

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

Section

|               |                                 |
|---------------|---------------------------------|
| 33-11-03-00.1 | Purpose                         |
| 33-11-03-01   | Staffing                        |
| 33-11-03-02   | Minimum Equipment Standards     |
| 33-11-03-03   | Minimum Medication Requirements |
| 33-11-03-04   | Medical Direction               |
| 33-11-03-05   | Number of Ambulances Staffed    |
| 33-11-03-06   | Advertising Restrictions        |

**33-11-03-00.1. Purpose.**

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

**History:** Effective April 1, 2024.

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

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

**33-11-03-01. Staffing.**

1. The minimum staffing requirement for an advanced life support licensed ground ambulance must consist of a paramedic or equivalent and an emergency medical technician or equivalent. If the crew consists of three or more personnel, the paramedic and emergency medical technician crew may have an emergency medical service vehicle operator as defined in section 33-11-01.2-01 as a third crew member.
2. The primary care provider, whose duties include an assessment of each patient, must hold current cardiopulmonary resuscitation certification and be a licensed paramedic or its equivalent with the following exceptions:
  - a. If, based on the paramedic's, or its equivalent's, assessment findings, a patient's condition requires only basic life support, an emergency medical technician or its equivalent may assume primary care of the patient.
  - b. For scheduled basic life support transfers with a crew of two personnel, the driver and the primary care provider must be at least licensed emergency medical technicians or its equivalent.
3. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.
4. Providing emergency medical services when dispatched with a lower-level emergency medical service vehicle crew. If an advanced life support ambulance and a lower-level emergency medical service vehicle crew are dispatched to provide emergency medical services for a patient, the following shall apply:
  - a. Upon arrival of an emergency medical service provider from the advanced life support ambulance crew who is a higher-level emergency medical service provider than the highest-level emergency medical service provider of the lower-level emergency medical service vehicle crew who is present, that emergency medical service provider shall assume primary responsibility for the patient.

- b. If the patient is assessed by the advanced life support ambulance crew to require emergency medical services above the skill level at which the lower-level emergency medical service vehicle crew is operating, and requires transport to a receiving facility, the emergency medical service provider who is responsible for the overall management of the emergency medical services provided to the patient shall decide, consistent with local emergency medical service protocols, who will transport the patient. An appropriately licensed member of the advanced life support ambulance crew shall attend to the patient during the transport. If the lower-level emergency medical service vehicle is used to transport the patient, that emergency medical service provider shall use the equipment and supplies on the lower-level emergency medical service vehicle, supplemented with the additional equipment and supplies, including medications, from the advanced life support ambulance.
- c. If at the scene or during patient transport by the lower-level emergency medical service vehicle crew, the emergency medical service provider of the advanced life support ambulance crew who has assumed primary responsibility for the patient determines that the lower-level emergency medical service vehicle crew is operating at the skill level needed to attend to the patient's emergency medical services needs, consistent with local emergency medical service protocols, that emergency medical service provider may relinquish responsibility for the patient to the lower-level emergency medical service vehicle crew.

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

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

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

### **33-11-03-02. Minimum equipment standards.**

The ambulance must contain all the equipment requirements as found in section 33-11-02-03, except for having an automated external defibrillator, unless the required manual cardiac monitor is not able to function as an automated external defibrillator, plus the following, unless otherwise approved by the department:

- 1. Oxygen delivery. End-tidal carbon dioxide detectors with pediatric and adult capability.
- 2. Suction. One meconium aspirator adaptor.
- 3. Airway adjuncts:
  - a. Adult endotracheal airway equipment.
  - b. Pediatric endotracheal airway equipment.
  - c. One size zero straight laryngoscope blade.
  - d. One size one straight laryngoscope blade.
  - e. One size two straight laryngoscope blade.
  - f. One size three or four straight laryngoscope blade.
  - g. One size two curved laryngoscope blade.
  - h. One size three or four curved laryngoscope blade.
  - i. One adult stylette.

- j. One pediatric stylette.
  - k. One pair of adult Magill forceps.
  - l. One pair of pediatric Magill forceps.
  - m. One adult laryngoscope handle with extra batteries.
  - n. One pediatric laryngoscope handle with extra batteries.
4. Diagnostic:
- a. Manual cardiac monitor defibrillator with transcutaneous pacing, waveform capnography and pediatric capabilities.
  - b. Monitor electrocardiogram paper rolls.
  - c. Monitor electrodes.
  - d. Adult defibrillator pads.
  - e. Pediatric defibrillator pads.
5. Medication delivery:
- a. Intravenous therapy equipment, including venous restriction device, micro and macro drip administration sets, catheters from sixteen gauge to twenty-four gauge, intraosseous needles, tubing, solutions, and intravenous arm boards for both pediatric and adult patients, as approved by local medical direction.
  - b. Syringes and needles.

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

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

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

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

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

- 1. Alkalinizer agent.
- 2. Bronchodilator - adrenergic intravenous or subcutaneous.
- 3. Bronchodilator for nebulized delivery.
- 4. Antidysrhythmic or antiarrhythmic.
- 5. Anticholinergen parasymphatholitic.
- 6. Opioid antagonist.
- 7. Coronary vasodilator, antianginal.
- 8. Anxiolytic.
- 9. Dextrose containing solution.

10. Anticonvulsant.
11. Analgesic.
12. Antiemetic.

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

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

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

### **33-11-03-04. Medical direction.**

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

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

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

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

### **33-11-03-05. Number of ambulances staffed.**

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

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

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

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

### **33-11-03-06. Advertising restrictions.**

No ambulance service may advertise itself as an advanced life support ambulance service unless it is so licensed.

**History:** Effective March 1, 1985.

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

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