



Minnesota Emergency Medical  
Services Regulatory Board

# Ambulance Service Licensure Information

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Date: \_\_\_\_\_

**AMBULANCE INSPECTION FORM**

Insp #: \_\_\_\_\_

Licensee:					
Vehicle Identification Number (VIN):	Year:	Make:	Model:	Unit #:	Mileage:

**Minnesota Statutes § 144E.18**

*The board may inspect ambulance services as frequently as deemed necessary to determine whether an ambulance service is in compliance with sections 144E.001 – 144E.33 and rules adopted under those sections. The board may review at any time documentation required to be on file with a licensee.*

**DOCUMENTS (Must be on file)**

- License App. Documentation (MR 4690.0200, subp.3)
- PSA Description (MR 4690.3400)
- Mutual Aid Agreement (MS 144E.101, subd.12)
- Personnel Roster and Files (MS 144E.101, subd.11 (a))
- Driver (MS 144E.101, subd.10)
- Hardship Variance Granted (MS 144E.101, subd. 6 (e) or 7(f))
  
- Medical Director Statement (MS 144E.101, subd.11 (b))
  - Adult Guidelines (MS 144E.265, subd.2 (4))
  - Pediatric Guidelines (MS 144E.265, subd.2 (4))
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- \_\_\_\_\_
  
- Operational Procedures (MS 144E.125)
  - Ambulance Complaints
  - Maintenance of Ambulance and Equipment
  - Drug Procuring & Storage
  - Infection Control
- Maintenance, Sanitation & Testing of Equipment (MS 144E.103, subd.2a(7) & MR 4690.1800 A)
- Standards & Radio Frequency Assignment (MR 4690.1900)
- Written Schedule (MS 144E.101, subd.11(a)(1))
- MNSTAR Pre-hospital Care Data (MS 144E.123)

**AMBULANCE SERVICE REQUIREMENTS**

- State Decal (MR 4690.8000)
- Ambulance Standards (MR 4690.1500)
- Communication Equipment Performance and Repair (MS 144E.103, subd. 5 & MR 4690.2000)
- Maintenance/Sanitation of Ambulance & Equipment (MS 144E.103, subd.2a(1-6) & MR 4690.1800)

**EQUIPMENT (MS 144E.103, subd.1,2,3,4)**

- Oxygen
- Airway Maintenance Equipment to Accommodate All Age Groups
  - Esophageal-tracheal Airway \_\_\_\_\_
- Splinting Equipment to Accommodate All Age Groups
- Dressings, Bandages, and Bandaging Equipment
  - Commercially Manufactured Tourniquets
- Emergency Obstetric Kit
- Equipment to Determine Vital Signs to Accommodate All Age Groups
- Stretcher
- Defibrillator \_\_\_\_\_
- Fire Extinguisher
- Secure Storage
- Safety Restraints
- Variance Medications
  - Inhaler     Neb     Epi     Nitro     Glucagon

**ADVANCED LIFE SUPPORT REQUIREMENTS (MS 144E.101, sd.7(b))**

- Advanced Airway Management \_\_\_\_\_
- Manual Defibrillation \_\_\_\_\_
- Administration of I.V. Fluids
- Pharmaceuticals

**AIR AMBULANCE SERVICE REQUIREMENTS (MS 144E.121)**

- Aviation Compliance
- Personnel
- Equipment

Correction Order(s) Issued:     No     Yes    Number(s):

Comments:

Licensee Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

EMSRB Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

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# TAB 1: DOCUMENTS

- Licensing Application Documents

## Purpose of Section

This section provides Ambulance Services with the license application information required to submit for licensing

## Forms to Include

- Copy of Current Ambulance Service License, issued by the EMSRB
- Copy of Online Ambulance Service License Application, every 2 year renewal
- Printed Email Summary of application

Minnesota Statutes / Rules	
<b>Contents of All Applications</b>	
<b>Minnesota Rules 4690.0200 sub 3. Documentation of information.</b>	Applicants shall retain in their files documentation of all statements made in applications for licensure.
<b>Ambulance Service Licensing</b>	
<b>Minnesota Statute 144E.10 License Required</b>	No natural person, partnership, association, corporation, or unit of government may operate an ambulance service within this state unless it possesses a valid license to do so issued by the board. The license shall specify the base of operations, the primary service area, and the type or types of ambulance service for which the licensee is licensed. The licensee shall obtain a new license if it wishes to expand its primary service area, or to provide a new type or types of service
<b>Minnesota Statute 144E.11 sub 9 Ambulance Service License Procedure – Renewal Requirements</b>	An ambulance service license expires two years from the date of licensure. An ambulance service must apply to the board for license renewal at least one month prior to the expiration date of the license and must submit: <ol style="list-style-type: none"> <li>(1) an application prescribed by the board specifying any changes from the information provided for prior licensure and any other information requested by the board to clarify incomplete or ambiguous information presented in the application; and</li> <li>(2) the appropriate fee as required under section <a href="#">144E.29</a>.</li> </ol>

## [Ambulance Service Licensing Instructions and Applications](http://mn.gov/health-licensing-boards/emsrb/licensing/ambulancelicensing.jsp)

<http://mn.gov/health-licensing-boards/emsrb/licensing/ambulancelicensing.jsp>

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# TAB 2: PRIMARY SERVICE AREA

- **Service Area Description**

### Purpose of Section

PSA Descriptions are defined by Statute and the EMSRB, not your County PSAP. Copies of your most recent PSA Description can be obtained by contacting your specialist.

### Documents to Include

- Copy of Current PSA Description as assigned by the EMSRB

Minnesota Statutes / Rules	
<b>Primary Service Area</b>	
<b>Minnesota Statute 144E.06</b>	The board shall adopt rules defining primary service areas under which the board shall designate each licensed ambulance service as serving a primary service area or areas.
<b>Designation of Primary Service Area</b>	
<b>Minnesota Rules 4690.3400 sub 1 Declaration Requirements</b>	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
<b>Subpart 3 Maximum Primary Service Area</b>	The maximum primary service areas designated, as measured from a base of operation or substation, may not exceed: <ul style="list-style-type: none"> <li>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;</li> <li>B. 15 miles or 20 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the second class; or</li> <li>C. 25 miles or 30 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first of second class.</li> </ul>

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# TAB 3: MUTUAL AID

- **Agreements for Mutual Aid / Continual Service**

### Section Notes

It is recommended Mutual Aid Agreements are updated at the time either signatory on the agreement changes.

