



New York State EMS Ambulance Agency NYS DOH Inspection Guide and Tips

Administration/Applicable Public Health Law Sections and Agency Standard Operating Procedure Requirements

800.21 General requirements – Consider the need for SOP Policy Inclusion or Revision

An ambulance service shall:

- (a) have a valid Department of Health certificate of inspection and Department of Motor Vehicles certificate of inspection on each vehicle at all times while it is in service.
- (b) withdraw from service any ambulance or emergency ambulance service vehicle which is not in compliance with the requirements of this part, or not in compliance with requirements of the Department of Motor Vehicles. Any vehicle with holes (from rust, poor gaskets, etc.) into the patient compartment must also be withdrawn from service.
- (c) notify the department in writing when any ambulance or emergency ambulance service vehicle is permanently removed from service. Such vehicles must have removed all departmental certification stickers and logos.
- (d) display an out-of-service sticker supplied by the department on any vehicle taken temporarily out of service in accordance with the departmental procedures currently in effect.
- (e) display on the exterior of both sides and the back of all ambulances and emergency ambulance service vehicles the name of the service in letters not less than 3 inches in height and clearly legible. The logo provided by the department shall also be displayed on both sides and the back of every ambulance and shall be removed upon sale or transfer of the vehicle.
- (f) maintain an ambulance which shall conform to the standards set forth in this Part.
- (g) equip any ambulance or emergency ambulance service vehicle placed in service with the minimum equipment set forth in this Part.

(h) have on each call at least one attendant who is a certified emergency medical technician in attendance with the patient at all times except for transfers between hospitals. Another licensed health care provider specifically authorized in writing by a physician may serve as the patient care attendant on transfers between hospitals. The ambulance service shall maintain the physician's order for three years. A licensed driver shall drive the ambulance.

(i) transport all patients in the patient compartment except in extenuating circumstances documented on the record of the call.

(j) make available for inspection, with or without notice, to representatives of the department all vehicles, materials, equipment, personnel records, procedures, and facilities.

(k) maintain current and accurate personnel files for all drivers, certified first responders, emergency medical technicians, and advanced emergency medical technicians, showing qualifications, training and certifications, and health records, including immunization status. Employee health records shall be maintained separately and in compliance with all applicable requirements. Information contained in such personnel files shall be reviewed annually and may be disclosed only to authorized individuals. Training records must include at a minimum:

- (1) copies of state issued certifications.
- (2) all records of additional or specialized training; and
- (3) all records or any in-service and continuing education programs.

(l) maintain a record of each ambulance call in accordance with the provisions of section 800.32 of this Part.

(m) maintain adequate and safe storage facilities for equipment, clean supplies and linen, soiled linen, and waste at the place where the ambulance is based.

(n) maintain the interior of the vehicles and equipment in a clean and sanitary condition.

(o) operate only within its primary territory except:

- (1) when receiving a patient which it initially delivered to a facility outside its primary territory; or
- (2) in response to a request for mutual aid from another certified or registered ambulance service; or
- (3) in response to a mutual aid plan implemented by a central dispatch agency on behalf of a certified or registered ambulance service or on behalf of a county or city emergency management office; or
- (4) if a voluntary service, when transporting a patient who is a resident of the primary operating territory; or
- (5) by approval of the department or the appropriate regional emergency medical services council for up to 60 days if the expansion of territory is necessary to meet an emergency need.

Agency Standard Operating Guide/Procedures MUST INCLUDE the following:

(p) have and enforce written policies concerning:

(1) **mutual aid**, including any required authorizations and agreements, to request the response of the nearest, appropriate, available EMS service(s). The written plan shall consider the incident location and access to it, location of the mutual aid agency, primary service territory, authorized level of service, staff availability and any other pertinent information when identifying the mutual aid agency.

(2) coverage of the ambulance service's response area when it is **unable to respond to emergency calls for assistance**.

(3) the **maximum call receipt interval** for all emergency calls for assistance, except for MCI or disaster situations.

(4) actions to be taken if the **maximum call receipt interval determined in (3) is exceeded** and an **ambulance has not yet started toward the incident** location.

(5) authorization and protocols for a central dispatch agency to **send a mutual aid service when the service does not or cannot respond**.

(6) **minimum qualifications and job descriptions** for all patient care providers, drivers, and EMS dispatchers.

(7) **physical, health and immunization requirements** for all patient care providers and drivers, including provisions for biennial review and updating of such requirements.

