment of the 48 hours required every two years; and

(4) retention of the competencies listed in 7 MCAR § 1.604 A.2.b.(1)-(5) as documented in a statement of satisfaction by the medical director.

b. Continuing education courses taken to fulfill the requirements of 7 MCAR § 1.604 A.3.a. shall be approved in writing by the licensee's physician medical director; documentation of such approval shall be maintained in the licensee's file.

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~~c. Successful completion of the National Registry of EMT-Paramedics continuing education requirements for EMT-Paramedic re-registration shall be deemed to be complete fulfillment of the continuing education requirements set forth in 7 MCAR § 1.604 A.3.a.~~

~~4. Issuance of certificates.~~

~~a. Persons successfully completing the written and practical examinations approved by the commissioner pursuant to 7 MCAR § 1.604 A.2. shall be issued a certificate by the commissioner or a designated representative.~~

~~b. The certificate shall remain valid for two years from the date of issuance. The certificate may be renewed after each successful completion of the continuing education requirements specified in 7 MCAR § 1.604 A.3. and only for periods of two years.~~

C. Qualifications; air ambulance personnel. The licensee shall maintain in its files documentation that each person who works as an attendant of an advanced life support air ambulance:

1. Complies with A.; and

2. Has received training approved by the licensee's medical director which includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude; instructions in the medical conditions requiring special precautions; and contraindications to air transport. The medical director must sign and file with the licensee, a statement that each attendant has successfully completed such training.

~~5.~~ 7 MCAR § 1.611 Staffing ~~requirements~~ standards; advanced life support transportation services.

~~a.~~ A. Attendants; drivers. Each ~~ALS~~ advanced life support transportation service shall employ or have on its staff a minimum of:

~~(1)~~ 1. Five persons ~~meeting the qualifications of attendants set forth in~~ qualified under 7 MCAR § ~~1.604~~ 1.610 A.~~1.a.~~; or

~~(2)~~ 2. Three persons meeting the qualifications of attendants set forth in 7 MCAR § ~~1.604~~ 1.610 A.~~1.a.~~ and three persons meeting the qualifications of drivers set forth in 7 MCAR § ~~1.604 A.1.b.~~ 1.610 B.

~~b. In addition, each ALS service shall maintain:~~

~~(1) A current roster, including the names and addresses of all current attendants and drivers, and~~

~~(2) Files documenting current personnel qualifications.~~

~~c.~~ B. Medical director. Each licensee shall have a physician medical director ~~responsible for at least the responsibilities set forth in 7 MCAR § 1.603 A.2.b.(1)-(5)~~. The medical director must have completed training in advanced cardiac life support that includes training in the following elements:

1. Basic cardiac life support;

2. Use of adjunctive equipment and special techniques for establishing and maintaining effective ventilation and circulation;

3. Cardiac monitoring and dysrhythmia recognition;

4. Establishing and maintaining an intravenous infusion line;

5. Employment of therapy in the treatment of the patient with suspected or overt acute myocardial infarction during cardiac arrest, dysrhythmia and in the postarrest phase; and

6. Use of drugs and defibrillation.

The advanced cardiac life support training course must be approved by the commissioner.

C. Roster; files. Each advanced life support transportation service licensee shall maintain:

1. A current roster, including the name, address, and qualifications of each attendant and driver;

2. Files documenting personnel qualifications; and

3. A written statement signed by the medical director stating acceptance of the responsibilities of medical director.

~~d.~~ D. Operational requirement. The ~~staffing~~ requirements ~~for BLS services as~~ set forth in 7 MCAR § ~~1.603 A.2.c.-d. shall be applicable~~ 1.604 D. apply to ~~ALS~~ advanced life support transportation services.

~~c.~~ E. Affiliation with medical facility. Each ~~ALS~~ advanced life support transportation service ~~shall~~ must have a formal affiliation with a medical facility ~~capable of providing~~ which agrees to provide medical control for patient care by means of immediate two-way voice communication 24 hours a day, seven days a week. The name and address of the affiliated medical facility and a statement signed by the administrator of the medical facility and the medical director of the ~~ALS~~ advanced life support transportation service documenting the terms of the formal affiliation ~~shall~~ must be maintained in the files of the licensee. The terms of the formal affiliation must include a written policy on the administration of medical control for the service. The policy must address the following issues:

1. Use of telemetry and two-way radio for physician direction of attendants;

2. Patient triage;

3. Use of standing orders; and

4. The means by which medical control will be provided 24 hours a day.

~~6. Operational requirement. An attendant shall be in the patient compartment while transporting a patient or patients except as allowed by Minn. Stat. § 144.804, subd. 2.~~

7 MCAR § 1.612 Quality of life support treatment. The quality assurance requirements set forth in 7 MCAR § 1.605 apply to advanced life support transportation services.

~~B.~~ 7 MCAR § 1.613 Equipment standards; advanced life support transportation services.

~~1. Minimum standards.~~

~~a.~~ A. Basic life support transportation standards transferred. Equipment standards for ~~BLS~~ ambulances set forth in 7 MCAR § ~~1.603 B.1.a. through B.2.c. shall be~~ 1.607 A. and D.-F. are applicable to ~~ALS~~ advanced life support transportation service ambulances.

~~b.~~ B. Additional equipment. In addition to compliance with the equipment standards in ~~7 MCAR § 1.604 B.1.a.~~ A:, all ~~ALS~~ advanced life support transportation service ambulances ~~shall be required to have~~ must carry the following equipment:

~~(1)~~ 1. Advanced cardiac care equipment that ~~shall include~~ includes one portable ~~cardioscope~~ cardiac monitor and defibrillator;

~~(2)~~ 2. Airway maintenance equipment that ~~shall include~~ includes one esophageal obturator airway;

~~(3)~~ 3. Equipment for intravenous therapy and the administration of intravenous ~~medication~~ fluids;

~~(4) Medications~~ 4. Drugs and ~~medication~~ drug administration equipment and supplies; and

~~(5)~~ 5. One set ~~inflatable~~ of medical antishock trousers.

6. The portable oxygen system which is required under A. must be equipped with an oxygen-powered, manually-cycled valve and must provide a minimum of 30 minutes continuous supply at a rate of 15 liters per minute when used with an oxygen-powered, manually-cycled valve.

~~c.~~ C. Documentation of use. All equipment or supplies ~~specified in 7 MCAR § 1.604B.1.b.(3) and (4)~~ required under B.3. and B.4. and any additional equipment and supplies used to provide advanced life support ~~shall~~ must be specified in writing by the medical director and documented in the licensee's files.

~~d. Medications shall be securely stored according to written procedures developed and maintained by the licensee's medical director and shall comply with applicable rules of the Minnesota Board of Pharmacy.~~

~~2.~~ D. Maintenance ~~and~~, sanitation, and testing.

~~a.~~ The maintenance ~~and~~, sanitation, and testing requirements ~~for BLS services~~ set forth in 7 MCAR § ~~1.603 B.3.a.-b. shall be applicable~~ 1.607 F. apply to ~~ALS~~ advanced life support transportation services.

~~b. Procedures for the periodic performance testing of airway maintenance and electronic equipment shall be developed, maintained and followed, and records of such testing shall be kept in the licensee's files.~~

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~~C.~~ 7 MCAR § 1.614 Compliance with ambulance standards. All ~~ALS~~ advanced life support transportation service ambulances ~~shall~~ must comply with 7 MCAR § ~~1.603 C~~ 1.608.

~~D.~~ 7 MCAR § 1.615 Communications.

~~1. Compliance. All ALS services shall comply with these communication standards by June 30, 1981.~~

~~2.~~ A. Standards and radio frequency assignments.

~~a.~~ 1. Each ~~ALS~~ advanced life support transportation service ~~shall~~ must have the capability of using a communications base that complies with the provisions of ~~7 MCAR § 1.604 D.2.b.e~~ 2. or 3.

~~b.~~ 2. Ambulances and their communications bases that operate telemetry ~~shall~~ must have:

~~(1)~~ a. One two-way Ultra High Frequency (UHF) radio, with ~~CTCSS~~ Continuous Tone Coded Squelch System (CTCSS), capable of operating on ten UHF voice and telemetry ~~r-f~~ radio-frequency channels~~.~~; or

~~(2)~~ b. One two-way UHF radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF radio, with CTCSS, capable of operating on two dispatching ~~r-f~~ radio-frequency channels.

~~c.~~ 3. Ambulances and communications bases that do not operate telemetry shall comply with 2. or 7 MCAR § ~~1.604 D.2.b. or 7 MCAR § 1.603 D.2.a.-b~~ 1.609 A.1.-2.

~~d.~~ 4. Ambulances and ~~communication~~ communications bases using VHF shall comply with 7 MCAR § ~~1.603 D.2.c.-f~~ 1.609 A.3.-8.

~~e.~~ 5. Ambulances and communications bases using UHF for dispatching ~~shall~~ must have the capacity of using the following radio frequencies for such functions:

~~(1)~~ a. 462.950 ~~MHz~~ megahertz (MHz) or 467.950 MHz for the mobile radio and 462.950 MHz for the base radio; and

~~(2)~~ b. 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

~~f.~~ 6. Ambulances and communications bases while operating telemetry ~~shall~~ in the UHF band must use only the following radio frequencies for medical control:

~~(1)~~ a. 468.000 MHz or 463.000 MHz for mobile radio and 463.000 MHz for base radio;

~~(2)~~ b. 468.025 MHz or 463.025 MHz for mobile radio and 463.025 MHz for base radio;

~~(3)~~ c. 468.050 MHz or 463.050 MHz for mobile radio and 463.050 MHz for base radio;

~~(4)~~ d. 468.075 MHz or 463.075 MHz for mobile radio and 463.075 MHz for base radio;

~~(5)~~ e. 468.100 MHz or 463.100 MHz for mobile radio and 463.100 MHz for base radio;

~~(6)~~ f. 468.125 MHz or 463.125 MHz for mobile radio and 463.125 MHz for base radio;

~~(7)~~ g. 468.150 MHz or 463.150 MHz for mobile radio and 463.150 MHz for base radio; and

~~(8)~~ h. 468.175 MHz or 463.175 MHz for mobile radio and 463.175 MHz for base radio.

7. Ambulances and communications bases while operating telemetry in the VHF band may use only those radio frequencies that have been approved by the Federal Communications Commission.

~~g.~~ 8. Ambulances and communications bases ~~shall~~ must have the capability of communicating on the statewide VHF radio frequency specified in 7 MCAR § ~~1.603 D.2.f~~ 1.609 A.5. ~~Documentation of such capability shall be kept in the licensee's file.~~

~~h.~~ 9. Ambulances and communications bases ~~shall~~ must comply with the provisions of 7 MCAR § ~~1.603 D.2.e., g., and h~~ 1.609 A.4.-9.

~~3.~~ B. Equipment performance. Communications equipment ~~shall~~ must comply with 7 MCAR § ~~1.603 D.3~~ 1.609 B.

~~4.~~ C. Equipment maintenance. Communications equipment ~~shall~~ must comply with 7 MCAR § ~~1.603 D.4~~ 1.609 C.

7 MCAR § ~~1.605~~ 1.616 Standards for the operation of scheduled life support transportation services.

A. General standards.

1. Scheduled life support transportation services ~~shall~~ must be either basic or advanced life support transportation services.

2. Scheduled basic life support transportation services ~~shall~~ must comply with the provisions of 7 MCAR §§ 1.603-1.609, and scheduled advanced life support transportation services ~~shall~~ must comply with provisions of 7 MCAR

§§ ~~1.604~~ 1.610-1.615, except that such services ~~shall be~~ may be exempt from compliance with those provisions that ~~would specifically prohibit or~~ are not required for their operation as scheduled ~~BLS~~ basic life support or ~~ALS~~ advanced life support services in accordance with ~~7 MCAR § 1.605~~ this rule.

B. Declaration of and adherence to schedule.

1. An applicant for licensure as a scheduled life support transportation service shall declare at the time of application the specific schedule of its intended restrictions as to time, group served, and ~~type(s)~~ type of service provided.

2. A licensed scheduled life support transportation service ~~shall~~ may provide only the declared schedule of services approved by the commissioner in the granting of the license ~~pursuant to~~ under Minn. Stat. § 144.802. Any change in this schedule is subject to the provisions of Minn. Stat. § 144.802.

C. Primary service area. An applicant for licensure as a scheduled life support transportation service shall comply with 7 MCAR § ~~1.608 F.~~ 1.622, with the exception of 7 MCAR § ~~1.608 F.1.c.~~ 1.622. A.3.

7 MCAR § ~~1.606~~ 1.617 Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings. Life support transportation services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings are scheduled life support transportation services and shall comply with the provisions of 7 MCAR § ~~1.605~~ 1.616.

7 MCAR § ~~1.607~~ 1.618 Life support transportation services provided by an employer for the benefit of its employees. Life support transportation services that are operated by or for an employer for the benefit of its employees are scheduled life support transportation services and shall comply with provisions of 7 MCAR § ~~1.605~~ 1.616.

7 MCAR § ~~1.608~~ 1.619 ~~General provisions.~~

~~A. Waivers.~~

~~1. Application for waiver. A life support transportation service may apply to the commissioner for a time-limited waiver of any of these rules. Such a waiver will be granted if the applicant affirmatively substantiates that:~~

~~a. the rule or rules in question do not address a problem of significance to the public in relation to the applicant's service;~~

~~b. The application of the rule or rules would impose an undue burden upon the applicant; and~~

~~c. The granting of a waiver will not adversely affect the public health or welfare.~~

~~2. Renewal, revocation, and reporting.~~

~~a. A waiver may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 A.1.~~

~~b. A waiver may be revoked if a material change in the circumstances justifying its granting occurs.~~

~~c. Any life support transportation service that has been granted a waiver shall immediately notify the Department of Health in writing of any such material change in circumstances.~~

~~B. Variances.~~

~~1. Application for variance. A life support transportation service may apply to the commissioner for a time-limited variance from any of these rules. Such a variance will be granted if the applicant specifies alternative practices or measures equivalent or superior to those prescribed in the rule or rules in question and affirmatively substantiates that:~~

~~a. the rationale for the rule or rules in question can be met or exceeded by the specified alternative practices or measures;~~

~~b. The application of the rule or rules would impose an undue burden upon the applicant; and~~

~~c. The granting of the variance will not adversely affect the public health or welfare.~~

~~2. Compliance. Any life support transportation service that is granted a variance shall comply with the alternative practices or measures specified in its successful application for the variance.~~

~~3. Renewal, revocation, and reporting.~~

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~~a. A variance may be renewed upon re-application in conformance with the process described in 7 MCAR § 1.608 B.1.~~

~~b. A variance may be revoked if a material change in the circumstances justifying its granting occurs.~~

~~c. Any life support transportation service that has been granted a variance shall immediately notify the Department of Health of any such material change in circumstances.~~

~~C.~~ Disasters.

~~1. These~~ Rules ~~shall~~ 7 MCAR §§ 1.601-1.630 do not apply to life support transportation services provided during time of disaster, mass casualty, or other public emergency.

~~2.~~ The commissioner reserves the right to determine whether a disaster, mass casualty, or other public emergency is occurring or has occurred so as to cause ~~these rules~~ 7 MCAR §§ 1.601-1.630 to be nonapplicable.

~~D.~~ 7 MCAR § 1.620 Advertisement.

~~1.~~ No life support transportation service may advertise itself, allow itself to be advertised, or otherwise hold itself out as providing services of a type different from those ~~life support transportation~~ services that it is licensed to provide under ~~these rules~~ 7 MCAR §§ 1.601-1.630.

~~2. All life support transportation services shall observe designated primary service areas as prescribed in 7 MCAR § 1.605 C. or 7 MCAR § 1.608 F. in conducting or allowing any form of advertisement for its service(s).~~

~~E.~~ 7 MCAR § 1.621 Enforcement provisions.

~~1.~~ A. Inspections. Life support transportation services ~~shall~~ may not hinder the inspection activities of authorized agents of the commissioner ~~pursuant to~~ under Minn. Stat. § 144.808.

~~2.~~ B. Correction order. Violation of ~~any of these rules~~ 7 MCAR §§ 1.601-1.630 or of the provisions of Minn. Stat. §§ 144.801-144.808 ~~shall constitute~~ constitutes grounds for the issuance of a correction order. Any life support transportation service licensee that is issued a correction order shall correct the violation within the time period specified in the correction order.

~~3.~~ C. Time periods for correction of violations.

~~a.~~ Violations of ~~these rules~~ 7 MCAR §§ 1.601-1.630 or of Minn. Stat. §§ 144.801-144.808 that create a risk of serious harm to patients of the life support transportation service ~~shall~~ must be corrected within time periods ranging from 0 to 14 days as specified by the commissioner or authorized agent.

~~b.~~ All other violations of ~~these rules~~ 7 MCAR §§ 1.601-1.630 or of Minn. Stat. §§ 144.801-144.808 ~~shall~~ must be corrected within time periods ranging from 15 to 120 days as specified by the commissioner or authorized agent.

~~4.~~ D. Noncompliance. If, upon reinspection, it is determined that a life support transportation service has not complied with the provisions of a correction order, such noncompliance ~~shall constitute~~ constitutes grounds for the initiation of suspension, revocation, or nonrenewal proceeding ~~pursuant to~~ under Minn. Stat. § 144.803.

~~F.~~ 7 MCAR § 1.622 Primary service area.

~~1.~~ A. Designation ~~of primary service area~~.

~~a. An applicant for licensure as a service shall, at the time of application for new service, for a change in type of service or base of operation, or for an expansion of primary service area, declare the primary service area that it intends to serve as a primary provider of life support transportation service and for which it seeks designation. Such~~

1. An applicant for a new license, for a change in type of service or base of operation, or for expansion of a primary service area must declare the primary service area that it intends to serve and seek designation of that area. A primary service area ~~shall~~ must contain one ~~or more bases~~ base of operation and may contain substations.

~~b.~~ 2. In applying for initial designation of a primary service area or ~~an~~ for expansion of a primary service area, an applicant ~~shall affirmatively substantiate~~ must show the reasonableness of the primary service area for which designation is sought according to the following considerations:

~~(1)~~ a. The average and maximum probable response times in good and severe weather from its proposed base of ~~operations~~ operation to the most distant boundary in its proposed primary service area; or, if the applicant's primary service area is to contain ~~more than one~~ a base of operation and substations, the average and maximum probable response times in good and severe weather from ~~each~~ the base of operation and substations to the most distant point covered by ~~that~~ the base of operation;

~~(2)~~ b. The projected distances to be traveled to provide such service;

~~(3)~~ c. The specific ~~type(s)~~ type of service to be provided;

~~(4)~~ d. The applicant's current status as a licensed provider of life support transportation services to the population of that area; and

~~(5)~~ e. The applicant's intention to be responsible to the ~~general~~ population of the declared primary service area or to a specified group of persons as a ~~primary~~ source of ~~the~~ life support transportation service ~~for which it requests licensure~~.

~~e.~~ 3. The maximum primary service areas designated, as measured from a base of operation or substation, ~~shall~~ may not exceed:

~~(1)~~ a. Eight miles or ~~distance equivalent to~~ ten minutes travel time at maximum allowable speeds ~~in good weather~~, whichever is greater, for proposed primary service areas that include any portion of a city of the first ~~and second~~ class; or

~~(2)~~ b. Fifteen miles or 20 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the second class; or

c. Twenty-five miles or ~~distance equivalent to~~ 30 minutes travel time at maximum allowable speeds ~~in good weather~~, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

~~d. Licensees that have declared primary service areas in licensure applications current as of September 30, 1980, shall have those declared primary service areas designated in licensure beginning October 1, 1980, provided:~~

~~(1) that such primary service areas are consistent with 7 MCAR § 1.608 F.;~~

~~(2) that no change in primary service area base of operations, type or schedule of services, schedule of patients to be served, or schedule of availability has been made by the licensee since the receipt of the current effective license; and~~

~~(3) that licensees are eligible for licensure beginning October 1, 1980.~~

~~Licensees that do not meet criteria set forth in 7 MCAR § 1.608 F.1.d.(1)-(3) shall comply with the provisions of 7 MCAR § 1.608 F.1.a.-c.~~

~~2.~~ B. Observance of primary service areas.

~~a.~~ 1. No life support transportation service ~~shall~~ may regularly provide its services within an area other than its primary service ~~area(s)~~ area.

~~b.~~ 2. Nothing in ~~7 MCAR § 1.608 F.2.a. shall prohibit~~ 1. prohibits a life support transportation service from responding to a request for service in any location in the state when it can reasonably be expected that:

~~(1)~~ a. Such a response is required by the immediate medical need of an individual~~,~~; and

~~(2)~~ b. No other licensed life support transportation service is capable of or available for immediate and appropriate response.

~~3.~~ C. ~~Air~~ Life support transportation services provided by air. ~~7 MCAR § 1.608 F.1.c. shall~~ A.3. does not apply to life support transportation services provided by air ambulances.

~~C.~~ D. Mutual aid.

~~1.~~ Life support transportation service other than scheduled services ~~shall~~ must have written agreements with at least one neighboring life support transportation service for coverage during times when the licensee's ambulances are not available for service in its primary service area. ~~Such~~ The agreements ~~shall~~ must specify the duties and responsibilities of the agreeing parties.

~~2.~~ A copy of each mutual aid agreement ~~shall~~ must be maintained in the files of the licensee.

~~H.~~ 7 MCAR § 1.623 Compliance with approved local ordinances. Life support transportation services that are subject to local ordinances, rules, or regulations that have been approved by the commissioner ~~pursuant to~~ under Minn. Stat. § 144.804, subd. 5, ~~shall~~ must comply with the provisions of such ordinances, rules, and regulations.

7 MCAR § ~~1.609~~ 1.624 ~~Emergency care course and emergency care refresher course approval.~~

~~A.~~ Emergency care course program.

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~~1.~~ A. Application for initial ~~course~~ program approval.