### Documents to Include

- Copies of Ambulance Service Mutual Aid Agreements
- Written Agreements for Continual Service

Minnesota Statutes / Rules	
Ambulance Service Requirements	
<p><b>Minnesota Statutes 144E.101 Sub. 12 (A) Mutual Aid Agreements</b></p>	<p>A licensee shall have a written agreement with at least one neighboring licensed ambulance service for the preplanned and organized response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local ambulance transport resources have been expended. The response is predicated upon formal agreements among participating ambulance services. A copy of each mutual aid agreement shall be maintained in the files of the licensee.</p>
<p><b>Minnesota Statutes 144E.101 Sub. 12 (B) Mutual Aid Agreements</b></p>	<p>A licensee may have a written agreement with a neighboring licensed ambulance service, including a licensed ambulance service from a neighboring state if that service is currently and remains in compliance with its home state licensing requirements, to provide part-time support to the primary service area of the licensee upon the licensee's request. The agreement may allow the licensee to suspend ambulance services in its primary service area during the times the neighboring licensed ambulance service has agreed to provide all emergency services to the licensee's primary service area. The agreement may not permit the neighboring licensed ambulance service to serve the licensee's primary service area for more than 12 hours per day. This paragraph applies only to an ambulance service whose primary service area is mainly located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance based in a community with a population of less than 2,500 persons</p>

**Minnesota Statutes 144E.101 Sub. 3 Continual Service**

An ambulance service shall offer service 24 hours per day every day of the year, unless otherwise authorized under subdivisions 8 and 9.

# TAB 4: PERSONNEL

- Roster and Driver files

### Purpose of Section

This section verifies the credentials of ambulance service personnel including verification of MN Registration/Certification and driver eligibility. Driver verification must include the date the driver last completed an Emergency Vehicle Driving Course.

### Documentation to Include

- Current Roster of Ambulance Service Personnel and Drivers.
- Qualification Files
- Policy outlining the Licensee's approved training that includes behind the wheel requirements.

Minnesota Statutes / Rules	
<b>Ambulance Service Requirements</b>	
<b>Minnesota Statutes 144E.101</b> <b>Subdivision 11. Personnel roster and files.</b>	(a) An ambulance service shall maintain: <ol style="list-style-type: none"> <li>(2) a current roster of its ambulance service personnel, including the name, address, and qualifications of its ambulance service personnel; and</li> <li>(3) files documenting personnel qualification.</li> </ol>
<b>Driver Requirements</b>	
<b>Minnesota Statutes 144E.101</b> <b>Subdivision 10. Driver.</b>	A driver of an ambulance must possess a <b>valid</b> driver's license issued by any state and must have attended an emergency vehicle driving course approved by the licensee. The emergency vehicle driving course must include actual driving experience.

***Driving Courses Requirements:*** As indicated in the aforementioned Minnesota Statute each driver of an ambulance must have attended an emergency vehicle operation course that is approved by the licensee (ambulance service). Commercial courses such as EVOG (Emergency Vehicle Operations Course) or CEVO (Coaching the Emergency Vehicle Operator) may be a course approved by your ambulance service; they are not specifically required for drivers of ambulances. During periodic inspections the EMSRB will review the ambulance service written policy for driver training requirements and documentation of completion of the requirement for each driver. It is recommended that ambulance services consult with their insurance carrier when reviewing driving training requirements they are approving.

***Driver License:*** To ensure compliance with the requirement that drivers of the ambulance have a valid driver license, ambulance services can easily review and print license information from the following website: [www.mndriveinfo.org](http://www.mndriveinfo.org) (click on DL STATUS). There are a variety of other methods that ambulance services can verify current license status for drivers as well. Ambulance service records need to reflect personnel qualifications at all times, and need to be updated for driver license renewals on or before the renewal date of each driver. An ambulance service has the option of using crew members identified as "non-drivers" (attendant only). Files documenting personnel qualifications must be kept on file with the ambulance service inspection records for periodic review.

# Emergency Vehicle Operation in Minnesota

This is a guide to traffic statutes regulating the operation of emergency vehicles in the state of Minnesota. It is not meant to be an exhaustive research of the laws and rulings on the issue, but can be used as a training guide by the operators of emergency vehicles to understand the legal implications of their operation of emergency vehicles.

In Minnesota, emergency vehicles are exempt from only a few statutes listed below.

1. All traffic statutes in Chapter 169 apply to the drivers of government vehicles unless specifically exempted (Minn. §169.03 Subd 1).
2. Operators of emergency vehicles are only exempt when operating the emergency vehicle in response to an emergency call or in pursuit of an actual or suspected violator of the law (Minn. §169.03 Subd 5, Minn. §169.17). At all other times, operators of emergency vehicles must comply with all traffic statutes.
3. The statutes require the driver of an emergency vehicle to use “due regard for the safety of persons using the highways”. It does NOT protect the driver of an authorized emergency vehicle from the consequence of a reckless disregard of the safety of others (Minn. §169.17, Minn. §169.03).
4. Emergency vehicle operators can (and have been) charged with crimes ranging from misdemeanors up to felonies if the emergency vehicle is operated in a careless, reckless or grossly negligent manner that results in a crash (Minn. §169.13 Subd 1, Subd 2, Minn. 609.21 Subd 1). Maximum penalty of 10 yrs \$20,000 if death; 5 yrs and \$10,000 if serious injury.
5. Use of Blue Lights: 169.64 Subd 4 (b): Authorized emergency vehicles may display flashing blue lights to the **rear** of the vehicle as a warning signal in combination with other lights permitted or required by this chapter. In addition, authorized emergency vehicles may display, mounted **on the passenger side only, flashing blue lights to the front** of the vehicle as a warning signal in combination with other lights permitted or required by this chapter.

