

State of Minnesota
Emergency Medical Services Regulatory Board
Board Meeting Agenda
November 17, 2016
[Map and Directions](#)

1. Call to Order – 10:00 a.m.

2. Closed Session – 10:05 a.m. (must have a quorum of members present to vote)

Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b) (*Complaint Review Process*) and Minn. Stat. § 13D.05, subd. 3(2) (*Personnel Matters*)

3. Re-Open Meeting – 10:30 a.m.

4. Public Comment – 10:35 a.m.

The public comment portion of the Board meeting is where the public is invited to address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

Attachments

5. Review and Approve Board Meeting Agenda – 10:40 a.m.

**6. Review and Approve Board Meeting Minutes
from September 9, 2016 – 10:45 a.m.**

M1

7. Board Chair Report – 10:50 a.m. – J.B. Guiton

- Post Transition Education Work Group Leadership Change
- Reminder January Board Meeting Date and Location Change
- Oath of Office Forms (return to Ms. Nagy)

BC1

8. Executive Director Report – 11:00 a.m. – Tony Spector

- Report on Offline Licensing and Credentialing Process Report
- Report on EMT Practical Testing Renewal Requirements
- Agency Update

**9. Ambulance Standards Ad-Hoc Work Group Report
and Recommendations – 11:15 a.m. – Pat Coyne**

AS1

10. Committee Reports – Committee Chairs – 11:30 a.m.

- Data Policy Standing Advisory Committee Report – Megan Hartigan
- Legislative Ad-Hoc Work Group Report – Kevin Miller

11. New Board Business – 11:45 a.m.

12. Adjourn – 11:55 a.m.

Lunch will be provided to Board members and guests during a break to be determined by the Board Chair.

Next Board Meeting: Thursday, January 26, 2017, at 10:00 a.m.
Woodbury Public Safety Building
Woodbury, Minnesota

Attachment Key:

M = Minutes

BC = Board Chair

AS = Ambulance Standards Ad-Hoc Work Group

If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802. In accordance with the Minnesota Open Meeting Law and the Internal Operating Procedures of the Emergency Medical Services Regulatory Board, this agenda is posted at: <http://www.emsrb.state.mn.us>

Meeting Minutes

Emergency Medical Services Regulatory Board

Friday, September 9, 2016, 9:00 a.m.

Alexandria, Minnesota

Attendance: J.B. Guiton, Board Chair; Jason Amborn; Aaron Burnett, M.D.; Lisa Consie; Scott Hable; Megan Hartigan; Paula Fink-Kocken, M.D; Kevin Miller; John Pate, M.D.; Matt Simpson; Tony Spector, Executive Director; Tom Frost, EMS Specialist; Melody Nagy, Office Coordinator; Rose Olson, Licensing Administrator; Chris Popp, Compliance Supervisor; Greg Schaefer, Assistant Attorney General.

Absent: Rep. Jeff Backer; Lisa Brodsky; Patrick Coyne; Steve DuChien; Jeff Ho, M.D.; Michael Jordan; Mark Schoenbaum; Jill Ryan Schultz; Senator Kathy Sheran.

1. Call to Order and Introductions – 9:00 a.m.

Mr. Guiton called the meeting to order at 9:12 a.m. He announced that there would not be a quorum until Dr. Burnett arrives. Mr. Guiton asked Board members and guests to introduce themselves.

2. Public Comment

The public comment portion of the Board meeting is where the public is invited to address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

None.

3. Oath of Office for Board Members

Mr. Guiton administered the Oath of Office to Ms. Consie and Mr. Amborn consistent with the requirements of Ms. Consie's renewed appointment to the Board and Mr. Amborn's assignment to the Board as the Commissioner of Public Safety's designee.

4. Review and Approve Board Meeting Agenda

Motion: Mr. Simpson moved to approve the agenda for the September 9, 2016, Board meeting. Mr. Amborn seconded. Motion carried.

5. Review and Approve Board Meeting Minutes from July 21, 2016

Motion: Mr. Miller moved to approve the minutes from July 21, 2016, Board meeting. Ms. Hartigan seconded. Motion carried.

