CHAPTER VI OF TITLE 10 (HEALTH)
of the
Official Compilation of Codes, Rules and Regulations

STATE EMERGENCY MEDICAL SERVICES CODE

PART 800

EMERGENCY MEDICAL SERVICES

Amendments:

800.15 regarding AED became effective October 19, 1994
800.21 regarding ambulance service policies and reporting, effective November 30, 1994
800.20 regarding course curricula, effective July 15, 1998
800.26 regarding EASV equipment standards, effective November 3, 2004
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CHAPTER VI TITLE 10 (HEALTH)
STATE EMERGENCY MEDICAL SERVICES CODE
PART 800

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General

SECTION 800.1 TITLE

This Chapter shall be known and may be cited as the "State Emergency Medical Services Code."

800.2 APPLICABILITY OF OTHER LAWS, CODES, RULES AND REGULATIONS

Except as otherwise provided in this Chapter, ambulance services shall comply with all pertinent Federal laws, State laws and those provisions of county, city, town and village charters, special and local laws, ordinances and any codes, rules or regulations promulgated thereunder having general application thereto.

800.3 DEFINITIONS

The following definitions shall apply to this Chapter unless the context otherwise requires:

(a) Department means the New York State Department of Health.

(b) Commissioner means the State Commissioner of Health.

(c) Person means an individual, partnership, association, corporation or any other legal entity whatsoever.

(d) Emergency medical service means a service engaged in providing initial emergency medical assistance including, but not limited to, the treatment of trauma, burns and respiratory, circulatory and obstetrical emergencies.

(e) Ambulance means a motor vehicle, airplane, boat or other form of transport especially designed and equipped to provide emergency medical services during transit.

(f) Ambulance service means a person engaged in providing emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft or other form of transportation to facilities providing hospital services.

(g) Voluntary ambulance service means an ambulance service (i) operating not for financial profit and (ii) no part of the assets or income of which is distributable to, or enures to the benefit of, its members, directors or officers except to the extent permitted under article 30.

(h) Municipal ambulance service means an ambulance service operated by a municipality or agency thereof and staffed by municipal employees or an ambulance service operated by a county or agency thereof and staffed by county employees.

(i) Hospital ambulance service means an ambulance service owned and operated by a hospital as defined in article 28 of the Public Health Law.

(j) Certified ambulance service means an ambulance service having an ambulance service certificate issued by the department pursuant to section 3005 or 3006 of the Public Health Law.

(k) Certificate of inspection means a windshield sticker affixed to the lower right hand corner of the windshield of the ambulance. The sticker signifies that the vehicle has

been inspected and approved by the Department for operation in a certified ambulance service.

(l) New vehicle means a vehicle of recent manufacture placed in service for the first time.

(m) Emergency ambulance service vehicle means a vehicle that is owned or operated by an ambulance service that is used to transport emergency medical personnel and equipment to sick or injured persons.

(n) Certified first responder means a person certified pursuant to these regulations as a first responder.

(o) Emergency medical technician means a person certified pursuant to these regulations as an emergency medical technician.

(p) Advanced emergency medical technician means a person certified pursuant to these regulations as an advanced emergency medical technician, an emergency medical technician-critical care, or an emergency medical technician-paramedic.

(q) State Council means the New York State Emergency Medical Services Council established pursuant to section 3002 of article 30 of the Public Health Law.

(r) Regional Council means a regional emergency medical service council established pursuant to section 3003 of article 30 of the Public Health Law.

(s) *Certified instructor coordinator* means a person certified pursuant to these regulations to serve as the lead instructor for courses leading to certification as [an emergency medical technician or certified first responder] a certified first responder, emergency medical technician or advanced emergency medical technician. Certified instructor coordinators must be certified, pursuant to these regulations, at or above the level at which they seek to instruct.

(t) *Certified laboratory instructor* means a person certified pursuant to these regulations to instruct, in psychomotor skills, candidates in courses leading to certification as an emergency medical technician or certified first responder or advanced emergency medical technician.

(u) Advanced life support system means a method for the provision of initial emergency medical assistance under medical direction and supervision including, but not limited to, one or more of the following services:

(1) administration of intravenous fluids;
(2) administration of drugs;
(3) intubation;
(4) manual defibrillation; and
(5) other services as approved by the commissioner and council.

(v) Primary territory means that area listed on an ambulance or advanced life support first response service certificate in which the service may treat or receive (pick up) patients.

(w)*Continuous Practice* means a certified individual having:

1. actively provided prehospital patient care during their period of certification, at or below their level of certification; and

2. been a current, active member or employee of an EMS agency recognized by the department, during their period of certification.

(x) Course Sponsor means a person approved by the department to conduct EMS Educational Programs as one or more of the following specific types of course sponsor:

(1) Basic Life Support Sponsor - a course sponsor authorized by the department to conduct original and refresher CFR and EMT courses.

(2) Advanced Life Support Sponsor - a course sponsor authorized by the department to conduct all basic life support courses, AEMT and EMT-CC original and refresher courses, and the EMT-P original and refresher courses.

(3) Continuing Education Course Sponsor - a course sponsor authorized by the department to conduct one or more of the following courses including, but not limited to: Certified Instructor Coordinator, Certified Lab Instructor, Certified Instructor Update or other continuing education courses developed by the department. Approval as a continuing education course sponsor is specific to the EMS educational programs that the sponsor is authorized to offer and not all sponsors will be approved to offer all types of courses.

(y) Learning Contract means a written agreement between a student and a course sponsor, which specifies requirements to complete the course and the policies of the sponsor.