## **Emergency Vehicle Exemptions**

## **Statute**

Stop signs and semaphore signals.....	169.03 Subd 2
One way roadways.....	169.03 Subd 3
Parking laws and regulations.....	169.03 Subd 4
Speed limits.....	169.17
Backing on freeway.....	169.305 Subd 2
Using freeway crossovers.....	169.305 Subd 1(b)
Car seats.....	169.685 Subd 6 (2)
Window tint on side and rear glass.....	169.71 Subd 4 (4) (b) (3) (v)
Suspended objects on glass.....	169.71 Subd 1 (3) (c)

Emergency vehicle operators are NOT exempt from:

- Railroad crossings requirements
- School Bus stop arms
- Passing in a no passing zone
- Careless or reckless driving
- Driving while impaired

### **169.17 EMERGENCY VEHICLE.**

The speed limitations set forth in sections [169.14](#) to [169.17](#) do not apply to an authorized emergency vehicle responding to an emergency call. Drivers of all emergency vehicles shall sound an audible signal by siren **and** display at least one lighted red light to the front, except that law enforcement vehicles shall sound an audible signal by siren or display at least one lighted red light to the front. This provision does not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of persons using the street, nor does it protect the driver of an authorized emergency vehicle from the consequence of a reckless disregard of the safety of others.

**History:** (2720-181) [1937 c 464 s 31](#); [1947 c 428 s 14](#); [1997 c 143 s 13](#); 1997 c 159 art 2 s 22; [1998 c 263 s 1](#)

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## **Sample - Emergency Vehicle Operations Procedures**

**Purpose** - There shall be established a system for the safe operation of all EMS emergency response vehicles for the \_\_\_\_\_ Ambulance Service.

**Scope** - These policies are binding on every driver and certified care provider in charge of patient care.

### **Types of Responses:**

**Non-emergency Operations** - anytime an EMS response vehicle is out of the station on an assignment other than an emergency run shall be considered to be a non-emergency operation.

**Emergency Operations**- shall be limited to any response to a scene which is perceived to be a true emergency situation. True emergencies are defined by EMD (Emergency Medical Dispatch) and dispatch policy for a response to any situation in which there is a high probability of life threatening illness or injury or death. The risk of emergency operations must be demonstrably able to make a difference in patient outcome.

### **Emergency Vehicle Operations:**

#### **First and Foremost — *DO NO HARM!***

1. Emergency operations are authorized only to responses deemed by dispatch protocol to be emergency in nature where the risks associated with emergency operations demonstrably make a difference in patient outcome.
2. Upon dispatch, emergency operations are only authorized when the dispatch call type justifies an emergency response.
3. All operations considered non-emergency shall be made using headlights only - no light bars, beacons, corner or grill flashers or sirens shall be used. During a non-emergency operation, the EMS response vehicle should be driven in a safe manner and is not authorized to operate outside of what is provided in Minnesota law.
4. Emergency operations are authorized at a scene when it is necessary to protect the safety of EMS personnel, patients or the public.
5. EMS response vehicles do not have an absolute right of way, it is qualified and cannot be taken forcefully.
6. During an emergency operation the vehicle's headlights and all emergency lights shall be illuminated and the siren used as required in Minnesota traffic law.
7. Once on the scene, the decision for determining the type of response for additional EMS vehicles responding to the scene shall be made by a certified provider following assessment of the scene and all patients. It will be the responsibility of that certified responder to notify the dispatcher or other responding units of the type of response that is warranted, emergency or non-emergency.

8. The EMT/Paramedic in charge of patient care, following assessment of the patient, shall be responsible for determining the response type enroute to the hospital
9. EMS response vehicles shall not exceed posted speed limits by more than ten (10) miles per hour.
10. EMS response vehicles shall not exceed posted speed limits when proceeding through intersections with a green signal or no control device.
11. When an EMS response vehicle approaches an intersection, with or without a control device, the vehicle must be operated in such a manner as to permit the driver to make a safe controlled stop if necessary.
12. When an EMS response vehicle approaches a red light, stop sign, stopped school bus or a non controlled railroad crossing, the vehicle must come to a complete stop.
13. The driver of an EMS response vehicle must account for all lanes of traffic prior to proceeding through an intersection and should treat each lane of traffic as a separate intersection.
14. When an EMS response vehicle uses the median (turning lane) or an oncoming traffic lane to approach intersections, they must come to a complete stop before proceeding through the intersection with caution.
15. When traffic conditions require an EMS response vehicle to travel in the oncoming traffic lanes, the maximum speed is twenty (20) miles per hour.
16. The use of escorts and convoys is discouraged. Emergency vehicles should maintain a minimum distance of 300 - 400 feet when traveling in emergency mode in ideal conditions. This distance should be increased when conditions are limited.



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# TAB 5: MEDICAL DIRECTION

- **Variations and Protocols/Guidelines**

### Purpose of Section

Medical Directors shall, by written statement approve Adult, Pediatric, and Trauma guidelines for all ambulance services.

### Forms to Include

- Copy of Annual Medical Director Statement
- Copy of Medical Director Approval for variances.
- Medical Director Contact Information
- Medical Control Agreement (ALS/PT ALS)

Minnesota Statutes / Rules	
<b>Medical Director Statement</b>	
<b>Minnesota Statutes 144E.101 Subd. 11b Personnel Roster and Files</b>	(b) A licensee shall maintain in its files the name and address of its medical director and a written statement signed by the medical director indicating acceptance of the responsibilities specified in section <u>144E.265, subdivision 2</u> .
<b>Minnesota Statutes 144E.265 Subd. 2 Medical Director</b>	Responsibilities. Responsibilities of the medical director shall include, but are not limited to: <ol style="list-style-type: none"> <li>1) approving standards for training and orientation of personnel that impact patient care;</li> <li>2) approving standards for purchasing equipment and supplies that impact patient care;</li> <li>3) establishing standing orders for prehospital care;</li> <li>4) approving triage, treatment, and transportation protocols for adult and pediatric patients;</li> <li>5) participating in the development and operation of continuous quality improvement programs including, but not limited to, case review and resolution of patient complaints;</li> <li>6) establishing procedures for the administration of drugs; and</li> <li>7) maintaining the quality of care according to the standards and procedures established under clauses (1) to (6).</li> </ol>
<b>144E.101 subd 7 (d) Medical Control Agreement</b> <i>This is a signed agreement with your Medical Director</i>	An ambulance service providing advanced life support shall have a written agreement with its medical director to ensure medical control for patient care 24 hours a day, seven days a week. The terms of the agreement shall include a written policy on the administration of medical control for the service. The policy shall address the following issues: <ol style="list-style-type: none"> <li>(1) two-way communication for physician direction</li> </ol>