~~a.~~ 1. Application for initial approval of an emergency care course ~~shall~~ program for emergency medical technicians must be made on a form provided by the commissioner, and ~~shall~~ must include information ~~so as to permit~~ that permits a complete evaluation of whether the applicant meets the requirements for ~~course~~ program approval ~~as~~ specified ~~by 7 MCAR § 1.609 A.3.-7~~ in A. and C.-F. The information provided on the application ~~shall~~ must include the following:

~~(1)~~ a. ~~Course~~ Content of courses;

~~(2)~~ b. The length of ~~course~~ courses and course ~~schedule~~ schedules;

~~(3)~~ c. The number of times per year the course will be given;

~~(4)~~ d. The number of trainees anticipated per year;

~~(5)~~ e. Identification of source materials, text books, references, and equipment to be used;

~~(6)~~ f. Name, address, and qualifications of ~~physician~~ the program medical ~~advisor~~ director;

g. Name, address, and qualifications of the program coordinator;

~~(7)~~ h. Names ~~and~~, addresses, and qualifications of ~~physician, nurse and lay~~ instructors;

~~(8)~~ i. Name and ~~address~~ addresses of affiliated ~~hospital~~ hospitals;

~~(9)~~ j. Admission requirements of trainees; and

~~(10)~~ k. Other information ~~as~~ that the commissioner ~~may require~~ requires to clarify incomplete or ambiguous information presented in the application.

~~b.~~ 2. Applicants shall ~~furnish or~~ retain in a file documentation of all statements made in the application for ~~licensure~~ program approval.

3. Applicants who are approved to teach emergency care courses must notify the commissioner of the starting date of each course before that starting date.

~~c.~~ 4. The approval of an emergency care course ~~shall expire~~ program expires two years from the date of approval unless renewed according to ~~the requirements of 7 MCAR § 1.609 A.2.~~ B.

~~2.~~ B. Application for renewal of ~~course~~ program approval.

~~a.~~ Applications for ~~renewal~~ renewed approval of an emergency care course ~~approval shall~~ program must be made on a form provided by the commissioner and ~~shall~~ must specify any changes from the information provided for intitial approval~~,~~ and other information ~~as~~ which the commissioner ~~may require~~ requires to clarify incomplete or ambiguous information presented in the application.

~~b.~~ An applicant for program renewal ~~shall~~ must have given the emergency care couse at least two times during the previous biennial approval period. The commissioner, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of A.-F.

~~3. Course~~ C. Program personnel.

~~a.~~ 1. Each ~~course shall~~ program must have a ~~physician~~ program medical ~~advisor, who shall be present for a minimum of three (3) hours during each course~~ director.

~~b.~~ 2. Each program must have a program coordinator.

3. A minimum of ~~fourteen (14)~~ eight hours of the curriculum ~~shall~~, including patient physical assessment, must be personally taught by a physician ~~or physicians~~.

~~c.~~ 4. Instructors ~~shall~~ must be physicians, registered nurses, ~~or others qualified as specified in 7 MCAR § 1.603 A.1.a.(2)-(4)~~ emergency medical technicians, intermediate emergency medical technicians, paramedics, or others qualified by training and experience and approved by the commissioner.

~~d. Documentation including the name, address, and qualifications of the medical advisor, and each of the instructors shall be maintained in the files of the applicant.~~

5. Instructors who are not physicians and who teach more than six hours of any course must possess the following qualifications:

a. Two years or 4,000 hours experience in emergency medical care;

b. Certification as a basic cardiac life support instructor; and

c. Current state certification or licensure in the instructor's field.

~~e.~~ 6. At least one instructor ~~shall be~~ is required for every ten ~~(10)~~ students in the practical skill sessions ~~and at least one instructor shall be required for every one hundred (100) students in the classroom didactic sessions~~.

4. ~~Course~~ D. Program content.

~~a.~~ 1. An emergency care course ~~shall have a total of not less than~~ must provide at least 81 total hours of instruction with a minimum of ~~60~~ 71 hours classroom didactic and practical skills instruction and a minimum of ~~10~~ ten hours clinical experience five of which must be in a hospital.

~~b.~~ 2. The following subjects ~~shall~~ must be included in the ~~course content~~ curriculum:

~~(1) Role, responsibilities and equipment of BLS ambulance attendant;~~

~~(2) Ambulance operation;~~

~~(3) Communications;~~

~~(4) Emergency room procedures;~~

~~(5) Airway obstruction and cardiopulmonary resuscitation;~~

~~(6) Mechanical aids to breathing and pulmonary resuscitation;~~

~~(7) Determination of vital signs;~~

~~(8) Introduction to intravenous therapy;~~

~~(9) Bleeding;~~

~~(10) Shock;~~

~~(11) Wounds, dressings, bandages and bandaging;~~

~~(12) Fractures of upper and lower extremities;~~

~~(13) Injuries to chest, abdomen and pelvis, face, eye, head, neck, spine and genitalia;~~

~~(14) Medical conditions including poisons, stings, bites, unconscious state, stroke, heart attack, epilepsy, acute abdomen, intestinal bleeding, communicable disease, diabetes, and dyspnea;~~

~~(15) Medical conditions due to environmental factors including burns, cold, heat, radiation, electrical hazards, water accidents, and explosions;~~

~~(16) Emergency childbirth;~~

~~(17) Care of the pediatric patient;~~

~~(18) Care of the disturbed and unruly patient;~~

~~(19) Emergency care of the drug abuser; and~~

~~(20) Extrication and rescue techniques.~~

a. Introduction to emergency care training; anatomy and physiology; vital signs;

b. Airway obstruction and respiratory arrest;

c. Cardiac arrest;

d. Mechanical aids to breathing and resuscitation;

e. Bleeding, shock, pulmonary and cardiopulmonary resuscitation;

f. Dressing and bandaging of wounds;

g. Principles of musculoskeletal care and fractures of the upper extremity;

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h. Fractures of the pelvis, hip, and lower extremity;

i. Injuries to the head, face, neck, and spine;

j. Injuries to the eye, chest, abdomen, and genitalia;

k. Medical emergencies, including poisoning, bites, stings, heart attack, stroke, dyspnea, and practice in patient assessment.

l. Medical emergencies including diabetes, acute abdominal problems, communicable diseases, abnormal behavior, alcohol and drug abuse, epilepsy, pediatric emergencies and practice in patient assessment;

m. Emergency childbirth including resuscitating the newborn and care of the premature infant;

n. Environmental emergencies including burns, heat cramps, heat exhaustion, heat stroke, and frostbite, and care of the patient exposed to water hazards;

o. Techniques of lifting and moving patients and care of suspected spine injuries;

p. Extrication and rescue of patients; and

q. Ambulance operations, triage, review of vital signs and patient assessment, and communications.

E. Content of clinical experience. The clinical training in a hospital must include observation in the emergency room or any of the following hospital clinical areas: coronary care; intensive care; labor and delivery room; operating room and postanesthetic recovery room; and morgue.

~~5.~~ F. Equipment and supplies.

~~a. Courses shall have~~ 1. Programs must use student and instructor texts and current reference sources in emergency care~~.~~ and

~~b. Courses shall have~~ must use standard teaching aids consisting of ~~such items as~~ projectors, screens, films, and slides ~~and other equipment and material used by the instructor to facilitate learning~~.

~~c. Courses shall~~ 2. Instructors shall use emergency care equipment of the following types ~~so as to train each student as a BLS ambulance attendant~~:

~~(1)~~ a. Splinting equipment including backboards;

~~(2)~~ b. Ventilation assistance and airway maintenance equipment and suctioning devices;

~~(3)~~ c. Dressings, bandages, and bandaging supplies;

~~(4)~~ d. Emergency obstetrical kit;

~~(5)~~ e. Poison treatment kit described in 7 MCAR § 1.607 A.4.;

~~(6)~~ f. Burn treatment supplies;

~~(7)~~ g. Equipment for determination of vital signs; and

~~(8)~~ h. Extrication and rescue equipment.

~~6.~~ G. Testing. ~~In order to complete an approved emergency care course successfully, each student shall pass the written and the practical examinations approved by the commissioner and administered by the commissioner or a designated representative.~~

~~7. Test approval.~~

~~a. The written and the practical examinations that test for competency in the subjects specified in 7 MCAR § 1.609 A.4.b. are eligible for approval by the commissioner.~~

1. In order to complete an approved emergency care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The examinations must test for competency in the subjects specified in D.2.

3. The practical examination must test the following skills:

a. Patient assessment including primary and secondary assessments;

b. Care and immobilization of cervical and spinal injuries including use of the long and short backboards;

c. Care, immobilization, and traction splinting of long bone fractures;

d. Wound care, bandaging, and bleeding control;

e. Recognition and care of shock; and

f. Cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

4. The commissioner or a designated representative shall administer the written and practical examinations.

5. Examiners must possess current certificates issued under 7 MCAR § 1.624, 7 MCAR § 1.625, or 7 MCAR § 1.626 and must comply with 7 MCAR § 1.624 C.5.

~~b.~~ 6. The written portion of the National Registry of Emergency Medical Technicians Examination for Emergency Medical Technicians—Ambulance as of the effective date of ~~these rules~~ 7 MCAR §§ 1.601-1.630 is deemed to comply with the written examination required in ~~7 MCAR § 1.609 A.7.a~~ G.1.

~~B. Emergency care refresher course.~~

~~1. applications for initial course approval shall comply with 7 MCAR § 1.609 A.1.-7., with the exception of 7 MCAR § 1.609 A.3.b. and A.4.~~

~~2. Course content.~~

~~a. A refresher course shall provide a total of not less than 20 hours of instruction and four hours of testing.~~

~~b. The content of a refresher course shall include the subjects listed in 7 MCAR § 1.609 A.4.b.~~

~~C.~~ H. Issuance of certificates.

1. Persons who successfully ~~completing an~~ complete an approved emergency care course ~~shall~~ will be issued a certificate by the commissioner ~~or a designated representative~~.

~~2. The certificate shall expire two years from the date of issuance and may only be renewed for a period of two years on successful completion of a refresher course.~~

~~D. Course audit. Approved applicants shall cooperate with and in no way hinder the audit activities of authorized agents of the commissioner.~~

~~E. Enforcement. Failure to comply with the provisions of 7 MCAR § 1.609 A.3. D. shall constitute grounds for disapproval or nonrenewal.~~

2. Upon request of an applicant the commissioner shall evaluate emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations that the commissioner has determined to be equivalent to those described in A.-G. shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June 30, expire on December 31 of the following year. Certificates issued from July 1 to December 31 expire on December 31 of the second following year. All subsequent certificate renewal periods are for the full two-year period running from January 1 to December 31.

5. A certificate must be renewed according to the requirements in 6. or it will lapse.

6. An applicant for renewal of the certificate must successfully complete an emergency care refresher course approved under I. and must pass approved written and practical examinations before the certificate expiration date. Evidence of

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completion of the requirements in J. must be submitted to the commissioner within 90 days after the certification expiration date. The emergency care refresher course must be taken during the second half of the certification period.

I. Emergency care refresher course program.

1. Applications for initial approval of emergency care refresher course programs must comply with the requirements in A.1. and A.2.

2. The approval of an emergency care refresher course program expires two years from the date of approval unless renewed according to the requirements of B.

3. Each program must have a program medical director and a program coordinator.

4. Providers of emergency care refresher course programs shall comply with the requirements in C.4.-6. and F.

5. An emergency care refresher course must provide not fewer than 20 hours of instruction and four hours of testing in the subjects listed in D.2. Instruction must be provided in cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

J. Refresher course examination.

In order to successfully complete an approved emergency care refresher course, each student must pass written and practical examinations approved by the commissioner. The written examination must test knowledge of subjects listed in D.2. The practical examination must test the skills listed in G.3. The commissioner or designated representative must administer the examinations approved by the commissioner.

K. Issuance of renewal certificates.

1. Persons who have successfully completed approved emergency care refresher courses will be issued a renewal certificate by the commissioner.

2. Upon request of an applicant the commissioner shall evaluate emergency care refresher courses, training, and examinations offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in I. and J. Persons who have successfully completed courses, training, and examinations that the commissioner has determined to be equivalent to those described in I. and J. shall be issued a renewal certificate by the commissioner.

3. Successful completion of the National Registry of Emergency Medical Technician continuing education requirements, in effect on the effective date of 7 MCAR §§ 1.601-1.630, is deemed to comply with the emergency care refresher course requirements set forth in H.6.

L. Lapsed certificates. An applicant may renew a lapsed certificate as follows:

1. Within 12 months of the certificate expiration date, complete an approved emergency care refresher course and pass the written and practical examinations approved by the commissioner; or

2. If more than 12 months have passed since the certificate expiration date, complete an approved emergency care course and pass the written and practical examinations approved by the commissioner.

M. Program audit. Persons approved to offer emergency care course and emergency care refresher course programs shall cooperate with the audit activities of the commissioner. The audit may include course inspection, classroom observation, review of instructor qualifications and student interviews.

7 MCAR § 1.625 Intermediate emergency care course program.

A. Application for initial course program approval.

1. Application for initial approval of an intermediate emergency care course program must be made on a form provided by the commissioner, and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in A. and C.-F. The information provided on the application must include the following:

a. Content of course;

b. The length of courses and course schedules;

c. The number of times per year the course will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program physician medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training; and

l. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

2. Applicants shall retain in a file documentation of all statements made in the application for program approval.

3. The approval of an intermediate emergency care course program expires two years from the date of approval unless renewed according to the requirements of B.

B. Application for renewal. Application for renewal of intermediate emergency care course program approval must be made on a form provided by the commissioner and must specify any changes from the information provided for initial approval and other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application. An applicant for program renewal must have given the intermediate emergency care course at least once during the previous biennial approval period. The commissioner, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements in A.-F.

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, intermediate emergency medical technicians, paramedics, or others holding equivalent certificates approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the requirement in 7 MCAR § 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 least 52 total hours of classroom instruction and practical skills instruction.

2. The following subjects must be included in the course:

a. Instruction in the role and the legal and medical responsibilities of intermediate emergency medical technicians;

b. Classroom and practical skills instruction in human physiological systems and patient assessment;

c. Classroom and practical skills instruction in shock and fluid therapy, including the use of medical antishock trousers; and

d. Classroom and practical skills instruction in the respiratory system and use of the esophageal obturator airway.

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3. Each program must provide supervised clinical training in the hospital. During clinical training each student must practice under direct visual supervision, the following:

a. Performance of a patient physical assessment including conducting a physical examination, taking and recording vital signs, and auscultation of heart, lung and bowel sounds;

b. Providing assistance and review of treatment of trauma cases and medical emergencies;

c. Providing assistance in triage of patients;

d. Assisting in trauma cases requiring hemorrhage control and splinting;

e. Performance of peripheral intravenous insertions using both a straight needle and an over the needle catheter device;

f. Drawing blood samples;

g. Maintaining an airway in an unconscious patient using manipulations, position of head, oropharyngeal airways, esophageal obturator airway, and suctioning; and

h. Administering oxygen.

E. Student admission requirement. Students admitted to an intermediate emergency care course must meet the following requirements:

1. Current certification as an emergency medical technician; and

2. Employment or service as a volunteer with a licensee that provides or intends to provide the type of emergency care and treatment that is taught in the intermediate emergency care course. Written verification of employment or volunteer service must be provided by the licensee's medical director.

F. Equipment and supplies.

1. Programs must use student and instructor texts and current references in advanced emergency medical care.

2. Programs must use standard teaching aids consisting of projectors, screens, films, and slides.

3. Instructors shall use emergency care equipment of the following types:

a. Esophageal obturator airways and intubation mannequins;

b. Medical antishock trousers;

c. Intravenous infusion equipment and supplies;

d. Ventilation assistance and airway maintenance equipment; and

e. Equipment for the determination of vital signs.

G. Testing.

1. In order to complete an approved intermediate care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The commissioner or a designated representative shall administer the written and practical examinations that test for competency in the subjects listed in D.2.

3. The practical examination must test the following skills:

a. Ability to perform a physical assessment for trauma which includes a first and second degree assessment, knowledge of treatment for trauma victims, and triage skills;

b. Esophageal obturator airway insertion and removal;

c. Administration of intravenous infusions; and

d. Application and removal of medical antishock trousers.

The skills in a. must be tested by a physician.

4. The written and practical portions of the National Registry of Emergency Medical Technicians-Intermediate examination as of the effective date of 7 MCAR §§ 1.601-1.630, are deemed to comply with the examinations required in 1.

H. Issuance of certificates.

1. Persons who successfully complete an approved intermediate emergency care course will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner shall evaluate intermediate emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations that the commissioner has determined to be equivalent to those described in A.-G., shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June 30 expire on December 31 of the following year. Certificates initially issued from July 1 to December 31 will expire on December 31 of the second following year. All subsequent certificate renewal periods are for the full two-year period running from January 1 to December 31.

5. The certificate may be renewed after submission of evidence of successful completion of the continuing education requirements set forth in I., and submission of a statement of satisfactory skill maintenance signed by the physician medical director of the licensee by whom the applicant is employed.

I. Continuing education requirements. Each applicant for certificate renewal shall successfully complete within the certification period:

1. Annual certification in basic cardiac life support;

2. An approved emergency care refresher course and examination approved by the commissioner; and

3. Twelve hours of continuing education in the subjects listed in D.2.;

4. Evidence of completion of continuing education requirements must be submitted to the commissioner within 30 days after the certificate expiration date.

J. Approval of continuing education courses. Continuing education courses taken to fulfill the requirement in I. must be approved in writing by the licensee's physician medical director. Documentation of approval must be kept in the licensee's file.

K. Skill documentation. The medical director of a licensee shall document that the applicant for certificate renewal has the skills described in G.3. This document must be submitted to the commissioner within 30 days after the certificate expiration date.

L. Certification renewal.

1. Persons who successfully complete the continuing education requirements set forth in I. and meet the requirement in K. will be issued a certificate by the commissioner.

2. Upon request by an applicant, the commissioner shall evaluate continuing education requirements in other states to determine whether they are equivalent to requirements described in I. and K. Applicants who have completed continuing education and examinations that are equivalent in content to those required in I. and who have submitted evidence of skill retention as required in K. shall be issued a renewal certificate by the commissioner.

3. Successful completion of the National Registry of Emergency Medical Technicians-Intermediate requirements for reregistration as of the effective date of 7 MCAR § 1.601-1.630 is deemed to comply with the requirements in I. and K.

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M. Program audit. The commissioner may audit the courses approved under 7 MCAR § 1.625. The audit may include course inspection, classroom observation, review of instructor qualifications, and student interviews.

7 MCAR § 1.626 Advanced emergency care course programs for paramedics.

A. Application for initial approval.

1. Application for initial approval of an advanced emergency care course program must be made on a form provided by the commissioner and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in A. and C.-F. The following information must be provided:

a. Content of course;

b. The length of the courses and course schedules;

c. The number of times per year the courses will be given;

d. The number of trainees anticipated per year;

e. Identification of source materials, text books, references, and equipment to be used;

f. Name, address, and qualifications of the program medical director;

g. Name, address, and qualifications of the program coordinator;

h. Names, addresses, and qualifications of the instructors;

i. Names and addresses of affiliated hospitals;

j. Admission requirements of trainees;

k. Names of persons who will supervise clinical training in the hospital; and

l. Other information that the commissioner requires to clarify incomplete or ambiguous information presented in the application.

2. Applicants shall retain in a file documentation of all statements made in the application for program approval.

3. The approval of an advanced emergency care course program expires two years from the date of approval unless renewed according to the requirements of B.

B. Applications for renewal. Applications for renewal of an advanced emergency care course program must be made on a form provided by the commissioner and must specify any changes from the information provided for initial approval and other information which the commissioner requires to clarify incomplete or ambiguous information presented in the application. Applicants for program renewal must have given the advanced emergency care course program for paramedics at least once during the previous biennial approval period. The commissioner, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of A.-F.

C. Program personnel.

1. Each program must have a program medical director.

2. Each program must have a program coordinator.

3. Instructors must be physicians, registered nurses, paramedics, or others approved by the commissioner. Instructors who are not physicians and who teach more than six hours of any course must comply with the requirements in 7 MCAR § 1.624 C.5.

D. Program content.

1. An advanced emergency care course must provide classroom instruction and practical skills instruction in the following subjects:

a. The role and the legal and medical responsibilities of paramedics;

b. Human systems and patient assessment;

c. Shock and fluid therapy;

d. General pharmacology;

e. The respiratory system;

f. The cardiovascular system;

g. The central nervous system;

h. Care of soft tissue injuries;

i. The musculoskeletal system;

j. Medical emergencies;

k. Obstetric and gynecological emergencies;

l. Pediatrics and neonatal medical care;

m. Emergency care of the emotionally disturbed patient;

n. Rescue techniques; and

o. Telemetry and communications.

2. In addition to the instruction required in 1., each student must receive clinical training in a hospital and ambulance. The clinical training must be conducted under the direct, visual supervision of a physician, registered nurse, or paramedic certified under 7 MCAR § 1.626. Clinical training must include demonstration of the skill by the supervisor and observation by the student; practice and successful performance of the skill by the student; and evaluation by the supervisor.

E. Student prerequisite. Only persons who have successfully completed an emergency care course and who are currently certified as emergency medical technicians or intermediate emergency medical technicians may be admitted to an advanced emergency care course.

F. Equipment and supplies.

1. Programs must use student and instructor texts and current references in advanced emergency medical care.

2. Programs must use teaching aids consisting of projectors, screens, films, and slides.

3. Programs must use emergency care equipment of the following types:

a. Splinting equipment;

b. Ventilation assistance and airway maintenance equipment including esophageal obturator airways, endotracheal intubation equipment, and suction equipment;

c. Dressings, bandages, and bandaging supplies;

d. Emergency obstetrical kit;

e. Poison-treatment kit described in 7 MCAR § 1.607 A.4.;

f. Burn treatment supplies;

g. Equipment for the determination of vital signs;

h. Medical antishock trousers;

i. Intravenous therapy equipment; and

j. Advanced cardiac care equipment including a portable cardiac monitor and defibrillator.

G. Testing.

1. In order to complete an approved advanced emergency care course successfully, each student must pass written and practical examinations approved by the commissioner.

2. The commissioner or a designated representative shall administer written and practical examinations that test for competency in the subjects specified in D.1.

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3. Examiners for practical examinations must be physicians, or registered nurses except that persons who are certified under 7 MCAR § 1.626 and who meet the requirements in 7 MCAR § 1.624 C.5. may serve as sole examiners for the skills specified in G.4.d., and e. and accessory examiners for the skill specified in G.4.a.-c. A physician must be present at the practical examination and must monitor all stations of the examination and answer questions relating to the evaluation of skill performance.