6. Board Chair Report

2017 Board Meeting Calendar

Mr. Guiton said it is tradition to convene the September Board meeting each year at the Medical Director's Conference. The Board may wish to consider alternate locations (other than the metro area) for another Board meeting during the year. Mr. Guiton said there is a EMS Conference in Rochester in March and the Board could convene its meeting there.

Mr. Spector said the January Board meeting date conflicts with the Arrowhead EMS Conference. The alternate meeting date being suggested is January 26 with a possible location of Woodbury Public Safety.

EMSRB Celebrating 20 Years

Mr. Guiton said that 20 years ago the EMSRB came into existence. The EMSRB was previously a section in the Minnesota Department of Health. Mr. Guiton said that three employees have worked for the agency for 20 years: Melody Nagy, Robert Norlen, and Rose Olson. Cake will be served at the EMSRB booth during the conference to celebrate this anniversary.

7. Executive Director Report

Cooper/Sams Volunteer Ambulance Award Program Status Report

Mr. Spector reported on the amount of funding in the Cooper/Sams Award trust fund. (handouts provided) Mr. Popp reported that money is being paid out of the trust fund at a greater rate and there are more applicants each year than the fund will support. There was a \$6-million-dollar reduction to the trust fund by the legislature in 2010 to help balance the state's budget. That amount was never replenished. Mr. Spector said it is a statutory responsibility of the agency to assure continued funding for the account and explore seeking replenishment from the legislature.

Mr. Miller said it will be a challenge to get the legislature to fund this. Mr. Popp said to maintain the fund yearly we are looking at a \$1.2 million payment in 2020. Mr. Guiton said that it is important to support the rural efforts in the state.

Mr. Buck McAlpin, representative of the Minnesota Ambulance Association and attending the Board meeting, said there is support to maintain the fund. The Minnesota Ambulance Association has discussed this and Mr. McAlpin will be talking to legislators. Mr. McAlpin invited Mr. Spector and Mr. Popp to the next meeting of the MAA. Mr. McAlpin said obtaining the governor's support for this important matter would be beneficial.

Hiring of Southwest EMS Specialist

Mr. Spector said that 46 applications were received. The applications are being reviewed and interviews will be scheduled soon.

Budget Update

Mr. Spector noted the handout provided in the Board packet and invited questions from the Board.

Small Agency Report

Mr. Spector noted the Small Agency Report document was contained in the Board packet. The document has been submitted to the legislature as required, and encouraged Board members to review the document.

Board Metrics

Mr. Spector said the Board metrics report also is found in the Board packet, and he invited questions from the Board members. Mr. Spector noted that the format of the metrics report has improved, and more detail is provided on investigations and CRP activities.

8. Committee Reports

Ambulance Standards Ad-hoc Work Group Report

Mr. Coyne is absent. A written report was provided. The next work group meeting is October 18. The work group will be bringing a recommendation to the Board at the November meeting. Mr. Miller said he is looking for suggestions for legislative action. Mr. Spector said the work group is looking at potential rule changes.

Complaint Review Panel and HPSP

Mr. Simpson said the metrics provides information on case actions. If you have any questions, please let me know. HPSP handouts were provided in the Board packet.

Data Policy Standing Advisory Committee Report

Ms. Hartigan said the committee brought a motion forward to the Board but the motion was tabled for lack of clarity.

Mr. Spector said the MNSTAR version upgrade will involve a \$20,000 increase in costs to the agency in connection with hosting, maintenance, and support fees from the vendor. The EMSRB did not receive the requested funding to cover this. Mr. Spector will attempt to be creative with the current budget this fiscal year, but cannot do so on a continuing basis. The agency must receive adequate funding for MNSTAR and cannot sacrifice staffing in favor of technology.

Mr. Spector reminded those in attendance that the agency will no longer seek or accept social security numbers in the MNSTAR data base. Mr. Spector had consulted with the Attorney General's office on this decision. The field box found on the paper data entry form no longer will be labeled as social security number. If services want to enter a patient's social security number in that unlabeled field for the benefit of the service, that is the choice of the service.