(8) **preventive maintenance** requirements for all authorized EMS response **vehicles and patient care equipment**.

(9) **cleaning and decontamination** of authorized **EMS response vehicles and equipment**.

(10) **equipping and inspection** of all authorized **EMS response vehicles**.

(11) **reporting by the agency** of suspected:

(i) **crimes**.

(ii) **child abuse**.

(iii) **patient abuse**; and/or

(iv) **domestic violence**, including any directed toward **elderly persons**.

(12) **responsibilities** of patient care providers when:

(i) **a patient cannot be located**.

(ii) **entry cannot be gained** to the scene of an incident.

(iii) a patient judged to be in need of medical assistance **refuses treatment and/or transportation.**

(iv) patients seek **transportation to a hospital outside the area** in which the service ordinarily transports patients.

(v) a receiving **hospital requests that a patient be transported to another facility before arrival at the hospital.**

(vi) **treating minors.**

(vii) treating or transporting patients with reported **psychiatric problems**; and/or

(viii) confronted with an **unattended death.**

(13) **infection control practices** and a system for **reporting, managing, and tracking exposures** and ensuring the confidentiality of all information that is in compliance with all applicable requirements.

(14) by July 1, 1995, have a response **plan for hazardous material incidents.** Participation in a county or regional plan will meet this requirement.

(15) by July 1, 1996, have a response plan for **multiple casualty incidents.** Participation in a county or regional MCI plan will meet this requirement.

(q) upon discovery by or report to the governing authority of the ambulance service, **report to the Department's Area Office** by telephone no later than the following business day and in writing within 5 working days every instance in which:

(1) a **patient dies, is injured, or otherwise harmed** due to actions of commission or omission by a member of the ambulance service.

(2) an EMS response vehicle operated by the service is **involved in a motor vehicle crash in which a patient, member of the crew or other person is killed or injured to the extent requiring hospitalization or care by a physician.**

(3) any **member of the ambulance service is killed or injured to the extent requiring hospitalization or care by a physician while on duty.**

(4) **patient care equipment fails while in use, causing patient harm.**

(5) it is alleged that any member of the ambulance service has responded to an incident or treated a patient while **under the influence of alcohol or drugs while on duty.**

(r) on or in a form approved by the department, **maintain a record of all unexpected, authorized EMS response vehicle and patient care equipment failures that could have resulted in harm** to a patient and the corrective actions taken. A copy of this record shall be submitted to the department with the EMS service's biennial recertification application.

ARTICLE 30 Emergency Medical Services

§ 3006. Quality improvement program.

1. By January first, nineteen hundred ninety-seven, every ambulance service and advanced life support first response service shall establish or participate in a quality improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of the medical care provided by the ambulance service or advanced life support first response service, and which shall pursue opportunities to improve patient care and to resolve identified problems. The quality improvement program may be conducted independently or in collaboration with other services, with the appropriate regional council, with an EMS program agency, with a hospital, or with another appropriate organization approved by the department. Such a program shall include a committee of **at least five members, at least three of whom do not participate in the provision of care by the service**. At least one member shall be a **physician**, and the others shall be **nurses, or emergency medical technicians, or advanced emergency medical technicians, or other appropriately qualified allied health personnel**. The quality improvement committee shall have the following responsibilities:

(a) to review the care rendered by the service, as documented in prehospital care reports and other materials. The committee shall have the authority to use such information to review and to recommend to the governing body changes in administrative policies and procedures, as may be necessary, and shall notify the governing body of significant deficiencies.

(b) to periodically review the credentials and performance of all persons providing emergency medical care on behalf of the service;

(c) to periodically review information concerning compliance with standard of care procedures and protocols, grievances filed with the service by patients or their families, and the occurrence of incidents injurious or potentially injurious to patients. A quality improvement program shall also include participation in the department's prehospital care reporting system and the provision of continuing education programs to address areas in which compliance with procedures and protocols is most deficient and to inform personnel of changes in procedures and protocols. Continuing education programs may be provided by the service itself or by other organizations; and

(d) to present data to the regional medical advisory committee and to participate in system-wide evaluation.

2. The information required to be collected and maintained, including information from the prehospital care reporting system which identifies an individual, shall be kept confidential and shall not be released except to the department or pursuant to section three thousand four-a of this article.