4. The practical examination must test knowledge and skill in the following:

a. Trauma management including primary and secondary assessment, treating of trauma victims, and setting priorities for basic life support and advanced life support management;

b. Cardiology including electrocardiogram interpretation and treatment and related questions;

c. Cardiac arrest, including intubation, intravenous therapy, administration of intravenous drugs, and defibrillation;

d. Cardiopulmonary resuscitation including one- and two-person resuscitation, obstructed airway care, and infant resuscitation; and

e. Fracture immobilization.

5. The written and practical portions of the National Registry of Emergency Medical Technicians-Paramedic examination as of the effective date of 7 MCAR § 1.601-1.630 are deemed to comply with the examinations required in 1.

H. Issuance of certificates.

1. Persons who successfully complete an advanced emergency care course approved by the commissioner will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner may evaluate advanced emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in A.-G.

3. Persons who have successfully completed courses, training, and examinations which the commissioner determines to be equivalent to those described in A.-G. shall be issued a certificate by the commissioner. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

4. Certificates initially issued from January 1 to June 30 expire on December 31 of the following year. Certificates initially issued from July 1 to December 31, expire on December 31 of the second following year. All subsequent certification renewal periods are for the full two-year period running from January 1 to December 31.

5. All certificates may be renewed for a period of two years when the applicant provides evidence of successful completion of the continuing education requirements in I. and submits a statement of satisfactory skill maintenance signed by the licensee's medical director as required in J.

6. Evidence of compliance with the requirements in 5. must be submitted by the applicant within 90 days after the certificate expiration date.

I. Continuing education requirements.

1. Each applicant for certificate renewal must successfully complete the following:

a. Forty-eight hours of continuing education in the subject areas listed in D.1.;

b. During one year of the certification period, a course in basic cardiac life support, up to four hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in a.; and

c. During the alternate year of the certification period, instruction in advanced cardiac life support, up to 16 hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in a.

2. Continuing education must be approved in writing by the licensee's physician medical director. Documentation of such approval must be maintained in the licensee's file.

J. Skill documentation. The medical director of an advanced life support transportation service must document that the applicant for certificate renewal retains proficiency in the following skills:

1. History taking;

2. Physical examination;

3. Cardiopulmonary resuscitation;

4. Infant resuscitation;

5. Esophageal obturator airway placement and endotrachial intubation;

6. Bag valve mask and bag valve tube ventilation;

7. Interpretation of oscilloscopic and hard copy electrocardiograms;

8. Spinal immobilization;

9. Fracture immobilization including use of traction splint;

10. Voice and electrocardiogram telemetry communications procedures, including actions during communications failure;

11. Intravenous therapy;

12. Parenteral drug administration;

13. Application and removal of medical antishock trousers; and

14. Obstetrical procedures.

K. Certification renewal.

1. Persons who successfully complete the requirements set forth in I. and J. will be issued a certificate by the commissioner.

2. Upon request of the applicant, the commissioner shall evaluate skill proficiency requirements and continuing education courses offered in other states to determine whether they are equivalent to those described in I. and J. Persons who have successfully completed courses that the commissioner has determined to be equivalent to those described in I. and who have current evidence of skill proficiency retention for which documentation has been submitted as required in J., shall be issued a renewal certificate. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

3. Successful completion of the National Registry of Emergency Medical Technician-Paramedics continuing education requirements for Emergency Medical Technician-Paramedic reregistration as of the effective date of 7 MCAR §§ 1.601-1.630 is deemed to comply with the continuing education requirements set forht in I. and J.

L. Program audit. Approved applicants shall cooperate with the audit activities of the commissioner. The audit may include course inspection, classroom observation, review of instructor qualifications and student interviews.

7 MCAR § ~~1.610 Documentation~~ 1.627 Trip reports.

~~A. Documentation requirements for licenses.~~

~~1. Personnel records and documentation shall include:~~

~~a. Current roster and documentation of qualifications of attendants and drivers required in 7 MCAR § 1.603 A.2.a. and 7 MCAR § 1.604 A.5.b.;~~

~~b. Name and address of and signed statement by the medical advisor or director required in 7 MCAR § 1.603 A.2.c. and 7 MCAR § 1.604 A.5.d.;~~

~~c. Documentation of reasonable efforts to arrange for second attendants under special circumstances as required in 7 MCAR § 1.603 A.2.d.(2)-(3) and 7 MCAR § 1.604 A.5.d.;~~

~~d. Continuing education course approval required by 7 MCAR § 1.604 A.3.b.; and~~

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~~c. The name and address of the affiliated medical facility and signed statement required by 7 MCAR § 1.604 A.5.c.~~

~~2. Equipment records and documentation shall include:~~

~~a. Documentation by the medical advisor regarding the use of inflatable anti-shock trousers as specified in 7 MCAR § 1.603 B.1.b.~~

~~b. Performance testing of equipment required in 7 MCAR § 1.603 B.3.g. and 7 MCAR § 1.604 B.2.b.;~~

~~c. Any written approval of the medical director of the advanced life support equipment and supplies required in 7 MCAR § 1.604 B.1.c. and~~

~~d. Any written procedures for secure storage of medications required in 7 MCAR § 1.604 B.1.d.~~

~~3. Ambulance records and documentation shall include maintenance of ambulance required in 7 MCAR § 1.603 C.5.a. and 7 MCAR § 1.604 C.~~

~~4. Communications records and documentation shall include:~~

~~a. Maintenance of communications equipment as required in 7 MCAR § 1.603 D.4. and 7 MCAR § 1.604 D.4., and~~

~~b. Communications capability as required in 7 MCAR § 1.604 D.2.g.~~

~~5. Other records and documentation shall include:~~

~~a. Licensure application information required in 7 MCAR § 1.602;~~

~~b. A copy of mutual aid agreements required in 7 MCAR § 1.608 C.2.;~~

~~c. Copies of all pertinent correspondence between the Department of Health to the licensee; and~~

~~d.~~ Each licensee shall maintain trip reports for every run in which patient care was offered ~~to be provided~~ or provided~~, so as~~ to meet the reporting requirements of Minn. Stat. § 144.807.

~~B. Documentation requirements for approved emergency care and refresher courses. Approved emergency care and refresher courses shall comply with the following documentation requirements:~~

~~1. Approval application information required in 7 MCAR § 1.609 A.1.b., and~~

~~2. The names, addresses and qualifications of the physician medical advisor and instructors required in 7 MCAR § 1.609 A.3.c.~~ The report must contain at least the following information:

A. History of patient's presenting illness, including the findings of the physical examination;

B. Patient's name and address;

C. Vital signs;

D. Treatments provided by the licensee's attendants;

E. Identification of life support transportation service;

F. Date and time of request for service;

G. Identification of crew members;

H. Destination to which patient was transported; and

I. Whatever additional information the medical director requires.

Trip reports may be reviewed by the commissioner.

7 MCAR § ~~1.611~~ 1.628 License fees and expiration dates.

A. License fees. Each application for a license to operate a life support transportation service, ~~as defined in Minn. Stat. §§ 144.801 to 144.806, shall~~ to change or add a new base of operation, to offer a new type of service, or to expand a primary service area must be accompanied by a basic fee of ~~$35.00~~ $96 plus a ~~$10.00~~ $48 fee for each ambulance to be operated by the applicant. The licensee shall pay an additional ~~$10.00~~ $48 fee for the full licensure period or $2 per month for any fraction of the period for each ambulance added to the life support transportation service during the period for which the license is issued. License fees are not refundable.

B. Expiration dates. ~~Life support transportation services shall be licensed annually for a period from October 1 (or from the~~

~~date the original license is issued) until September 30. Applicants for license renewal shall submit complete applications by June 30 of each year on a form provided by the commissioner. The licenses of life support transportation services that are licensed as of the effective date of these rules are hereby extended until September 30, 1980.~~

1. Life support transportation services are licensed biennially.

2. Applicants for renewal shall submit complete applications for renewal as required by 7 MCAR § 1.602 A. at least 90 days before the expiration date shown on the license.

3. There are eight licensing periods. Each period begins on the first day of a calendar month and ends on the last day of the 24th month from the beginning of the period.

4. For licensing periods beginning October 1, 1982, and all subsequent periods, license renewal dates will be assigned according to the district as described in 7 MCAR § 1.609 A.3. in which the licensee's base of operation is located as follows:

a. Northwestern district: October 1, in years ending with an even number;

b. Northeastern district: January 1, in years ending with an odd number;

c. West central district: April 1, in years ending with an odd number;

d. Central district: July 1, in years ending with an odd number;

e. Metropolitan district: October 1, in years ending with an odd number;

f. Southwestern district: January 1, in years ending with an even number;

g. South central district: July 1, in years ending with an even number.

h. Southeastern district: July 1, in years ending with an even number.

5. Applicants for new or renewal licenses after October 1, 1982, may be issued a license for a period remaining until the renewal date listed under 4. If the commissioner issues a license for less than 24 consecutive months, the license fee will be apportioned.

6. Renewal dates for licenses issued between October 1, 1982 and the time shown for renewal in 4., will be extended until the time for renewal shown in 4. After July 1, 1984, all licenses will be renewed every two years.

C. Identification of ambulances. The commissioner will issue a certificate for each licensed ambulance. The certificate must be affixed to the vehicle.

7 MCAR § 1.629 Waivers.

A. Application. The commissioner may waive any of 7 MCAR §§ 1.601-1.630 except 7 MCAR § 1.630 D.5. if the applicant shows that:

1. Applying the rule would impose an undue burden on the applicant; and

2. Granting the waiver will not adversely affect the public health or welfare.

B. Renewal, revocation, and reporting.

1. The commissioner may renew the waiver upon reapplication in conformance with A.

2. The commissioner may revoke a waiver if a material change occurs in the circumstances that justified granting the waiver.

3. An applicant that has been granted a waiver shall notify the Department of Health in writing of any material change in circumstances.

C. Limitation. No waiver may be granted for a period longer than the current license period.

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7 MCAR § 1.630 Variances.

A. Application. The commissioner may grant a variance from 7 MCAR §§ 1.601-1.630 except 7 MCAR § 1.630 D.8. if the applicant proposes alternative practices equivalent or superior to those prescribed in the rule in question and shows that:

1. Applying the rule would impose an undue burden on the applicant; and

2. Granting the variance will not adversely affect the public health or welfare.

B. Renewal, revocation, and reporting.

1. The commissioner may renew a variance upon reapplication in conformance with A.

2. The commissioner may revoke a variance if:

a. A material change occurs in the circumstances which justified granting the variance; or

b. The applicant fails to comply with the alternative practice specified in its successful application for a variance.

3. An applicant that has been granted a variance must notify the Department of Health of any material change in circumstances.

C. Limitation. No variance may be granted for a period longer than the current license period.

D. Specific variances.

1. A basic life support transportation service licensee will be granted a variance under 7 MCAR § 1.607 C. upon compliance with the following:

a. The licensee must submit to the commissioner a list of attendants who have received additional medically supervised training, specifying for each attendant, the subjects covered, the length of training, the nature of the medical supervision; and

b. A statement signed by the licensee's medical adviser stating approval of the training received by the attendants.

2. A basic life support transportation service licensee that seeks a variance to provide a treatment or procedure that is restricted under 7 MCAR § 1.606 shall have a physician medical director who agrees to provide medical direction regarding attendant training, equipment, standing orders, continuing education, and assessment of the quality of care provided with respect to the treatment or procedure offered or provided pursuant to the variance.

3. The commissioner may grant a variance to allow the establishment or maintenance of intravenous infusions by basic life support transportation services only if the applicant shows that:

a. It will be established or maintained by attendants or drivers who have been trained in its establishment and maintenance;

b. The establishment or maintenance of intravenous infusions has been approved by the licensee's medical director;

c. The medical director has developed or approved written standing orders and protocols for the establishment or maintenance of intravenous infusions;

d. Continuing education or clinical training is provided annually to persons authorized to establish or maintain intravenous infusions;

e. The administration of intravenous infusions is restricted to solutions administered only for fluid volume replacement; and

f. Documentation of a.-e. is retained in the licensee's file.

4. Persons who possess intermediate emergency medical technician and paramedic certificates are deemed to comply with the requirement in 3.a.

5. The commissioner may grant a variance to allow the use of a portable cardiac monitor or defibrillator by a basic life support transportation service only if the applicant shows that:

a. It will be used only by attendants and drivers who have received training in its use and the training has been approved by the licensee's medical director;

b. The use of the cardiac monitor or defibrillator has been authorized by the licensee's medical director;

c. The medical director has developed or approved standing orders for the use of the cardiac monitor or defibrillator;

d. Continuing education or clinical training on the use of the cardiac monitor or defibrillator is provided at least annually to persons authorized to use the equipment; and

e. Documentation of a.-d. is retained in the licensee's files.

6. The commissioner may grant a variance to allow the use of an esophageal obturator airway by attendants of a basic life support transportation service only if the applicant shows that:

a. The attendants who will use the equipment have been trained in its use or have successfully completed intermediate emergency medical technician or paramedic training described in 7 MCAR § 1.625 and 7 MCAR § 1.626.

b. Use of the esophageal obturator airway has been approved by the licensee's medical director;

c. The licensee's medical director annually assures that each attendant authorized to use the airway retains skill proficiency and signs a statement that the attendant has satisfactorily demonstrated proficiency; and

d. Documentation of a.-c. is retained in the licensee's files.

7. The commissioner may grant a variance to allow basic life support transportation service licensee's to transport patients who are receiving intravenous therapy only when the following conditions are met:

a. Transportation is provided only between health care facilities; and

b. The intravenous therapy was established by the facility from which the patient is transported; and either

c. A physician, registered nurse, or paramedic from the facility from which the patient is transported or a paramedic, accompanies the patient and rides in the patient compartment in addition to the attendant required by 7 MCAR § 1.604 D.; or

d. The patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains a copy of the written information in its files and the attendant is certified under 7 MCAR § 1.624 and has completed training approved by the medical director in the maintenance of intravenous therapy equipment.

8. Basic life support licensees may not be granted variances for the following:

a. Parenteral administration of any drugs except solutions for intravenous infusion;

b. Nonparenteral administration of any drugs except sugar solutions for oral administration to conscious diabetic patients, oxygen, and syrup of ipecac and drinking liquids provided under 7 MCAR § 1.607 A.4.; and

c. Establishment of intravenous therapy involving the use of drugs other than solutions for intravenous infusion.

Repealer. Rules 7 MCAR §§ 1.541-1.543 are repealed.

Effective date. These rules are effective October 1, 1982, or five working days after the notice of adoption is published in the *State Register*, whichever is later.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

SEP 1982
MN Dept. of Health
EXECUTIVE OFFICE

STATE OF MINNESOTA

OFFICE OF ADMINISTRATIVE HEARINGS
400 SUMMIT BANK BUILDING
310 SOUTH FOURTH AVENUE
MINNEAPOLIS, MINNESOTA 55415
(612) 341-7600

September 10, 1982

GEorge R. Pettersen, Commissioner
Department of Health
717 Delaware Street S. E.
Minneapolis, Minnesota 55440

RE: In the Matter of Proposed Amendments to Life Support Transportation Service Rules, (7 MCAR Sec. 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR Sec. 1.541-1.545).
OAH Docket No. HLTH-82-012-JL

Dear Commissioner Pettersen:

I enclose herewith and serve upon you by mail the Report of the Hearing Examiner in the above-entitled matter together with our affidavit of service by mail. The official record will be forwarded to you by interoffice mail. We are closing our file in this case.

Yours very truly,

Jon L Lunde

JON L. LUNDE
Hearing Examiner
(612)341-7645

JLL/eag
Encs.
CC: Mr. John A. Breviu
Special Assistant Attorney General

STATE OF MINNESOTA)
(ss.
COUNTY OF HENNEPIN)

Eileen A. Gaiovnik, being first duly sworn, deposes and says that at the City of Minneapolis, county and state aforementioned, on the 10th day of September, 1982, she served the attached Report of the Hearing Examiner, HLTH-82-012-JL

by depositing in the United States mail at said City of Minneapolis, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

George R. Pettersen, Commissioner
Department of Health
717 Delware Street S. E.
Minneapolis, Minnesota 55440

Mr. John A. Breviu,
Special Assistant Attorney General
136 University Park Plaza Building
2829 University Avenue S.E.
Minneapolis, Minnesota 55414

Eileen A. Gaiovnik

Subscribed and sworn to before me
this 10th day of September, 1982.

Sandra A. Haven

SANDRA A. HAVEN
NOTARY PUBLIC-MINNESOTA
RAMSEY COUNTY
My Comm. Expires July 29, 1983

HLTH-82-012-JL

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

FOR THE DEPARTMENT OF HEALTH

In the Matter of Proposed Amendments to Life Support Transportation Service Rules, (7 MCAR § 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR § 1.541-1.545).

REPORT OF THE HEARING EXAMINER

The above-entitled matter came on for hearing before Jon L. Lunde, duly appointed Hearing Examiner on Thursday, July 29, 1982 at 9:30 a.m. in the Department of Health Building, Room 105, 717 Delaware Street S. E., Minneapolis, Minnesota, pursuant to an Order for Hearing dated June 1, 1982. This was a rule-making proceeding conducted pursuant to Minn. Stat. Ch. 15 to determine whether the Commissioner of Health (hereinafter the "Commissioner") has authority to adopt the rules proposed and whether they are necessary and reasonable and may be adopted.

John A. Breviu, Special Assistant Attorney General, 136 University Park Plaza Building, 2829 University Avenue S.E., Minneapolis, Minnesota 55414, appeared as counsel for the Department. Also appearing on behalf of the Department were Daniel McInerney, James Stoffels, Wayne Arrowwood, Betsy Parker, and Donald Brandt, M.D., all of the Health Systems Division.

Approximately 40 persons attended the hearing and 33 of them signed the hearing register. The hearing continued throughout the morning until all persons present had had an opportunity to be heard. After the hearing, but before the expiration of the 20-day comment period authorized by the Hearing Examiner, six public comments and one comment from the Commissioner were filed with the Office of Administrative Hearings.

The Commissioner of Health must wait at least five working days before taking any final action on the rules; during that period, this Report must be made available to all interested persons upon request.

Pursuant to Minn. Stat. § 15.0412, subd. 4d and 4e (1980), this Report shall be available for review to all affected individuals upon request for at least five working days. Thereafter, the Commissioner of Health shall, if he proposes to adopt the rule as recommended herein, submit the rule, together with the complete hearing record to the Attorney General and shall be responsible for notifying persons who have indicated that they wish to be notified of such filing. If the Commissioner makes changes in the rule other than those recommended herein, he shall submit the rule with the complete hearing record to the Chief Hearing Examiner for a review of the changes prior to submitting it to the Attorney General for review.

Based upon all the testimony, exhibits, and written comments, the Hearing Examiner makes the following:

FINDINGS OF FACT

Procedural Requirements

1. On June 4, 1982, the Department of Health filed the following documents with the Chief Hearing Examiner:

(a) A copy of the proposed rules.
(b) The Order for Hearing.
(c) The Notice of Hearing proposed to be issued.
(d) A Statement of the number of persons expected to attend the hearing and estimated length of the Agency's presentation.

2. On Monday, June 21, 1982, more than 30 days prior to hearing, a Notice of Hearing and a copy of the proposed rules were published at 6 State Register 2270-2307.

3. On June 18, 1982, more than 30 days prior to hearing, the Department mailed the Notice of Hearing to all persons and associations who had registered their names with the Department for the purpose of receiving such notice.

4. On June 28, 1982, more than 25 days prior to hearing, the Department filed the following documents:

(a) The Notice of Hearing as mailed.
(b) The Agency's certification that its mailing list was accurate and complete.
(c) The Affidavit of Mailing the Notice to all persons on the Agency's list.
(d) The Statement of Need and Reasonableness.
(e) The names of Departmental personnel who will represent the Agency at the hearing together with the names of any other witnesses solicited by the Agency to appear on its behalf.
(f) A copy of the State Register containing the proposed rules.
(g) An Affidavit of Additional Notice.
(h) All materials received following a Notice of Intent to Solicit Outside Opinion published at 6 State Register 325 on August 31, 1981.

The documents were available for inspection at the Office of Administrative Hearings from the date of filing to the date of the hearing.

5. The record remained open through Wednesday, August 18, 1982 for the receipt of written comments and statements, the period having been extended by order of the Hearing Examiner to 20 calendar days following the hearing.

Introduction.

6. This rulemaking proceeding involved proposed amendments to rules relating to life support transportation services and the repeal of rules relating to the registration of emergency medical technicians which have been incorporated into the amendments proposed. The rules relating to life support transportation services were first adopted on May 26, 1980 and codified as 7 MCAR §§ 1.601-1.611. Amendments to those rules are proposed to clarify their scope and to create three levels of certification for ambulance attendants. In adopting these rules, a Life Support Transportation Services Rules Technical Advisory Group was established to assist the Department and draft copies of the proposed amendments were widely circulated by the Department and public comments were solicited before the Rules were proposed. As a result of the widespread participation by interested members of the public, there was little adverse comment to the substance of the Rules proposed by the Department, and, for the most part, all provisions of the amendments proposed were endorsed and supported by knowledgeable individuals dealing in life support transportation services.

7. At the commencement of the hearing, the Department, in response to public comments on the proposed rules as initially published in the State Register, suggested various changes in the language initially proposed. For the most part, the changes were of a technical or grammatical nature, and those changes do not constitute substantial changes for purposes of 9 MCAR § 2.111. The only major amendment proposed at the hearing involved the deletion of §§ 1.630 D.7. and 1.606 B.4. which prohibited basic life support transportation services to transfer patients for whom maintenance of intravenous therapy is required without obtaining a variance from the Commissioner. Instead of the variance procedure contained in the rules as initially published, the Department now proposes to permit basic life support transportation services to transport patients who are receiving intravenous therapy under specific conditions which are contained in a new section 1.606 C.