	<p>of ambulance service personnel; (2) patient triage, treatment, and transport; (3) use of standing orders; and (4) the means by which medical control will be provided 24 hours a day. The agreement shall be signed by the licensee's medical director and the licensee or the licensee's designee and maintained in the files of the licensee.</p>
<b>144E.101 subd. 14 Trauma triage and transport guidelines</b>	<p>By July 1, 2010, a licensee shall have written age appropriate trauma triage and transport guidelines consistent with the criteria issued by the Trauma Advisory Council established under section <a href="#">144.608</a> and approved by the board. The board may approve a licensee's requested deviations to the guidelines due to the availability of local or regional trauma resources if the changes are in the best interest of the patient's health.</p>

**Variance/Medical Direction Renewal Information**

**Ambulance Service:**

**EMS #**

**A. Variance renewal:** Current variance information is listed on the enclosed computer information. The licensee must provide updated information to renew a medication variance. **The licensing renewal date will be the anniversary date for the variance.** Place a check next to all medications applicable to your variance renewal.

- 1. Beta agonist by metered dose inhalation
- 2. Beta agonist by nebulization
- 3. Nitroglycerin

- 4. Epinephrine
- 5. Glucagon

In requesting renewal of variances, the licensee certifies that at all times, at least one attendant on duty is trained to administer the drug for which the ambulance service has been granted a variance. By the annual anniversary date of the approved variance, the licensee’s medical director shall certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and, prior to allowing an attendant who was hired after the variance was granted to administer a drug, the attendant satisfactorily completed the required training. Documentation shall be retained in the licensee’s files. (Minn. Rules, chapter 4690.8300)

**B. Medical Direction A medical director shall:**

- 1. be currently licensed as a physician in this state;
- 2. have experience in, and knowledge of, emergency care of acutely ill or traumatized patients; and
- 3. be familiar with the design and operation of local, regional, and state emergency medical service systems.

**The responsibilities of medical director shall include, but are not limited to:**

- 1. Approving standards for training and orientation of personnel that impact patient care.
- 2. Approving standards for purchasing equipment and supplies that impact patient care.
- 3. Establishing standing orders for pre-hospital care
- 4. Approving triage, treatment, and transportation guidelines for adult and pediatric patients
- 5. Participating in the development and operation of continuous quality improvement programs including, but not limited to, case review and resolution of patient complaints.
- 6. Establishing procedures for the administration of drugs; and
- 7. Maintaining the quality of care according to the above standards and procedures established

Annually, I or my designee, shall assess the practical skills of each person on the ambulance service roster, and signed statement verifying the proficiency of each person will be maintained in the ambulance service licensure files. (Minn. Stat. 144E.265)

**Authorized Signature**

By signing this document, I agree to the requirements and responsibilities found in Minn. Stat. 144E. 265

Signature of Medical Director

Date

Telephone #

Fax #

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**AMBULANCE SERVICE**  
**MEDICAL DIRECTOR**  
**CHANGE INFORMATION FORM**

Service Name: \_\_\_\_\_ EMS Number: \_\_\_\_\_

**New Medical Director** - Please supply to contact information below: **Effective Date:** \_\_\_\_\_

\*Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City, State: \_\_\_\_\_

\*MD License #: \_\_\_\_\_

\*Email address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Cell (Optional): \_\_\_\_\_

\*ACLS Certified? YES \_\_\_\_\_ NO \_\_\_\_\_

\*ATLS Certified? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

**Retiring Medical Director Information:** **Retirement Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Ambulance Service Requirements:**

In accordance with M.S. § 144E.101, subdivision 11(b): A licensee shall maintain in its files the name and address of its medical director and a written statement signed by the medical director indicating acceptance of the responsibilities specified in section [144E.265, subdivision 2](#).

Sample Medical Direction Statement can be downloaded from the following link:

[http://www.emsrb.state.mn.us/docs/Medical\\_Direction\\_Statement\\_-\\_Current-138.pdf](http://www.emsrb.state.mn.us/docs/Medical_Direction_Statement_-_Current-138.pdf)

**Medical Director change information should be provided to the EMSRB – EMS Specialist assigned to your ambulance service to ensure EMSRB licensure records have current information. Contact your EMS Specialist if you need assistance with additional medical direction documentation requirements for ambulance service licensure.**

*“To protect the public’s health and safety through regulation and support of the EMS system.”*

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**Template - EMS Trauma Triage and Transport Guidelines  
For  
Major Trauma Patients**

**ADOPTION PAGE**

In accordance with Minnesota Statutes, section 144.604 the *[insert ambulance service name]* has developed the following EMS Triage and Transport Guideline to ensure **major trauma patients** are transported to hospitals best able to provide the resources necessary to care for them.

**Guideline Purpose**

Trauma hospitals vary in their resources to care for various types of trauma patients. It is for this reason the *[insert ambulance service name]* and its medical director has developed this guideline to identify **major trauma patients** of all ages and the hospitals with the resources to care for those patients.

**Trauma Patient Triage and Transport**

The *[insert ambulance service name]* will triage patients in accordance with the attached **major trauma patients** triage indicators and flowchart and transport to an appropriate trauma hospital (Designated Trauma Hospital List Attached) within 30 minutes transport time.

When EMS personnel are triaging trauma patients they should err on the side of the criteria that have been established for **major trauma patients** to ensure patients are transported to an appropriate designated trauma hospital.

**Major Trauma Patient Triage and Transport Review**

The *[insert ambulance service name]* has developed a process to review all calls where this major trauma patient guideline has been initiated. Calls will be reviewed by the medical director and ambulance service director to ensure **major trauma patient** and **patient transport** criteria have been met. Any deviations from these guidelines will be reported immediately to the ambulance service medical director for follow up.

**Approval**

Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_

**Template - EMS Trauma Triage and Transport Guidelines  
For  
Major Trauma Patients**

**Major Trauma Patient Triage Indicators**

The following criteria have been established by the *[insert ambulance service name]* and medical director to identify **major trauma patients** and ensure they are transported to appropriate receiving hospitals.