(z) DNR bracelet means an item meeting the Department of Health specification in section 800.90 of this Part, which may be worn by a person who has been issued a valid non-hospital order not to resuscitate.

(aa) Automated External Defibrillation (AED) means defibrillation by a certified first responder, emergency medical technician or advanced emergency medical technician using an external defibrillator that incorporates an electronic rhythm analysis system that limits the delivery of an electrical counter shock to a rhythm for which defibrillation is medically indicated. The external defibrillator may be either a fully automatic or semiautomatic (shock-advisory) type.

(bb) "mutual aid agreement" means a written agreement, entered into by two or more ambulance services or advanced life support first response services for the organized, coordinated and cooperative reciprocal mobilization of personnel, equipment, services or facilities for back-up or support upon request as required pursuant to a written mutual aid plan.

(cc) "call receipt interval" means the elapsed time from receipt of a request for emergency assistance by the service or its dispatch agency to the time a staffed ambulance or ALSFR vehicle is en route to the reported location of the incident.

(dd) "Advanced life support (ALS) care" means definitive acute medical care provided under medical control, by advanced emergency medical technicians within an advanced life support system.

(ee) "Advanced life support first responder (ALSFR) service" means any person or organization, which provides advanced life support, care, but does not transport patients.

(ff) "Advanced life support first response (ALSFR) vehicle" means a designated vehicle or conveyance operated by an ALSFR service, which brings advanced life support equipment and personnel authorized to provide ALS care to a location to provide such care.

(gg) "Quality improvement program" means a program, which seeks to improve and enhance the quality and appropriateness of patient care and clinical performance of the service.

(hh) "Governing authority" means in the case of a fire district, the board of fire commissioners; or in the case of a municipality, the municipality's legislative body; or in the case of a corporation, the board of directors; or in the case of a hospital, the governing body; or in the case of a partnership, each of the partners; or in the case of a sole proprietorship, the proprietor; or in the case of an unincorporated association all the members of the association.

(ii) "EMS service" means an ambulance service or an advanced life support first response service.

(jj) "Authorized EMS response vehicle" means any vehicle, conveyance, boat or aircraft meeting the requirements of this part authorized by the governing authority and operated by an EMS service for the purpose of providing certified personnel and equipment to an event dispatched as an EMS response.

(ak) *Criminal offense* means, except in exceptional circumstances as determined by the agency, convictions in any jurisdiction for felonies involving murder, manslaughter, assault, sexual abuse, theft, robbery, fraud, embezzlement, drug abuse, or sale of drugs.

(al) *Incompetence* means a lack of, or loss of, skill or knowledge to practice the profession, and/or practicing with negligence, as negligence is defined in this part, on one or more occasions while treating a patient.

(am) *Negligence* means a failure to perform, on one or more EMS calls, as an ordinary, reasonable, similarly situated certificate holder certified at the same level would, based upon the standard of care in the region, as delineated in controlling protocols, curricula, and policies, and as demonstrated by an ordinary, reasonable certificate holder's general standards of practice.

*(*an) *Non-criminal offense* means findings of inappropriate conduct or misconduct not constituting a criminal offense in any jurisdiction, including, but not limited to, findings by either a designated governmental authority or a court of law of patient abuse, neglect, mistreatment, or misappropriation of patient property; Family Court findings of spousal and/or intimate partner violence; Family Court or other designated governmental entity findings of child abuse, neglect or abandonment; vehicle and traffic findings involving reckless and/or aggressive driving; findings by any governmental entity of diversion of controlled substances from any health care facility, health care provider, or pharmacy; and any governmental findings involving dishonesty and/or other unethical conduct evincing unfitness to serve the public.

*(*ao) *Patient Abandonment* means a certificate holder's willful termination of patient contact prior to delivering the patient for medical evaluation and/or treatment, or securing a proper refusal of medical attention in accordance with applicable protocol. Patient abandonment may be effected through means including, but not limited to,

leaving a patient unattended after establishing patient contact, leaving a patient to the care of an EMT certified at a lower level when the certificate holder knew or should have known that the patient required a higher level of care, and/or encouraging the patient and/or bystanders to reject transport to a hospital by ambulance unless it occurs within an organized multi patient/agency response.
(ap) *Patient abuse* means any inappropriate and/or offensive physical, sexual or verbal contact or interaction with a patient, irrespective of whether the certificate holder is specifically acting in his/her capacity as an EMT when (s)he engages in the abuse, including but not limited to the following:

1. Physical abuse means conduct by a certificate holder which causes, by physical contact, physical injury, or serious or protracted impairment of the physical, mental or emotional condition of a patient, or which causes the likelihood of such injury or impairment. Such conduct may include, but shall not be limited to, slapping, hitting, kicking, biting, chocking, smothering, shoving, dragging, pinching, punching, shaking, sitting upon, burning, cutting, strangling, striking, using corporal punishment, or throwing objects at a patient. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any person.

2. Psychological abuse means verbal or non-verbal conduct by a certificate holder, directed to a patient, which insults, denigrates, humiliates, shocks, mocks, threatens, harasses, or alarms the patient. Psychological abuse shall not include verbal or non-verbal conduct which has medical or therapeutic purpose or justification.

3. Sexual abuse means conduct by a certificate holder, which subjects a patient to any offense defined in article one hundred thirty, two hundred forty-five of the penal law; or any conduct or communication by a certificate holder that allows, permits, uses or encourages a patient to engage in any act described in two hundred sixty-three of the penal law. Offensive sexual contact or conduct may include, but shall not be limited to, engaging in, or facilitating sexual contact, exposure, performances, photography or any other form of sexual image collection and/or dissemination, irrespective of the patient's receptiveness to the conduct.

