MINNESOTA
OFFICE OF EMERGENCY
MEDICAL SERVICES

Application for Specific Variance for Certain Drugs

This application is to be used by licensed ambulance services and their medical directors to apply for authorization for Emergency Medical Technicians to administer the variance medications as defined in Minnesota Administrative Rule 4690.8300 and applicable sections of Chapter 144E. Please complete the required information and return this form and all required documents to the assigned EMS Specialist or Office of Emergency Medical Services either via email at info.oems@state.mn.us or via regular mail to:

Office of Emergency Medical Services
335 Randolph Avenue
Saint Paul, MN 55102

Authority

Minnesota Rules 4690.8300. Subp. 7. Specific Variances. *The director shall grant a variance to a basic ambulance service licensee to carry and to administer beta agonist with or without an anticholinergic by metered dosed inhalation or nebulization, or both; premeasured epinephrine by intranasal or intramuscular route; sublingual nitroglycerin; or premeasured intramuscular, intranasal, 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;*

E. *At all times, at least one attendant on duty is trained in accordance with the first item (above) 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.

Maintenance

To maintain a variance granted by the director under this authority, the licensee's medical director shall, by the 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 one of the specified drugs, the attendant has satisfactorily completed the required training for administration of the drug.*

Request for Variance

Specific Variances: Variance for Certain Drugs (MR 4690.8300. Subp. 7)

Applicant Information

Service Name:	**License Number:**
Service Address:	**Primary Contact:**
City, State, Zip Code:	**Primary Contact Phone:**
Primary Contact Email:	

The applicant requests the following variance(s) to carry and to administer the following pharmaceuticals, under authority of Minnesota Statutes 144E and Minnesota Rules 4690:

✓	Medication	Route of Administration
	Premeasured Epinephrine	Intranasal, or intramuscular
	Nitroglycerin	Sublingual
	Beta agonist w/wo anticholinergic	Metered dose inhalation or nebulization, or both
	Premeasured glucagon	Intramuscular, intranasal, or subcutaneous

Please reference the checklist on the following page to ensure all proper documentation is submitted with application.

Table 1: Checklist of required documentation to be submitted with this application. Licensee must keep copies of these documents in their files.

Checklist for Required Documentation to be kept in licensee's file	Beta agonist with or without anticholinergic by metered dosed inhalation or nebulization or both	Premeasured epinephrine by intranasal or intramuscular	Sublingual nitroglycerin	Premeasured intramuscular, intranasal, or subcutaneous glucagon
Medical director statement: provide medical direction for education, equipment, standing orders, continuing education, and assessment of quality of care provided				
Roster of EMTs who completed education approved by medical director				
Education course outline with signature of the medical director, education/training officer, and person who did the education/training				
Copy of applicable protocols/guidelines				
Plan for annual continuing education				
Quality of care assessment procedure				

Checklist for Required Documentation to be kept in licensee's file	Beta agonist with or without anticholinergic by metered dosed inhalation or nebulization or both	Premeasured epinephrine by intranasal or intramuscular	Sublingual nitroglycerin	Premeasured intramuscular, intranasal, or subcutaneous glucagon
Medication procurement and storage policy				

Authorized Signatures

Authorized Official of Ambulance Service Licensee

Signature:	Date:
Print Name:	

Medical Director for Ambulance Service Licensee

Signature:	Date:
Print Name:	

Associated Documents:

The following documents can be found on our website under Ambulance Service Forms:

- Annual Medical Director Skill Verification
- Sample Training Log – to be included with Annual Medical Director Skill Verification and signed rosters
- Medical Direction Statement and Variance Renewal – submitted biennially with ambulance service license renewal.