1. **Compromised or Unsecured Airway** resulting from a traumatic event **transport to the closest designated trauma hospital within 30 minutes**, or if no designated hospital exists within 30 minutes, transport to the closest hospital.
2. **Respiratory Distress** resulting from a traumatic event
3. **Altered level of Consciousness** (less than “A” on AVPU scale) resulting from a traumatic event
4. **Shock/diminished perfusion** resulting from a traumatic event
5. **Severe Burns**
6. **Other Considerations:**
  - Severe multiple injuries (2 or more systems) or severe single system injury
  - Cardiac or major vessel injuries resulting from a blunt or penetrating trauma
  - Injuries with complications (e.g., shock, sepsis, respiratory failure, cardiac failure)
  - Severe facial injuries
  - Severe orthopedic injuries
  - Co-morbid factors (e.g., age <5 or >55 years, cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity).
  - Evidence of traumatic brain injury and/or spinal cord injury (e.g. new paralysis)

**Air Medical Transport or ALS Intercept Considerations**

The *[insert ambulance service name]* will consider the use of Helicopter Emergency Medical Services (HEMS) or ALS-Ground Intercept (ALS-GI) resources that are available locally. When requesting Helicopter Emergency Medical Services (HEMS) or ALS-Ground Intercept (ALS-GI) services for **major trauma patients**, the following should be considered:

- A patient meets defined **major trauma patient** criteria and scene time plus ground transport time to the closest designated trauma hospital exceeds the Estimated Time of Arrival (ETA) of HEMS or ALS-GI. or;
- The scene time, plus ground transport time to local hospital is less than HEMS or ALS-GI arrival time to scene. Consider initiating ground transportation and diverting the HEMS or ALS-GI to the destination hospital for continued patient care or if transport to a definitive care hospital will be necessary and applicable.

**Template - EMS Trauma Triage and Transport Guidelines  
For  
Major Trauma Patients**

**Major Trauma Patient Transport Hospitals**

The following destination hospitals have been identified by the *[insert ambulance service name]* and its medical director for major trauma patients:

<b>Hospital Name &amp; Trauma Designation Level</b>	<b>Definitive Care Destination For Patients Meeting Major Trauma Criteria</b>
<i>[Insert Hospital Name]</i> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Insert Hospital Name]</i> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Insert Hospital Name]</i> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Insert Hospital Name]</i> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Insert Hospital Name]</i> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Template - EMS Trauma Triage and Transport Guidelines  
For  
Major Trauma Patients**

**Major Trauma Patient Triage & Transport Flowchart**

**Compromised and Unsecured Airway**  
Resulting from a Traumatic Event?

Yes

No

**Altered Level of Consciousness**  
<"A" on AVPU Resulting from a Traumatic Event?

Yes

No

**Respiratory Distress**  
Resulting from a Traumatic Event?

Yes

No

**Shock or Diminished Perfusion**  
Resulting from a Traumatic Event?

Yes

No

**Severe Burns?**

Yes

No

**Other Considerations**

- Severe multiple injuries (2 or more systems) or severe single system injury?
- Cardiac or major vessel injuries resulting from blunt or penetrating trauma?
- Injuries with complications (e.g., shock, sepsis, respiratory failure, cardiac failure)?
- Severe facial injuries?
- Severe orthopedic injuries?
- Co-morbid factors (e.g., Age < 5 or >55 years, cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity)?
- Evidence of traumatic brain injury &/or spinal cord injury (e.g. new paralysis)?

Yes

No

**Transport to the Closest Designated Trauma Hospital within 30 Minutes.**

- Consider Helicopter Emergency Medical Services
  - Consider ALS Intercept
1. Transport to a Designated Level I or II Trauma Hospital that is within 30 minutes Transport Time.
  2. If **No** Level I or II within 30 minutes Transport Time, Transport to the Closest Designated Trauma Hospital within 30 minutes Transport Time, or to a more appropriate Higher-Designated Trauma Hospital if pre-determined by Local Medical Directions. Initiate transfer arrangements according to local protocol.
  3. If **No** Designated Trauma Hospital is within 30 minutes Transport Time, transport to the closest hospital. Initiate transfer arrangements according to local protocol.

**Transport According to Local Protocol.**

# TAB 6: EDUCATION RECORDS

- **MD Skills Verification and Variance Approval**

### Section Notes

The following paperwork must be signed annually verifying personnel have been assessed for skills competency. Rosters including the date of education, subject, and signature of attendee must accompany this paperwork.

### Forms to Include

- Medical Director Verification for Variances, Specific Procedures, and skills.
- Copy of signed attendance rosters
- Variance forms for New Attendants

Minnesota Statutes / Rules	
<b>Medical Director Skill Verification</b>	
<b>Minnesota Statutes 144E.265 Subd 3. Annual assessment; ambulance service.</b>	Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statements shall be maintained in the licensee's files.
<b>Variance for Drugs</b>	
<b>Minnesota Rules 4690.8300 Sub 7. Variance for certain drugs.</b>	The board shall grant a variance to a basic ambulance service licensee to carry and to administer beta agonist by metered dosed inhalation or nebulization, or both, premeasured subcutaneous epinephrine, sublingual nitroglycerine, or premeasured intramuscular or subcutaneous glucagon only if the licensee shows that: <ol style="list-style-type: none"> <li>A. each attendant who will administer the drug has satisfactorily completed training in the administration of the drug and the training has been approved by the licensee's medical director;</li> <li>B. the administration of the drug has been authorized by the licensee's medical director;</li> <li>C. the licensee's medical director has developed or approved standing orders for the use of the drug;</li> <li>D. continuing education or clinical training in the administration of the drug shall be provided at least annually to the licensee's attendants who are trained to administer the drug; and</li> <li>E. at all times, at least one attendant on duty is trained in accordance with item A to administer the drug for which the ambulance service has been granted a variance</li> </ol> <p style="margin-left: 40px;">Documentation of items A to E must be retained in the licensee's files.</p>

<p><b>Minnesota Rules 4690.8300 Sub 8.</b> <b>Variance maintenance.</b></p>	<p>In order to maintain a variance granted under subpart 7 (see above: Variance for certain drugs.), the licensee's medical director shall, by the annual anniversary date of the approved variance:</p> <ul style="list-style-type: none"> <li>A. provide a list of the licensee's attendants;</li> <li>B. certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and</li> <li>C. certify in writing that, prior to allowing an attendant who was hired after the variance was granted to administer a drug specified in subpart 7, the attendant satisfactorily completed the required training under subpart 7, item A.</li> </ul> <p>Documentation of items A to C shall be retained in the licensee's files.</p>
<p><b>IV Infusion &amp; Special Procedures</b></p>	
<p><b>Minnesota Statutes 144E.101 Subd 6.</b> <b>Basic Life Support</b></p>	<p>A basic life-support service licensee's medical director may authorize ambulance service personnel to perform intravenous infusion and use equipment that is within the licensure level of the ambulance service. Ambulance service personnel must be properly trained. Documentation of authorization for use, guidelines for use, continuing education, and skill verification must be maintained in the licensee's files.</p>



# ANNUAL MEDICAL DIRECTOR VERIFICATION

## SKILLS EVALUATION

Minnesota Statutes, section 144E.265, subpart 3: Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statements shall be maintained in the ambulance service licensee's files.