(aq) *Patient contact* means that the certificate holder has assessed, the patient and the circumstances in which the patient is found, when responding to a request for emergency medical services and that the patient has either accepted care or the patient's acceptance of care is implied from the circumstances or from his(her) inability to respond.
(ar) *Statutory and/or regulatory violation* means any finding or determination by a court or governmental agency holding jurisdiction to adjudicate allegations of violations of EMS laws, regulations and/or protocols.
(as) *Scope of practice* means the psychomotor skills and knowledge necessary for the

minimum competence for each level of New York State EMT certification as approved by the Commissioner.
(at) *State-approved protocols* means Basic Life Support (BLS) patient care protocols which apply throughout New York State and which are distributed to every certificate holder certified at every level, and protocols established by the Regional Emergency Medical Advisory Committees (REMACs) which are approved and distributed to every certificate holder credentialed by the REMAC.
*(*au) *Treatment* means the pre-hospital administration or application of a remedy or remedies by a certificate holder to a patient for a condition, disease or injury when rendering emergency medical services.

800.4 SIGNS AND ADVERTISEMENTS

(a) The word "ambulance" may not be displayed on a vehicle, aircraft, or boat except on a vehicle, aircraft, or boat registered with the department as an ambulance except to comply with 800.21(e).
(b) Services desiring to advertise the operation of aircraft and boats shall comply with the requirements of this Part.

800.5 REQUIREMENTS FOR AN ADVANCED LIFE SUPPORT SYSTEM

(a) An advanced life support system must meet the following requirements:
(1) designation of a qualified physician to provide medical supervision and direction;
(2) integration with a hospital emergency service, or intensive care, coronary care, or other appropriate hospital unit.
(b) An ambulance, when providing advanced life support services, must meet the requirements of Sections 800.23 and 800.24 of this Part and utilize a treatment record provided by or approved by the department, including submission of such record for use in quality assurance programs.
(c) An advanced life support system providing prehospital intermediate care must include the following:
(1) voice communications to receive medical direction;
(2) equipment and supplies to provide prehospital intermediate care; and
(3) staffing by a certified emergency medical technician-intermediate, emergency medical technician-critical care; or emergency medical technician-paramedic, as appropriate.
(d) An advanced life support system providing prehospital critical care and/or EMT-Paramedic services must include the following:
(1) voice communications to receive medical direction;
(2) bio-telemetry;
(3) equipment and supplies to provide prehospital critical care and/or EMT-paramedic services; and
(4) staffing by a certified emergency medical technician-critical care or emergency medical technician-paramedic, as appropriate.

Emergency Medical Services Personnel

800.6 INITIAL CERTIFICATION REQUIREMENTS

To qualify for initial certification, an applicant shall:

(a) file a completed application bearing the applicant's original signature in ink, or an electronic application approved by the department.
(b) be at least 18 years of age prior to the last day of the month in which he/she is scheduled to take the written certification examination for the course in which they are enrolled, except that an applicant for certified first responder must be at least 16 years of age prior to the last day of the month in which he/she is scheduled to take the written certification examination;
(c) satisfactorily complete the requirements of a state-approved course given by a state-approved course sponsor at one of the following levels for which certification is available:

(1) certified first responder (CFR);
(2) emergency medical technician (EMT);
(3) advanced emergency medical technician;
(4) emergency medical technician-critical care (EMT-CC);
(5) emergency medical technician-paramedic (EMT-P);
(6) certified laboratory instructor (CLI); or
(7) certified instructor coordinator (CIC).

(d) pass the State practical skills examination for the level at which certification is sought within one year of the scheduled written examination date for the course;

(e) after passing the practical skills examination, pass the State written certification examination for the level at which certification is sought within one year of the scheduled written examination date for the course, except at the certified instructor coordinator level and certified lab instructor level; and

(f) if the applicant has been convicted of one or more criminal offenses, as defined in §800.3(ak), be found eligible after a balancing of the factors set out in Article 23-A of Corrections Law. In accordance with that Article, no application for a license shall be denied by reason of the applicant having been previously convicted of one or more criminal offenses unless (i) there is a direct relationship between one or more of the previous criminal offenses and duties required of this certificate or (ii) certifying the applicant would involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed under New York State Corrections Law Section 753.

(g) not have been found guilty or in violation, in any jurisdiction, of any other non-criminal offense or statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety unless the department determines

such applicant would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public.

800.7 REEXAMINATIONS - APPLICANTS FOR INITIAL CERTIFICATION

(a) Candidates who have failed the practical skills examination must complete a refresher or an original certification course for the level of certification sought prior to being admitted to another practical skills examination at the same level of certification. Such candidates may be admitted once to a practical skills examination at a lower level of certification within one year after the last attempt at the level originally sought.

(b) Candidates who have failed the written certification exam after two attempts must complete a refresher or original certification course at the appropriate level prior to being admitted to another written certification exam at the same level of certification. Such candidates may be admitted once to a written certification examination at a lower level of certification, within one year after the last attempt at the level originally sought.

