

North Dakota Ground Ambulance Service Inspection Program

This document has been prepared by the North Dakota Department of Health (Department) Division of Emergency Medical Systems (DEMS) to assist ground ambulance services in preparing for an ambulance service inspection.

The information contained in this document addresses statutory and administrative code provisions; however, it is not, itself, a law or rule. It is designed to condense the laws and rules related to ambulance service inspections into a framework for understanding the ambulance inspection process and the expectations of the ambulance service representative and the DEMS inspector.

The DEMS will revise this document from time to time to keep it up to date; nevertheless, statutory, rule, or policy changes may occur following the distribution of this document and later revisions. Ambulance services are encouraged to review a current copy of the Century Code and the Department's rules and to confer with DEMS staff to secure additional assistance prior to an inspection.

Inspection

1. Scheduling. A DEMS staff member will contact the ambulance service squad leader or point-of-contact to arrange a mutually convenient date and time for the inspection. It is the intent of the DEMS to conduct an inspection of each ambulance service every two to three years, or more frequently as needed.
2. Conducting the Inspection. The purpose of the inspection is to assist ambulance services in complying with the various provisions of the Century Code and Administrative Rules related to their responsibilities as licensed emergency medical services operations.

After agreeing upon a date and time, the inspector will forward to the ambulance service representative a copy of the documents to be used during the inspection as well as a response time analysis created using the statewide EMS database. This will allow the ambulance service to evaluate its status prior to the DEMS visit and to have the opportunity to ask questions of the DEMS staff before the inspection.

- a. There is no specific format for conducting the inspection, though it will include a review of documents provided by the ambulance service (i.e., call schedule, patient care protocols, etc.) and an inspection of each ambulance for the presence of required equipment and supplies. The goal is to complete the inspection in one visit; however, it may be necessary to postpone completion of the inspection so as not to negatively impact the operations of the ambulance service.
3. Inspection Results. As the intent of the process is to be consultative, the inspector will share the progress of the inspection with the ambulance service personnel as it moves forward. If areas for improvement are discovered, the inspector and ambulance service representative will attempt to resolve them prior to the conclusion of the inspection.

For example, if a quantity of a supply is not sufficient the ambulance service representative will be given the opportunity to restock from the ambulance service inventory or make arrangements for the supply to be restocked. In the event that concerns discovered during the inspection cannot be resolved at the time of inspection, the ambulance service will be required to submit a plan of correction to the DEMS that identifies the resolution of the concern.

A written inspection report will be provided to the ambulance service that identifies the results of the inspection, any opportunities for improvement, and/or recommendations. This report may be used to assist the ambulance service in developing its plan of correction, if needed.

Findings that jeopardize the health or safety of patients or EMS personnel will result in the DEMS initiating proceedings against the ambulance service license.

4. Documents & Questions. The ambulance service representative should be prepared to answer the following questions and produce the following documents upon request:

Documents:

- a. A written call schedule that identifies at least two qualified ambulance service personnel (determined by ambulance service licensure level: ALS or BLS) providing ambulance service availability twenty-four hours per day and seven days per week
33-11-01.2-07, 33-11-01.2-09
- b. A copy of a current valid driver's license for each driver of ambulance service vehicles
33-11-01.2-08
- c. A policy for disinfecting the ambulance and exposed equipment after transporting a patient with a communicable disease
33-11-01.2-10(4)
(The DEMS recommends that each ambulance service develop an exposure control plan consistent with the Bloodborne Pathogens Standard (29 CFR 1910.1030). A model Exposure Control Plan can be found here https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf)
- d. A copy of the current transport plans for general, cardiac, stroke, and trauma patients
33-11-01.2-10(8), 33-11-01.2-14
- e. A copy of the current patient care protocols signed by the ambulance service medical director
33-11-01.2-10(10)
- f. A mutual aid agreement with a neighboring licensed ambulance service
33-11-01.2-19
- g. A copy of the EMS Registration Form for each EMS provider
33-11-02-01, 33-11-02-02

Questions:

- a. How does the receiving hospital receive a copy of the ambulance run report?
33-11-01.2-10(6)
- b. How you would report a collision involving an ambulance that results in property damage of one thousand dollars or greater, or personal injury?
33-11-01.2-10(11)
- c. What are the top two destinations when transporting patients?
33-11-01.2-14
- d. What ambulance service(s) are used to provide ALS-intercept, if a basic life support ambulance is unable to provide the advanced life support interventions needed to fully treat a patient?
33-11-01.2-15
- e. What is the radio call signs issued by State Radio to the service?
33-11-01.2-16(1)
- f. What agency provides dispatch?
33-11-01.2-16(2)
- g. How are ambulance service personnel alerted to the need to respond (pager, radio, etc.) and what radio frequency is used for alerting/dispatching?
33-11-01.2-16(2)
- h. How do you communicate with:

Agency	Radio Frequency
Dispatch	
Other Ambulance Services (ALS Intercept, Medical Back-up, etc.)	
Law Enforcement	
Fire	
Hospital	

33-11-01.2-16(3)

- i. What is the method used to give a report on the patient's condition to the receiving hospital during transport, if not performed via radio?
33-11-01.2-16(6)
- j. What is the process for accessing adult and pediatric online medical control? (This includes situations when a hospital has continual in-house emergency room coverage by a medical practitioner and when a medical practitioner is not at the hospital.)
33-11-02-04
- k. For BLS licensed services: what, if any, ALS interventions are offered by your agency?
For all licensed ambulance services: how does the ambulance service medical director verify an ALS or BLS provider's knowledge, skill and ability to perform patient care interventions?
33-11-02-05
- l. What efforts to measure the clinical and/or operational performance of the ambulance service are performed regularly?
NDCC 23-27-04.3
- m. What is the legal status of your ambulance service: government (county, city, ambulance district), independent non-profit (501(c)(3), hospital-owned, other),

private for-profit?

NDCC 23-27-04

- n. Who owns the medications that your ambulance service uses, and how are they controlled and inventoried?
 - o. What are the practices regarding personnel issues? (i.e., conflict resolution, inappropriate behavior, etc.)
5. Equipment Checklists (same as for ground ambulance licensure or as updated in the North Dakota Administrative Code)