## VARIANCE MEDICATION SKILLS

Minnesota Rules, section 4690.8300, subpart 8: In order to maintain a variance granted under subpart 7 (Variance for certain drugs.), the licensee's medical director shall, by the annual anniversary date of the approved variance: a) provide a list of the licensee's attendants; b) certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and c) certify in writing that, prior to allowing an attendant who was hired after the variance was granted to administer a drug specified in subpart 7, the attendant satisfactorily completed the required training **only for variances listed on your ambulance service license**. Documentation of items A through C shall be retained in the licensee's files.

*Beta Agonist by Metered Dose Inhalation* \_\_\_\_\_  
*Premeasured Subcutaneous Epinephrine* \_\_\_\_\_  
*Premeasured Intramuscular of Subcutaneous Glucagon* \_\_\_\_\_

*Beta Agonist by Nebulization* \_\_\_\_\_  
*Sublingual Nitroglycerine* \_\_\_\_\_

## APPROVAL OF SPECIFIC PROCEDURES FOR BASIC LIFE SUPPORT SERVICES

**Service Medical Director:** Initial each procedure below that has been approved for your ambulance service. This will verify that protocol/guidelines, training, on-going training, and quality assurance plans are in place and currently approved in accordance with Minnesota Statutes, section 144E.101, subdivision 6 (d).

*Intravenous Infusion:* \_\_\_\_\_      *Intraosseous Infusion:* \_\_\_\_\_      *CPAP:* \_\_\_\_\_

*Pneumatic Anti-Shock Garment(PSAG):* \_\_\_\_\_      *Opiate Antagonist* \_\_\_\_\_

*12 Lead:* \_\_\_\_\_      *Supraglottic Airway* \_\_\_\_\_

*Additional Equipment:* \_\_\_\_\_

I, as medical director for \_\_\_\_\_ Ambulance Service verify that each of the following ambulance service personnel has been assessed for practical skill proficiency by me or my designee in each of the above categories and is approved to provide care in accordance with the protocol/guidelines established for the ambulance service.

Medical Director \_\_\_\_\_ MN. Physician License # \_\_\_\_\_  
(Print Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Original Signature)

**At the time of inspection, signed and dated rosters must be available for review, indicating date(s) of education.**

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## AMBULANCE SERVICE TRAINING DOCUMENTATION FOR DRUG VARIANCE

### New Attendant Training Documentation

Minnesota Rules 4690.8300, Subpart 8; Prior to allowing an attendant who was hired after the drug variance was granted by the EMSRB to administer one of the specified drugs, the ambulance service medical director **shall certify in writing** the attendant has satisfactorily completed the required training for administration of the drugs.

Ambulance Service: \_\_\_\_\_ EMS# \_\_\_\_\_

Attendant Name: \_\_\_\_\_

Date Hired: \_\_\_\_\_

Minnesota EMT Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **APPROVAL:**

The above ambulance service attendant has satisfactorily completed the required training for administration of the following drugs specified in the variance granted to the ambulance service.

Medications: Check those approved for administration.

\_\_\_\_\_ Beta agonist by metered dosed inhalation.

\_\_\_\_\_ Beta agonist by nebulization.

\_\_\_\_\_ Epinephrine – Premeasured subcutaneous.

\_\_\_\_\_ Nitroglycerin – Sublingual.

\_\_\_\_\_ Glucagon – Premeasured intramuscular or subcutaneous.

Medical Director: \_\_\_\_\_ MN. License Number: \_\_\_\_\_  
(Print Name)

Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original Signature)

**Ambulance Service must retain this information in licensing files.**

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# TAB 7: OPERATIONS

- **Policy Information**

### Section Notes

Ambulance Services must establish operational policies as set forth by Minnesota Statutes 144E.125.

### Documents to Include

- Complaint Procedure
- Ambulance & Equipment Maintenance Procedure
- Drug Procurement and Storage Policy
- Infection Control Procedures

## Minnesota Statutes / Rules

### Operational Procedures

#### Minnesota Statues 144E.125

A licensee shall establish and implement written procedures for responding to ambulance service complaints, maintaining ambulances and equipment, procuring and storing drugs, and controlling infection. The licensee shall maintain the procedures in its files.

## Policy Samples and Thinking Points

- **Complaint Procedure**
  - Internal and External Complaints
- **Procedure for Maintaining Ambulances & Equipment**
  - Including statements regarding following manufacturer guidelines.
  - Most Specialized equipment including but not limited to stretchers, AED's, etc have checklists in their instruction manuals.
  - Where is your truck services, rig checks completed, and how often?
  - Documentation of date completed and by whom.
  - Who, What, When, Where, and How?
- **Procedures for Procuring & Storing Drugs**
  - How do you exchange or dispose of drugs that expire?
  - Where do you obtain your drugs?
  - Does your storage policy address temperature limits in accordance with manufacturer recommendations (including when vehicle is parked outside or goes for maintenance)
  - How does crew obtain additional medications or notify management when medications are used or expired to avoid any shortage
- **Procedures for Infection Control**

*For policy examples, please contact your EMSRB Specialist*

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## AMBULANCE & EQUIPMENT MAINTENANCE RECORDS AND GUIDELINES

### PURPOSE:

To establish guidelines to accomplish regularly scheduled ambulance and EMS equipment inspections. Each item shall be inspected closely to ascertain that all requirements for proper operation are met.

### FREQUENCY:

All ambulances, portable equipment, and jump bags shall be inspected on a daily, weekly, and a monthly basis or according to manufacturer's recommendation.

