MN Statutes and Rules for Ambulance Inspection
Effective August 1, 2014

Minnesota Statute 144E.18: Inspections.

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

Minnesota Rules, part 4690.3300: Enforcement Provisions
Subpart 1. Inspections. Ambulance services may not hinder the inspection activities of authorized agents of the board under Minnesota Statutes, section 144E.18.
Subp. 2. Correction order. Violation of parts 4690.0100 to 4690.8300 or of the provisions of Minnesota Statutes, sections 144E.001 to 144E.18 and 144E.30 constitutes grounds for the issuance of a correction order. Any ambulance service licensee that is issued a correction order shall correct the violation within the time period specified in the correction order.

DOCUMENTS

License Application Documentation
Minnesota Rules 4690.0200 CONTENTS OF ALL APPLICATIONS.
Subpart 3. Documentation of information.
Applicants shall retain in their files documentation of all statements made in applications for licensure.

PSA Description
Minnesota Rules 4690.3400 DESIGNATION OF PRIMARY SERVICE AREA.
Subpart 1. Declaration; requirements.
An applicant for a new license, for a change in type of service or base of operation, or for expansion of a primary service area must declare the primary service area that it intends to serve and seek designation of that area. A primary service area must contain one base of operation and may contain substations.
Subpart 2. Reasonableness of primary service area.
In applying for initial designation of a primary service area or for expansion of a primary service area, an applicant must show the reasonableness of the primary service area for which designation is sought according to the following considerations:
A. the average and maximum probable response times in good and severe weather from its proposed base of operation to the most distant boundary in its proposed primary service area; or, if the applicant’s primary service area is to contain a base of operation and substations 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;

“To protect the public’s health and safety through regulation and support of the EMS system.”
D. the applicant’s current status as a licensed provider of ambulance services of the population of that area; and
E. the applicant’s intention to be responsible to the population of the declared primary service area or to a specified group of persons as a source of ambulance service.

Subpart 3. **Maximum primary service area.**

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

A. eight miles or ten minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the first class;
B. 15 miles or 20 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the second class; or
C. 25 miles or 30 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

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**Mutual Aid Agreement**

**Minnesota Statutes 144E.101** AMBULANCE SERVICE REQUIREMENTS.

Subdivision 12. **Mutual aid agreement.**

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.

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**Personnel Roster and Files**

**Minnesota Statutes 144E.101** AMBULANCE SERVICE REQUIREMENTS.

Subdivision 11. **Personnel roster and files.**

(a) An ambulance service shall maintain:

(2) a current roster of its ambulance service personnel, including the name, address, and qualifications of its ambulance service personnel; and

(3) files documenting personnel qualification.

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**Driver**

**Minnesota Statutes 144E.101** AMBULANCE SERVICE REQUIREMENTS.

Subdivision 10. **Driver.**

A driver of an ambulance must possess a valid 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.
Hardship Variance Granted

Minnesota Statutes 144E.101 AMBULANCE SERVICE REQUIREMENTS

Subdivision 6. Basic Life Support

(e) Upon application from an ambulance service that includes evidence demonstrating hardship, the board may grant a variance from the staff requirements in paragraph (a) and may authorize a basic life-support ambulance to be staffed by one EMT and one registered emergency medical responder driver for all emergency ambulance calls and interfacility transfers. The variance shall apply to basic life-support ambulances operated by the ambulance service until the ambulance service renews its license. When a variance expires, an ambulance service may apply for a new variance under this paragraph. For purposes of this paragraph, "ambulance service" means either 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 service based in a community with a population of less than 1,000.

Subdivision 7. Advanced life support.

(f) Upon application from an ambulance service that includes evidence demonstrating hardship, the board may grant a variance from the staff requirements in paragraph (a), clause (1), and may authorize an advanced life-support ambulance to be staffed by a registered emergency medical responder driver with a paramedic for all emergency calls and interfacility transfers. The variance shall apply to advanced life-support ambulance services until the ambulance service renews its license. When the variance expires, an ambulance service may apply for a new variance under this paragraph. 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 1,000 persons.

Medical Director Statement

Minnesota Statutes 144E.101 AMBULANCE SERVICE REQUIREMENTS.

Subdivision 11. Personnel roster and files.

(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. *

*Responsibilities. Responsibilities of the medical director shall include, but are not limited to:
1) approving standards for education 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 prehospital care;
4) approving triage, treatment, and transportation protocols 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 standards and procedures established under clauses (1) to (6).