Mr. Tom Fennell, a member of the Data Policy Standing Advisory Committee attending the Board meeting, said the timeline for the upgrade is by the end of 2017. Mr. Fennell said services will have difficulty in reporting to other states in different format. He said that this question needs to be resolved and communicated to the services. Mr. Spector said the vendor has the infrastructure to accept the data. The agency needs to be able to pay the increased costs. He is asking for support at the legislature (dedicated funds).

Ms. Hartigan asked if there will be correction orders issued for services reporting with different versions. Mr. Spector said no. The vendor is willing to work with the agency. Mr. Guiton said the Board can make a motion to accept the upgraded data.

Medical Direction Standing Advisory Committee

Dr. Burnett said 14 medical directors attended the meeting and there was also good public attendance and participation. The updated Advanced Life Support /Basic Life Support Pediatric Guidelines were presented by Dr. Fink-Kocken. Dr. Pate is presenting at the Board's Medical Director's Course for new and newer ambulance medical directors, a course occurring at the same time as the Board meeting. The committee discussed information provided by the White Earth Reservation Ambulance Service regarding epinephrine administration and a proposed option for the volume-limiting syringe. The committee discussed the Provider Orders for Life Sustaining Treatment (POLST) form and suggested some changes to the form. The motion by the committee was to recognize that a POLST form is the best way for a patient to communicate their wishes to EMS.

Dr. Burnett said the committee discussed the advanced cardiac life support and cardiopulmonary resuscitation requirements for renewal. The statutory requirements were discussed. A medical director has a wide amount of authority for training of his/her staff. A specific course is not mandated. No statute change is required.

Motion: Dr. Burnett moved to require cardiopulmonary resuscitation (CPR) education approved by the Board or medical director for EMR renewal. Dr. Fink Kocken seconded. Motion carried.

Post Transition Education Work Group

Ms. Consie said the work group met on August 25. The work group discussed licensing versus certification. The work group recommends no difference between license and certification.

Ms. Consie said the work group is recommending a change to the statute regarding instructor qualifications. This will be referred to the Legislative Work Group for possible inclusion.

Brad Wright, a member of the Post-Transition Education Work Group, asked to speak to the Board about the instructor qualification change recommendation. Mr. Wright expressed his opinion that the change recommendation may set a bad precedence. The requirements as proposed do not include patient care experience. The faculty at Minnesota State require two years of verifiable experience. Ms. Consie asked to define “verifiable experience.” Mr. Spector read the current statute and asked how this is verified.

Mr. Spector said the Police Chief’s Association and Fire Chief’s Association were invited to the last meeting to provide input. These agencies would like to continue to provide education in-house. They have staff that would qualify as educators. Mr. Spector asked how EMSRB staff verify qualifications.

Dr. John Lyng, a member of the Medical Direction Standing Advisory Committee and attending the Board meeting, said this topic was discussed at the National Association of EMS Physicians (NAEMSP). Certification at any level that is the minimum qualification does not address proficiency. Dr. Lyng suggested the Board should establish the minimum instructor qualifications.

Mr. Guiton asked Ms. Consie to have this discussed by the work group again. Use the wording “active experience.” Mr. Guiton suggested the wording “as approved by the Board”. Ms. Consie said these can be considered equivalents. Ms. Consie referred to Minn. Stat. § 144E.27. The refresher course language is outdated. The work group discussed being able to broaden the options. National Registry certification will not be required for EMR.

Motion: Ms. Consie moved that a Board approved refresher course is defined as the 16-hour U.S. Department of Transportation (DOT) refresher course, or, the NREMT Emergency Medical Responder National Continued Competency Program Model. Dr. Pate seconded. Motion carried.

Ms. Consie said the work group recommends that National Continued Competency Requirement components are taught by education programs approved by the EMSRB.

Motion: Ms. Consie moved to correct the work group’s past recommendation to correct the language to read “all National Continued Competency Requirement (NCCR) components taught in Minnesota are administered by education programs approved by the EMSRB. Dr. Pate seconded. Motion carried.

Mr. Guiton thanked Ms. Consie and the work group for their efforts.