800.8 RECERTIFICATION REQUIREMENTS

Applicants for recertification must comply with either section 800.8 or 800.9. To qualify for recertification under this section, an applicant shall:

(a) file with the department a completed department-approved application form bearing the applicant's original signature in ink or an electronic application approved by the department;

(b) have previously held New York State certification at or above the level at which recertification is sought except as provided in section 800.18 of these regulations;

(c) enroll in a recertification course provided by an approved course sponsor (800.20) and complete the requirements for recertification at the level at which recertification is sought;

(d) pass the State practical skills examination for the level at which recertification is sought within one year of the scheduled written examination date for the course;

(e) after passing the practical skills examination, pass the State written certification examination for the level at which certification is sought within one year of the scheduled written examination date for the course, except at the certified instructor coordinator level and certified lab instructor level;

(f) if the applicant has been convicted of one or more criminal offenses, as defined in §800.3(ak), be found eligible after a balancing of the factors set out in Article 23-A of Corrections Law. In accordance with that Article, no recertification shall be denied by reason of the applicant having been previously convicted of one or more criminal offenses unless (i) there is a direct relationship between one or more of the previous criminal offenses and duties required of this certificate or (ii) recertification of the applicant would involve an unreasonable risk to property or the safety or welfare of a

specific individual or the general public. In determining these questions, the agency will look at the eight factors listed under New York State Corrections Law Section 753.

(g) not have been found guilty or in violation, in any jurisdiction, of any other non-criminal offense or statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety unless the department determines such applicant would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public.

800.9 CONTINUING EDUCATION

1. Continuing Medical Education program. Recertification applicants who have demonstrated competence in applicable behavioral and performance objectives, and who have demonstrated completion of appropriate continuing medical education may, if qualified as set forth in 2 below, have their certification renewed without being required to successfully complete a state practical skills and written examination.

2. To qualify for recertification using continuing medical education, an applicant shall:

(a) be currently certified at the certification level they are seeking;

(b) be a current active member or employee of an agency already registered in the program and authorized to provide the level of care for which the participant is seeking recertification;

(c) be in continuous practice as defined in Section 800.3;

(d) file with the department a completed department-approved application form bearing the applicant's signature in ink, or an electronic application approved by the department;

(e) submit the completed application, through the EMS agency, for recertification postmarked at least 45 days, but not more than 9 months, prior to their current certification expiration date;

(f) if the applicant has been convicted of one or more criminal offenses, be found eligible after a balancing of the factors set out in Article 23-A of Corrections Law. In accordance with that Article, no recertification shall be denied by reason of the applicant having been previously convicted of one or more criminal offenses unless (i) there is a direct relationship between one or more of the previous criminal offenses and the duties required of this certification or (ii) recertifying the applicant would involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed under New York State Corrections Law Section 753.

(g) not have been found guilty or in violation, in any jurisdiction, of any other non-criminal offense or statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety unless the department determines such applicant would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public.

800.10 REEXAMINATIONS - APPLICANTS FOR RECERTIFICATION

(a) Candidates who have failed the practical skills examination must complete a refresher or original certification course for the level of certification sought prior to being admitted to another practical skills examination at the same level of certification. Such candidates may be admitted once to a practical skills examination at a lower level of certification within one year after the last attempt at the level of certification originally sought.

(b) Candidates who have failed the written certification exam after two attempts must complete a refresher or original certification course for the level of certification sought prior to being admitted to another written certification exam at the same level of certification. Such candidates may be admitted once to a written certification examination at a lower level of certification within one year after the last attempt at the level of certification initially sought.

800.11 ADVANCED EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

(a) A candidate, to qualify for initial certification at any level above emergency medical technician-defibrillation, in addition to meeting the requirements set forth in section 800.6, shall:

(1) have current certification as an emergency medical technician-basic at the time of the written certification examination; and

(2) submit documentation of satisfactory completion of an internship approved by the course sponsor for any course for which an internship is described in the curriculum.

(b) No person certified pursuant to these regulations or required to be certified (see Article 30 of the Public Health Law) shall practice above the level of emergency medical technician-basic except as part of an advanced life support system.

800.12 RECIPROCAL CERTIFICATION REQUIREMENTS

(a) To qualify for New York State certification based on out-of-state emergency medical technician-basic, emergency medical technician-intermediate, emergency medical technician-critical care, or emergency medical technician-paramedic credentials, a person must be currently certified or licensed by another state. The other state's training must be equivalent to or more stringent than New York State training and examination requirements.

(b) The applicant must:

(1) demonstrate a need for certification, such as New York State residence (or) employment opportunity;

(2) submit a written request for New York State certification, including a copy of the out-of-state credentials and complete an application for certification on a form to be provided by the department;

(3) pay in advance a filing fee of twenty-five dollars for certified first responder or emergency medical technician-basic certification or fifty dollars for any other level of certification;

(4) not have any convictions for any crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs or currently be under charges for such a crime unless the department finds that such conviction or charges do not demonstrate a present risk or danger to patients; and

(5) be at least eighteen years of age.

800.13 CERTIFICATION

The department:

(a) shall grant reciprocal certification to any qualified person with out-of-state certification or licensure, provided that there are no outstanding violations or charges of violations of the rules or laws governing emergency medical services in the state(s) in which the person holds certification or licensure.

(1) Such certification shall expire on the same date as the applicant's out-of-state certification, except that such certification shall be for no more than three years.

(2) Candidates who are required to pass both the written and practical skills examinations as part of this process shall have the expiration of their certifications determined by section 800.17.

(b) may require the candidate to pass the written or practical skills examinations in order to determine the equivalency of training; and

(c) shall keep the processing fee, even if the application for certification is denied.

