



**Colorado Department
of Public Health
and Environment**

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division**

6 CCR 1015-3

Chapter 4 – Licensure of Ground Ambulance Services

**Rules Pertaining To Emergency Medical and Trauma Care System
(PROMULGATED BY THE STATE BOARD OF HEALTH)**

Last amended 05/18/11, effective 06/30/2011

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

EMERGENCY MEDICAL SERVICES

6 CCR 1015-3

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

CHAPTER FOUR – RULES PERTAINING TO LICENSURE OF GROUND AMBULANCE SERVICES

Section 1 – Purpose and Scope

- 1.1 These rules are promulgated pursuant to § 25-3.5-308, CRS. They are consistent with § 25-3.5-301, 302, and 304 -306, CRS. Each county may adopt rules that exceed these rules adopted herein.

Section 2 – Definitions

- 2.1 Based: an ambulance service headquartered, having a substation, office ambulance post or other permanent location in a county.
- 2.2 County: county or city and county government within Colorado.
- 2.3 Department: the Colorado Department of Public Health and Environment.
- 2.4 Ambulance: any public or privately owned land vehicle especially constructed or modified and equipped, intended to be used and maintained or operated by, ambulance services for the transportation, upon the roads, streets and highways of this state, of individuals who are sick, injured, or otherwise incapacitated or helpless.
- 2.5 Ambulance-advanced life support: a type of permit issued by a county to a vehicle equipped in accordance with Section 9 of these rules and operated by an ambulance service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the advanced emergency medical technician, emergency medical technician-intermediate or paramedic as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3 Chapter Two.
- 2.6 Ambulance-basic life support: a type of permit issued by a county to a vehicle equipped in accordance with Section 9 of these rules and authorized to be used to provide ambulance service limited to the scope of practice of the emergency medical technician as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3 Chapter Two.
- 2.7 Ambulance service license: a legal document issued to an ambulance service by a county as evidence that the applicant meets the requirements for licensure to operate an ambulance service as defined by county resolution or regulations.
- 2.8 Ambulance service: the furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this

definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.

- 2.9 EMS Provider: refers to all levels of Emergency Medical Technician certification issued by the department, including Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician Intermediate and Paramedic.
- 2.10 Medical Director: a Colorado licensed physician who establishes protocols and standing orders for medical acts performed by EMS Providers of a prehospital EMS service agency and who is specifically identified as being responsible to assure the competency of the performance of those acts by such EMS Providers as described in the physician's medical continuous quality improvement program. Any reference to a "physician advisor" in any previously adopted rules shall apply to a "medical director" as defined in these rules.
- 2.11 Patient Care Report: a medical record of an encounter between any patient and a provider of medical care.
- 2.12 Permit: the authorization issued by the governing body of a local government with respect to an ambulance used or to be used to provide ambulance service in this state.
- 2.13 Medical quality improvement program: a process consistent with the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3 Chapter Two, used to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of care provided by the medical care providers operating on an ambulance service.
- 2.14 Rescue Unit: any organized group chartered by this state as a corporation not for profit or otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of lost or injured persons and includes, but is not limited to, such groups as search and rescue, mountain rescue, ski patrols, (either volunteer or professional), law enforcement posses, civil defense units, or other organizations of governmental designation responsible for search and rescue.
- 2.15 Quick Response Teams: provides initial care to a patient prior to the arrival of an ambulance.

Section 3 – County Issuance of Licenses and Permit

3.1 License Required

- 3.1.1 Within one year following adoption of these rules, no person or agency, private or public, shall transport a patient from any point within Colorado in an ambulance, to any point within or outside Colorado unless that person or agency holds a valid license and permits issued by the county where the service is based and by the county where the patient originates, except as provided in Section 3.2 of these rules.
- 3.1.2 Ambulance services that are based outside Colorado, but respond within Colorado and transport patients originating in Colorado are required to be licensed in Colorado by the county in which they provide service.
- 3.1.3 Counties may enter into reciprocal licensing and permitting agreements with other counties and neighboring states.