9. New Board Business

None.

Mr. Guiton moved the meeting to a closed session for discussion of disciplinary actions.

10. Closed Session

Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b)
(*Complaint Reviews*) Disciplinary actions were discussed and voted on by Board members.

11. Re-Open Meeting

Mr. Guiton re-opened the meeting.

12. Adjourn

Motion: Dr. Burnett moved to adjourn. Dr. Fink Kocken seconded. Motion carried.

Meeting adjourned at 11:00 a.m.

2017 Meeting Schedule

Board Meetings

Thursday, January 26, 10:00 a.m.	City of Woodbury Public Safety Building
Thursday, March 16, 10:00 a.m.	Board Room, Minneapolis
Thursday, May 18, 10:00 a.m.	Board Room, Minneapolis
Thursday, July 20, 10:00 a.m.	Board Room, Minneapolis
Friday, September 8, 9:00 a.m.	Arrowwood Conference Center, Alexandria, Minnesota
Thursday, November 16, 10:00 a.m.	Board Room, Minneapolis

2018

Thursday, January 18, 10:00 a.m.	Board Room, Minneapolis
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Executive Committee Meetings

Thursday, February 16, 10:00 a.m.	Board Room, Minneapolis
Thursday, April 20, 10:00 a.m.	Board Room, Minneapolis
Thursday, June 15, 10:00 a.m.	Board Room, Minneapolis
Tuesday, August 17, 10:00 a.m.	Board Room, Minneapolis
Thursday, October 19, 10:00 a.m.	Board Room, Minneapolis
Thursday, December 21, 10:00 a.m.	Board Room, Minneapolis

2018

Thursday, February 15, 10:00 a.m.	Board Room, Minneapolis
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EMSRB Ambulance Standards Ad Hoc Work Group

Rule Change Recommendation to the Board

Work Group Proposed Rule Language Change

4690.1500 GROUND AMBULANCES.

Subpart 1. All new ground ambulances contracted for purchase or manufactured for providing “ambulance service” [Minn. Stat. § 144E.001, subd. 3] after <January 1, 2018> must comply, at minimum, with CAAS-Ground Vehicle Standard (CAAS-GVS) in effect on the date the ground ambulance is under contract for purchase or manufacture:

- A. Exemptions from regulation. Notwithstanding any other law, new ground ambulances contracted for purchase or manufactured after <January 1, 2018> for providing “ambulance service” [Minn. Stat. § 144E.001, subd. 3] are exempt from the following CAAS-GVS v1.0 sections: C.7.4.2 [only if idle management system is installed]; C.9.6 [as it pertains to the OEM standard chrome bumper]; C.10.6 [as it pertains to drip rails]; C.11.7; C.14.3 [as it pertains to centerline requirement].**
- B. All ground ambulances must comply with Minn. Stats §§ [169.17](#); [169.64, subd. 4 \(b\)](#); and [169.68 \(d\)](#) related to minimum lighting requirements and displaying of lights and sirens on ground ambulances.**

Background:

On November 19, 2015 the Board approved the forming of the EMSRB Ambulance Standards Ad Hoc Work Group (ASWG). The charge to the ASWG included: *Review past, current and proposed ambulance manufacturing standards for ground ambulances and current Minnesota Statutes and Rules regulating ground ambulance design and requirements. Make recommendation to the Board on updating ground ambulance standards and any regulatory changes that may need to be made to ensure crew and public safety and health.*

The last time regulatory requirements for ambulance standards were addressed in Minnesota was in the late 1970’s to early 1980’s when the current Minnesota Rules for land ambulances were implemented ([Minn. Rule part 4690.1500](#)). It is recognized that many changes and advancements within ambulance manufacturing have occurred since the current rules were implemented for regulation. Therefore, with new ambulance manufacturing standards available that include newly designed, tested and implemented safety features for both patients and crews, it is time for Minnesota to make updates to what would be considered outdated rules to regulate and ensure public and industry safety with regards to transportation by ground ambulances.