8. Basic life support (BLS) transportation services are currently permitted to transport patients who are receiving intravenous therapy which has been established at a hospital, and it would be extremely difficult for the Department to administer variance applications from hundreds of BLS transportation services as the rule initially proposed would have required. Because of the burdens imposed on BLS transportation services and the Department if a variance procedure were adopted, and because most rural areas depend on BLS services for patient transfers between medical facilities, the Department determined that the variance procedure initially proposed should not be adopted and that BLS services should be permitted to transfer patients receiving intravenous therapy under the specific conditions set forth in the changes proposed at the hearing. The change is intended to promote patient care. Since the proposed change does not affect classes of persons not represented at the hearing, does not make a major substantive change not raised by the original Notice of Hearing, result in a rule that is fundamentally different from that contained in the Notice of Hearing or go to a new subject matter of substantive effect, it is concluded that the proposal to delete a variance requirement and to permit transfers of patients receiving intravenous therapy under specific conditions does not constitute a substantial change for purposes of 9 MCAR § 2.111. Indeed, this type of change is precisely the kind of change one would normally expect from the rulemaking process. Chapter 15 does not contemplate that rules as originally proposed and published remain frozen in that form but contemplates that changes in those rules be made after input from affected interests. In this case, the interests affected suggested changes to promote patient care and minimize the burdens of administration which would have been involved. The Department's response to that public input is proper, was supported by interested groups and individuals, and should be adopted.

9. In view of the specificity of the Department's Statement of Need and Reasonableness (SONR), the large amount of public participation in the rulemaking process and the lack of adverse public criticism to the bulk of the amendments proposed, it is concluded that, unless specifically found to the contrary herein, that the amendments proposed by the Department are necessary and reasonable and that they should be adopted.

Statutory Authority.

10. As authority for its proposed rules, the Department cited Minn. Stat. §§ 144.804 and 214.13 (1980). The former, which deals with life support transportation services, provides in part as follows:

> Subd. 3. Before April 1, 1980, the commissioner, in consultation with the appropriate standing committees of the legislature, shall promulgate as rules standards for the operation of the following types of life support transportation service:
>
> (a) basic life support service, which shall have appropriate personnel, vehicles and equipment, and be maintained in a sanitary condition so as to ensure that life-threatening and potentially serious injuries can be recognized, patients will be protected from additional hazards, basic treatment to reduce the seriousness of emergency situations will be administered and patients will be transported to an appropriate medical facility for treatment;
>
> (b) advanced life support service which shall have appropriate personnel, vehicles and equipment, and be maintained in a sanitary condition so as to provide medical care beyond the basic life support level, including, but not limited to, intubation, defibrillation and administration of intravenous fluids and certain pharmaceuticals;
>
> (c) scheduled life support transportation service
>
> * * *

Minn. Stat. § 214.13, which deals with human services occupations, provides in part as follows:

> Subd. 1. The commissioner of health shall promote the recognition of human services occupations useful in the effective delivery of human services. The commissioner shall coordinate the development of a credentials policy among the health-related licensing boards consistent with section 214.001. The Commissioner shall, consistent with section 214.001, establish procedures for the identification of human services occupations not now credentialed by the state, recommend appropriate regulatory modes, and promulgate by rule standards and procedures relating to the credentialing of persons practicing in the affected occupations. If the commissioner determines the credentialing of a occupation is appropriate, the commissioner is empowered only to register the occupation. Before promulgating any rules resulting in registration for an occupation, the commissioner shall consult with state boards or agencies charged with regulating similar occupations in order to define the scope and range of practice for the registered occupation and the degree of supervision required. . . .
>
> * * *
>
> Subd. 3. Rules promulgated by the commissioner pursuant to subdivision 1 may include procedures and standards relating to the registration requirement, the scope of authorized practice, fees, supervision required, continuing education, career progression and disciplinary matters. These rules shall not be in conflict with provisions of Chapter 214 and Laws 1976, Chapter 222, Sections 1 to 7.
>
> * * *

The cited statutory language authorizes the adoption and repeal of rules as proposed by the Department in this proceeding, and all the changes proposed in this proceeding are within the scope of the Commissioner's delegated authority.

Substantive Provisions.

11. Three major issues were raised by public comments during the course of this proceeding. The first is the prohibition contained in 7 MCAR § 1.606 D. which prohibits a basic life support transportation service from administering any drugs other than oxygen, syrup of ipecac, and nonprescription drugs. Those arguing against this prohibition stated that the ability to administer drugs during transportation may be necessary for the effective treatment of patients. They argued that in rural areas where the nearest hospital may be more than 30 miles distant, the ability to administer drugs may be critical for the patient. They also argued that with proper training and continuing medical supervision, basic life support service personnel would be able to administer drugs safely.

However, the administration of drugs involves skills and training beyond that which is included in basic emergency technician programs, and if untrained individuals are permitted to administer drugs, the patients will be exposed to risks stemming from improper administration, the failure to recognize an adverse reaction, or the inability to deal with problems associated with the administration of drugs. Furthermore, in rural areas, many basic life support services make only a few ambulance runs each month. Comparative data submitted by the Department during the posthearing comment period shows that some rural ambulance services average less than ten runs a month. As a result of low patient volumes in such rural areas, and the relatively few patients for whom the administration of drugs would be appropriate, attendants working for those services are not able to maintain an adequate level of expertise relating to drug administration. Studies have shown that where skills learned are not exercised, there is a significant level of "skill decay" which poses a hazard to the patients involved.

12. The Department has studied this problem in some depth, and a special subcommittee of the Technical Advisory Group considered whether BLS attendants and drivers should be permitted to administer drugs. The consensus was that basic life support ambulance personnel have not received adequate training in the selection, administration, contraindications and treatment of possible reactions to drugs that could be experienced by their patients, and that the prohibition should be retained because of their inadequate training and because of the "skill decay" that would naturally occur. The Department of Health has qualified and experienced medical personnel on its staff and has consulted with experts in the field in the adoption of these rules. While there is room for a difference of opinion on the need for and the reasonableness of permitting BLS personnel to administer drugs, the determination made by the Department to prohibit that activity is necessary and reasonable for the reasons it has stated. If rural areas desire to have the ability to administer drugs, they will have to be licensed as advanced life support transportation services. Minn. Stat. § 144.804, subd. 3, contemplates basic life support services to provide basic treatment to reduce the seriousness of emergency situations and to transport patients to an appropriate medical facility for treatment. The statute does not contemplate that such basic life support services administer drugs. On the contrary, the administration of intravenous fluids and pharmaceuticals was specifically listed as a function of advanced life support services. Under the circumstances, the Department's exercise of its discretion is not only necessary and reasonable, but is consistent with the apparent legislative intent.

13. The second issue raised by public comments concerns the qualifications of instructors in emergency care courses under 7 MCAR § 1.624 C.5. Glenda Moyers, a Health and Emergency Services Occupational Specialist for the Minnesota Department of Education argued that these instructors should be required to have at least one course in instructional methods. The Department has declined to adopt such a requirement. The consensus of the Technical Advisory Group was that the requirements proposed in the rules are adequate and that the additional costs to pay instructors to take teacher training courses and the difficulty of locating courses which would be appropriate outweighed the need for requiring such courses. Since there is no evidence that the training currently provided is inadequate or has resulted in an unacceptably low ratio of students who are able to pass the emergency medical technician examinations, the Department has determined that the additional training proposed by Ms. Moyers is unnecessary. The rule as proposed is necessary and reasonable.

14. Ms. Moyers also expressed dissatisfaction with the provision in 7 MCAR § 1.624 M. which subjects emergency care course programs to audit by the Commissioner. The audits include course inspection, classroom observation, review of instructor qualifications and student interviews. Moyers suggested that this was an expensive duplication of services already provided by the Department of Education and suggested, at the very least, that the rules exempt postsecondary institutions, exempt institutions that provide evidence of evaluations, or contain a requirement that course audits be done by persons with professional educational experience.

15. The ability to conduct course audits to assure that the courses are properly taught is an integral part of the course approval process. Minn. Stat. § 144.804, subd. 1, provides that no basic life support transportation service may be operated unless its drivers and attendants possess certificates authorized by rules adopted by the Commissioner. The authority to authorize certain emergency care certificates carries with it the responsibility to assure that the certificates which are granted are predicated upon sound emergency medical technician training. The Department must be able to audit courses if it is to effectively determine whether the courses being offered conform to the course descriptions which it approves, and in order for it to make sure that the individuals certificated by it are receiving adequate instruction. Consequently, it is determined that the rule proposed is necessary and reasonable.

16. Two individuals objected to the requirements of 7 MCAR § 1.610 B. which requires the drivers of advanced life support transportation vehicles to possess a current certificate as an emergency medical technician, an intermediate emergency medical technician, or a paramedic. They suggested that advanced life support transportation services be permitted to staff an ambulance with one paramedic and one American Red Cross advanced first aid certificate holder or with two paramedics and one American Red Cross advanced first aid certificate holder. The Department has declined to adopt that suggestion because persons who have been trained in advanced first aid by the American Red Cross and who hold those certificates have received only 50 hours of training and that training does not include the use of most of the equipment which is found even on basic life support transportation vehicles. Those persons are not trained to use oxygen equipment, suction equipment, or blood pressure equipment, all

of which are essential life-saving devices used by basic and advanced life support transportation services. Because of the higher level of care provided on advanced life support vehicles, the Department determined that the minimum level of training required for attendants should be that of an emergency medical technician. The Department's determination is necessary and reasonable, especially because a variance is available in special cases.

17. Several individuals also questioned the language of 7 MCAR § 1.604 D. and a corollary provision for advanced life support transportation services which permits a licensee to transport a patient without an attendant in limited circumstances. The Department's rule is consistent with Minn. Stat. § 144.804, subd. 2 and is necessary and reasonable for that reason.

18. The Department has agreed to amend 7 MCAR § 1.608 A.1.b. by changing the word "openings" (p. 20, line 6), and the word "doors" (line 8), to the singular because there is only one door and one opening on each ambulance. This is a necessary and reasonable change and does not constitute a substantial change for purposes of 9 MCAR § 2.111.

changed p. 16

The Department has also agreed to delete the provisions of 7 MCAR § 1.613 B.6. which requires advanced life support transportation services to be equipped with at least a 30-minute supply of oxygen at the rate of 15 liters per minute. 7 MCAR § 1.607 A.2.a. now requires that such transportation services be equipped to supply 20 minutes of oxygen at the rate of 15 liters per minute but the tanks used actually supply 28 to 29 minutes of oxygen at 15 liters per minute. The additional minute or two of oxygen supply gained under the 30-minute standard would require the replacement of all current equipment. The Department now believes that those additional costs do not result in any significant benefits and are not necessary. Its determination is necessary and reasonable and does not result in a substantially different rule for purposes of 9 MCAR § 2.111.

deleted p. 24

19. 7 MCAR § 1.628 increases the license fees to operate a life support transportation service. On September 28, 1981, the Finance Department approved the fee increases proposed as is required by Minn. Stat. § 16A.128.

20. 7 MCAR § 1.625 A. does not contain a requirement that individuals who are approved to teach intermediate emergency care course programs, must notify the Commissioner of the starting date of each course as is required by persons who are approved to teach emergency care course programs under 7 MCAR § 1.624 A.3. It is recommended that the Department consider an amendment to § 1.625 A. to make it consistent with § 1.624 A.3. if that is its intention.

made consistent p. 38

21. Section 1.625 I.4. requires that evidence of completion of continuing education requirements by intermediate emergency medical technicians be submitted to the Commissioner 30 days after certificate expiration date. The SONR indicates that the period for submission of evidence of completion is 90 days after the certificate expiration date. The Department should make sure that the 30-day period set forth in the rule expresses its intention and if it does not, it should be amended to be consistent with the time period mentioned in the SONR.

so amended p. 42

22. It is also recommended with respect to § 1.625 that the Department consider whether or not a provision for the renewal of lapsed certificates should be included. A provision for lapsed certificates for emergency medical technicians is contained in § 1.624 L., and the Department may wish to adopt a corollary provision with respect to intermediate emergency medical technicians.

not adopted.

23. Since the training, examination and certification requirements of emergency medical technicians contained in 7 MCAR §§ 1.601 to 1.630 have incorporated and expanded upon the registration rules currently found in 7 MCAR § 1.541-1.543, the latter rules are no longer necessary or operative. Therefore, it is both reasonable and necessary that these rules be repealed as proposed.

24. Minn. Stat. §§ 144.801, subd. 7, and 151.01, subd. 5 (1980), are incorporated by reference in 7 MCAR § 1.601 B. and K., respectively. The duplication of statutory language in these parts of the rules is crucial to the ability of a person affected by them to comprehend their meaning and effect for purposes of Minn. Stat. § 15.0412, subd. 1 (1981 Supp.). The Revisor of Statutes has approved all incorporations by reference in the rules for purposes of Minn. Stat. § 15.0412, subd. 2a (1981 Supp.) and has approved the rules as to form.

Based on the foregoing Findings of Fact, the Hearing Examiner makes the following:

CONCLUSIONS

1. That the Commissioner of Health gave proper notice of the hearing in this matter.

2. That the Commissioner of Health has fulfilled the procedural requirements of Minn. Stat. § 15.0412, subd. 4-4f (1980) and all other procedural requirements of law or rule.

3. That the Commissioner of Health has documented its statutory authority to adopt the proposed rules, and has fulfilled all other substantive requirements of law or rule within the meaning of Minn. Stat. §§ 15.0412, subd. 4e and 15.052, subd. 3(4)(i) and (ii) (1980).

4. That the Commissioner of Health has demonstrated the need for and reasonableness of the proposed rules by an affirmative presentation of facts in the record within the meaning of Minn. Stat. § 15.0412, subd. 4c (1980).

5. That the additions and amendments to the proposed rules which were suggested by the Commissioner after publication of the proposed rules in the State Register do not result in rules which are substantially different from the proposed rules as published in the State Register within the meaning of Minn. Stat. § 15.0412, subd. 4d (1980) and 9 MCAR §§ 2.110 A. and 2.111 (1980 Ed.).

6. That any Findings which might properly be termed Conclusions and any Conclusions which might properly be termed Findings are hereby adopted as such.

7. That a finding or conclusion of need and reasonableness in regard to any particular rule subsection does not preclude and should not discourage the Commissioner from further modification of the rules based upon an examination of the public comments, provided that no substantial change is made from the proposed rules as originally published, and provided that the rule finally adopted is based upon facts appearing in this rule hearing record.

Based upon the foregoing Conclusions, the Hearing Examiner makes the following:

RECOMMENDATION

It is hereby recommended that the proposed rules be adopted consistent with the Findings and Conclusions made above.

Dated this 10th day of September, 1982.

JON L. LUNDE
Hearing Examiner

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

FOR THE DEPARTMENT OF HEALTH

IN THE MATTER OF THE PROPOSED AMENDMENT TO LIFE SUPPORT TRANSPORTATION SERVICE RULES (7 MCAR §§ 1.601-1.611) AND REPEAL OF EMERGENCY MEDICAL TECHNICIAN REGISTRATION RULES (7 MCAR §§ 1.541-1.545)

ORDER OF THE CHIEF HEARING EXAMINER

WHEREAS, a hearing was held on July 29, 1982, before Jon L. Lunde, a Hearing Examiner of the State Office of Administrative Hearings, on the above-entitled matter in compliance with Minn. Stat. § 15.0412, subd. 4; and

WHEREAS, following that hearing, the Report of the Hearing Examiner was made pursuant to Minn. Stat. § 15.052, subd. 3, and was issued to the Department of Health and recommended that proposed rule 7 MCAR § 1.625 I. be changed to make the period for submission of evidence of completion of continuing education consistent with the period as described in the Statement of Need and Reasonableness; and

WHEREAS, upon adoption of that change the Department found a repetition of the inconsistency in another section of the rules, section 1.625 K. and also corrected that inconsistency; and

WHEREAS, the Department of Health has now determined to adopt rules pursuant to Minn. Stat. § 15.0412, subd. 4-4g; and

WHEREAS, the Department of Health now submits said rules to the Chief Hearing Examiner for review pursuant to Minn. Stat. §§ 15.0412, subd. 4e and 15.052, subd. 4, and 9 MCAR § 2.111; and

WHEREAS, the Chief Hearing Examiner having received the same and the Hearing Record now finds that the final proposed rules are not substantially different from those proposed at the public hearing and approves adoption of the rules.

NOW, THEREFORE, upon receipt of this Order, the Department of Health has the responsibility of submitting the complete hearing record and the rules as adopted by the Department of Health to the Attorney General and to publish in the State Register, all pursuant to Minn. Stat. § 15.0412, subd. 4e and 4f.

Dated: October 13th, 1982

DUANE R. HARVES
Chief Hearing Examiner

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

Agency Exh. No. 17
File No. HLTH-82-012-SL
Date 7-29-82

In the Matter of Proposed Amendments to Rules Relating to Life Support Transportation Services and Repeal of Emergency Medical Technician Registration Rules

SUPPLEMENTARY STATEMENT

OF NEED AND REASONABLENESS

The Department of Health proposes to modify the amendment proposed at 7 MCAR § 1.630 D.7 by deleting all of proposed section D.7 and substituting the following language at 7 MCAR § 1.606 C.

C. Restrictions on transfer of patients. Basic life support transportation services may transport patients who are receiving intravenous therapy only when the following conditions are met:

1. Transportation is provided only between health care facilities; and

2. The intravenous therapy was established by the facility from which the patient is transported; and either

3. A physician, registered nurse, or paramedic accompanies the patient and rides in the patient compartment; or

4. The patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains a copy of the written information in its files and the attendant is certified under 7 MCAR § 1.624 and has completed training approved by the medical advisor in the maintenance of intravenous therapy equipment.

After the final draft of proposed rules was published in the State Register, the Department received a number of phone calls from members of basic life support transportation services who provide the kind of transfer service which is addressed in 7 MCAR § 1.630 D.7. The persons who called feel that it is unreasonable and burdensome to require that all basic life support transportation services obtain a variance to provide a service which is now provided by almost all basic life support services and which is needed as often as this service is. This provision applies to patients who, though stable, are receiving drugs through an intravenous line which was established at the hospital. Most BLS services routinely transfer patients whose

medical condition has been stabilized from one medical facility to another to receive additional treatment or undergo diagnostic tests not available at the facility in which the patient is being treated.

Because these patients are receiving drugs there is some risk involved in transferring them. The BLS services feel that they now receive adequate training from local doctors or hospitals to enable them to monitor these patients during transfer. They also feel that the Department would be unable to manage the administration of several hundred variances for this one service and that they would be prevented from offering it.

Therefore, they have proposed that the Department continue to allow BLS services to offer this service but require that attendants be trained to monitor intravenous therapy equipment, that other safeguards be observed and that documentation of compliance with training and certification requirements be kept in the licensee's files.

The provision of this service is very widespread. If the BLS services were not able to offer it, either because the variance requirements were burdensome or because the Department could not manage the volume of paperwork which this variance would generate, patient care would suffer. Most rural areas depend on BLS services for patient transfers between medical facilities because there are no advanced life support services available.

The Department's medical director has approved deleting the variance requirement originally proposed. He feels that patients will be adequately protected by the requirements in the substitute proposal. The principal difference is that services will not be required to apply for permission (a variance) to offer this service; but may offer it as they wish, as long as they comply with requirements set out in the rule and document their compliance in their files. The licensees' files will be subject to inspection by the Commissioner to assure that the licensees comply with the restrictions in the rule.

The Department believes that this proposed modification is essentially a change in record-keeping. The substantive requirements as to training and certification of attendants, information provided to attendants by the physician, and restriction of transportation of patients receiving drugs to those being transported between facilities would still apply.

Therefore, although it is a matter of large importance to BLS services, it is actually a minor change in the proposed rules.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

RECEIVED
JUN 28 1982
ADMINISTRATIVE HEARINGS

In the Matter of Proposed Amendments to Rules Relating to Life Support Transportation Services and Repeal of Emergency Medical Technician Registration Rules

STATEMENT OF NEED AND REASONABLENESS

Agency Exh. No. #1
File No. HLTH-82-012-JL
Date 7-29-82

The Commissioner of Health, pursuant to Minn. Stat. § 15.0412, presents facts establishing the need and reasonableness of the proposed amendments to rules relating to life support transportation services, 7 MCAR §§ 1.601-1.611, and the repeal of the emergency medical technician registration rules, 7 MCAR §§ 1.541-1.543.

A. Statutory Authority

Minn. Stat. § 144.804 requires the Commissioner of the Minnesota Department of Health to promulgate as rules, standards for the operation of life support transportation services, the certification of attendants, and the designation of primary service areas. Rules were originally adopted pursuant to this authority on April 21, 1980. The authority to adopt rules includes the authority to amend the rules at a later date.

B. General Statement of Need and Reasonableness.

The rules relating to life support transportation services were adopted by the Commissioner on April 21, 1980, filed with the Secretary of State on May 9, 1980, and published in the State Register on May 26, 1980. The rules are contained in 7 MCAR §§ 1.601-1.611. Amendments to those rules are proposed now

to resolve difficulties which arose in the enforcement of the rules, to clarify certain requirements and to create three levels of certification for ambulance attendants, in keeping with the national growth of the profession. The general need for regulation of life support transportation services was established in the original statement of need and reasonableness.

A number of persons in the medical professions, the training institutions and the life support transportation services identified various problems with the rules and requested consideration of amendments. A Life Support Transportation Service Rules Technical Advisory Group, representing the groups mentioned above, was established to assist the Department. The Technical Advisory Group had 27 members and met three times to review draft amendments. In addition, a subcommittee met specifically to discuss the extent to which basic life support transportation services should be restricted or prohibited from offering certain advanced treatments and procedures. All licensed life support transportation services were notified of the opportunity to suggest amendments and review drafts in the September and November, 1981, and May 1982 issues of EMS ACCESS, a bimonthly bulletin mailed to 2300 persons involved in EMS. (see attached exhibits) A panel discussion on proposed rule changes was held at the State EMS Conference in Minneapolis in December 1981. In March, copies of drafts were mailed to 500 services and individuals and the department received about a dozen comments in response. The amendments reflect the suggestions and comments of many people and organizations who work with life support transportation.

A number of changes have been made which affect only the form of the rules. These include renumbering throughout the rules, changing "shall" to "must" or "will," striking abbreviations and inserting the full words, striking the plural form of words where the singular is given, striking parentheses and making other grammatical changes recommended by the Office of the Revisor of Statutes. Citations to Minnesota Statutes have been changed from citations to chapters

to citations to specific sections. These changes are necessary to bring the rules into conformance with the form required by the Revisor's Office.(see attached letter)

7 MCAR § 1.601 Definitions.

The definitions of "ALS" and "BLS" have been stricken because the Revisor's Office has requested that we discontinue using abbreviations. We will use the phrases "advanced life support transportation service" and "basic life support transportation service" as requested by the Revisor of Statutes.