3.2 County Exemptions From Licensure or Permit Requirements

- 3.2.1 Vehicles used for the transportation of persons injured at a mine when the personnel used on the vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.
 - 3.2.2 Vehicles used by other agencies including quick response teams and rescue units that do not routinely transport patients or vehicles used to transport patients for extrication from areas inaccessible to a permitted ambulance. Vehicles used in this capacity may only transport patients to the closest practical point for access to a permitted ambulance or hospital.
 - 3.2.3 Vehicles, including ambulances from another state, used during major catastrophe or mass casualty incident rendering services when permitted ambulances are insufficient.
 - 3.2.4 An ambulance service that does not transport patients from points originating in Colorado, or transporting a patient originating outside the borders of Colorado.
 - 3.2.5 Vehicles used or designed for the scheduled transportation of convalescent patients, individuals with disabilities, or persons who would not be expected to require skilled treatment or care while in the vehicle.
 - 3.2.6 Vehicles used solely for the transportation of intoxicated persons or persons incapacitated by alcohol as defined in § 25-1-302, CRS but who are not otherwise disabled or seriously injured and who would not be expected to require skilled treatment or care while in the vehicle.
 - 3.2.7 Ambulances operated by a department or an agency of the federal government, originating from a federal reservation for the purpose of responding to, or transporting patients under federal responsibility.
- 3.3 General Requirements For County Licensure Of Ambulance Services
- 3.3.1 Counties shall adopt by resolution or regulations a process for licensure of ambulance services. The process shall include, but not be limited to:
 - A. Compliance with applicable federal, state, and local laws and regulations to operate an ambulance service in Colorado.
 - B. An application form adopted by the county.
 - C. An application fee, as defined in county resolution or regulations.
 - D. Submission to the county, upon request, of copies of the ambulance service's written policy and procedure manual, operational or medical protocols, or other documentation the county may deem necessary.
 - E. Demonstration by the applicant of minimum vehicle insurance coverage as defined by § 10-4-609, CRS and § 42-7-103 (2), CRS with the county(s) identified as the certificate holder.
 - F. Demonstration by the applicant of proof of any additional insurance as identified in county resolution or regulations. In making a decision about additional insurance requirements at any time it deems necessary to promote the public health, safety and welfare, the county shall require a minimum level of worker's compensation consistent with the Colorado worker's compensation act of Colorado Revised Statutes title 8, article 40-47.

- G. Documentation from the applicant that information regarding the amount of professional liability insurance the ambulance service carries was provided to employees.
- H. Prior to beginning operations and upon change of ownership of an ambulance service, the new owner or operator must file for and obtain an ambulance license and ambulance permit.
- I. The county may adopt minimum acceptable vehicle design standards for ambulances. In doing so, the county shall consider vehicle design standards such as those established by the US General Services Administration: federal specifications for ambulances KKK-A-1822 (e), 2003.
- J. The county shall verify that each ambulance is inspected annually by qualified representatives, as defined and appointed by the county commissioners, to assure compliance with these rules.
- K. Counties shall verify that all equipment on the ambulance is properly secured, and medications and supplies are maintained and stored according to the manufacturer's recommendations and any federal, state or local requirements.
- L. A county may delegate or contract the ambulance inspection process but not the responsibility of licensure as set forth in § 25-3.5-301, *et seq.*, CRS.
- M. An ambulance service license or vehicle permit may not be assigned, sold or otherwise transferred.

3.3.2 These rules incorporate by reference vehicle design standards by the US General Services Administration: federal specifications for ambulances KKK-A-1822 (e), 2003 (Section 3.3.1I). These rules do not include later amendments to or editions of the incorporated materials. The Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of any non-copyrighted material to the public at cost upon request. The incorporated material may be examined at any state publications depository library.

- A. Information regarding how the incorporated materials may be obtained or examined is available from:

Emergency Medical and Trauma Services Section Chief
 Health Facilities and Emergency Medical Services Division
 Colorado Department of Public Health and Environment
 4300 Cherry Creek Drive South, Denver, Colorado 80246

3.4 Licensure Process

3.4.1 Ambulance Service License

- A. An ambulance service license shall be issued by county upon compliance with these rules and all license requirements duly established by that county. The type of license issued shall describe the maximum level of ambulance service that could be provided at any time by the service.

3.4.2 Permits Of Vehicles

- A. The county shall create a process and procedure for the issuing of permits for each vehicle used by the ambulance service.
- B. The type of permit issued will describe the maximum level of service that could be provided at any time by that vehicle and appropriate staff. Types of permissible permits are limited to:
 - 1. Ambulance basic life support
 - 2. Ambulance advanced life support
 - 3. Each county shall include in their resolution or regulations the requirements for identification of the permitted level of service on each vehicle issued a permit.

3.5 Licensure Period

3.5.1 The licensure period for all ambulance services shall be for twelve months.

3.6 License Renewal

3.6.1 Counties shall create an annual license renewal process. The license renewal process shall require the ambulance service to submit a completed renewal application form and the required licensure fee, as defined in county resolution or regulations. The licensure renewal process shall require the receipt of applications for renewal no less than 30 days before the date of license expiration.