Work Group Members:

- Patrick Coyne – Board Member – **Board Appointed Work Group Chair**
- Aarron Reinert – Lakes Region EMS – **Work Group Appointed Co Vice Chair**
- Chad Dotzler – HCMC EMS
- Jeff Czysn – Allina Health EMS – **Work Group Appointed Co Vice-Chair**
- Matt Will – Gold Cross Ambulance Service
- Fred Pawelk – North Central Ambulance Sales
- Joe Kounkel – Ninety-Four Services, Inc.
- Kjelsey Polzin – EMS for Children
- Tom Frost - EMSRB
- Bob Norlen – EMSRB

Work Group Meetings:

The work Group has met seven (7) times in 2016 (February 8; February 22; March 21; April 25; May 16; August 30 and October 18) to discuss and develop this recommendation to the Board for updating current ground ambulance standards in Minnesota.

Process:

The work group reviewed current nationally recognized ambulance manufacturing standards either in effect or in development. These standard documents included: The NFPA (National Fire Protection Agency) 1917 Standard; The GSA (Government Services Administration)-KKK-1882 F Standard; The CAAS-GVS (Commission on Accreditation of Ambulance Services - Ground Vehicle Standard) and the European – Norsk NS-EN 1789 Standard.

During the standards review process by the work group input was received from nationally recognized experts in ambulance safety testing and standards development. The work group was also fortunate to have members that participated with national standards development committees for both the NFPA 1917 Standards and the CAAS-GVS, as well as members that have done extensive research into the design of ambulances to increase patient (adult and pediatric) and crew safety. The work group also received excellent input from members involved in ambulance manufacturing and sales.

The work group received input and information from representatives from NIOSH (National Institute for Occupational Safety and Health; NASEMSO (National Association of State EMS Officials) as part of the standards review process.

Focus:

The safety of patients and crews being transported and working in ambulances across Minnesota was one of the driving forces for the work group. This recommendation for changes to Minnesota ground ambulance standards is generally focused on the development and implementation of safety standards and testing requirements for ambulance manufacturers. The safety and testing standards are being brought

forward by the Society of Automotive Engineers (SAE) and fall into three (3) specific areas related to ground ambulances. The SAE J standards include:

J3027—Ambulance Litter Integrity, Retention, and Patient Restraint:

This SAE Recommended Practice describes the testing procedures required to evaluate the integrity of a ground ambulance-based patient litter, litter retention system, and patient restraint when exposed to a frontal or side impact. Its purpose is to provide litter manufacturers, ambulance builders, and end-users with testing procedures and, where appropriate, acceptance criteria that, to a great extent ensures the patient litter, litter retention system, and patient restraint utilizes a similar dynamic performance test methodology to that which is applied to other vehicle seating and occupant restraint systems. Read more... http://standards.sae.org/j3027_201407/;

J3043—Ambulance Equipment Mount Device or Systems:

This SAE Recommended Practice describes the dynamic and static testing procedures required to evaluate the integrity of an equipment mount device or system when exposed to a frontal or side impact (i.e. a crash impact). Its purpose is to provide equipment manufacturers, ambulance builders, and end-users with testing procedures and, where appropriate, acceptance criteria that, to a great extent, ensure equipment mount devices or systems meet the same performance criteria across the industry. Read more... http://standards.sae.org/j3043_201407/;

J3026—Ambulance Patient Compartment Seating Integrity and Occupant Restraint:

This SAE Recommended Practice describes the testing procedures that may be used to evaluate the integrity of ground ambulance-based occupant seating and occupant restraint systems for workers and civilians transported in the patient compartment of an ambulance when exposed to a frontal or side impact. This Recommended Practice was based on ambulance patient compartment dynamics and is not applicable to other vehicle applications or seating positions. This Recommended Practice is structured to accommodate seating systems installed in multiple attitudes including but not limited to side-facing, rear-facing, and forward-facing. Its purpose is to provide ambulance seating manufacturers, ambulance occupant restraint manufacturers, ambulance builders, and end-users with testing procedures and, where appropriate, acceptance criteria that, to a great extent ensures the occupant seating and occupant restraint system meet similar performance criteria as FMVSS 208 requires for seat belted passengers in light vehicles. Please visit the following site for more information: <http://standards.sae.org/wip/j3026/>

The work group was focused on ensuring any standard being recommended would address the above three safety testing standards in new ambulances in Minnesota and rule requirements to ensure these standards were met by all ambulance manufactures that have Minnesota customers.