"Base of operations" is defined because the phrase is used repeatedly in several sections of the rules. Although it is defined in Minn. Stat. § 144.801, subd. 7, the definition is repeated here because most of the licensees do not have easy access to Minnesota Statutes and rely exclusively on the rules for guidance in their life support transportation activities. The base of operation is important because it is the fixed point from which the boundaries of a primary service area are measured. It is permanent and cannot be changed without a public hearing, while a substation may be a temporary location and can be relocated for any reason. In order to make compliance easy and because duplication of this language is crucial to the ability of the licensees to understand these rules, it is reasonable to repeat the definition in the rules.

"Basic cardiac life support" is defined to describe a specific set of skills used to restore or maintain breathing and circulation. The term is widely used by the medical professions and ambulance attendants. It is defined to denote specific skills for purposes of these rules.

"Central base of operation" is stricken because the phrase is no longer used in the rules and therefore doesn't need to be defined.

"Change in type of service" has been reworded so that its meaning is clearer. Under Minn. Stat. 144.802 a "change in type of service" triggers a license

hearing; therefore, it is necessary to specify what degree of change is meant. It is reasonable to treat a change from "basic life support" to "advanced life support" as a change in type of service because the change is a significant one in which the licensee would provide additional treatments and procedures, use invasive medical equipment, and employ attendants with higher levels of training. Therefore, the licensee should be re-examined to see if it meets the more stringent requirements. It is reasonable to exclude changes from advanced life support to basic life support because all the requirements for basic life support are already met by a licensee with an advanced life support license and no additional hearing would be needed to determine whether the applicant can comply.

"Communication base" is revised because the current definition is inaccurate. A communications base is the sum of the locations at which radio communication equipment is used to effect communication between the ambulance and medical facilities. This revision is a necessary clarification.

"Drug" is defined because it is repeatedly in the rules. The word drug was chosen because it was necessary to select a word which encompassed all substances affecting human functioning. Ambulance personnel use "drug," "medicine," "medication" and "pharmaceutical" interchangeably, but sometimes meaning different kinds of substances. Minn. Stat. § 144.804, subd. 3(b) refers to "intravenous fluids and certain pharmaceuticals" which will be provided by advanced life support service attendants. Because the rules were new in 1980, and were imposed on a system which had been in existence for many years, no attempt was made to define and restrict the substances which could be administered by either basic life support or advanced life support attendants. In order to establish a policy on drug administration, it is necessary to choose a term, use it consistently and cease using other terms with vague meanings. The term "drug" was chosen because it is all encompassing, and has a specific legal and medical meaning

set forth at Minn. Stat. § 151.01, subd. 5. Therefore, the use of the term in these rules will be consistent with the use of the term in the statutes. By using one word which encompasses all substances and restricting the use of all substances to advanced life support services, with certain exceptions which are specified in the rules, restrictions on administration of substances will be much clearer. The lack of such a definition would make the rule confusing and incomplete as licensees would not know what substances are considered drugs and therefore are restricted. Most licensees do not have statutes available in which they can look up the meaning of drug, so the repetition of the statutory definition is crucial to the ability of licensees to understand the definition and its affect.

"Emergency medical technician" is defined to denote a certain level of training signified by certification of completion of requirements imposed in 7 MCAR § 1.624. It simplifies references in the rules to persons with a certain uniform level of training.

"Intermediate emergency medical technician" defines a level of training and skill maintained by an emergency medical technician. This level of training is newly recognized nationally and in Minnesota among providers of pre-hospital emergency care. This level is defined to indicate competence in the performance of certain medical treatments and procedures which are recognized by the medical profession as advanced procedures.

"Intravenous infusion" is defined, for consistency, as defined in Dorland's Illustrated Medical Dictionary, Twenty-Fifth Edition, and to distinguish it from intravenous therapy which may be performed only by persons with advanced training.

"Intravenous therapy" is defined to distinguish it from intravenous infusions. Dorland's Medical Dictionary defines it as the introduction of therapeutic liquid agents directly into the venous circulation. It is reasonable to define it broadly because it includes restricted and non-restricted substances under these rules.

The definition of "medical advisor" is not new. It is restated in definition form from the text of the current rules. This is necessary so that the distinctions between "medical advisor" and "medical director" will be apparent.

"Medical control" has been amended so that it defines only the direct oral communication between the physician and the attendants in the field. This is a simplification of the current definition and is less confusing because it refers to only one specific type of medical direction. The indirect types of medical control are defined under "medical advisor" and "medical director."

The definition of "medical director" has been expanded so that it specifies the activities of all physicians who provide medical direction to all licensees which offer advanced treatments or procedures. This is necessary because the required activities specified in the definition safeguard the public and assure that the invasive, advanced procedures will be carried out under the direction of a physician and that the quality of treatment will be reviewed by a physician.

"Paramedic" is defined to simplify references to "paramedic emergency medical technician" in the rules and to indicate an advanced level of training.

"Parenteral" is defined to clarify its meaning and to distinguish this means of administration of drugs from oral administration.

"Program coordinator" is defined to describe the skills and experience which a program coordinator for emergency medical care training must have and to define his duties. The definition is based on a description contained in the U.S. Department of Transportation Course Guide for Emergency Medical Technician

training. The coordinator will serve as a liaison between the students, the faculty, and the hospital where clinical training occurs. The coordinator is responsible for the operation of the training program including the handling of applications, inventory and maintenance of equipment, faculty selection, coordination of classes and clinical training, coordination of examinations, monitoring of classes and provision of information to the public. This is a reasonable division of labor because it leaves medical direction to a physician and allows substantial administrative freedom to the program coordinator.

"Program medical director" is defined to explain the prerequisites for serving as a program medical director for emergency medical care training and the responsibilities which must be assumed. It is necessary to specify the requirements so that an adequate level of medical expertise will be available to students who wish to serve as life support transportation service attendants.

"Scheduled advanced life support transportation service" has been deleted because the definition is unnecessary. This definition is included in the following definition, "scheduled life support transportation service." Several words have been stricken from that definition to reduce its wordiness. The meaning of "scheduled life support ttansportation service" has not been changed.

"Substation" means a place where personnel and ambulances are based but which is not the principle place of business of the service. A substation might be a temporary or permanent location for ambulances and is used to provide better service to the licensee's primary service area. It is necessary to define more than one kind of location where personnel and equipment could be based and acknowledge the subsidiary and temporary nature of some of those locations.

"Triage" is defined for clarification. The definition is reasonable because it states the meaning which is commonly understood by persons who provide emergency medical care.

7 MCAR § 1.602 Applications for licensure.

Section A.1.b. has been amended to require that applicants for new or renewal licenses or for changes in licensure submit not only the address of the base of operation but also the address of all substations. This is a reasonable and necessary requirement because it enables the Department and the Health Systems Agencies to determine the applicant's ability to adequately serve the proposed primary service area or population and the effect the substation will have.

In Section A.1.e. the phrase "the type of action requested" has been stricken as unnecessary and vague. The remaining words clearly state what information must be provided.

In Section A.1.h. "a declaration of proposed primary service area according to the requirements of 7 MCAR § 1.608 F." has been stricken because it is repetitive. The same information is requested later in section A.1.r.

Section A.1.m. has been amended to require that applicants provide, in addition to the actual and imputed expenses, the projected capital costs and operating costs. This is necessary so that the Department and the Health Systems Agencies can determine whether the applicant is financially stable. Minn. Stat. § 144.802, subd. 3., (d)(5) requires that the Health Systems Agencies review applications for licenses and consider whether the benefit accruing to the public health would outweigh the costs associated with the proposed service, change in base of operation or expansion of a primary service area. In order to make this determination it is necessary to have information about the applicant's anticipated capital and operating costs.

Current sections A.2. and 3. and B.1. and B.1.e. have been stricken because they repeat requirements that are set out in A.1. and 2., and new section 3., and the renumbered sections B.1. and 2. Therefore, the stricken material is unnecessary.

Renumbered section A.1.r. has been amended to require a declaration of the proposed primary service area. This is reasonable because a description of the primary service area as well as a description of the features of it is needed to allow the Commissioner and local Health Services Agencies to determine whether any other licensee is serving that area and whether the applicant can adequately serve the area.

7 MCAR § 1.603 Personnel standards.

Section A. has been amended to provide that persons functioning as pilots of air ambulances don't need to meet the qualifications set out in A. for attendants of basic life support services. It is reasonable to except these persons from the standards set forth in A. because pilots cannot stop the plane and offer assistance as drivers might. New section B. sets forth the standards for air ambulance attendants.

Section A.2. has been amended to provide that emergency medical technician registration certificates issued by the Commissioner pursuant to Minnesota Statute § 214.13 are valid only until two years after the effective date of these rules. This is necessary because no registration certificates will be issued under Minn. Stat. § 214.13 after these rules take effect, or October of 1982, whichever is later. The certificates which are issued until these rules take effect will have an expiration date of up to two years from the effective date of these rules. These certificates are being phased out and will be replaced by certificates issued under 7 MCAR § 1.624. These certificates are being phased out because they are merely registration certificates.

The amended section 1.624 of these life support transportation service rules will establish comprehensive standardized requirements for receiving a basic emergency care certificate for emergency medical technicians.

Section A.1.a.(3), "Possess a current emergency certificate that complies with the provisions of 7 MCAR § 1.609," has been stricken because the amendments result in renumbering and Section 1.609 has been replaced by an expanded emergency care certificate section renumbered Section 1.624. Section A.1.a.(4). "Meets the qualifications of 7 MCAR § 1.604 A. for an advanced life support transportation service ambulance" is stricken because the section to which it refers has been renumbered.

Section A.1.b. which states that "The requirements set forth in Section 1.603 A.1.a. shall not apply to persons functioning as pilots of air ambulance." has been stricken because this requirement has been expressed in the previous section making the repetition unnecessary.

A new Section A.3. has been added which states "Possesses a current certificate issued pursuant to 7 MCAR § 1.624, 1.625 or 1.626." This is a consolidation of the three requirements which were stricken. It conforms to the proposed renumbering.

7 MCAR § 1.603 B., "Qualifications; air ambulance personnel." is a proposed new requirement in these rules. This rule would require the licensee to maintain documentation that each person who functions as an attendant of a basic life support air ambulance has received a certificate issued under 1.624, 1.625, or 1.626. Proposed section B. also requires that the attendant must have received training which has been approved by the licensee's medical advisor in the medical considerations specifically related to transporting patients by air. These include consideration of the physiological changes caused by flight that result from decreased atmospheric pressure, acceleration, noise and vibration. The additional requirements which are imposed on air ambulance personnel are reasonable and necessary because the transportation of patients by air carries with it greater hazards than the transportation of patients by land ambulance.

Federal Aviation Administration Advisory Circular No. AC 67-1 dated March 4, 1974, states that with very few exceptions any patient who can be transported by surface ambulance can be carried by air when appropriate precautions are taken. However, because the changes associated with flying may constitute additional hazards for patients, anyone involved in air ambulance operations should clear all patients with a physician knowledgeable in the effects of the flight environment. The Advisory Circular notes the following possible problems: decreased oxygen pressure; overall pressure decreases which may cause problems associated with gas expansion in body cavities or tissue spaces; difficulty with intravenous bottles in flight and the effect of altitude and pressure on the flow of intravenous fluids; pressure change problems associated with the use of air splints; problems associated with air turbulence, and the effect of turbulence on any traction device used in the air. The Advisory Circular suggests that the following areas should be studied to familiarize personnel with aeromedical evacuation:

(a) altitude physiology which includes basic gas laws, characteristics of the atmosphere, gas exchange between atmosphere and body tissue, characteristics of hyperventilation, stages of hypoxia, treatment of hypoxia, smoking, noise, vibration and other stresses and their effects on the body during flight, and

(b) types of and utilization of aircraft oxygen equipment.

The proposed rule that all attendants on air ambulances be trained and certified as EMTs at a minimum is justified because Federal Aviation Administration Regulation Title XIV, Part 135.91 (c) states that no certificate holder may allow any person other than a person trained in the use of medical oxygen equipment to connect or disconnect oxygen bottles or any other ancillary component while any passenger is aboard the aircraft. American Red Cross advanced first aid certificate holders are not trained to use oxygen and therefore are not qualified to serve as attendants on air ambulances.

The U.S.D.O.T., National Highway Traffic Safety Administration, and the American Medical Association Commission on Emergency Medical Services adopted air ambulance guidelines in 1981. These guidelines state that patients with impaired oxygenation or with increased risk from hypoxia must have enough supplemental oxygen and adequate flow rates for the duration of any exposure above 2000 feet mean sea level.

Because attendants with American Red Cross advanced first aid training are not trained in the use of oxygen equipment and oxygen administration, they are not appropriate personnel for air ambulances and their use on air ambulances may be illegal under federal regulations. EMTs and persons with more advanced training are trained to administer oxygen and therefore as an absolute minimum requirement attendants must be EMTs.

The American College of Surgeons Committee on Trauma has also adopted guidelines for air ambulance operations. These guidelines state that air ambulances must have one or more of the following attendants located in the patient compartment: physician licensed to practice medicine, registered nurse, or emergency medical technician-paramedic who holds a valid EMT paramedic certificate. Because of the variety of complications which can arise from the transportation by air of ill or injured persons, it is both reasonable and necessary to require additional training related to those specific areas of medicine which affect the air transportation of ill or injured patients.

7 MCAR § 1.604 Staffing standards; basic life support transportation services.

Changes in new Section A. are grammatical changes or result from renumbering and have no substantive affect on the application of the rules.

Section B. Medical advisor. This section requires that each licensee that operates air ambulances and by July 1, 1985, each licensee that operates land

ambulances must have a physician medical advisor. The requirement that each licensee that operates air ambulances have a physician medical advisor is a proposed new requirement and is justified in the section above relating to the complications of transporting ill or injured persons by air. Air ambulance services should have physician medical advisors immediately to protect the health and welfare of persons being transported by air.

The elements of new Section B. which delineate the responsibilities of the medical advisor have been stricken because these requirements are spelled out in the definition of medical advisor in 7 MCAR § 1.601 R.

The portion of the current rules coded 1.603 A.2.d. is stricken because this section has been rearranged and renumbered as D.

7 MCAR § 1.605. Quality of life support treatment.

Minnesota Statutes § 144.804, subd. 3, requires the Commissioner of Health to promulgate as rules standards for the operation of life support transportation services. Section 1.605 describes the responsibility of the licensee for the quality of the operation of the service. Attendants and drivers are required to have current certificates before serving on a life support transportation service. When they serve as drivers and attendants they are acting as agents of the licensee and it is the responsibility of the licensee to assure that his offer of service to the public is made within the bounds of the law. The licensee is responsible for assuring that equipment required by the rules is carried on the vehicle, and that attendants and drivers use only equipment that they are trained to use. This section requires the licensee to enforce these requirements.

It is reasonable to require the licensee to assure that attendants and drivers provide care that conforms to the general standard of care expected of persons who function as those attendants and drivers do because the licensee determines the standards for the operation of that service by the persons that

he hires or uses as volunteers. This rule requires the licensee to recognize that there is a general standard of care exercised by persons trained and certified as emergency medical technicians or American Red Cross Advanced First Aid card holders, and it requires him to impose on his attendants and drivers the duty to act in conformance with their training and certification for the benefit of the public served by the licensed ambulance service.

New section B. requires that each licensee establish and implement a procedure for responding to complaints. This is an operational requirement imposed under the authority of Minn. Stat. § 144.804, subd. 3, which requires the Commissioner to promulgate as rules standards for the operation of services. An important part of the operation of any service is assessing the service provided to the public and the public's response to that service. Due to the very personal nature of services provided by life support transportation services, it is very important that each licensee be responsive to members of the public who express complaints or concerns about the life support transportation service. Therefore, it is necessary and reasonable to propose a new standard which would require licensees to respond to complaints.

7 MCAR § 1.606 Restricted treatments and procedures.

Proposed section A. provides that basic life support transportation services may use medical anti-shock trousers only as allowed under 7 MCAR § 1.607 B. There is no new substantive material contained in this requirement; it is merely a restatement and renumbering of a requirement in the current rules that basic life support transportation services may use medical anti-shock trousers only under certain circumstances.

Proposed section B. is new material which establishes prohibitions and restrictions and provides that basic life support transportation services, except as authorized under the general section on the granting of variances, may not

offer the use of esophageal obturator airways, cardiac monitors or defibrillators, intravenous lines or infusions, or the administration of drugs other than oxygen, syrup of ipecac and non-prescription drugs.

The aforementioned treatments and procedures represent a gray area in the provision of medical services provided by basic life support attendants. The Life Support Transportation licensing law requires advanced life support transportation services to provide these services, but does not specifically address the provision of these services by a basic life support transportation service. These procedures and treatments represent a level of treatment which is learned and provided by attendants who are trained to some degree beyond emergency medical technicians. The use of esophageal obturator airways, cardiac monitors and defibrillators by basic life support transportation services is not addressed in the current rules. However, because the licensing law treats these items as advanced life support equipment, the Department requires basic life support transportation services to show evidence of satisfactory attendant training and obtain a variance before using any of these items. The standard emergency medical technician training courses do not offer instruction in the use of these items. Some emergency medical technician courses do teach the use of the esophageal obturator airway. If an emergency medical technician has learned that skill, and the licensee's medical director approves the training and authorizes use of the esophageal obturator airway by the attendant and makes sure that the attendant retains proficiency, a variance will be granted to allow use of the instrument. The same kind of requirements apply to requests for variances to use the other equipment listed in this section. Because most basic life support transportation services are staffed by American Red Cross Advanced First Aid card holders and emergency medical technicians, and these treatments require a level of knowledge and skill which is beyond that possessed by most advanced first aid card holders

and emergency medical technicians, it is necessary to place specific restrictions on the offer or provision of these treatments and procedures by basic life support transportation services.

7 MCAR § 1.607 Equipment standards; basic life support transportation services.

This section contains a number of amendments which do not impose additional substantive requirements on ambulance services but which only make the section easier to read, correct grammatical errors or renumber existing provisions. There is no specific justification for those amendments as they do not affect the substantive requirements of the rules.

Old section E.1.a.(1), renumbered to A.1.a. has been amended to require that lower extremity traction splints be fashioned so as to permit determination of distal pulse, sensitivity and range of movement after the application of the splint. This is necessary because it is important to avoid restricting circulation when applying the splint. This can be determined by applying the splint in such a manner that it is possible for the EMT to check the patient's pulse, the patient's sensitivity to touch or ability to move the extremity after the application of the splint.

Renumbered section A.2.a.(4) has been amended to provide that manually-cycled valves do not need single service tubing.

Renumbered section A.2.a.(5) has been amended to strike the requirement for a single service nasal cannula and single service inhalation mask and to substitute a requirement for equipment for the administration of a low concentration of oxygen which may be met by using either the venturi mask or the nasal cannula. This is a reasonable requirement because it allows the service in conjunction with its medical advisor to determine the best method of administering a low concentration of oxygen.

The Technical Advisory Group which reviewed proposed amendments to these rules also recommended that oxygen administration equipment include equipment for the administration of high concentrations of oxygen as set forth in renumbered section A.2.a.(6). It may be either a rebreather or non-rebreather mask. This is reasonable because it allows the medical advisor to determine the best method.

It is necessary to have equipment for administration of both low and high concentrations of oxygen to meet the needs of all patients. This requirement was justified and explained in the original statement of need.

Renumbered section A.3. relating to dressings, bandages and bandaging equipment has been amended to provide specific requirements for sizes of rolls of adhesive tape and sizes of soft rolled bandages. These changes were recommended by the Technical Advisory Group and are felt to be reasonable because certain sizes of tape and bandages are used more often and are more functional. Therefore, the rules require that these be carried as a minimum requirement.

This section has also been amended to require blunt-tip shears capable of cutting through heavy clothing. This is necessary because many accident victims are wearing heavy clothing and in order to ascertain the extent of injury, it is necessary for attendants to have shears which enable safe removal of clothing without moving the patient. Blunt tip shears are required because they are safer.

Renumbered section A.4. has been amended to strike the requirement that a poison treatment kit include one quart of drinking water and substitute the requirement that the kit contain one quart of drinking fluid. This change was recommended by the Technical Advisory Group and allows the licensee and its medical advisor or director to determine what type of fluid is appropriate to carry.

Renumbered section A.5. requiring one emergency obstetric kit has been amended to allow the service the option of carrying either an 18 inch by 25 foot roll of aluminum foil in an unopened original package or one reflective blanket or an ordinary clean blanket designed for keeping premature infants warm. This is a reasonable requirement because it provides additional, less expensive ways for the licensee to keep premature infants warm.

Renumbered section A.9.f. requires three bi-directional reflective triangles or three flares so that if the ambulance is parked around a corner and the lights on the ambulance are not visible to oncoming traffic, flares or triangles can be set out to warn oncoming motorists that there is an emergency vehicle stopped by the side of the road.

Renumbered section B. authorizing use of medical anti-shock trousers, is contained in the current rules and has been modified to some extent by the insertion of explanatory language. The basic substantive requirement has not been changed. The only addition to this particular rule is the addition of the phrase "are certified under 7 MCAR § 1.624." Attendants and drivers who will use medical anti-shock trousers must be certified as emergency medical technicians because there are certain risks inherent in their use. One of the risks is that they may be deflated and removed too soon or improperly, thus posing a danger of shock to the patient. Because advanced first aid card holders are not trained in the use of blood pressure equipment and such equipment is necessary when medical anti-shock trousers are being applied and deflated, advanced first aid card holders are not qualified to use this equipment.

Renumbered section C., "Variance for certain personnel." is a new requirement. This provision requires that basic life support transportation service licensees which use drivers and attendants who possess only an American Red Cross advanced first aid card must obtain a variance to authorize those drivers and attendants

to use equipment that must be carried on the ambulance, but for which no training was provided in the Red Cross course. This is basically a re-statement of a requirement contained in the licensing law and gives notice to the licensees and an opportunity for the Commissioner to check compliance.