3. Notwithstanding any other provisions of law, none of the records, documentation, or committee actions or records required pursuant to this section shall be subject to disclosure under article six of the public officer's law or article thirty-one of the civil practice law and rules, except as hereinafter provided or as provided in any other provision of law. No person in attendance at a meeting of any such committee shall be required to testify as to what transpired thereat. The prohibition related to disclosure of testimony shall not apply to the statements made by any person in attendance at such a meeting who is a party to an action or proceeding the subject of which was reviewed at the meeting. The prohibition of disclosure of information from the prehospital care reporting system shall not apply to information which does not identify a particular ambulance service or individual.

4. Any person who in good faith and without malice provides information to further the purpose of this section or who, in good faith and without malice, participates on the quality improvement committee shall not be subject to any action for civil damages or other relief as a result of such activity.

Operations

800.23 General requirements related to equipment:

(a) All equipment shall be clean, sanitary, and operable.

(b) The emergency medical technician must be able to operate all equipment on board the ambulance or emergency ambulance service vehicle within the scope of his/her certification.

(c) Any volume of liquid in excess of 249 milliliters stored in the ambulance must be in plastic containers.

(d) Insofar as practical, all equipment in every vehicle shall be secured to the vehicle whenever the vehicle is in motion.

(e) All pressurized gas cylinders shall be secured and in compliance with Federal DOT hydrostatic test expiration dates.

(f) If controlled substances, drugs, or needles are carried, there shall be a securely locked cabinet in which these items are stored when not in use.

800.24 Equipment requirements for certified ambulance service.

All ambulances in a certified ambulance service shall be equipped with the following unless exempted pursuant to section 800.25:

(a) Patient transfer equipment consisting of:

(1) wheeled ambulance cot capable of supporting the patients in the Fowlers position.

(2) a device capable of carrying a second recumbent patient.

(3) a device enabling ambulance personnel to carry a sitting patient over stairways and through narrow spaces where a rigid litter cannot be used. The requirements of paragraphs (2) and (3) of this subdivision may be satisfied by use of one combination device capable of both operations.

- (4) all litters and cots used to transport patients shall be secured using crash resistant fasteners. The ambulance shall be equipped with securing devices such that two patient carrying devices can be simultaneously secure; and
- (5) ambulance cots and other patient carrying devices shall be equipped with at least two, two-inch wide web straps with fasteners to secure the patient to the device and the cot.

(b) Airway, ventilation, oxygen, and suction equipment consisting of:

- (1) a manually operated self-refilling adult-size bag valve mask ventilation device capable of operating with oxygen enrichment, and clear adult-size masks with air cushion.
- (2) four oropharyngeal airways in adult sizes.
- (3) portable oxygen with a minimum 350-liter capacity (medical "D" size) with pressure gauge, regulator, and flow meter and one spare cylinder, medical "D" size or larger. The oxygen cylinders must contain a minimum of 1000 PSI pressure.
- (4) an in-ambulance oxygen system with a minimum 1200-liter capacity (two medical "E" size) with yoke(s), or CDC fitting, pressure gauges, regulators, and flow meters capable of delivering oxygen to two patients at two different flow rates of up to 15 liters per minute simultaneously.
- (5) four each, non-rebreather oxygen masks, and four nasal cannulas.
- (6) portable suction equipment capable, according to the manufacturer's specifications, of producing a vacuum of over 300 millimeters of mercury when the suction tube is clamped. This will meet the 800.24(b)(7) requirement if equipped to operate off the ambulance electrical system.
- (7) installed adjustable suction capable of producing a vacuum of over 300 millimeters of mercury when tube is clamped; and
- (8) two plastic Yankauer-type wide bore pharyngeal tips individually wrapped.

(c) Immobilization equipment consisting of:

- (1) one full size (at least 72 inches long and 16 inches wide) backboard with necessary straps capable of immobilizing the spine of a recumbent patient.
- (2) one half-length spinal immobilization device with necessary straps capable of immobilizing the spine of a sitting patient.
- (3) one traction splinting device for the lower extremity; and
- (4) two of each of the following size padded boards, with padding at least 3/8 inches thick:
 - (i) 4 1/2 feet by 3 inches
 - (ii) 3 feet by 3 inches or equivalent device
 - (iii) 15 inches by 3 inches or equivalent device
- (5) one set of rigid extrication collars capable of limiting movement of the cervical spine. The set shall include large, medium, and small adult-size rigid extrication collars which permit access to the patient's anterior neck; and
- (6) a device or devices capable of immobilizing the head of a patient who is secured to a long backboard.