Subdivision 14. Trauma triage and transport guidelines.

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 144.608 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.
Medical Director Skill Verification

**Minnesota Statutes 144E.265 MEDICAL DIRECTOR.**

Subdivision 3. **Annual assessment; ambulance service.**

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.

Variance for Drugs

**Minnesota Rules 4690.8300 SPECIFIC VARIANCES.**

Subpart 7. **Variance for certain drugs.**

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:

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;

B. the administration of the drug has been authorized by the licensee’s medical director;

C. the licensee’s medical director has developed or approved standing orders for the use of the drug;

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

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.

Documentation of items A to E must be retained in the licensee’s files.

Variance Maintenance

**Minnesota Rules 4690.8300 SPECIFIC VARIANCES.**

Subpart 8. **Variance maintenance.**

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:

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 under subpart 7, item A.

Documentation of items A to C shall be retained in the licensee’s files.

IV Infusion & Special Procedures

**Minnesota Statutes 144E.101 AMBULANCE SERVICE REQUIREMENTS.**

Subdivision 6. **Basic Life Support.**

(d) 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, including administration of an opiate antagonist. 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.
Operational Procedures

Minnesota Statutes 144E.125 OPERATIONAL PROCEDURES.
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.

Maintenance, Sanitation, and Testing of Equipment

Minnesota Statutes 144E.103 EQUIPMENT
Subdivision 2a. Maintenance, sanitation, and testing of equipment, supplies and drugs.
(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 manufacturers recommendations.

Minnesota Rules 4690-1800 MAINTENANCE AND SANITATION OF AMBULANCES
Maintenance and sanitation:
A. Each ambulance must be maintained in full operating condition and in good repair and documentation of maintenance must be kept in the licensee's file.

Written Schedule

Minnesota Statutes 144E.101 AMBULANCE SERVICE REQUIREMENTS
Subdivision 11. Personnel roster and files. (a) An ambulance service shall maintain:
(1) An ambulance service shall maintain at least two ambulance service personnel on a written on-call schedule.

Prehospital Care Data

Minnesota Statutes 144E.123 PREHOSPITAL CARE DATA.
Subdivision 1. Collection and maintenance
A licensee shall collect and provide prehospital care data to the board in a manner prescribed by the board. At a minimum, the data must include items identified by the board that are part of the National Uniform Emergency Medical Services Data Set. A licensee shall maintain prehospital care data for every response.
Subdivision 2. Copy to receiving hospital.
If a patient is transported to a hospital, a copy of the ambulance report delineating prehospital medical care given shall be provided to the receiving hospital.
Subdivision 3. Review.
Prehospital care data may be reviewed by the board or its designees. The data shall be classified as private data on individuals under chapter 13, the Minnesota Government Data Practices Act.
**AMBULANCE SERVICE REQUIREMENTS**

**State Decal**

**Minnesota Rules 4690.8000 IDENTIFICATION OF AMBULANCES.**

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

**Ambulance Standards**

**Minnesota Rules 4690.1500 LAND AMBULANCES.**

Subpart 1. **Land ambulance purchased after June 30, 1981.**

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

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

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

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

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

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

F. the ambulance must:
   (1) have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less;
   (2) have fuel capacity to provide no less that 175-mile range;
   (3) have ground clearance of at least six inches when loaded to gross vehicle weight rating; and
   (4) be capable of full performance at ambient temperatures of minus 30 degrees Fahrenheit to 110 degrees Fahrenheit; and

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

Subpart 2. **Compliance with General Services Administration standards.**

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 subparts 1, 3, and 4.

Subpart 4. **Siren and light.**

All land ambulances must be equipped with a siren capable of emitting sound that is audible under normal conditions from a distance of not less than 500 feet and at least one light capable of displaying red light that is visible under normal atmospheric conditions from a distance of 500 feet from the front of the ambulance.
*Ambulance Specification KKK-A-1822 F

3.12.1 OXYGEN PRESSURE REGULATOR

The medical, oxygen pressure reducing, and regulating valve with inlet filter at the cylinder shall have line relief valve set at 200 psi maximum, and a gauge or digital monitor with a minimum range of 0 to 2,500 psi with the gauge or display scale graduated in not more than 100 PSI increments. The regulator shall be easy to connect and preset, with a locking adjustment, at 50 +/- 5 psi line pressure, permitting a minimum 100 LPM flow rate at a bottle pressure of 150 psi.

Communication Equipment Performance and Repair

Minnesota Statutes 144E.103 EQUIPMENT

Subdivision 5. Communication equipment. 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.