Section 4 - Complaints

- 4.1 Each county must have a written complaint and investigation policy and procedure to address:
 - 4.1.1 complaints against any ambulance service licensed in the county.
 - 4.1.2 allegations of unlicensed ambulance services or vehicles without a valid permit operating within the county.
- 4.2 The policy shall include, but not be limited to, the procedures associated with complaint intake; complaint validation; criteria for initiating an investigation; a method for notification to the complainant about the resolution of the investigation; and a method for the notification of other local entities with jurisdiction over ambulance services, the department and/or the Colorado Medical Board for complaints regarding EMS Providers or other medical personnel associated with the service or the medical director.
- 4.3 The county shall notify the primary medical director of the ambulance service, in writing, of any violation of the ambulance licensing regulations by the ambulance service or alleged complaints or violations by individual medical providers operating on an ambulance service.

Section 5 – Denial, Revocation, Or Suspension Of Licensure And Vehicle Permits

- 5.1 Each county shall develop policies and procedures for the denial, suspension or revocation of an ambulance service license or ambulance permit consistent with § 25-3.5-304, CRS.

Section 6 – Minimum Data Collection And Reporting Requirements

- 6.1 The county shall require that licensed ambulance services complete a patient care report for each patient that is assessed. The patient care report shall include the minimum pre-hospital care data set as set forth in the Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three.
- 6.2 The county shall require that the ambulance service provide patient care information to the department pursuant to the Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three.
- 6.3 The county shall require that each licensed ambulance service complete and submit to the department an agency profile as defined by the State Emergency Medical and Trauma Services Advisory Council and approved by the department to provide information on resources available for planning and coordination of statewide emergency medical and trauma services on an annual basis.

Section 7 – Minimum Staffing Requirements

- 7.1 The county shall establish by resolution or regulations ambulance staffing requirements to include, but not be limited to:
 - 7.1.1 The minimum requirement for the person responsible for providing direct emergency medical care to patients transported in an ambulance is certification as an EMS Provider as defined in the Rules Pertaining to EMS Education and Certification at 6 CCR 1015-3, Chapter One.
 - 7.1.2 The minimum requirement for the ambulance driver shall be a valid driver's license.
- 7.2 Consistent with § 25-3.5-202, CRS in the case of an emergency in any ambulance service area where no person possessing the qualifications required by this section is present or available to respond to a call for the emergency treatment and transportation of patients by ambulance, any person may operate such ambulance to transport any sick, injured, or otherwise incapacitated or helpless person in order to stabilize the medical condition of such person pending the availability of personnel meeting these minimum qualifications.

Section 8 – Medical Oversight and Quality Improvement

- 8.1 The county shall require each ambulance service operating within their jurisdiction to have a primary medical director meeting the requirements as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3, Chapter Two to supervise the medical acts performed by all personnel on the ambulance service. The county shall require a licensee to inform the county within 15 calendar days, in writing, of changes in medical oversight of the ambulance service and/or the medical director of record.
- 8.2 The county ambulance service licensure application shall include an attestation by the medical director of willingness to provide medical oversight and a medical continuous quality improvement program for the ambulance service.
- 8.3 The county shall require each licensed ambulance service operating within their jurisdiction to have an ongoing medical continuous quality improvement program consistent with the requirements as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3, Chapter Two.

Section 9 – Minimum Equipment Requirements

9.1 Counties shall ensure that permitted ambulances are in compliance with the minimum equipment list for the type of service defined by their permit as defined in 9.2 and 9.3 of these rules.

9.2 Minimum Equipment For Basic Life Support Ambulances

9.2.1 Ventilation And Airway Equipment

- A. portable suction unit, and a house (fixed system) or backup suction unit, with wide bore tubing, rigid pharyngeal curved suction tip, and soft catheter suction tips to include pediatric sizes 6 fr. through 14 fr.
- B. bulb syringe
- C. house oxygen and portable oxygen bottle, each with a variable flow regulator.
- D. transparent, non-re breather oxygen masks and nasal cannula in adult sizes, and transparent, non-re breather oxygen masks in pediatric sizes.
- E. hand operated, self inflating bag-valve mask resuscitators with oxygen reservoirs and standard 15mm /21mm fittings in the following sizes:
 - 1. 500cc bag for infant and neonate
 - 2. 750cc bag for children
 - 3. 1000cc bag for adult
 - 4. Transparent masks for infants, neonate patients, children and adults.
- F. nasopharyngeal airways in adult sizes 24 fr. through 32 fr.
- G. oropharyngeal airways in adult and pediatric sizes to include: infant, child, small adult, adult and large adult.