800.14 EMERGENCY MEDICAL TECHNICIANS CERTIFIED BY STATES BORDERING NEW YORK

Emergency medical technicians certified by Vermont, Massachusetts, Connecticut, New Jersey, or Pennsylvania may practice in New York State without New York State certification, while

(a) transferring a patient across the border between New York State and the certifying state; or

(b) providing emergency medical care in New York State pursuant to a mutual aid agreement with a New York State certified or registered ambulance service. The mutual aid agreement must be in writing, signed by an authorized officer of both ambulance services, and must delineate the protocols to be adhered to by the out-of-state emergency medical technicians and shall be on file with the department.

800.15 REQUIRED CONDUCT

Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law shall:

(a) comply with prehospital practice standards, applicable for the geographic

region of the State in which the individual is practicing, as established by:

(1) State-approved training curricula and State-approved training standards, in accordance with section 800.20 of this Part;

(2) State-approved protocols developed by State and/or Regional Medical Advisory Committees pursuant to sections 3002-a and 3004-a of the Public Health Law; and

(3) Scope of Practice as defined in Section 800.3; and

(b) maintain, at all times, the confidentiality of any and all patient information to which the certificate holder has access concerning patients alive or deceased, including, but not limited to, patient names, conditions, treatments, descriptions, communications, images or other identifying features, irrespective of whether the patient's name is included, which may be transmitted by electronic or other media, except:

(1) when a certificate holder is acting as part of an organized pre-hospital emergency medical service, the certificate holder responsible for patient care shall accurately complete a pre-hospital care report in a department-approved format for each patient with whom the certificate holder makes patient contact, and shall provide a copy to the hospital receiving the patient and/or to the department's authorized agent for use in the State's quality assurance program; or

(2) when authorized by the patient and/or the patient's representative, the certificate holder may reveal patient information to the extent necessary to collect insurance payments due; or

(3) when and to the extent otherwise authorized by law; and

(c) comply with the terms of a Medical Order of Life Sustaining Treatment (MOLST), as defined by Article 29-CC of the Public Health Law, form or a non-hospital Do Not Resuscitate (DNR) form, when the patient, family, or other caretaker or person on the scene provides such an order issued on a standard department-issued form, or, when the patient is wearing on his/her person a department-developed DNR bracelet or necklace identifying the patient as one for whom a non-hospital DNR order has been issued, with the following exceptions:

(1) emergency medical services personnel may disregard a non-hospital Do Not Resuscitate (DNR) order as defined by Article 29-B of the Public Health Law, when:

(i) possessed of a good faith belief that the order has been revoked or that the order has been canceled; or

(ii) family members or others on the scene, excluding emergency medical services personnel, object to the order and a physical confrontation appears likely.

(2) Hospital emergency service physicians may direct emergency medical services personnel to disregard a non-hospital Do Not Resuscitate (DNR) order if other significant and exceptional medical circumstances warrant disregarding the order; and

(d) not be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to subdivision (c) of this section, a non-hospital order not to resuscitate (non-hospital DNR), for disregarding such order pursuant to paragraph (1) or (2) of subdivision (c) of this section, or for other actions reasonably taken in good faith pursuant to subdivision (c) of this section.

800.16 SUSPENSION OR REVOCATION OF CERTIFICATION

(a) Any certification issued pursuant to this Part or Article 30 of the Public Health Law may be suspended for a fixed period, revoked or annulled, and the certificate holder may be censured, reprimanded, or fined in accordance with section 12 of the Public Health Law, after a hearing conducted pursuant to section 12-a of the Public Health Law, if the department finds that the certificate holder:

(1) has failed to comply with the requirements of Section 800.15 of this Part; or

(2) has been negligent in the performance of his/her EMS duties and practice, as negligence is defined in Section 800.3 of this Part; or

(3) has been incompetent in the performance of his/her EMS duties and practice, as incompetence is defined in Section 800.3 of this Part; or

(4) has abused a patient, as patient abuse is defined in Section 800.3 of this Part; or

(5) has been convicted of one or more criminal offenses, as that term is defined in § 800.3(ak) of this Part, unless, in accordance with Article 23-A of the Corrections Law, the department determines, that (i) there is not a direct relationship between one or more of the criminal offenses and the duties required of this certificate or (ii) allowing the certificate holder to retain his/her certificate would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed under New York State Correctional Law Section 753; or

(6) has been found guilty, in any jurisdiction, of any non-criminal offense or

statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety and/or has had any other professional license and/or certification suspended and/or revoked in any jurisdiction, unless the Department determines such certificate holder would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public; or

(7) has procured, or has attempted to procure, his/her certification or re-certification through any form of fraud or deceit, including, but not limited to, the intentional false representation or misrepresentation, either expressly or by omission, on his/her application for emergency medical services certification or re-certification, of information pertaining to prior convictions, offenses, regulatory violations and actions against other professional licenses and certification held by the certificate holder or having received certification without having completed all the specified requirements; or

(8) has responded to a call, provided patient care, or driven an ambulance or other emergency medical response vehicle while under the influence of alcohol or any other drug or substance which has affected the certificate holder's physical coordination or intellectual functions; or

(9) has falsified a patient record and/or misrepresented and/or concealed pertinent information during a patient care investigation, including, but not limited to making deliberate omissions of material fact; or

(10) has misappropriated any money or any property from any source during the course of any EMS duty and/or practice, irrespective of whether such misappropriation is prosecuted as a crime; or

(11) has abandoned a patient, as patient abandonment is defined in Section 800.3 of this Part; or

(12) has knowingly aided or abetted another in practice as an emergency medical technician who is not certified as such; or

(13) has held him/herself out as being certified at a higher level than actually certified, or has exceeded his/her authorized scope of practice, as that term is defined in Section 800.3 of this Part; or

(14) has procured certification or recertification without having met the requirements of Sections 800.6, 800.8, or 800.9 of this Part, or Article 30 of the Public Health Law, as applicable.