As an example photos and testing videos related to the SAE J standards can be viewed at: http://www.safeambulances.org/resources/videos-and-photos/#Test3_Cam2. Please note: These photos and videos are not associated with the CAAS-GVS standard specifically. Source: *NAESMSO - Safe Ambulances.org*

Recommendation from Work Group to the Board:

After careful deliberation, research and input from various experts in ambulance safety testing and standards development, the Ambulance Standards Ad-hoc Work Group of the Board is recommending, for consideration by the Board, to moving to the CAAS-GVS Standards v.1.0, with identified exemptions, to be implemented into Minnesota Rule to replace current rule language for land ambulances. The CAAS-GVS standards can be reviewed at: [GVS Ground Vehicle Standard for Ambulances v.1.0](#)

The work group is making this recommendation to ensure Minnesota is meeting industry recognized standards that include requirements for clear regulation of ambulance requirements and incorporation of safety features that will better protect and improve public safety.

Recommended Exemptions to the CAAS-GVS Standard:

The work group is making the following recommendation for exemptions to the CAAS-GVS standard in Minnesota.

C.7.4.2 VOLTMETER AND VOLTAGE MONITOR - [*exempt only if idle management system is installed*]

A voltmeter illuminated for nighttime operation shall be furnished. The electrical system shall be monitored by a system that provides an audible and visual warning in case of low voltage to persons' in the ambulance of an impending electrical system failure caused by the excessive discharge of the batteries. The charge status of the battery shall be determined by direct measurement of the battery voltage. The alarm shall sound if the system voltage at the battery drops below 11.8 V for 12 V electrical systems for more than 120 seconds.

Work Group Rationale: *The work group is recommending this exemption in order to allow agencies to utilize cost savings technology. These idle management systems will minimize vehicle idle time and reduce emissions by managing battery voltage and climate while the vehicle engine is "off". The voltage parameters with these systems operate outside of the CAAS standard.*

C.9.6 BUMPERS AND STEPS - [*as it pertains to the OEM standard chrome bumper*]

OEM's standard chrome bumper shall be furnished in the front of the chassis. The rear of the ambulance shall be furnished with a sturdy, full-width, rear bumper, with step secured to the vehicle's chassis- frame. The bumper-step shall be designed to prevent the accumulation of mud, ice, or snow and made of antiskid open grating metal. These steps shall not be located or exposed to the interior of the ambulance when the door(s) are closed. All necessary steps shall be at least the width of the door opening for which they are provided. The step's tread shall have a minimum depth of 5" and a

maximum depth of 10". If the step protrudes more than 7" from the rear of the vehicle, a fold up step shall be furnished. The rear bumper and step shall be adequate to support a test weight of 500 lbs and shall conform to AMD Standard 018 (Rear Step and Bumper Static Load Test). The height of the rear step shall not exceed 22".

Work Group Rationale: *Work group did not want to limit services from installing after-market bumpers that include grill guards and other crash damage protection devices. Many OEM bumpers are covered with plastic shrouds or chevrons for reflectivity.*

C.10.6 AMBULANCE BODY STRUCTURE - [*as it pertains to drip rails*]

Drip rail(s) shall be provided around the entire modular body and have drain points at each corner.
Drip rails shall also be furnished over each entry and compartment door.

Work Group Rationale: *Work group felt this should be a purchase decision and not a standard requirement. No known safety concerns related to drip rail configuration.*

C.11.7 IV HOLDER FOR INTRAVENOUS FLUID CONTAINERS

One IV mount specifically designed for holding IV containers shall be provided, including Velcro type straps to adequately secure an IV bag/bottle. The device shall not protrude more than 1", and shall be located adjacent to, or on the cabinetry near the head of the primary patient. Swing down IV hangers

with rigid support arms shall not be specified or furnished.