(d) Bandaging and dressing supplies consisting of:

- (1) twenty-four sterile gauze pads 4 inches by 4 inches.
- (2) three rolls of adhesive tape in two or more sizes.
- (3) ten rolls of conforming gauze bandages in two or more sizes.
- (4) two sterile universal dressings approximately 10 inches by 30 inches.
- (5) ten large sterile dressings 5 inches by 9 inches minimum.
- (6) one pair bandage shears.
- (7) two sterile bed-size burn sheets.
- (8) six triangular bandages.
- (9) one liter of sterile normal saline in plastic container(s) within the manufacturer's expiration date; and
- (10) roll of plastic or aluminum foil or equivalent sterile occlusive dressing.

(e) Emergency childbirth supplies in a kit, consisting of the following sterile supplies:

- (1) disposable gloves.
- (2) scissors or scalpel.
- (3) umbilical clamps or tape.
- (4) bulb syringe.
- (5) drapes; and
- (6) 1 individually wrapped sanitary napkin.

(f) Miscellaneous and special equipment in clean and sanitary condition consisting of:

- (1) linen and pillow on wheeled ambulance cot and spare pillow, two sheets, two pillowcases, and two blankets.
- (2) four cloth towels.
- (3) one box of facial tissues.
- (4) two emesis containers.
- (5) one adult-size blood pressure cuff with gauge.
- (6) stethoscope.
- (7) carrying case for essential emergency care equipment and supplies; (8) four chemical cold packs.
- (9) one male urinal.
- (10) one bed pan.
- (11) two sets masks and goggles or equivalent.
- (12) two pairs of disposable rubber or plastic gloves.
- (13) one liquid glucose or equivalent.
- (14) six sanitary napkins individually wrapped: and
- (15) one pen light or flashlight.

(g) Safety equipment consisting of:

- (1) six flares or three U.S. Department of Transportation approved reflective road triangles.
- (2) one battery lantern in operable condition; and

(3) one Underwriters' Laboratory rated five-pound U.L.-rated ABC chemical fire extinguisher or any extinguisher having a U.L. rating of 10BC.

(h) Pediatric equipment consisting of:

- (1) pediatric bag valve mask, equipped with oxygen reservoir system.
- (2) clear face masks in newborn, infant and child sizes, inflatable rim (or mask with minimal under-mask volume) to fit above.
- (3) two nasal cannulas, and two oxygen masks including non-rebreather in the pediatric size.
- (4) two oropharyngeal newborn, infant, and child size airways.
- (5) sterile suction catheters, two each in sizes 5, 8 and 10 French;
- (6) two sterile DeLee type suction catheters #10 or modified suction traps, or two small bulb syringes;
- (7) one sterile single-use disposable oxygen humidification setup.
- (8) child and infant size blood pressure cuffs with gauge(s);
- (9) one rigid extrication collar in pediatric size.
- (10) one pediatric stethoscope (interchangeable type acceptable);
- (11) one commercially prepared infant swaddler.

800.26 Equipment requirements for emergency ambulance service vehicles other than an ambulance.

The governing authority of any ambulance service which, as a part of its response system, utilizes emergency ambulance service vehicles other than an ambulance to bring personnel and equipment to the scene, must have policies in effect for equipment, staffing, individual authorization, dispatch and response criteria, and maintain appropriate insurance coverage.

(a) A waiver of the equipment requirements for emergency ambulance service vehicles may be granted by the Department when the service provides an acceptable plan to the Department demonstrating how appropriate staff, equipment and vehicles will respond to a call for emergency medical assistance. The affected Regional EMS Councils will be solicited for comment on the service's waiver request.

(b) Any emergency ambulance service vehicle other than an ambulance shall be equipped and supplied with emergency care equipment consisting of:

- (1) 12 sterile 4 inches x 4 inches gauze pads.
- (2) adhesive tape, three rolls assorted sizes.
- (3) six rolls conforming gauge bandage, assorted sizes.
- (4) two universal dressings, minimum 10 inches x 30 inches.
- (5) six 5 inches x 9 inches (minimum size) sterile dressings or equivalent.
- (6) one pair of bandage shears.
- (7) six triangular bandages.
- (8) sterile normal saline in plastic container (1/2 liter minimum) within manufacturer's expiration date.
- (9) one air occlusive dressing.