### RESPONSIBILITY:

Members of the department shall be responsible for performing ambulance and equipment inspections. Members performing ambulance and equipment inspections shall do so in accordance with the Daily EMS Equipment Inspection, Weekly Ambulance Maintenance Inspection, or Monthly Meds Expiration and inventory check lists as appropriate.

Ambulance vehicle maintenance shall performed by \_\_\_\_\_ as recommended by the vehicle manufacturer and in Accordance with the North American Standard Inspection Program and DOT regulations.

Members performing those inspections are required to be certain that each item particular to the ambulance is carefully inspected to ensure proper operation.

### RECORDS MANAGEMENT:

All inspections performed shall be tracked by entering data into the records management system for the department performing the inspection.

Members performing daily, weekly, or monthly ambulance inspections shall note any repairs or adjustments made to the ambulance or equipment on the appropriate maintenance repair form.

### POST USE INSPECTION:

Cleanliness of both the ambulance and equipment shall be inspected after each use. In all cases, leave the ambulance in a way you would want to find it for the next call.

Equipment contaminated with body fluids shall be properly disinfected immediately after its use using departmental procedures and manufacturer's recommendations for disinfection.

### VEHICLE CLEANLINESS:

The vehicle will be inspected for cleanliness both inside and out. In addition the general order of the vehicle will be inspected to assure that all items are stored in a fashion complimenting personnel safety.

## DEFICIENCY REPORTING PROCEDURES:

Damaged or missing equipment will be reported to \_\_\_\_\_ and missing equipment will be replaced as inventory permits.

If an ambulance is found in a condition that would place it out of service or possibly hinder an emergency response, it shall be marked out of service and immediately reported to \_\_\_\_\_.

Nothing within this procedure discourages personnel from performing daily or weekly inspections with more frequency than outlined.

## EMS EQUIPMENT:

The department shall comply with Minnesota Statutes, section 144E.103 Subdivision 2a. Maintenance, sanitation, and testing of equipment, supplies, and drugs.

Nearly all pieces of EMS equipment come with some form of an "Owner's Manual" or "Operator's Guide". These documents shall be retained and reviewed by appropriate agency staff and the procedures for care and maintenance should be followed. All equipment and supplies shall be maintained according to manufacturers' specifications with regard to maintenance, storage, expiration date, replacement, etc.

Periodic manufacturer recommended preventive maintenance of equipment includes, but is not be limited to,

- Performing manufacture's recommended calibrations/inspections
- Performing manufacture's recommended service (including lubrications) and the proper materials to use in performing recommended service
- Replacing and servicing batteries (if applicable)
- Proper inspection of all equipment available to provider
- Proper cleaning and disinfecting of equipment
- Removal of equipment from service if in the event of damage or equipment of equipment

Check current inventory list for quantities carried in jump bags. Any missing items must be restocked immediately.

It is ultimately the responsibility of the Duty Crew to insure that the vehicles are cleaned and restocked after each call.

If any items are unavailable, \_\_\_\_\_ should be notified as soon as possible. When cleaning the vehicles or equipment, assume that all fluids are contaminated. Clean all surfaces with an approved solution by the department or equipment manufacturer.

All disposable items such as airway and oxygen supplies, bandages, and disposable linen shall be disposed of in a container labeled BIOHAZARD or INFECTIOUS DISEASE. These usually have a red liner. Soiled linen shall be treated as hazardous material from the time it is removed from the patient and must be placed in an INFECTIOUS LINEN bag.

# **Insert Ambulance Service Name**

## **SAMPLE: Drug Procurement and Storage Policy**

### **Purpose:**

To define a process for procuring, handling and storing medications that are carried under variance.

### **Policy:**

(Insert Ambulance Service Name) will obtain variance drugs by prescription from Medical Director at a local pharmacy or Vendor (Insert name). Expiration dates will be noted upon receiving such drugs to be sure that adequate time is allowed for use.

### **Procedure:**

- A. Drugs will be stored in each Ambulance's "drug bag" identified by (insert decription). (May also insert other locations where medications are stored.)**
- B. Drugs will be checked for expiration on each rig check which is done (Insert timeline).**
- C. Expiration date of drugs are logged on (Insert where this information is kept.).**
- D. When drugs are nearing their expiration, replacements will be obtained per the above policy. Expired drugs will be disposed of (Insert your disposal procedures).**
- E. Drugs will be stored in compliance with manufacture's guidelines.**
- F. Ambulances are stored in the Ambulance garage which is locked at all times to prevent unauthorized access.**

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# TAB 8: MAINTENANCE RECORDS

- **Ambulance and Equipment Maintenance**

### Purpose of Section

Equipment carried on every ambulance in service for patient care must be maintained in full operating condition.

### Forms to Include

- Copy of Ambulance Maintenance Records
- Copy of Ambulance Check Form
- Copy of Equipment Maintenance Records as recommended by the Manufacturer

Minnesota Statutes / Rules	
<b>Maintenance, Sanitation, and Testing of Equipment</b>	
<b>Minnesota Statutes 144E.103 Subd 2a: Maintenance, sanitation, and testing of equipment, supplies, and drugs</b>	Equipment carried on every ambulance in service for patient care must be maintained in full operating condition. Patient care equipment, supplies, and drugs must be stored and maintained within manufacturer's recommendations and:  (7) procedures for the periodic performance testing of mechanical equipment must be developed, maintained, and followed; and records of performance testing must be kept in the licensee's files. Testing must occur within the manufacturer's recommendations.
<b>Minnesota Rules 4690.1800 MAINTENANCE AND SANITATION OF AMBULANCES</b>	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.

### THINKING POINTS

**Who is maintaining your equipment and vehicles?**

**How often is it being completed?**

**Where is it being completed?**

**Where are records kept?**

**Was the maintenance documented? If so, by whom and on what date?**

**What is being checked/maintained?**

*Statute indicates, vehicles and equipment must be maintained within manufacturer guidelines. Please consider using the manufacturer checklist, or checklist of your own that reflects the manufacturer recommendations have been completed.*

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# TAB 9: COMMUNICATIONS

- **Radio Communications**

### Purpose of Section

Ambulance services must be able to demonstrate, upon request, the ability to communicate per Minnesota Rules, part 4690.2000 and Minnesota Rules, part 4690.0100, subpart 10, as explained in the attached form.