(b) Notwithstanding subdivision (a), the Commissioner may summarily suspend any certification issued pursuant to this Part 800 or Article 30 of the Public Health Law in accordance with the summary action provisions of Public Health Law Section 16 and State Administrative Procedure Act Section 401.

800.17 PERIOD OF CERTIFICATION

(a) Expiration of initial certification. A candidate's initial certification shall expire at 11:59 p.m. on the last day of the month 37 months following the month in which the candidate passed the written certification examination.

(b) Expiration of subsequent certifications.

(1) A candidate who completes the requirements of section 800.8 during the last nine months of his or her certification shall have his or her certification extended for an additional thirty-six months;

(2) The certification of a candidate who completes the requirements of section 800.8 at any other time while certified shall expire at 11:59 p.m. on the last day of the month 37 months following the month in which the candidate passed the written certification examination.

(3) The certification of a candidate who recertifies pursuant to section 800.18 shall expire at 11:59 p.m. on the last day of the month 37 months following the month in which the candidate passes the written certification examination.

800.18 LAPSED CERTIFICATION

(a) During the twelve months immediately following the expiration of certification, a candidate may recertify by meeting the requirements of section 800.8.

(b) After the first day of the thirteenth month immediately following the expiration of certification, a candidate may recertify by completing the requirements of section 800.8 and by successfully completing a refresher course and corresponding practical skills and written certification examinations at or below the level at which certification was held.

800.19 DEMONSTRATION PROJECTS

(a) Purpose. The State Emergency Medical Services Council may authorize, after review by the appropriate regional emergency medical services council and subject to the approval of the Commissioner, demonstration projects of a limited duration for the purpose of demonstrating either:

(1) new skills not currently practiced by CFRs, EMTs or AEMTs, or

(2) the appropriateness of moving a skill to another level.

(b) Requirements of demonstration projects.

(1) The Commissioner shall specify the duration of the project and the requirements for evaluation of the project.

(2) The State Emergency Medical Services Council shall recommend the training requirements for each project, including the knowledge and skill objectives, subject to the approval of the Commissioner.

800.20 COURSE SPONSORS

(a) Approval of course sponsors.

(1) When applying for original approval or re-approval, every course sponsor shall file a completed application on a form provided by the Department.

(2) Approval of a course sponsor shall be for no more than two years. Approvals shall expire on July 1. One half the approvals of sponsors conducting courses on the effective date of this part shall expire on the next succeeding July 1 and the other half shall expire on the second succeeding July 1.

(3) Original and renewal sponsorship applications shall be reviewed by the appropriate regional emergency medical services council, which shall forward its recommendation to the department within 45 days of receiving the application. If the regional council is a course sponsor, it shall consider only the capability of the sponsor to meet the requirements of this part. If the regional council is not a course sponsor, it may consider the size of the potential student pool and the impact of an additional sponsor on the ability of existing sponsors to sustain a student body of adequate size. The department, when making a determination with regard to original and renewal sponsorship applications, shall consider the capability of the sponsor to meet the requirements of this part, the size of the potential student pool and the impact of an additional sponsor on the ability of existing sponsors to sustain a student body of adequate size.

(4) The application for approval shall include the names of all certified instructor coordinators and certified lab instructors who will be providing instructional services.

(b) Course planning. Each course sponsor shall on or before July 1 and January 1 of each year submit to the appropriate regional emergency medical services councils and the department a projected schedule of courses for the next six months, including the course type, tentative dates and locations, and proposed certified instructor coordinators.

(c) All course sponsors shall meet the following requirements:

(1) Administration. Course sponsors shall comply with the following administrative requirements:

(i) The course sponsor shall file applications for courses by the deadline included in a schedule supplied by the Department;

(ii) The course sponsor shall not admit students who do not meet the age requirements for certification in accordance with this Part, or who do not meet the requirements for entry into a refresher course (i.e., previous completion of an original course);

(iii) The course sponsor shall submit student applications, in accordance with a schedule supplied by the department;

(iv) The course sponsor shall certify to the department those students who have met the requirements of the curriculum approved by the department and the State Emergency Medical Services Council.

(2) Equipment and Supplies. Supplies and equipment adequate for the provision of instruction shall be available consistent with the curriculum and sufficient for the number of students enrolled.

(3) Instructional Faculty. Every course except continuing education courses shall have a Certified Instructor Coordinator. Each continuing education course shall be conducted by faculty who have completed an instructor training course, conducted by the Department, for that specific course. The lab faculty of all courses except continuing education courses shall include one or more certified laboratory instructors.

(4) Admission Policies and Procedures. Admission of students shall be made in accordance with clearly defined and published policies of the course sponsor, which shall be available to the department on request. Specific academic, health related, and technical requirements for admission shall also be clearly defined and published. The standards and prerequisites for admission shall be made known to all individuals expressing an interest in enrollment.

(5) Curricula. All emergency medical services training courses that result in state certification shall meet the following minimum standards regarding curricula for the specified certification level.

(i) Any curriculum for each specified certification level must contain the following minimum course content areas:

(a) Certified First Responder (CFR):

(1) basic adult and pediatric patient assessment, including history taking, physical assessment, and determination of vital signs;

(2) basic cardiopulmonary resuscitation (CPR);

(3) basic airway management and oxygen therapy;

(4) basic hemorrhage control;

(5) manual stabilization of the spine;

(6) spinal immobilization, including application of a rigid extrication collar; and

(7) emergency childbirth.