Minn. Stat. § 144.804, subd. 2, provides that drivers and attendants are authorized to use only equipment for which they are qualified by training. All basic life support ambulances are required to carry the equipment specified in § 1.607 A. This equipment includes one portable oxygen system with a variety of face masks, portable suction apparatus, oropharyngeal airways and equipment for determination of vital signs, including a stethescope and blood pressure device.

Persons whose emergency medical training consists only of American Red Cross advanced first aid training have not received training in the use of this equipment. Therefore, if the licensee wishes to authorize advanced first aid card holders to use any of this equipment, a variance must be applied for as required under 7 MCAR § 1.630 D.1. This requirement is necessary so that advanced first aid card holders will understand that although the ambulance may be required to carry all this equipment, they are not permitted to use all of it unless they have received approved specific training in the proper use of each piece. This requirement is necessary for the protection of the public.

Renumbered section F.7. has been amended to require that licensees test medical equipment at the intervals suggested by the manufacturer of the equipment. This is necessary to assure that equipment will be in proper working order when a run is made. Since the same type of equipment is made by a variety of manufacturers and may be made differently, it is reasonable to require that the equipment be tested at the intervals suggested by the manufacturer. This takes into account any variation in the construction or the operation of the equipment which is known to the manufacturer.

7 MCAR § 1.608 Ambulance standards.

Renumbered section A.1.a. which specifies the size of the patient compartment of the ambulance has been amended to require that the patient compartment be at least 52 inches high instead of 54 inches. This is a reasonable amendment which was recommended by the Technical Advisory Group and allows the use of converted vans to transport patients. The requirement that there be kneeling space of not less than 25 inches width and 9 inches height along the right side of the forward half of the primary stretcher has been removed because it appears to be unnecessary. There is adequate room in an ambulance meeting the size requirements proposed in this rule for an attendant to kneel and place his feet in the aisle and administer to the patient's needs. The Technical Advisory Group concurred in striking that requirement.

Renumbered section A.1.b. requires that door openings to the patient compartment be capable of being fully opened and held open by a mechanical device. This is a reasonable requirement which has been inserted to insure that the doors will not swing shut when they should be open.

Renumbered section A.1.d. has been amended to delete the requirement that patient compartment lighting provide a minimum intensity of 40 foot candles at the floor level. This requirement was extremely difficult for ambulance services to comply with because it was difficult to measure. The Technical Advisory Group felt that a reasonable substitution would be to require enough light to allow visual determination of patient's vital signs. It may be possible to take a patient's vital signs in different amounts of light and this allows the attendant to determine how much light he needs.

Renumbered section A.1.f.(4) has been amended to strike the requirement that the ambulance be capable of full performance at ambient temperatures of 125° F. It has been amended to read that the ambulance must perform at 110° F. The Technical Advisory Group agreed that this was a reasonable minimum requirement as it is rarely 125° F. in Minnesota.

Section A.1.g. is a new requirement which would require that the ambulance be marked to show the name of the service as shown in the current license issued by the Commissioner. This is a reasonable and inexpensive requirement and will enable the public to know which ambulance service is providing service.

Renumbered section A.2. has been amended solely to correct and amend the citation to the General Services Administration specification for federal standards for land ambulances.

In renumbered section A.3., the requirement that ambulances "purchased by a licensee on or before June 30, 1981," must substantially comply with the standards contained in this section has been stricken. This provision has been amended to require that ambulances "originally put into service by the licensee, and all ambulances other than land or air ambulances," must substantially comply with the standards in this section. It is reasonable to substitute "originally put into service by the licensee" for "purchased by the licensee" because this gives the services more flexibility in their use of ambulances. It allows them to use ambulances which they did not purchase but which they may have leased, rented or used before June 30, 1981, whether they owned it or not. The addition of the requirement that all "ambulances other than land or air ambulances" must comply with this standard is merely an insertion of the requirement which was removed from another section to make the rules more compact.

Proposed section A.4. requires all land ambulances to be equipped with a siren and with a red light which is visible for 500 feet. This requirement was recommended by the Advisory Group because every ambulance should have the ability to warn the public that it is not traveling under normal traffic conditions. Even ambulances which provide scheduled services may on occasion need to transport a patient in the most rapid fashion possible. This is a reasonable requirement as it provides greater safety to the public.

Old section C.3.a. has been stricken from the rules because it is redundant. A reference to this requirement has been inserted in the preceding section to make the rules more compact.

Renumbered section D.3. has been amended to require that ambulances which are used to transport a patient who is known or should be known to have a "transmissible infection," must be cleaned and disinfected after use. This is a reasonable requirement to protect the safety and health of the public. An infection is the invasion and multiplication of microorganisms in body tissues and a contagious disease is a morbid process which can be communicated from one person to another. This phrase expands the category of patient conditions after which the ambulance must be disinfected. Also, the requirement that offensive matter be disinfected or disposed of in a secure container has been added to the rules. This is a reasonable requirement because it makes this particular rule more specific.

Renumbered section D.4. is a new provision and prohibits smoking in any portion of the ambulance. This is a reasonable requirement because smoking around persons who may be using oxygen or who are ill or injured can aggravate the condition of the patient. This is a very minor restriction in that it imposes no cost or difficulty on the ambulance service and it significantly enhances the provision of good patient care.

7 MCAR § 1.609 Communications.

The provision requiring all basic life support services to comply with these standards by June 30, 1981, has been stricken because it is no longer necessary. That date has passed and basic life support services are now in compliance with the rules or have received variances which allow them to deviate from the rules.

Throughout this section abbreviations have been stricken and replaced with words. This change was requested by the Revisor's Office. The section formerly

numbered D.1.c., which required that ambulances and their communications bases use Channel 1 of the radios as the main operating channel for medical communications and Channel 2 for statewide communications, has been stricken. This requirement is no longer necessary because a proposed new section would permit ambulance services to choose which channel to use for medical communications and which to use for statewide communications as long as the channels are labeled. The Technical Advisory Group discussed this requirement and decided that it was unnecessarily restrictive and that no problems would result if this requirement were stricken.

The radio frequencies which ambulances and their bases must use are still assigned but they may be used on any channel as long as the channel is labeled so that the ambulance operator will know which frequency he is using.

Renumbered section A.3. has been amended to provide that ambulances and communications bases must select and operate one channel at the frequency assigned to the district because now it is the responsibility of the service to select the channel rather than imposing the channel number through the rules.

Renumbered sections A.3.a.-h. have been amended to substitute the geographic name of the Minnesota Department of Health District for the popular names which were used in the rules. These are the designations used for the State Emergency Medical Services health plan. In each section the requirement that a particular district use Channel 1 has been stricken and replaced with the requirement that ambulances operating in that district select one channel at the assigned frequency. This follows the preceding requirement which permits ambulances and bases to select one channel as long as they label the channel to show use.

Renumbered section A.5. has been amended to provide that ambulances and communication bases must operate one channel assigned to the national frequency at the assigned radio frequency. This is a federal requirement. The requirement

that ambulances and bases operate channel 2 on that frequency has been stricken because it is unnecessary.

Renumbered section A.6. requires that each channel be labeled to show use. This is a reasonable requirement as it will prevent confusion as to which channel is to be used for which purpose and it is extremely inexpensive to comply with.

Renumbered section A.9. has been rephrased to provide that ambulances and communications bases may communicate by telephone and other means when radio communications are not necessary. This is a simplification of the phrasing of a requirement that ambulances use radios unless it is not necessary for them to use radios.

7 MCAR § 1.610 Personnel standards; advanced life support transportation services.

A. Qualifications of attendants. This section has been amended by the addition of the provision that persons functioning as pilots of air ambulances do not need to meet the requirements for advanced life support attendants. This is a reasonable requirement which was justified in the last rule hearing and has been transferred to this section to make the rules simpler and more compact. It has been stricken from current section A.1.c.

Current section A.1.a.(1) which states "is registered by the commissioner pursuant to Minn. Stat. § 214.13 to provide paramedic services" is stricken because those proposed rules were never adopted. Section A.1.a.(2) is stricken because the sections dealing with examinations and continuing education for paramedics have been stricken from this rule. Those sections have been consolidated and have become part of 7 MCAR § 1.626, a more comprehensive and thorough section detailing paramedic requirements approved by the Technical Advisory Group.

Renumbered section B. has been amended to provide that except for persons acting as pilots of air ambulances, no person may function as a driver or represent himself as a driver of an advanced life support service. This has been stricken from current section A.1.c. and inserted in this section for consolidation.

Current section A.1.b.(1), "possesses a current emergency care certificate issued by the commissioner pursuant to Minn. Stat. § 214.13;" is stricken because those rules will be repealed when the new requirements take effect. Registrations under those rules will not be maintained. Persons who would once have been registered under those rules will now be certified as EMTs under the life support transportation rules. Current section A.1.b.(2) has been amended to provide that a person may act as a driver of an advanced life support service if that person possesses a current certificate issued pursuant to 7 MCAR §§ 1.624, 1.625, or 1.626, and the citation to section 1.609 has been stricken. Section 1.609 has been renumbered to 1.624. A person who complies with the requirements of section 1.625 or 1.626 will exceed the requirements of 1.624 and would automatically qualify as a driver for advanced life support service. Current section A.1.b.(3) stating that a person may function as a driver of an advanced life support transportation service if he meets the requirements of 7 MCAR § 1.604 A.1.a. has been stricken because that section has been replaced by section 1.626.

The provision that "The requirements set forth in 7 MCAR § 1.604 A.1.b. shall not apply to persons functioning as pilots of air ambulances" has been stricken because it has been incorporated into the preceding section.

All of current section A.2. dealing with written and practical examinations for attendants of advanced life support transportation service ambulances has been stricken because these requirements have been incorporated into a new section on training, certification, examination and continuing education for advanced life support transportation service ambulance attendants, 7 MCAR § 1.626.

New section C., "Qualifications of air ambulance personnel." establishes additional requirements for training attendants for advanced life support air ambulances about the effects of air transportation on ill or injured persons. These requirements are the same as those for basic life support attendants contained in section 1.603 B. and the need and reasonableness is set forth under that section.

7 MCAR § 1.611 Staffing standards; advanced life support transportation services.

With two exceptions, this section has been amended only to the extent necessary to correct citations, delete abbreviations and to comply with the standard form of the Revisor's Office.

New sections A.1. and 2. impose no new requirements. The section which was formerly numbered 5.b. and which required that each advanced life support transportation service maintain a current roster including the names and addresses of all attendants and drivers and files documenting current personnel qualifications has been stricken because it has been set forth later in the rules under a combined personnel requirements section.

New section B., "Medical director," has been amended to strike the requirement that the medical director be responsible for at least the responsibilities set forth in 7 MCAR § 1.603 A.2.b.(1)-(5). That section dealt specifically with the requirements of medical advisors for basic life support transportation services. Those requirements were somewhat different from the requirements which are imposed on medical directors of advanced life support transportation services and therefore it was not accurate to state that medical directors had those same responsibilities. Under these amendments the medical directors have additional responsibilities which are spelled out in the definition section, 7 MCAR § 1.601 T.1. and 2. These amendments impose a new requirement on medical directors.

That is the requirement that a medical director for an advanced life support transportation service must have completed training in advanced cardiac life support that includes training in the elements listed in the rules.

About 10 percent of ambulance runs each year in Minnesota are for cardiac cases. Because many of the medical procedures provided by advanced life support transportation services are invasive, it is particularly important that the medical director who supervises those personnel be well trained in the provision of cardiac life support. This is an easy requirement to meet because courses are offered by the American Heart Association, the American Red Cross and many local hospitals. Both nurses, doctors and paramedic personnel can take these courses. Paramedics who serve as attendants on advanced life support transportation service ambulances are required to pass a practical examination which tests cardiology, including electrocardiogram interpretation and treatment, and the care of cardiac arrest, including intubation, intravenous therapy, administration of intravenous drugs, defibrillation, and cardiopulmonary resuscitation, including one and two person resuscitation, obstructed airway care and infant resuscitation. Paramedics are required to complete a course in advanced cardiac life support every other year. As this is a very important part of the care provided by paramedics and of the training and examination of paramedics, it is important that those doctors who direct their service in the field be adequately trained in this area as well. These courses are not part of the medical school curriculum for most physicians, and doctors who have been practicing in a specialty which does not treat cardiac arrests or obstructed airways need the training provided by these courses. These courses prevent skill deterioration and introduce participants to new medical information. The advisory task force which was composed of doctors, nurses, emergency medical care instructors, EMTs and paramedics, was very supportive of this requirement.

New section C. requires that each advanced life support transportation service licensee maintain a current roster including name, address and qualifications of its attendants and drivers, files documenting personnel qualifications, and a written statement signed by the medical director stating acceptance of the responsibilities of medical director. All these provisions were contained in other sections of the current rule and only the requirement that the medical director submit a written statement stating acceptance of the responsibilities is a new requirement. This is necessary so that the department will be able to verify that the service does, in fact, have a medical director who has explicitly accepted the responsibility.

New section D., "Operational requirements," has been amended only to the extent necessary to delete or strike abbreviations and to substitute new citations for the current rule citations. There is no new material in this section.

New section E., "Affiliation with medical facility," has been amended to add a new requirement which states that the terms of the formal affiliation between the medical facility and the advanced life support transportation service must include a written policy on the administration of medical control for the service. In 7 MCAR § 1.601, "medical control" has been defined to mean the direct communication between physicians in a medical facility and non-physicians who are providing out of hospital emergency medical care in the field. This section requires that the policy address the use of telemetry and two-way radio for physician direction of attendants, patient triage, the use of standing orders and the means by which medical control will be provided 24 hours a day. These are integral parts of medical control in that there would be no direct medical control in the field without the use of telemetry which transmits heart signs and the two-way radio which enables the physician to provide voice direction to the attendant. Patient triage is extremely important as it allows the physician

and the attendant to evaluate injury in cases where more than one person is injured and to determine who can wait for treatment, who cannot wait for treatment and who would benefit from treatment. It is important to have a written agreement governing the elements of medical control so that there will be a clear understanding on the part of all medical personnel as to the procedure to be followed in providing pre-hospital emergency care. There is no cost to either the service or the medical facility to reduce to writing, the procedure which the medical facility will use to provide medical control for the service. It is a very reasonable requirement in that it protects the health and safety of patients.

The operational requirement in current section 1.604 A.6., that an attendant must be in the patient compartment while the vehicle is transporting a patient, has been stricken from this section. This requirement which is the same as that in 1.604 D. has been incorporated in 1.611 D. This requirement is part of the current rule.

7 MCAR § 1.612 Quality of life support treatment.

Comments pertinent to section 1.605 apply here.

7 MCAR § 1.613 Equipment standards; advanced life support transportation services.

There are no new standards imposed in new section A. The amendments to section A. were made only for the purpose of correcting citations and striking abbreviations and inserting words. Most of the amendments in new section B. which specifies the additional equipment which an advanced life support transportation service must carry, were made for the same purpose.

New section B.3. has been amended to replace the word "medication" with the word "fluids." This is a reasonable amendment because drugs and fluids are treated separately and medication is dealt with under number 4. The word "medication" has been stricken from number 4. and replaced with the words "drugs

and drug administration equipment" because the word medication was never defined and had an imprecise meaning. The word "drug" has been added to the definition section and has been defined so that it has a specific meaning. Section B.5., requiring the carrying of one set of medical anti-shock trousers, has been amended to strike the word "inflatable" and substitute "medical" for medical anti-shock trousers. The purpose of this amendment was to standardize the reference to anti-shock trousers throughout the rules.

Section B.6., is a new requirement which has been added to this section. It specifies that the portable oxygen system which is required under section A. must be equipped with an oxygen-powered manually-cycled valve and must provide a minimum of 30 minutes continuous supply at a rate of 15 liters per minute when used with the oxygen-powered manually-cycled valve. It is reasonable to require that advanced life support services carry a portable oxygen system with an oxygen-powered manually-cycled valve because this is the most efficient method of providing oxygen to patients in cardiac arrest. Because the valve is oxygen-powered and 100 percent oxygen is being provided to the patient, a larger supply of oxygen is needed. Advanced life support units often spend more time at the scene providing care than do basic life support units, therefore, it is necessary and reasonable to require them to carry a larger supply of oxygen. The Technical Advisory Group reviewing these rule amendments felt that a 30-minute continuous supply at a rate of 15 liters per minute was the appropriate supply to require. Most advanced life support units now carry oxygen tanks equipped with oxygen-powered manually cycled valves. The larger supply of oxygen can also be provided by connecting two smaller tanks and avoiding the necessity of purchasing additional equipment.

The section which was numbered B.1.d. and which provided that "Medications shall be securely stored according to written procedures developed and maintained by the medical director and complying with applicable rules of the Minnesota Board of Pharmacy" has been stricken because it is unnecessary. 7 MCAR § 1.601 T., in which "medical director" is defined, specifies that one of the activities of the medical director is to provide written procedures for the storage and administration of drugs. The reference to applicable rules of the Minnesota Board of Pharmacy has been stricken because there are no rules of the Minnesota Board of Pharmacy dealing with the storage of medicine aboard life support transportation service vehicles.

New Section D. has been amended to add testing requirements to the maintenance and sanitation requirements. It merely provides that the standards which apply to basic life support units for the maintenance, sanitation and testing, also apply to advanced life support units. In addition, abbreviations have been stricken and citations corrected.

The section which was formerly numbered B.2.b. and which required procedures for periodic performance testing of airway maintenance and electronic equipment has been stricken as unnecessary. It is repetitive of the basic life support requirement that equipment be maintained as required by the manufacturer of the equipment. The preceding new section, 1.613 D. transfers this requirement to advanced life support transportation services.

7 MCAR § 1.614 Compliance with ambulance standards.

This section has been amended only to the extent necessary to delete abbreviations, correct citations and give this section its own rule number.

7 MCAR § 1.615 Communications.

The changes which have been made in this section are the same as those which were made in the basic life support communication section with the exception of certain provisions which will be noted below. The need and reasonableness of these changes is substantiated in the same fashion as it was for the basic life support communications section. Section 1.615 A.7. is a new section which provides that ambulances and bases operating telemetry in the VHF bands may use only those radio frequencies approved by the Federal Communications Commission. This is merely a notice provision restating a requirement of federal law.

7 MCAR § 1.616 Standards for the operation of scheduled life support transportation services.

Section A.2. which deals with scheduled basic life support transportation services and scheduled advanced life support transportation services has been amended to correct citations and replace abbreviations with words.

7 MCAR § 1.619 Disasters.

Current sections 1.608 A. and B. have been stricken from this section which will be renumbered 7 MCAR § 1.619. Sections A. and B. have been stricken because these provisions have been amended and moved to the end of the rules. The justification for the amendments to those sections will be taken up under that section. New section 1.619 has been amended only to revise citations.

7 MCAR § 1.620 Advertisement.

The section currently numbered D.2. which provides that all life support transportation services shall observe designated primary service areas as prescribed in 7 MCAR § 1.605 C. or 7 MCAR § 1.608 F. in conducting or allowing any form of advertisement for its services, has been stricken because the substance of this rule is included in 1. Therefore, D.2. is unnecessary because it is repetitive.

7 MCAR § 1.621 Enforcement provisions.

This section has been amended only as necessary to correct citations and grammar.

7 MCAR § 1.622 Primary service area.

This section numbered F.1.a. in the current rule has been stricken and that requirement has been rephrased to make it clearer. It is now section A.1. The substance of the rule has not been changed. It still provides that an applicant must declare its primary service area and seek designation of that area.

New section A.2.a. has been amended to add the requirement that an applicant, when applying for designation of a primary service area, must show the reasonableness of its response time from its substations as well as from its base of operation. The concept of substation has been added to these rules because it was necessary to define a location for personnel, vehicles and equipment which was not the primary operating base of the applicant. Since applicants will keep personnel, vehicles and equipment at more than one location in their primary service area, it will be necessary for the Commissioner, when designating a primary service area, to know the response time from each location. This enables the Commissioner to determine whether the primary service area proposed by the applicant can be adequately served.

Section A.3.b. is a new section which was added to the rules because it seemed reasonable to create a separate provision for cities of the second class. A life support transportation service which serves a city of the second class must travel a greater distance in order to serve or find a population that will support this service. The population in a city of the second class is usually less dense. Therefore, it is reasonable to allow a longer response time for a vehicle in a city of a second class than for one in a city of the first class.

Current section F.1.d. is stricken because October 1, 1980, the date for applications for designation of primary service areas, has passed and this section is no longer needed. This section applied only to persons who were already operating life support transportation vehicles in areas which they regarded as their primary service areas prior to 1980. The other rule provisions provide standards for the designation of primary service areas for new applicants.

New sections B. C. and D. have been amended to revise citations and make grammatical changes.

7 MCAR § 1.624 Emergency care course program.

A substantial portion of this section which is currently numbered 7 MCAR § 1.609 is contained in the current rules and deals with the same subject, emergency care courses. This section has been revised so that it provides standards for training for emergency medical technicians who, once certified as having completed an approved course, may serve as ambulance attendants. EMT's also serve in other capacities in the medical field on the basis of having had this training. Throughout this section the word "program" has been substituted for "course." In fact, the Commissioner approves programs which are composed or may be composed of more than one course. The courses which are offered make up the program and it is the program in its entirety which is approved by the Commissioner.

New Section A.1. has been amended to provide that the application for initial approval of an emergency care course program for emergency medical technicians must be made on a form provided by the Commissioner. The phrase "programs for emergency medical technicians" has been added to clarify the class of attendants for whom this course is intended and citations have been amended.

New Section A.1.f. has been amended so that the medical supervisor of the course will now be called a "program medical director" instead of a physician medical advisor. The reason is that "medical program director" refers to a person who is in charge of all courses offered by the program. The word "physician" is unnecessary because the definition of program medical director specifies that that person must be a physician. This person must be a director rather than an advisor because the duties expected of an advisor are only to provide advice and to provide assistance, whereas a medical director, according to the definition, provides standards which are used for training and orientation, for standing orders, and for equipment. The program medical director should not just provide advice on the medical content of an emergency care training course, but should personally insure an accurate and thorough presentation of the medical content of the course and be involved in determining that each student has successfully completed the course.