9.2.2 Patient Assessment Equipment

- A. blood pressure cuffs to include large adult, regular adult, child and infant sizes.
- B. stethoscope.
- C. penlight.

9.2.3 Splinting Equipment

- A. lower extremity traction splint.
- B. upper and lower extremity splints.
- C. long board, scoop™, vacuum mattress or equivalent with appropriate accessories to immobilize the patient from head to heels.
- D. short board, K.E.D. or equivalent, with the ability to immobilize the patient from head to pelvis.
- E. pediatric spine board or adult spine board that can be adapted for pediatric use.

- F. adult and pediatric head immobilization equipment.
- G. adult and pediatric cervical spine immobilization equipment per medical director protocol.

9.2.4 Dressing Materials

- A. bandages - various types and sizes per agency needs and medical director protocol.
- B. multiple dressings (including occlusive dressings), various sizes per ambulance service requirements, needs and medical director protocol.
- C. sterile burn sheets.
- D. adhesive tape per ambulance service requirements, needs and medical director protocol.

9.2.5 Obstetrical Supplies

- A. sterile ob kit to include: towels, 4x4 dressings, umbilical tape or cord clamps, scissors, bulb syringe, sterile gloves and thermal absorbent blanket.
- B. neonate stocking cap or equivalent.

9.2.6 Miscellaneous Equipment

- A. heavy bandage scissors, shears or equivalent capable of cutting clothing, belts, boots, etc.
- B. two working flashlights.
- C. blankets and appropriate heat source for the ambulance patient compartment.

9.2.7 Ambulance Service Medical Treatment Protocols.

9.2.8 Communications Equipment

- A. All communications equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications.
- B. Two-way communications that will enable the ambulance personnel to communicate with:
 - 1. ambulance service's dispatch.
 - 2. medical control facility or a physician
 - 3. receiving facilities
 - 4. mutual aid agencies

9.2.9 Extrication Equipment

- A. Each ambulance should carry extrication equipment appropriate for the level of extrication the ambulance service provides and in accordance with the requirements established by the county in which the ambulance is licensed.

9.2.10 Body Substance Isolation (BSI) Equipment Properly Sized To Fit All Personnel

- A. non-sterile disposable gloves, to include a minimum 1 box of latex free gloves.
- B. protective eyewear.
- C. non-sterile surgical masks.
- D. safety protection gear for extrication consistent with the ambulance service extrication capabilities.
- E. sharps containers for the appropriate disposal and storage of medical waste and biohazards.
- F. HEPA masks, which can be of universal size.

9.2.11 Safety Equipment

- A. a set of three (3) warning reflectors.
- B. one (1) ten pound (10 lb.) or two (2) five pound (5 lb.) ABC fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and vehicle exterior.
- C. child safety seat or appropriate protective restraints for patients, crew, accompanying family members and other vehicle occupants.
- D. properly secured patient transport system (i.e. wheeled stretcher).
- E. triage tags as approved by the department.

9.3 Minimum Equipment Requirement for Advanced Life Support Ambulances

9.3.1 All Equipment Listed In Section 9.2

9.3.2 Ventilation Equipment

- A. adult and pediatric endotracheal intubation equipment to include stylets and an endotracheal tube stabilization device and endotracheal tubes uncuffed range from 2/5 - 5/5, and cuffed size range from 6.0-8.0 per medical director protocol.
- B. laryngoscope and blades, straight and/or curved of sizes 0-4.
- C. adult and pediatric magill forceps.
- D. end tidal co_2 detector or alternative device, approved by the FDA, for determining end tube placement.

9.3.3 Patient Assessment Equipment

- A. portable, battery operated cardiac monitor- defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities.
- B. pulse oximeter with adult and pediatric probes.
- C. electronic blood glucose measuring device.

9.3.4 Intravenous Equipment

- A. adult and pediatric intravenous solutions and administration equipment per medical director protocol.
- B. adult and pediatric intravenous arm boards.

9.3.5 Pharmacological Agents

- A. pharmacological agents and delivery devices per medical director protocol.
- B. pediatric "length based" device for sizing drug dosage calculations and sizing equipment.

Editor's Notes

History

Entire Rule eff. 03/01/2008.

Section 11 eff. 05/30/2008.

Sections 1-6 eff. 12/30/2009.

Chapter One, Chapter Two eff. 12/15/2010.

Entire Rule eff. 06/30/2011.