(b) Emergency Medical Technician-Defibrillation (EMT-D). In addition to the requirements of clause (a) of this subparagraph:

(1) basic management of soft tissue injuries;

(2) basic management of suspected fractures;

(3) basic management of shock and use of medical anti-shock trousers;

(4) basic management of medical and traumatic emergencies, adult and pediatric;

(5) adult automated external defibrillation; and

(6) basic management of behavioral emergencies.

(c) Emergency Medical Technician-Intermediate (EMT-I). In addition to the requirements of clauses (a) and (b) of this subparagraph:

(1) advanced airway management with endotracheal intubation and other definitive airways; and

(2) peripheral intravascular therapy.

(d) Emergency Medical Technician-Critical Care (EMT-CC). In addition to the requirements of clauses (a), (b) and (c) of this subparagraph:

(1) medication administration;

(2) fundamentals of electrocardiogram (EKG) rhythm interpretation and manual defibrillation;

(3) advanced management of life-threatening cardiovascular emergencies;
(4) synchronized cardioversion;
(5) advanced management of respiratory emergencies;
(6) advanced management of endocrine emergencies; and
(7) advanced management of anaphylaxis, poisoning, drug abuse and overdose.

(e) Emergency Medical Technician-Paramedic (EMT-P). In addition to the requirements of clauses (a), (b), and (d) of this subparagraph:

(1) advanced electrocardiogram (EKG) rhythm interpretation;
(2) advanced management of cardiovascular emergencies;
(3) chest decompression;
(4) surgical airways;
(5) transcutaneous pacing;
(6) advanced management of central nervous system emergencies;
(7) advanced management of acute abdomen, genitourinary and reproductive system emergencies;
(8) advanced management of environmental emergencies;
(9) advanced management of geriatric emergencies;
(10) advanced management of pediatric emergencies;
(11) advanced management of obstetrical and gynecological (OB/GYN) emergencies;
(12) management of neonatal emergencies; and
(13) management of behavioral emergencies including pharmacological interventions.

(ii) The department shall maintain and provide for distribution of the approved model curriculum and any publication that directly relates to an approved emergency medical technician services training course curriculum. This material shall be available for public inspection and copying at the New York State Department of Health, Office of Regulatory Reform, Empire State Plaza, Corning Tower Building, Room 2415, Albany, New York 12237.

(iii) Use by course sponsors of the model curriculum developed by the New York State Emergency Medical Services Council (SEMSC) and approved by the Commissioner or her/his designee shall not require further review or approval. All other proposed curricula shall be reviewed by the SEMSC for compliance with the minimum standards described in the paragraph, and its recommendation shall be provided to the Commissioner or her/his designee for approval.

(6) Evaluation. Evaluation of students shall be conducted on a recurring basis and with sufficient frequency to provide the student, course medical director and certified instructor coordinator with valid and timely indicators of the student's progress toward and the achievement of the competencies and objectives stated in the curriculum. In order to ensure effectiveness of student evaluation, the test instruments

and evaluation methods shall undergo at least annual review. When appropriate, reviews shall result in the update, revision, or formulation of more effective test instruments or evaluation methods. The reviewers shall include at least a certified instructor coordinator.

(7) Identification. Students at clinical or internship sites shall be clearly identified by name and student status, using nameplate, uniform, or other apparent means to distinguish them from other personnel.

(8) Fair Operational Practices. Announcements and advertising shall accurately reflect the program offered. Student and faculty recruitment, student admission, and faculty employment practices shall be non-discriminatory with respect to race, color, creed, sex, age and national origin. The course sponsor shall have written policies, which shall be approved by the department as being consistent with the curriculum, equitable in their treatment of students and in compliance with the requirements of this Part. Such policies shall be issued to all students at the first course session or earlier covering each of the following subjects:

(i) course goals and objectives,
(ii) interim testing requirements and pass/fail criteria,
(iii) interim exam retesting,
(iv) attendance requirements and make-up procedure,
(v) requirements regarding personal conduct and ethics,
(vi) emergency class cancellation procedure,
(vii) course termination/expulsion and appeal procedure,
(viii) textbooks required,
(ix) tuition refund schedule, and
(x) a student-course sponsor learning contract for all refresher courses.

(9) Record keeping.

(i) The course sponsor shall maintain for a period of at least five years, files which contain the following documentation on individual students. There shall be a system for accessing individual information.

(a) individual attendance record,
(b) signed student-course sponsor learning contract if applicable,
(c) interim examination results,
(d) practical skills examination sheets, and
(e) clinical experience documentation and field internship experience documentation which show the student achieved the objectives of the clinical and field internship experiences and who evaluated the student's performance.

(ii) The course sponsor shall maintain on file for a period of at least five (5) years' individual course files, which shall contain the following documentation:

(a) for state funded courses, financial records showing all sources of funding and all expenditures for each course,
(b) a list of the names of each faculty member,
(c) the certification exam grades and other documentation received from the department pertaining to each individual course,

(d) a copy of each interim examination administered, or a record of where it can be found and

(e) a copy of the course application, schedule and course approval from the department.

(iii) The course sponsor shall maintain the names, last known addresses, business telephone numbers, and qualifications of all faculty. This information shall be maintained on file for the duration of the faculty member's working association with the sponsor plus 5 years.

(10) Sponsor's Medical Director. Each course sponsor shall have a physician medical director, who shall be responsible for assuring the medical accuracy and medical appropriateness of the educational program and supervising all advanced life support course clinical and internship programs. The sponsor's medical director may delegate the medical direction of a specific course to another physician, provided that the department is notified in writing at least thirty days prior to the start of the course.