- (10) one liquid glucose or equivalent.
- (11) disposable sterile burn sheet.
- (12) sterile obstetric kit.
- (13) blood pressure sphygmomanometers cuff in adult and pediatric sizes and stethoscope.
- (14) three rigid extrication collars capable of limiting movement of the cervical spine. These collars shall include small, medium and large adult sizes; and
- (15) carrying case for essential equipment and supplies.

(c) Oxygen and resuscitation equipment consisting of:

- (1) portable oxygen with a minimum 350-liter capacity with pressure gauge, regulator and flow meter medical "D" size or larger. The oxygen cylinder must contain a minimum of 1000 pounds per square inch;
- (2) manually operated self-refilling bag valve mask ventilation devices in pediatric and adult sizes with a system capable of operating with oxygen enrichment and clear adult, and clear pediatric-size masks with air cushion.
- (3) four individually wrapped or boxed oropharyngeal airways in a range of sizes for pediatric and adult patients.
- (4) two each: disposable non-rebreather oxygen masks, and disposable nasal cannula individually wrapped.
- (5) portable suction equipment capable, according to the manufacturer's specifications, of producing a vacuum of over 300 mm. Hg when the suction tube is clamped and including two plastic large bore rigid pharyngeal suction tips, individually wrapped; and
- (6) pen light or flashlight.

(d) A two-way voice communication enabling direct communication with the agency dispatcher and the responding ambulance vehicle on frequencies other than citizens band.

(e) Safety equipment consisting of:

- (1) six flares or three U.S. Department of Transportation approved reflective road triangles.
- (2) one battery lantern in operable condition; and
- (3) one Underwriters' Laboratory-rated five-pound ABC fire extinguisher or any extinguisher having a UL rating of 10BC.

(f) Extrication equipment consisting of:

- (1) one short backboard or equivalent capable of immobilizing the cervical spine of a seated patient. The short backboard shall have at least two 2 inches x 9 feet long web straps with fasteners unless straps are affixed to the device; and
- (2) one blanket.

Common Errors, Omissions and Failures

- 1) Agency allowed EMS Operating Certificate to lapse or Submit their Recertification Package timely.
 - a. Failed to notarize documents.
 - b. Failed to submit.
 - c. Failed to provide EMS personnel roster.
 - d. Failed to submit Medical Director Verification
- 2) Controlled substance logs not updated, confusing (mg/mcg vs. ml/cc vs. count), license not displayed / accessible.

ALL ALS agencies must carry at least one of the following as allowed within protocol formulary. Your CS plan should have all formulary meds within it to allow for medication shortages.:

 - a. Controlled Substance for seizure
 - b. Controlled substance for pain
- 3) Limited Lab license for blood glucose testing – Expired or None at All/not displayed / accessible.
- 4) Expired hydrostatic test dates on oxygen tanks, spares not secured in vehicle or spare storage in facility.
- 5) Missing second different size mask for adult BVM
Missing total of three different size ped/infant BVM masks
- 6) Missing or Expired Credentials in Personnel Files - EMT/EMT-P/Driver's Licenses for Vehicle Operators.
 - a. Health and Immunization records are maintained separately from personnel info
- 7) Missing required policies and procedures
- 8) Missing (signed and current) mutual aid plan compliant with NYS EMS Policy 12-06
Check Regional REMSCO for Countywide or Other Approved Plans
- 9) Lack of participation in a Quality Assurance program, or no quality assurance process in place by agency.
- 10) Vehicle mechanical- Emergency lights, brake lights, fog lights or other lights inoperable, tire tread depth, check engine light.
- 11) Preventative Maintenance Plan for Equipment and Vehicles
- 12) Missing or expired medical supplies, namely: burn sheets, expired glucose, expired O2 humidifiers, expired saline/sterile water, foil bunting or infant bulb syringe (generally not in OB kit). Medications not stored within temperature requirements. **ANYTHING with an expiration date needs to be reviewed and removed at or before expiration.**
- 13) Failure to secure equipment, sharps, sharps containers, epi/albuterol, defibrillators, oxygen tanks, and other loose articles in patient compartment.
- 14) Presence of dirt/grime around entry doors, compartments and within and around the patient compartment areas.

- **NYS EMS Policies**

- <https://www.health.ny.gov/professionals/ems/policy/policy.htm>

https://www.health.ny.gov/professionals/ems/policies_laws_regs/