Minnesota Rules 4690.2000 EQUIPMENT PERFORMANCE AND REPAIR.

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

Maintenance/Sanitation of Ambulance & Equipment

Minnesota Statutes 144E.103 EQUIPMENT

Subdivision 2a. Maintenance, sanitation, and testing of equipment, supplies and drugs.

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:

1. all equipment and supplies must be maintained in full operating condition and in good repair;
2. all equipment, supplies, and containers used for storage of equipment or supplies 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 and supplies must be wrapped, stored, and handled so as to prevent contamination and must be disposed of after use;
5. reusable equipment and supplies must be cleaned after each use so as to be free from dirt, grease, and other offensive matter;
6. equipment and supplies, 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;

Minnesota Rule 4690.1800 MAINTENANCE AND SANITATION OF AMBULANCES.

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

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

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

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

EQUIPMENT

Minnesota Statutes 144E.103 EQUIPMENT.

Subdivision 1. General requirements. Every ambulance in service for patient care shall carry, at a minimum:

(1) oxygen;
(2) airway maintenance equipment in various sizes to accommodate all age groups;
(3) splinting equipment in various sizes to accommodate all age groups;
(4) dressings, bandages, commercially manufactured tourniquets and bandaging equipment;
(5) an emergency obstetric kit;
(6) equipment to determine vital signs in various sizes to accommodate all age groups;
(7) a stretcher;
(8) a defibrillator; and
(9) a fire extinguisher.

Subdivision 2. Advanced life support requirements.

In addition to the requirements in subdivision 1, and ambulance used in providing advanced life support must carry drugs and drug administration equipment and supplies as approved by the licensee’s medical director.

Subdivision 3. Storage.

All equipment carried in an ambulance must be securely stored.

Subdivision 4. Safety restraints.

An ambulance must be equipped with safety straps, including shoulder harnesses, for the stretcher and seat belts in the patient compartment for the patient and ambulance personnel.

ADVANCED LIFE SUPPORT REQUIREMENTS

Minnesota Statutes 144E.101 AMBULANCE SERVICE REQUIREMENTS.

Subdivision 7. Advanced life support.

(a) Except as provided in paragraphs (f) and (g), an advanced life-support ambulance shall be staffed by at least:

(1) one EMT or one AEMT and one paramedic;
(2) one EMT or one AEMT and one registered nurse who is an EMT, is currently practicing nursing, and has passed a paramedic practical skills test approved by the board and administered by an education program; or
(3) one EMT or one AEMT and one physician assistant who is an EMT, is currently practicing as a physician assistant, and has passed a paramedic practical skills test approved by the board and administered by an education program.

(b) An advanced life-support service shall provide basic life support, as specified under subdivision 6, paragraph (a), advanced airway management, manual defibrillation, and administration of intravenous fluids and pharmaceuticals.
(c) In addition to providing advanced life support, an advanced life-support service may staff additional ambulances to provide basic life support according to subdivision 6 and section 144E.103, subdivision 1.

d) 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:

   (1) two-way communication for physician direction 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.

(e) When an ambulance service provides advanced life support, the authority of a paramedic, Minnesota registered nurse-EMT, or Minnesota registered physician assistant-EMT to determine the delivery of patient care prevails over the authority of an EMT.

**AIR AMBULANCE SERVICE REQUIREMENTS**

*Minnesota Statutes 144E.121 AIR AMBULANCE SERVICE REQUIREMENTS.*

**Subdivision 1. Aviation compliance.**

An air ambulance service must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

**Subdivision 2. Personnel.**

(a) With the exception of pilots, each of the air ambulance emergency medical personnel must:

   (1) possess current certification, appropriate to the type of ambulance service being provided, according to section 144E.28*, be a registered nurse, or be a physician assistant; and
   (2) be trained to use the equipment on the air ambulance.

(b) Emergency medical personnel for an air ambulance service must receive training approved by the licensee’s medical director that includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude; medical conditions requiring special precautions, and contraindications to air transport.

(c) A licensee’s medical director must sign and file a statement with the licensee that each of its emergency medical personnel has successfully completed the training under paragraph (b).

(d) A licensee shall retain documentation of compliance with this subdivision in its files.

**Subdivision 3. Equipment.**

An Air ambulance must carry equipment appropriate to the level or service being provided. Equipment that is not permanently stored on or in an air ambulance must be kept separate from the air ambulance in a modular prepackaged form.