(11) Practical Skills Examinations. The course sponsor shall follow the administrative procedures issued by the department for conducting the practical skills examination.

(d) The following requirements apply to advanced life support course sponsors and accredited paramedic course sponsors:

(1) Clinical Resources. Clinical affiliations shall be established and confirmed in written affiliation agreements with institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision. Students shall have access to patients who present common problems encountered in the delivery of advanced emergency care so that the students may meet the clinical objectives. Supervision in the clinical setting shall be provided by program instructors or hospital personnel, such as nurses or physicians, if they have been approved by the program to function in such roles. The ratio of instructors to students in the clinical facilities shall be no greater than 1:6.

(2) Fair Operational Practices. Each sponsor shall have written policies, which shall be approved by the department as being consistent with the curriculum, equitable in their treatment of students and in compliance with the requirements of this Part. Such policies shall be issued to all students at the first course session, or earlier, covering each of the following subjects:

(i) clinical experience requirements and objectives,

(ii) field internship experience requirements and objectives.

(3) Evaluation. The annual review of test instruments and evaluation methods shall be conducted by the sponsor's medical director and one or more certified instructor coordinators.

Certified Ambulance Services

800.21 GENERAL REQUIREMENTS

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 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 ambulance 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 of 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.

(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 call 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 can not 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;

(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.

800.22 REQUIREMENTS FOR CERTIFIED AMBULANCE VEHICLE CONSTRUCTION.

All ambulances shall:

(a) Have the following headroom:

(1) If placed in-service after January 1, 1980 have a minimum of 54 inches headroom in the patient compartment measured from floor to ceiling, or

(2) If placed in-service on or before January 1, 1980, have a minimum of 48 inches headroom in the patient compartment, measured from floor to ceiling;

(b) Have a clear interior width to accommodate two recumbent patients with adequate room for an attendant to provide patient care;

(c) Have a patient compartment, longer at the head and foot than the patient carrying device, and must have adequate space to allow an attendant to work at the head of the patient;

(d) have seat belts on all seats in the driver's and patient compartments, including the squad bench;

(e) have two-way voice communication equipment to provide communication with hospital emergency departments directly or through a dispatcher, throughout the duration of an ambulance call within their primary operating area. It shall be licensed by the Federal Communications Commission in other than the Citizens Band. Alternate communication systems are subject to approval of the department as being equivalent in capability.

(f) have a curbside door large enough to allow for removal of a recumbent patient on a stretcher or cot;

(g) have all ambulances built after July 1, 1990, equipped with a heating, ventilation and air conditioning system which maintains the patient compartment at approximately 75 degrees Fahrenheit regardless of outside temperature;

(h) have all cots and devices used to transport patients secured while in motion. Such capability shall be demonstrated to the department upon inspection. These shall be crash resistant.

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 secured; 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 cannula;

(6) portable suction equipment capable, according to the manufacturers 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 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 inch 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 pillow cases, and two blankets;

(2) four cloth towels;

(3) one box 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 pair disposable rubber or plastic gloves;

(13) one liquid glucose or equivalent;

(14) six sanitary napkins individually wrapped; and

(15) one penlight 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 each nasal cannula, and two each oxygen masks including non-rebreather in the pediatric size;

(4) two each 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.

800.25 SPECIAL USE VEHICLES

A vehicle used exclusively for a special purpose, such as the transportation of neonates, may be authorized by the Commissioner, pursuant to a written application by the service, to not carry specific items of equipment otherwise required by these regulations if the equipment is shown to be unnecessary for the special use proposed.

800.26 EMERGENCY AMBULANCE SERVICE VEHICLE EQUIPMENT REQUIREMENTS

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 appropriate insurance.

(a) A waiver of the equipment for emergency ambulance service vehicles may be considered 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 Regional EMS Councils will be solicited for comment.

(b) Any emergency ambulance service vehicle 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 the manufacturer's expiration date;

(9) one air occlusive dressing;

(10) one liquid glucose or equivalent;

(11) disposable sterile burn sheet;

(12) sterile obstetric [O.B.] 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 mmHg 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 communications 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 [sitting] seated patient. The short backboard shall have at least two 2 inches x 9 foot long web straps with fasteners unless straps are affixed to the device; and

(2) one blanket.

Aircraft and boats

800.27 AIRCRAFT AND BOATS

(a) Ambulance services desiring to operate aircraft and boats to transport emergency patients shall file with the Commissioner all forms required of a certified ambulance service and will be governed by all sections of this Part referring to a certified ambulance service.

(b) When the condition of the mode of transport and the configuration of the aircraft or boat provides a hardship, a variance may be obtained from the regulations by petitioning the Commissioner for said variance.

Pre-hospital DNR Orders

800.90 NON-HOSPITAL ORDERS NOT TO RESUSCITATE

(a) A non-hospital order not to resuscitate shall consist of a form issued by the Department bearing the name of the person to whom the order applies, that person's date of birth, the issuing physician's signature and a hand-printed or typewritten name and license number, and the date of issuance.

(b) A DNR bracelet shall consist of a piece of metal no less than 1.5 inches in length and no less than one-half inch in width with the symbol commonly referred to as the caduceus on the obverse and the words "Do Not Resuscitate" in letters of no less than 16 point size on the reverse. The ends of the piece of metal shall be linked to one another with material of sufficient strength as to be serviceable for ordinary use. A caduceus is a representation of a staff with one entwined snake and one wing at the top.

(c) DNR bracelets may be sold for use only by persons who have been issued a valid nonhospital order not to resuscitate.