New section A.1.g. requires that the applicant provide the name, address and qualifications of the program coordinator which is required under new section C.2. It is necessary to require that each program have a program coordinator so that there will be one person who is in charge of program planning, student selection, instructor selection, documentation, curriculum development and coordination of the examination and clinical training. This person needn't be a physician as he will handle the administrative details of the training program, thus freeing the program medical director to concentrate on the medical content of the course. It is reasonable to require a particular person to be in charge of these aspects of the course to ensure that the courses will be smoothly run and to provide better training for the students.

New section A.3. requires that applicants who are approved to teach emergency care courses notify the Commissioner of the starting date of the course prior to that date. This requirement is necessary because the Commissioner may wish to

conduct a course audit and will need to know when each course begins. This assures that the Commissioner can determine whether applicants who have had courses approved actually offer them. The Commissioner schedules the examinations for the students who complete these courses, and this notice allows the Commissioner advance notice of each course so that arrangements can be made to schedule the examination which will occur at the end of the course. This imposes a very small burden on the applicants as the requirement can be satisfied with a phone call to the training coordinator in the Department of Health.

New section B. has been amended to require that the Commissioner, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of sections A. through F. Sections A. through F. specify all the requirements for offering an emergency care course. Applicants who do not comply with the requirements contained in these rules will not be approved to offer additional courses. This is reasonable because students who take these courses expect to be provided with training which will enable them to pass successfully the examinations given by the Commissioner and to successfully provide pre-hospital emergency care to patients. The requirements in sections A.-F. are the minimum requirements necessary for accurate and complete presentation of the information necessary to enable students to become qualified to serve as basic life support attendants. Therefore, it is reasonable for the Commissioner to consider whether applicants have complied with these requirements when determining whether to approve a renewal application.

New section C.3. has been amended to strike the requirement that a minimum of 14 hours of the curriculum be taught by a physician and to substitute an 8-hour requirement. This provision would require that 8 hours of the curriculum, including patient physical assessment, be personally taught by a physician. The Technical

Advisory Group recommended and approved this change. This is a reasonable change because it reduces the burden of locating and paying a physician to teach portions of the course, and because with more experience in the approval of emergency care training programs, it has become apparent that nurses, paramedics and other EMTs are qualified to teach many sections of the emergency care course. A physician is required to teach patient physical assessment because this is a portion of the course in which a physician may be needed to answer students' questions about how to examine a patient and how to evaluate for trauma.

New section C.4. has been amended to require that nurses who are instructors must be registered nurses. This is a reasonable requirement because licensed practical nurses have not had sufficient training as part of their formal nursing curriculum to enable them to instruct others in pre-hospital emergency care. The phrase "or others qualified" as specified in 7 MCAR § 1.603 A.1.a.(2)-(4) has been stricken because those persons, including emergency medical technicians, intermediate emergency medical technicians, paramedics or others approved by the Commissioner, are now specified.

The section which was formerly A.3.d. has been stricken because the documentation requirement is contained in a preceding section of the rules.

New section C.5. provides qualifications for instructors. This provision requires that instructors who are not physicians and who teach more than six hours of any course must possess two years or 4000 hours of experience in emergency medical care, certification as a basic cardiac life support instructor, and current, state certification or licensure in the instructor's field. These requirements are necessary so that persons who teach others about emergency care will have had appropriate training and experience to enable them to provide accurate and complete medical information. Physicians are exempt from this requirement because of their lengthy training and specialized knowledge. Persons

who teach no more than six hours of any course are exempt because these persons are usually guest instructors who possess specific knowledge in a specific field and they do not provide the majority of the information to the students in the emergency care training course.

The requirement that each instructor possess two years or the equivalent of 4000 hours of experience in emergency medical care is necessary to assure that persons who instruct others have had actual experience in emergency medical care. Two years or 4000 hours is a lesser requirement that the three years or 6000 hours paid experience which is required for instructors in emergency care courses at Vocational Technical Institutes supervised by the Department of Education. Two years or 4000 hours of experience is a reasonable requirement because it provides sufficient opportunity for the instructor to have worked in a variety of emergency care situations, and encountered a range of emergency care problems. It is a less burdensome requirement than that of the Department of Education yet establishes a standard for measuring experience which is within a range of reasonableness. Instructors who have emergency care experience are familiar with the standards of hospitals and emergency care providers. They are familiar with the reality of using emergency care skills under stress and with limited or no direction or supervision and can better teach students to function under stress. Occupational experience cannot be duplicated in the classroom.

Certification as a basic cardiac life support instructor is required to insure that the instructor will be competent to teach cardiac life support and airway management -- two skills which are necessary for persons providing pre-hospital care.

Current state occupational certification in the instructor's field means that nurses, emergency medical technicians, intermediate emergency medical technicians and paramedics must be currently certified in order to teach emergency medical

care courses. This is a reasonable requirement because persons who teach should have current licensure or certification which demonstrates that they have met continuing education requirements and therefore continue to be knowledgeable in their field.

New section C.6. has been amended to strike the requirement that one instructor is required for every 100 students in the classroom didactic session. It appears that this requirement is not necessary as one instructor teaching in a large classroom can effectively lecture to more than 100 students.

New section D.1. has been amended to strike the requirement of 60 hours classroom didactic and substitute a 71-hour classroom requirement. This is a reasonable and necessary change because the standards on which these rules are based require 71 hours of classroom and practical skills instruction. Those are the U.S. Department of Transportation Emergency Medical Technician Training Standards and the Standards of the National Registry of Emergency Medical Technicians. The NREMT is a voluntary organization of persons who have trained, tested and been certified as emergency medical technicians. The total number of hours required is still 81 hours. This requirement merely specifies that the nine hours which were previously unaccounted for between the clinical and the classroom instruction must be part of the classroom instruction. Training institutions wishing to expand their clinical training past ten hours may do so.

New section D.2. sets forth the curriculum which must be offered in the emergency care training program. The current rules numbered A.4.b.(1)-(20) are stricken and a new curriculum description, which is consistent with the guidelines and standards developed by the U.S. Department of Transportation, National Highway Traffic Safety Administration, is substituted. The curriculum which is specified in D.2.a.-q. is basically the same course content as that which has been stricken. It is merely rephrased and reordered to conform to National

guidelines. The curriculum which is shown as amended language is also the curriculum which is currently offered in emergency medical technician training courses in this State. Therefore, there will be no additional burden on providers to meet this requirement.

Section E., content of clinical experience, is a new section. Although the current rules require clinical training, they do not specify what it must include. This section specifies that clinical training in the hospital must include observation in the emergency room, the coronary care unit, the intensive care unit, labor and delivery room, operating room, post anesthetic recovery room, or morgue. This provides alternatives for observation in the hospital for students in the emergency care courses. It is necessary to specify where the clinical training may be obtained to prevent students from obtaining all their clinical training on an ambulance. Training students in a hospital provides an opportunity for them to be exposed to a wider range of medical problems. This clinical course content conforms to the U.S.D.O.T. guidelines. The emergency care programs now offered in Minnesota provide this kind of clinical experience so there should be no additional burden on teaching institutions.

New section F. has been rewritten principally to rephrase sentences, to delete repetitive phrases and to revise citations. The only new requirement is that the splinting equipment include backboards. This is a necessary requirement because EMTs will be required to use backboards in the field and must carry them on the ambulance. Backboards were used in about 25 percent of all ambulance responses to accidents and about nine percent of all ambulance runs in 1980. In addition, the ventilation assistance and airway maintenance equipment must include suctioning devices. This is a necessary piece of training equipment because suctioning devices are carried on ambulances and students must learn how to use them so that they can prevent obstructed airways and choking. Training courses

now being offered in Minnesota use these pieces of equipment so there will be no additional burden on training institutions.

Current sections A.6. and 7. have been stricken and the section on testing has been expanded and reordered to make it more complete. The requirements which are contained in the stricken language have been incorporated into the expanded section. New section G.1. requires that each student, in order to complete an approved emergency care course, must pass written and practical exams. New section G.2. provides that the examination must test for competency in the subjects specified in the curriculum section. These are not new requirements but are merely restated in the new section.

New section G.3. sets forth the skills which the practical examination must test. These are skills which are presently tested in Minnesota. This language is based on the U.S.D.O.T. standards and on the testing required by the National Registry of Emergency Medical Technicians. This section merely codifies this requirement so as to provide in writing a uniform statewide standard for practical examinations, which will make it easier for new applicants to understand the standards they must meet.

New section G.4., which provides that the Commissioner, or a designated representative, will administer the written and practical exams, is a restatement of a current requirement.

New section G.5. which provides that examiners must possess current certificates issued pursuant to sections 1.624, 1.625, or 1.626, and must comply with 7 MCAR § 1.624 C.5. is a new requirement. The purpose of this requirement is to assure that those who examine emergency medical care course students have themselves been trained in the skills which are required and are familiar with the content and the application of the subject. This is reasonable and necessary to assure that students are fairly and accurately tested and to protect the

public. The requirement that examiners comply with 7 MCAR § 1.624 C.5. requires examiners to meet the same requirements as instructors. That is, they must be persons with two years or 4000 hours experience in emergency medical care, must be certified as basic cardiac life support instructors and must have current occupational certification or licensure in their field. This is an additional way of assuring that persons who are examiners are amply qualified and trained to judge whether students are capable of performing emergency medical technician skills.

New section G.6. has merely been amended to revise citations and to clarify the rule.

Current section B. has been stricken because this material has been incorporated in a later section of the rules.

The substance of new section H.1. which provides that persons who successfully complete an approved course will be issued a certificate by the Commissioner has not been amended. The provision specifying the certificate expiration date is stricken because it has been incorporated in a later section of the rules.

The provision on course audit current section D. is stricken and incorporated into a later section of the rules.

Current section E., on enforcement, has been stricken from this section because it was incorporated in the earlier section of the rules dealing with renewal of course approval.

New sections H.2. and 3. provide that the Commissioner, upon the request of an applicant, shall evaluate emergency care courses, training, and examinations to determine whether they are equivalent to the courses, training, and examinations required by these rules. This is a reasonable provision because it allows the Commissioner to certify persons with equivalent training without requiring them to go to the expense and trouble of obtaining more training in Minnesota and yet because of the review for equivalency it protects the public.

New section H.4. establishes a two-year renewal period for certificates. The Technical Advisory Group recommended that certificates be issued every two years for a period that would be concurrent with certificates issued by the National Registry of Emergency Medical Technicians so that emergency medical technicians could more easily renew both certificates at the same time. This does not change any requirement for certificate renewal but only establishes a different time period for that renewal.

New sections H.5. and 6. require that an applicant for certificate renewal complete an approved emergency care refresher course and pass approved examinations prior to the certificate expiration date. This is not a new requirement but is merely restated in this section of the rules. The purpose of a refresher course is to review information learned in the original course, to review the performance of certain skills including CPR, correct bad habits and pick up new information. It should be taken to refresh the EMT's recollection of how to perform well as an EMT. Therefore, since skills deteriorate over time and two years is the maximum amount of time which may elapse between refresher courses, this course should be taken in the second half of that period.

New section I. establishes a procedure for approval of emergency care refresher course programs which is very similar to the procedure for approval of emergency care course programs. The justification for this procedure is the same as that for the application procedure for the emergency care course. This procedure enables the Commissioner to determine that the emergency care refresher course programs which are offered provide effective instruction to the students and are run in a fashion which will facilitate learning and assure that the medical content of the course is appropriate. Section I.5. restates a requirement stricken from section B.2.b. of the current rules requiring that emergency care refresher courses provide not fewer than 20 hours of instruction and four hours of testing in the subjects listed in the rules.

New section J. expands the requirement in section K. to specify that the subjects taught in the refresher course and the skills learned in the original emergency care course must be tested. This is a reasonable method of assessing the students' knowledge and ability to perform certain skills which must be performed by attendants of basic life support transportation services. This provision codifies the current practice and provides notice of the elements of the tests.

New sections K.1. and 2. provide that persons who have successfully completed approved emergency care refresher courses will be issued renewal certificates by the Commissioner. They also continue the Commissioner's authority to evaluate courses, training and examinations offered in other states and to issue certificates to persons whose training and examination are determined to be equivalent to those which are offered under these rules. This is a reasonable requirement because it assures that minimum standards will be met and yet it does not hinder persons who have received adequate training elsewhere from becoming certified in Minnesota.

New section K.3. provides that successful completion of the National Registry of Emergency Medical Technican continuing education requirements in effect on the effective date of these rules are deemed to comply with the refresher course requirements in these rules. This is a reasonable provision because the National Registry requires twice as many hours of continuing education in emergency care as the state does under these rules. Persons who have met those standards have exceeded the requirements in these rules.

New section L.1. and 2. provide that an applicant may renew a certificate which has lapsed in one of two ways. Within 12 months after the expiration date, the applicant may complete an approved emergency care refresher course and pass

the written and practical examinations approved by the Commissioner. This is the same as the normal method for renewing a certificate. This requirement imposes no additional burden on the applicant. If more than 12 months have passed since the certificate expired and was not renewed, the applicant must complete an approved emergency care course (the original 81-hour emergency care training course) and pass the written and practical examinations which follow that course. This requirement is necessary so that skills which have deteriorated over the year during which the certificate was not renewed, may be refreshed and so that retraining may take place. This requirement is necessary to protect the health and safety of the public and to assure that ambulance attendants are well trained.

State law prohibits licensed transportation services from employing attendants who do not possess current certificates. If an attendant allowed his certificate to expire, the licensee would be required to stop using the person as an attendant. During this time skills would deteriorate and material learned in the emergency care training course would be forgotten. Therefore, it is reasonable to require re-training and re-examination to take place before a person whose certificate has been expired for a year or more can be allowed to serve as an attendant of a life support transportation service again.

New section M. provides that persons who are approved to offer emergency care courses and emergency care refresher courses must cooperate with the audit activities of the Commissioner. This requirement has been slightly rephrased from the requirement in the current rules, but the substance of it remains the same.

7 MCAR § 1.625 Intermediate emergency care course program.

This entire section is new. Intermediate emergency care course programs have been developed only within the last few years. This level of training is now

being certified by the National Registry of Emergency Medical Technicians in Columbus, Ohio, a national voluntary certifying organization. There has been great interest in developing this level of training and certification in Minnesota. In the fall of 1980, the Minnesota Health Department established an advisory group to develop course approval standards for an emergency medical technician-intermediate training course. The EMT-Intermediate Standards Group met three times during November and December, 1980. Members included physicians, nurses, paramedics, EMTs, ambulance personnel, educators and other persons interested in EMT-I services. EMT-I course approval standards, which were established by the EMT-I Standards Study Group, included the following recommendations:

1. The course should meet the skill and knowledge objectives of modules 1, 2 and 3, and training in the esophageal obturator airway as required by the U.S. Department of Transportation National Standards for Emergency Medical Technician-Paramedics.

2. The course should have a medical director.

3. The course should provide supervised clinical experience for students.

4. The course should agree to participate in a course audit by the Minnesota Department of Health.

5. The course faculty should meet or exceed minimum instructor qualifications for emergency medical technicians, and

6. The course should develop and publish a course application which states student prerequisites and other course requirements.

Applications for approval to teach such a course were developed and students have since been tested and certified by the Natonal Registry of Emergency Medical Technicians. It seemed reasonable, therefore, to establish certain minimum State standards for certification at the intermediate level as attendants on basic life

support ambulances. Section 1.625 was developed according to the aforementioned standards and was reviewed and approved by the Technical Advisory Group. Section A. requires submission of the same information required to be submitted under 7 MCAR § 1.624 A. The justification is the same.

Section B. is the same as the renewal section in 7 MCAR § 1.624 B. and the justification for it is the same.

Section C. is the same as 1.624 C. and the justification is the same.

Section D. requires that an intermediate emergency care course provide a total of not less than 52 hours of classroom instruction and practical skills instruction. Neither the National Registry of Emergency Medical Technicians nor the Department of Transportation Training Standards for Paramedics specify the number of hours which should be included in an intermediate emergency medical technician training course. However, since the course is composed of the first three modules of the paramedic training course plus instruction in the use of the esophageal obturator airway, it was agreed by the Technical Advisory Group that it was appropriate to require a minimum of 52 hours instruction. The course guide which outlines National Standards for the United States Department of Transportation paramedic instruction, indicates that 52 hours are required for training in those modules. Most of the courses now in existence in Minnesota provide more hours of instruction. Therefore, it was deemed reasonable to require a minimum of 52 hours classroom instruction and practical skills instruction. Each course and each instructor may determine the appropriate number of hours for instruction in each module of training. This section also specifies the subjects which must be covered.

Section D.3. requires that each program provide supervised clinical training in the hospital. During clinical training each student must practice under

direct visual supervision certain skills which are taught in the classroom section of the course. It is reasonable to specify that these skills be performed under medical supervision because correct performance is important to the well being of the patient. Those which are invasive require that particular care be taken on the part of the instructor to assure that the student does not harm the patient on whom the skill is being practiced and to be sure that the skill is learned correctly so that it will be performed properly in the field where there is no medical supervisor present. Skills which are listed under the supervised clinical training requirement are part of the National standard curriculum for paramedics established by the U.S. Department of Transportation National Highway Traffic Safety Administration.

Section E. provides that students admitted to an intermediate emergency care course must possess current certification as an emergency medical technician. This requirement is necessary because intermediate emergency medical technician training presumes that the student has already received a certain amount of training which will not be repeated in the intermediate emergency care course. The information taught in the intermediate course is a continuation and elaboration of information presented in the emergency medical technician course. Therefore, it is necessary that there be evidence that students have attained a certain level of training before they begin this course.

Section E.2. requires that the student be employed by or serve as a volunteer with a life support transportation service. This is necessary to prevent classes from being filled by persons who don't need to learn the skills for use in their jobs. It also assures that the advanced invasive skills will be taught only to persons who will use them under medical supervision.

Section F. is the same as the equipment and supplies section in 7 MCAR § 1.624, with one exception.

Section F.3. provides that instructors shall use emergency care equipment consisting of esophageal obturator airways, medical anti-shock trousers, I.V. equipment, ventilation assistance and airway maintenance equipment, and equipment for the determination of vital signs. It is reasonable to require this equipment because it is necessary for the performance of the skills which are taught in the course. Courses approved in Minnesota now use these pieces of equipment and this imposes no new burden on the courses.

Section G. specifies that each student must pass written and practical examinations approved by the Commissioner and that the Commissioner must administer exams which test for competency in the subjects listed in the curriculum section. This is a reasonable requirement because in order to determine that students have successfully and thoroughly learned the subject matter presented in the course, it is necessary to test to determine whether the student is competent to practice his skills on patients. The practical examination must test the practical skills which were taught in the course. This is a reasonable requirement so that the examiners can determine that the students have mastered the skills taught in the course and the proper use of the medical equipment. This requirement protects the health and safety of the public and minimizes the risk to the patient.

Section G.4. provides that the written and practical portions of the National Registry of Emergency Medical Technicians-Intermediate examination as of the effective date of these rules are deemed to comply with the examinations required by these rules. This is reasonable because these examinations have been examined by the Department and have been determined to fulfill the requirements of the rules which are that the examination test for competency in subjects listed in the rules.

Section H., issuance of certificates, is the same as the section on issuance of certificates for emergency medical technicians. The justification is the same.

Section I. specifies the amount and type of continuing education which must be completed by each applicant for certificate renewal. The requirements are: (1) annual certification in basic cardiac life support; (2) completion of an emergency care refresher course and examination approved by the Commissioner; (3) completion of 12 hours of continuing education in the subjects included in the intermediate emergency care course; and (4) submission of evidence of completion of continuing education requirements to the Commissioner within 90 days after the certificate expiration date. It is reasonable to require annual certification in basic cardiac life support because this is the basic training in cardiopulmonary resuscitation, a skill which is required of every emergency medical technician. Since a large number of the runs made by ambulance attendants involve cardiac arrest or airway management problems, it is vitally important that attendants receive refresher training in this subject on an annual basis so that skills will not deteriorate. Completion of an approved emergency care refresher course and examination is necessary to assure that other skills which are required for performance as an intermediate emergency medical technician are maintained. Twelve hours of continuing education in subjects taught in the intermediate emergency medical technician training program is reasonable because it assures the safety and well being of persons who are served by the ambulance attendants. Ninety days is a reasonable length of time for an applicant to submit this information to the Commissioner. Certificates are current for only two years. Ninety days is one-eighth of the certification period, and seems to be an adequate length of time for applicants to submit certificate renewal information.

Section J. which requires approval of continuing education courses by the licensee's medical director is needed to assure that attendants complete appropriate courses. A very wide variety of courses is offered and a mechanism is needed to make sure that attendants take relevant courses offered by reliable training institutions. This should be the responsibility of the medical director because he is responsible for the medical care provided by the licensee.

Section K. requires that the medical director of a licensee document that the applicant for certificate renewal has the skills which are described in the section on testing of practical skills. This is a reasonable requirement which will enable the Commissioner to determine at the time the certificate is to be renewed, whether the applicant retains proficiency in the skills which were tested when the initial certificate was issued. The person who is in the best position to know whether the applicant retains those skills is the medical director of the service for which the applicant is employed. The medical director is responsible for the medical care provided by the service and is in a position to re-test and re-train emergency medical technicians who are employed by that service.

Section L. is basically the same as the section on certificate renewal in section 7 MCAR § 1.624. The justification is the same.

Section M. is the same as the course audit section in 7 MCAR § 1.624 and the justification is the same.

7 MCAR § 1.626 Advanced emergency care course programs for paramedics.

Section A., application for initial program approval, and section B., application for renewal are the same as the sections contained in 7 MCAR § 1.624 and 1.625 A. and B. and the justification is the same.

With the exception of the requirement that instructors must be paramedics instead of EMTs or intermediate EMTs, the requirement in section C. is the same as that in 7 MCAR § 1.624 and 1.625, and the justification is the same. It is reasonable to require that instead of EMTs or EMT-Intermediates, that paramedics serve as instructors because only persons with an advanced level of training can teach the advanced subject matter. This is consistent with the way the course is presently being taught.

The course content which is specified under section D.1. is the same as the course content specified in section 1.604 A.2. of the current rules. It is set forth under the heading "Course Content" to make the course content sections consistent. The justification for the content is contained in the original statement of need which accompanied the rules which were adopted in April, 1980. Briefly, that was that these subject areas are consistent with the recommendations of the U.S.Department of Transportation for training programs for advanced life support attendants. The subject areas are broad areas encompassing major categories of medical care provided to ill or injured persons and expectant mothers. These subject areas are also consistent with those tested by the National Registry of Emergency Medical Technicians and they are presently taught in existing training programs in Minnesota.