### Forms to Include

- Copy of Ambulance Service License Issued by the EMSRB
- Copy of Current Online License Application

Minnesota Statutes / Rules	
<b>Communication Equipment</b>	
<b>Minnesota Statutes, section 144E.103 subd. 5 Communication Equipment</b>	An ambulance must be equipped with a two-way radio that is programmed and operating according to the most recent version of the statewide radio board shared radio and communication plan or its equivalent as determined by the Emergency Medical Services Regulatory Board
<b>4690.2000 EQUIPMENT PERFORMANCE AND REPAIR.</b>	All communications equipment must be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area. All communication equipment must be maintained in full operating condition and in good repair.

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December 7, 2012

Dear Ambulance Service Director:

Re: EMS Radio Communication Plans

Radio communications in Minnesota looks a bit different today than it did in 2007 when the “EMS Radio Communications Plan--A Radio Planning Guide for Minnesota EMS & Hospitals” was created. The Statewide Radio Board (SRB) and Department of Public Safety Emergency Communications Networks (ECN) have also matured and made improvements to radio plans and created committees and work groups that did not exist in 2007. In an effort to eliminate duplication and confusion, the Board will be retiring the EMSRB EMS Radio Communications Plan and EMS radio users will be directed to the Statewide Radio Board plans.

This change is supported by the following language passed during the 2012 legislative session.

Minnesota Statutes §144E.103, subdivision 5, provides in relevant part:

***Communications Equipment:*** An ambulance service must be equipped with a two-way radio that is programmed and operating according to the most recent version of the statewide radio board shared radio and communication plan...

The EMSRB has confirmed with the Minnesota Emergency Communications Networks (ECN) that the following documents referenced in the statute constitute the most recent version of the “statewide radio board shared radio and communication plan”. (Click on these links to view the following plans [ARMER Plans](#) and [Minnesota EMS Communications Plan](#))

- Emergency Medical Services Communications Plan (1/26/12)
- Changes to ARMER Conceptual Plan (3/4/2008)
- Public Safety Statewide Radio Project-Project Plan and Scope Statement (12/2002)
- Conceptual and Logical Architecture for A Statewide Wireless Communications Plan (July 2002)
- Land Mobile Radio VHF Interoperable Frequency Plan (9/28/12)

***How will ambulance services demonstrate to the EMSRB that they have met the statutory requirements?***

- 1) Ambulance Services will be asked to sign and return the “Ambulance Service Verification of Requirements for Radio Communications” form (***attached***) by March 31, 2013.
- 2) Demonstrate, upon request, the ability to communicate per Minnesota Rules, part 4690.2000 and Minnesota Rules, part 4690.0100, subpart 10, as explained in the attached form.

Please note that with the new statutory language, Minnesota Rules, part 4690.1900 and part 4690.2600 are no longer in effect and will not be enforced. These rules will remain on the Minnesota Legislative website until they can be repealed.

Thank you for your support of EMS and keeping the people in Minnesota safe.

Sincerely,



Pamela Biladeau  
Executive Director

***“To provide leadership which optimizes the quality of emergency medical care for the people of Minnesota -- in collaboration with our communities -- through policy development, regulation, system design, education, and medical direction”***

An Equal Opportunity Employer

This document is available in alternative formats to individuals with disabilities by calling (800) 747-2011 or TTY (800) 627-3529

**Ambulance Service Verification of Requirements for Radio Communications**

Minnesota Statutes §144E.103, subdivision 5, provides in relevant part:

**Communications Equipment:** An ambulance service must be equipped with a two-way radio that is programmed and operating according to the most recent version of the statewide radio board shared radio and communication plan...

In accordance with Minnesota Statute 144E.103, Subdivision 5, the \_\_\_\_\_ Ambulance Service verifies that by signing this form that the requirements of the aforementioned statute have been met when operating on ARMER 800 MHz or VHF Narrowband radio systems. (Click on the following links to view the rules [4690.2000](#) and [4690.0100, subpart 10](#)).

Specifically, the EMSRB needs to ensure that ambulances operating on ARMER or VHF Narrowband two-way radio systems have communication capability within the service's primary service area and statewide with other ambulance services and medical facilities. To help verify this capability, the EMSRB requests that you answer the following questions:

- 1) Do you have two-way radio communication with the capability of communicating with dispatch center(s) within your primary service area?  Yes  No
- 2) Do you have two-way radio(s) communication with the capability of communicating between ambulances and medical facilities (i.e., hospital or facilities where you typically transport patients) within your primary service area?  Yes  No
- 3) If using the ARMER 800 MHz Radio System, do you have the appropriate local and statewide talk groups programmed into the radio that will allow for two-way radio communications on a local, regional and statewide level?  Yes or  No
- 4) If using VHF narrowband radio(s), do you have statewide EMS / VMED28 (155.340) programmed into your radio(s)?  Yes  No

\_\_\_\_\_  
Licensee Authorized Official

\_\_\_\_\_  
Date

**Return to your EMSRB Specialist by March 31, 2013.**

Thank you in advance for your reply.

# TAB 10: CALL SCHEDULE

- **24/7 Scheduling**

### Purpose of Section

This section provides Ambulance Services with the license application information required to submit for licensing

### Forms to Include

- Copy of 24 hour Written On-Call Schedule

Minnesota Statutes / Rules	
<b>Written Schedule</b>	
<b>Minnesota Statutes 144E.101 Subd 11. Personnel roster and files</b>	An ambulance service shall maintain at least two ambulance service personnel on a written on-call schedule.

**Note:** *At least one attendant on the schedule must have had their skills verified by the Medical Director or his/her designee. This attendant must also be the primary patient caregiver if there are only two persons on the schedule.*

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## SAMPLE

### On Call Schedule

The response policy for the \_\_\_\_\_ Ambulance Service is as follows:

1. Prior to any page/notification of request for service, all members on the current roster of \_\_\_\_\_ Ambulance Service shall be considered as on call.
2. Once notification of request for service comes in, all available members shall report to the Ambulance Headquarters to ensure proper staffing of the ambulance as required by the State of Minnesota Emergency Medical Services Regulatory Board.
3. Attached is the current roster of on call personnel for the \_\_\_\_\_ Ambulance Service.