Work Group Rationale: *The work group felt this is a service preference with no known patient or crew safety concerns. This should be a service specific decision.*

C.14.3 ANTENNA CABLE AND ACCESS - [as it pertains to centerline requirement]

The FSAM shall provide each ambulance with a ground plane, and coaxial lead-in wire from the ventilated radio storage area/compartments to the centerline of the patient compartment roof. An antenna wiring access/port shall be provided in the patient's compartment directly under the coaxial leads. The port shall provide a least a 16 sq. in. clear access. All nonmetallic roofs will be equipped with at least a 40" x 40" metal ground plane molded into the roof. The ground plane then shall be properly grounded to the chassis ground. The antenna cable (lead-in) shall be provided and clearly labeled with RG/58U or equal cable. Approximately 18" of extra cable shall be provided at the roof and approximately 36" at/in the radio area/compartments.

Work Group Rationale: *The work group determined this should be service and manufacturer specific based on vehicle design and emerging communication technology.*

Work Group Proposed Rule Language Change:

4690.1500 GROUND AMBULANCES.

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- B. All ground ambulances must comply with Minn. Stat. §§ 169.17; 169.64, subd. 4 (b); and 169.68 (d) related to minimum lighting requirements and displaying of lights and sirens on ground ambulances.**

Projected Cost Implications for Ambulance Services:

The work group discussed and received information on manufacture costs related to current ambulance build standards with meeting the CAAS-GVS standards being recommended for implementation. This cost discussion looks at the implementation of specific safety features included in the CAAS-GVS standard.

Cot Retention Systems J3027 - \$2,300.00 to \$27,000.00 cost increase depending on the type of cot retention system ordered.

Ambulance Equipment Mount Device or Systems J3043: \$0.00 and \$3,000.00 cost increase depending on equipment mount types.

Ambulance Patient Compartment Seating Integrity and Occupant Restraint **J3026**: \$300.00 to \$500.00
per seating position.

Based on cost figures available to the work group for projections, a general cost increase to a service purchasing an ambulance under the CAAS-GVS is anywhere from \$5,000.00 and up depending on service specific requirements related to cot retention systems, ambulance equipment mounting systems and ambulance patient compartment seating requirements.

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4690.1500 LAND AMBULANCES.

Subpart 1. **Land ambulances purchased after June 30, 1981.** All new land ambulances 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 than 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.

Subp. 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.

Subp. 3. [Repealed, L 2004 c 144 s 9]

Subp. 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.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6; L 2004 c 144 s 9*

Published Electronically: *December 12, 2012*

4690.1500 LAND GROUND AMBULANCES.

Subpart 1. ~~Land ambulances purchased after June 30, 1981.~~ All new land ambulances purchased by a licensee after June 30, 1981, must comply with the following standards. All new ground ambulances contracted for purchase or manufactured for providing "ambulance service" [Minn. Stat. § 144E.001, subd. 3] after <January 1, 2018> must comply, at minimum, with CAAS-Ground Vehicle Standard (CAAS-GVS) in effect on the date the ground ambulance is under contract for purchase or manufacture:

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~~ Exemptions from regulation. Notwithstanding any other law, new ground ambulances contracted for purchase or manufactured after <January 1, 2018> for providing "ambulance service" [Minn. Stat. § 144E.001, subd. 3] are exempt from the following CAAS-GVS v1.0 sections: C.7.4.2 [only if idle management system is installed]; C.9.6 [as it pertains to the OEM standard chrome bumper]; C.10.6 [as it pertains to drip rails]; C.11.7; C.14.3 [as it pertains to centerline requirement];

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;~~ All ground ambulances must comply with Minn. Stats §§ 169.17; 169.64, subd. 4 (b); and 169.68 (d) related to minimum lighting requirements and displaying of lights and sirens on ground ambulances.

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 than 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~~ **represent** 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.

~~Subp. 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.~~

Subp. 3. [Repealed, L 2004 c 144 s 9]

~~Subp. 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.~~

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6; L 2004 c 144 s 9*

Published Electronically: *December 12, 2012*