Section D.2. requires that in addition to the classroom instruction in the subjects listed above, each student must receive clinical training in a hospital and ambulance. Clinical training is necessary to give students first-hand experience in the performance of skills associated with these subject areas and to provide an opportunity to observe patient treatment. The instruction must be provided under direct medical supervision which includes: a demonstration of the skill by the supervisor, observation by the student, practice and successful performance of the skill by the student, and evaluation by the supervisor.

In general, this is the way clinical training programs are carried out throughout Minnesota by those institutions which provide paramedic training. This section was approved by the Technical Advisory Group. It is reasonable and necessary to require this type of clinical training so that no harm will be done to patients on whom these skills are practiced and so that the skills will be well learned by the student in a manner which enables them to be efficiently and safely practiced in the field.

Section E. provides that only persons who have successfully completed an emergency care course and who are currently certified as emergency medical technicians or intermediate emergency medical technicians, may be admitted to an advanced emergency care course. This is a reasonable requirement because advanced emergency care courses teach advanced skills which presume a certain basic knowledge to which the advanced skills may be added. The requirement of certification is a way of determining that the students have in fact successfully obtained the minimum level of knowledge necessary to proceed with advanced instruction. This section protects the health and safety of the public by making sure that training in an advanced level progresses in an orderly fashion from the basic level to the advanced level.

The rationale for section F. is the same as that presented in the equipment and supplies sections in 7 MCAR § 1.624 and 1.625. Section F.3. lists equipment which must be used in the advanced courses. The equipment listed must be carried by advanced life support transportation services. Therefore, it is reasonable to require that instruction be provided to attendants in how to use all the equipment carried by the advanced life support transportation service vehicles.

Section G. is the same as that governing testing in the current rules. The only portion which has been changed is Section G.3. This section has been amended to permit paramedics to assist physicians and nurses in testing all stations of the practical examination. This is less restrictive than the current rule. The Technical Advisory Group, which reviewed these rules and recommended amendments, suggested that paramedics could test more of this examination. Therefore, the restriction on testing has been eased to allow paramedics to examine all stations of the practical examination under the supervision of a physician or nurse. Section G.3. requires that all paramedics meet the requirements in 7 MCAR § 1.624 C.5. This requires that persons who are instructors have two years or 4000 hours experience in pre-hospital emergency care, be certified as basic cardiac life support instructors, and have current occupational certification in their field. None of these additional requirements will be burdensome for paramedics, therefore, it is reasonable to require them. Paramedics must have basic cardiac life support instruction as part of their continuing education, and it is reasonable that persons be certified in their own field before they are permitted to test an applicant in the field. This is a means of determining that they are knowledgeable and competent in the area in which they are testing others.

Section H. is the same as the section contained in 7 MCAR § 1.625 regarding issuance of certificate and the justification is the same.

Section I. is the same as 7 MCAR § 1.604 A.3. in the current rules. It is stricken from that section and incorporated into this comprehensive section on the training, examination and certification of attendants for advanced life support transportation services.

The current rules contain a small paragraph with a reference to skill documentation which states that continuing education requirements include retention of the competencies listed in 7 MCAR § 1.604 A.2.b.(1)-(5) as documented in a statement of satisfaction by the medical director. Section J. specifies the skills which must be documented by the medical director. The skills were taught in both the classroom and clinical instruction in the advanced emergency care course. All of these skills will have been tested in the initial examination for paramedic certification. For the protection of the health and safety of the public, it is necessary to document at the time that the certificate is renewed that the paramedic retains the ability to safely and efficiently perform these skills. The medical director who supervises the medical care provided by the advanced life support transportation service is the person best qualified to determine whether each paramedic retains the ability to perform these skills.

Section K., certification renewal, and section L., course audit, are the same as the sections on certificate renewal and course audit in sections 1.624 and 1.625, and the justification is the same.

7 MCAR § 1.627 Trip reports.

This section was formerly 7 MCAR § 1.610, Documentation. All of the old text of this section was stricken with the exception of one sentence because it was duplicative of requirements listed elsewhere in the rules. The sentence which is retained is currently section 7 MCAR § 1.610 A.5.d. and states "Each licensee shall maintain trip reports for every run in which patient care was offered or provided to meet the reporting requirements of Minnesota Statutes § 144.607." The requirement that trip reports be retained is an acknowledgement of a statutory requirement. It provides notice to the life support transportation service providers that they must maintain this document.

This rule is amended to require that the report contain the information specified in new section 1.627. This information includes the history of the patient's illness, the patient's name, address, vital signs, treatment provided by the attendants, name of the life support transportation service, the date and time of the request for service, identification of crew members, destination, and any additional information which the medical director requires. Requiring this information presents no additional burden to the life support transportation service as most of this information is now recorded by attendants when emergency care is provided. The collection of this information is reasonable because it allows the Commissioner to review trip reports to determine which attendants are providing service and then to determine if they are appropriately certified as required by the rules, to determine what equipment was used, whether appropriate variances have been obtained, and to submit these reports to medical review to determine whether proper equipment and skills are being used to provide treatment. For example, reviewing these reports will enable the reviewer to determine whether oxygen was provided to persons whose complaint or symptoms indicated a need for it, or whether a spine board or cervical collar was applied to a victim of a car crash. It is necessary for the protection of the health and safety of the public to have access to this information.

7 MCAR § 1.628 License fees and expiration dates.

The phrase "or for change in licensure" has been added to the requirement in section A. that each license application be accompanied by a basic fee. This was omitted from the current rules. An increase in fees is proposed. Minnesota Statutes § 144.122, on license and permit fees, allows the State Commissioner of Health by rule and regulation to prescribe reasonable procedures and fees for filing with the Commissioner as prescribed by statute for the issuance of original

and renewal permits, licenses, registration and certification issued under his authority. The fees may include application and examination fees and a penalty fee for renewal applications submitted after the expiration date. All fees proposed to be prescribed in rules and regulations shall be reasonable and shall be in an amount so that the total fees collected by the Commissioner, where practical, will approximate the cost to the Commissioner in administering the program. These proposed fees were submitted to the State Budget Director for approval (attached as an exhibit). On September 28, 1981, a memo (attached as an exhibit) was sent to the Commissioner of Health from Allen A. Yozamp, Assistant State Budget Director, on the subject of the proposed fee increases. The memo stated "the ambulance license fees are approved although the fee revenue will not recover costs. We agree increasing the fees sufficiently to recover costs could place a financial hardship on volunteer ambulance services."

This section also provides that license fees are not refundable. This is a reasonable requirement because the fee pays for the processing of applications and administrative work connected with the applications and the inspection program. Much of this work has already been done or all of it may have been done when an application is withdrawn. Therefore, it is reasonable to refuse to refund the fee.

Section B., Expiration dates, has been stricken because a new registration period is proposed in these rules. Ambulance licenses will be renewed biennially instead of annually. This will require less work for the Department and also less work for the licensed transportation services as they will be required to submit renewal applications every two years instead of every year. In order to expedite the licensing and relicensing process, eight licensing periods have been established. Each period begins on the first day of a calendar month and ends on the last day of the 24th month (or two years) from the beginning of the

period. The relicensing period during the first two years under this system will be shorter for some ambulance services than for others, so that by the time the first two-year period is up, all services will have been established in a biennial licensing system which enables the Department to spread out the renewal procedure over two years. This system also provides for proration of fees for services which are licensed for fewer than 24 consecutive months. This is a reasonable amendment because it provides for more efficient licensing of ambulance services which benefits both the Department, the ambulance services themselves, and the public that they serve.

New section C. requires that all ambulances be identified by a certificate affixed to the vehicle. This is a reasonable requirement as it enables the public and the Department's inspectors to determine that an ambulance has been licensed merely by seeing this sticker on the ambulance.

7 MCAR § 1.629 Waivers.

The substantive portion of this rule is the same as that currently enforced. The wording of the rule has been amended to make the rule shorter and clearer. The current rule provides that a waiver will be granted if the applicant affirmatively substantiates that the rule in question does not address a problem of significance to the public in relation to the applicant's service. This has been taken to be the same as the provision that the granting of the waiver would not adversely affect the public health or welfare and therefore has been stricken as repetitive. No other substantive changes have been made in the section dealing with waivers and the rationale is the same as that originally expressed in the statement of need which accompanied the draft of rules adopted in April, 1980.

7 MCAR § 1.630 Variances.

Sections A., B. and C. are basically the same as the variance procedures currently in effect and therefore the rationale is the same. The provision that provides that a rule may be varied if it does not address a question of significance to the public in relation to the applicant's service, has been stricken because it addresses the same qualification as the rule that a variance will be granted if it will not adversely affect the public health or welfare or if it imposes an undue burden on the applicant. The changes in these sections were made for brevity and clarity.

Section D., Specific variances, lists five specific variances which will be granted to licensees when specific conditions are met. These variances all deal with the use of certain pieces of medical equipment and the provision of certain advanced treatments or procedures by basic life support transportation services. In some cases basic life support transportation services may have attendants who are intermediate emergency medical technicians. Some services have EMTs who have received additional training which qualifies them to use certain equipment generally restricted to advanced life support transportation services, or to provide certain treatments which, because of their invasive nature, are generally restricted to advanced life support transportation services. Because many areas of Minnesota do not have advanced life support transportation services, and the benefits of additional training have been promoted, many basic life support transportation service licensees now have attendants with additional training. Therefore, it is reasonable to establish a procedure by which basic life support transportation services may, in specified circumstances, provide advanced life support transportation services. These variances establish the framework for that. It is reasonable to establish, by rule, certain procedures for granting

these variances so that a uniform statewide standard will be established for the provision of advanced treatments and procedures. All services will have notice of the requirements for using this equipment and providing advanced procedures and the safety and health of the public will be protected. Each specific type of variance provided for in this section was discussed at length by the Technical Advisory Group and by a subcommittee of the Technical Advisory Group which dealt solely with medical issues. Each specific variance and the requirements for its granting have been approved by the Technical Advisory Group.

Section D.1. provides that basic life support transportation service licensees, who have attendants whom they wish to authorize to use all of the equipment on the basic life support transportation service ambulance but who have only been trained to the advanced first aid certificate level, must obtain a variance from the Commissioner in order to authorize those attendants to use all of the equipment on the ambulance which was not used in their training. The rationale for this restriction is contained in the rationale for 7 MCAR § 1.607 C. The licensee must submit to the Commissioner a list of attendants who have received additional, medically supervised training specifying for each attendant the subjects covered, the length of training, the nature of the medical supervision, and a statement signed by the licensee's medical advisor stating his approval of the training received by the attendant. This is a reasonable requirement because it enables the Commissioner to determine whether or not the person who will use the equipment and for whom the variance is being obtained has received training which will qualify him to use that equipment. The requirement is necessary to protect the patients who are transported by the ambulance service and is required by Minn. Stat. § 144.804, subd. 2, which provides that "Drivers and attendants are authorized to use only equipment for which they are qualified by training."

Section D.2. provides that a basic life support licensee that seeks a variance to provide a treatment or procedure that is restricted pursuant to 7 MCAR § 1.606 must have a physician medical director who agrees to provide medical direction regarding attendant training, equipment, standing orders and continuing education, with respect to the treatment or procedure offered or provided pursuant to the variance. This is a reasonable requirement because the procedures or treatments authorized under this variance section are actually services or treatments which are restricted to advanced life support transportation services. Those advanced life support transportation services are required to have a medical director. Medical directors offer binding direction to a service as opposed to advice which can be disregarded. Because of the invasive or the advanced nature of these treatments or procedures, it is necessary that they have the additional direction and supervision provided by a medical director, whether or not they have a medical advisor who advises them on care provided under their basic life support license.

Section D.3. provides that the Commissioner may grant a variance to allow the establishment or maintenance of intravenous infusions by basic life support transportation services only if the applicant shows that it will be established or maintained by attendants or drivers who have been trained in its establishment and maintenance. This is a reasonable requirement because basic life support transportation services are staffed by attendants who have received only emergency medical technician training, and this training does not include instruction in the establishment or maintenance of intravenous infusions. Therefore, it is necessary that if a basic life support transportation service wishes to provide this treatment it must prove that its attendants have been adequately trained in providing this service. Because this is an invasive procedure, it carries with it greater risks to the patient. The establishment or

maintenance of intravenous infusions must have been approved by the licensee's medical director. The rationale for this is the justification provided for D.2. which requires that basic life support transportation services seeking a variance have a medical director.

Written standing orders and protocols for the establishment or maintenance of intravenous infusions must have been developed or approved by the medical director. This is necessary so that basic life support attendants will know when to use intravenous infusions. Most basic life support transportation services do not have medical control and are not in voice contact with a medical director at a hospital. Therefore, there must be written guidelines for the use of intravenous infusions.

Continuing education or clinical training must be provided annually to persons authorized to use intravenous infusions. This is necessary so that the skill of persons authorized to provide intravenous infusions will be maintained for the protection of patients transported by that service. This is not a burdensome requirement as intermediate emergency medical technicians or paramedics must receive refresher training in this skill on an annual or semi-annual basis.

The administration of these infusions is restricted to solutions administered only for fluid volume replacement, basically to treat shock. This particular restriction was recommended by the Technical Advisory Group and the medical sub-committee which reviewed the variance section. This particular restriction is designed to prevent the use of any intravenous therapy except that which is used solely for treatment of shock and for replacement of bodily fluids.

It is reasonable to require documentation of the aforementioned requirements so that the Commissioner will be able to determine that the intravenous infusions will be provided according to the restrictions contained in these rules. Persons

who possess intermediate emergency medical technician and paramedic certificates are deemed to comply with the training requirements because training in this skill is provided in those courses.

Under section D.5. the Commissioner may grant a variance to allow the use of a portable cardiac monitor or defibrillator only if the applicant shows that it will be used by attendants and drivers who have received training in its use and the training has been approved by the medical director. This is necessary and reasonable because attendants and drivers of basic life support transportation services do not receive training in the use of this equipment in emergency medical technician courses.

Standing orders for the use of the cardiac monitor or defibrillator must have been developed or approved by the medical director so that the service will have written guidelines for the proper and safe use of this equipment as basic life support transportation services are usually not in voice contact with the medical director who can tell them when it is appropriate to use this equipment.

Continuing education must be provided to prevent skill deterioration and to allow the Commissioner to determine that the persons trained to use this equipment retain their skill proficiency, and that the health and safety of the public will be protected.

Section D.6. provides that the Commissioner may grant a variance to allow the use of esophageal obturator airways by attendants of a basic life support transportation service only if the applicant shows that the attendants who will use the equipment have been trained in its use or have completed intermediate emergency medical technician or paramedic training and that the use of the esophageal obturator airway has been approved by the licensee's medical director.

The licensee's medical director must assure annually that each attendant authorized to use the airway retains skill proficiency and must sign a statement that the attendant has satisfactorily demonstrated such proficiency. Documentation of the foregoing requirements must be retained in the licensee's files. These requirements are necessary and reasonable because use of the esophageal obturator airway is an invasive procedure which is usually restricted to persons with advanced training. Although it is a very beneficial piece of equipment, it can be very hazardous and the training must include recognition of the hazards of malposition.

Its use is restricted to persons, who, at a minimum have received emergency medical technician training because it requires the use of oxygen, as it is used only in comatose, non-breathing patients. Attendants who have received only American Red Cross advanced first aid certificate have not been trained in the use of oxygen. Potential problems include inadvertent endotrachial intubation, or esophageal rupture. Therefore, it is necessary to restrict its use to persons who are adequately trained, who are determined on an annual basis to have retained their skill proficiency, and who have been approved by the licensee's medical director to use the airway.

Under section D.7. the Commissioner may grant a variance to allow basic life support transportation services to transport patients who are receiving intravenous therapy only when the following conditions are met: the transportation is provided only between health care facilities, the intravenous therapy was established by the facility from which the patient is transported, and a physician or registered nurse from the facility from which the patient is transported or a paramedic accompanies the patient and rides in the patient compartment in addition to the attendant required by 7 MCAR § 1.604 D. As an alternative to

the attendant requirement, the patient's physician may provide information and precautions regarding the use of intravenous therapy for the particular patient to the licensee's attendants.

Many patients who receive intravenous therapy are transported between health care facilities while receiving through the intravenous line, antibiotics or other therapy. Intravenous therapy and intravenous infusions are defined differently so as to make a distinction between them for purposes of these rules. Intravenous therapy under these rules includes all intravenous therapy except intravenous infusion which is defined as solutions provided only for fluid volume replacement. Because there is greater risk to a patient receiving intravenous therapy and because it is an invasive procedure, it must have been started in the health care facility. It is important that persons with additional training transport these patients. Most attendants of basic life support transportation services are emergency medical technicians and these persons have received no training in the emergency medical technician training course with respect to the use of intravenous therapy. Because the rules would allow basic life support transportation only if the therapy were instituted in the facility from which the patient is transported, and only if it were maintained, that is, is neither started nor stopped during transport, the risk would be minimized. The benefit to the patient is that a lower level of transportation at a lesser cost is available, thus reducing health care costs and possibly minimizing the waiting time for transportation between facilities for treatment.

Because most attendants of basic life support transportation services have had no training in the maintenance of intravenous therapy, it is reasonable to require that either a physician, nurse or other person who is familiar with the establishment, maintenance and complications of intravenous therapy accompany

the patient, along with the person required by law to be in the ambulance patient compartment. As an alternative to that requirement, the basic life support transportation service may transfer a patient receiving I.V. therapy if the attendants are certified under 1.624 and have completed training in the maintenance of I.V. equipment and the patient's physician provides information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving. This poses very little additional burden to the basic life support transportation service, and allows the service to be provided at a lesser cost for the benefit of the patient who needs transportation between health care facilities. It assures that attendants will have some medically approved training to rely on in case there is a problem during transport.

Section D.8. provides that basic life support licensees may not be granted variances for parenteral administration of any drug except solutions for intravenous infusion, non-parenteral administration of any drug except sugar solutions for oral administration to conscious diabetic patients, oxygen, syrup of ipecac and drinking fluids, and establishment of intravenous therapy involving the use of drugs other than solutions for intravenous infusion. This is a reasonable restriction because attendants of basic life support transportation services have received no training in pharmacology, and unless they have received additional training pursuant to the granting of variances mentioned above, are not familiar with the establishment of intravenous lines. The medical subcommittee of the Technical Advisory Group agreed that it was necessary to prohibit the administration of all drugs except those listed as exceptions in 8.a. and b. by attendants of basic life support transportation services because of the risk of complications and hazards to ill or injured persons.

Repealer. Rules 7 MCAR § 1.541-1.543 are repealed.

These rules are being repealed because the training and examination requirements for registration of emergency medical technicians have been expanded and incorporated into 7 MCAR § 1.601 to 7 MCAR § 1.630, the rules for life support transportation services. Most EMT's in Minnesota are not registered. Registration is not a prerequisite for employment as an attendant on a basic life support transportation service vehicle. The qualifications of attendants are governed by the life support transportation service rules. Therefore, given the implicit authority of the Commissioner to repeal rules which are no longer required for the safety and well being of citizens of the state, these rules will be repealed.

June 24 1982

George R. Pettersen M.D.

GEORGE R. PETTERSEN, M.D.
Commissioner of Health

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of Proposed Amendments to Life Support Transportation Service Rules (7 MCAR § 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR § 1.541-1.545)

STATEMENT OF COMPLIANCE WITH RULEMAKING PROCEDURES

I, Special Assistant Attorney General John A. Breviu, do hereby declare that I have examined the above-captioned rules and all related documents and that, based on my examination and my personal familiarity with the applicable procedures, the Administrative Procedure Act, the rules of the Office of Administrative Hearings, and the rules of the Attorney General have been followed without any exceptions.

Dated: October 13, 1982

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

John A. Breviu

JOHN A. BREVIU
Special Assistant
Attorney General

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

In the Matter of Proposed Amendments to Life Support Transportation Service Rules, (7 MCAR § 1.601-1.611) and Repeal of Emergency Medical Technician Registration Rules (7 MCAR § 1.541-1.545).

AFFIDAVIT OF MAILING NOTICE OF SUBMISSION TO THE ATTORNEY GENERAL

Diane Kline, being first duly sworn, deposes and says:

That on the 13 day of October, 1982, in the City of Minneapolis, County of Hennepin, State of Minnesota, she served the attached Notice of Submission to the Attorney General by depositing in the United States mail at said City of Minneapolis, a copy thereof, properly enveloped, with postage prepaid, on all persons and associations who requested notice that the rules in the above-entitled matter have been submitted to the Attorney General.

Diane Kline

Subscribed and sworn to before me
this 13th day of October, 1982.
Marie B. Tromiczak

MARIE B. TROMICZAK
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission Expires Oct. 23, 1987

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of Proposed Amendments to Life Support Transportation Service Rules, (7 MCAR § 1.601-1.611) and Repeal of Emergency Medical Technicians Registration Rules (7 MCAR § 1.541-1.545).

NOTICE OF SUBMISSION TO THE ATTORNEY GENERAL

Pursuant to your request and in accordance with the Minnesota Statutes, section 15.0412, subd. 4e:

PLEASE TAKE NOTICE that the above-captioned rules have been submitted to the Office of the Attorney General on October 13, 1982, for review as to form and legality. Pursuant to 1 MCAR § 1.206 C., the Attorney General will not approve the rules for at least ten calendar days after receipt to allow any person or association time to comment on the legality of the rules, after which that Office will complete its review. If you desire to comment on the legality of the above-captioned rules, you should direct your comments to the Office of the Attorney General, 2nd Floor, Administration Building, 50 Sherburne Avenue, St. Paul, Minnesota 55155, telephone (612)296-1288. Please note that the above-cited rule of the Attorney General also provides that a copy of any written comments submitted to the Attorney General must be submitted simultaneously to this agency.

If you are interested in determining what changes, if any, were made in the proposed rules after the hearing and before submission to the Attorney General, you may contact Jim Stoffels, Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440 (telephone: (612)623-5518).

Dated: October 12, 1982

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

George R. Pettersen M.D.

GEORGE R. PETTERSEN, M.D.
Commissioner of Health