SUMMARY OF EXPRESS TERMS

The proposed rulemaking would repeal section 800.23 and repeal and replace sections 800.3(m), 800.24, 800.25 and 800.26 of Title 10 of the New York Codes, Rules and Regulations (10 NYCRR) pertaining to Emergency Medical Services equipment requirements for certified ambulance and emergency ambulance service vehicles.

Subdivision (m) of section 800.3, defining an emergency ambulance service vehicle, is repealed and replaced with an updated definition.

Section 800.23, containing general provisions for certified ambulance services, is repealed and the provisions contained within this section are incorporated into section 800.24.

Section 800.24, pertaining to equipment requirements for certified ambulance services, is repealed and replaced to consolidate minimum equipment requirements contained in current sections 800.24 and 800.26. It also expands minimum equipment standards to current industry best practices, defines the requirements for advanced life support equipment on a basic life support vehicle, clarifies how advanced life support equipment must be stored and addresses the required proficiency of all providers operating or using equipment and provides the guidance for basic life support (BLS) providers who are operating on a vehicle with advanced life support (ALS) equipment standards.

Section 800.25, pertaining to special use vehicles, is repealed and replaced. The new section sets forth the process for emergency medical service agencies to obtain a regulatory waiver from the Department for special circumstances that render compliance with the regulations unreasonable, burdensome, or impractical, or where compliance would result in impediment of emergency

medical services. The section sets forth the limited nature of such waivers and the criteria the Department will use to determine whether to grant a waiver.

Section 800.26, pertaining to equipment requirements for emergency ambulance service vehicles other than an ambulance, is repealed and replaced. The new section sets forth build standards for emergency ambulance service vehicles that reflect current industry standards. It also includes newly required safety equipment such as camera systems that record certain driving events, guidance for securing all equipment in the patient compartment, reverse driving safety mechanisms, and anti-theft devices for when the vehicle is idling.

Pursuant to the authority vested in the New York State Emergency Medical Services Council and subject to the approval of the Commissioner of Health pursuant to section 3002 of the Public Health Law, Part 800 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York is hereby amended to be effective upon publication of a Notice of Adoption in the New York State Register, to read as follows:

Subdivision (m) of section 800.3 is hereby REPEALED and replaced to read as follows:

(m) Emergency ambulance service vehicle means a vehicle certified by the department for an emergency medical services agency that serves as a first response vehicle and provides prehospital care to a patient by bringing personnel and equipment to sick or injured persons and is equipped at minimum with basic life support medications and adjuncts, as required in Table 1 of section 800.24 of this Part.

Section 800.23 is REPEALED.

Section 800.24 is hereby REPEALED and replaced to read as follows:

§ 800.24 Equipment requirements for certified ambulance services, basic life support first response vehicles and emergency ambulance service vehicles.

(a) All vehicles in a certified ambulance service, basic life support first response service, basic life support emergency ambulance service vehicles, and advanced life support first response service, must be equipped with the following, unless otherwise exempted or pursuant to a waiver obtained in accordance with section 800.25 of this Part. Table 1 outlines the equipment standard

for Ambulance vehicles (Ambulance), Basic Life Support First Response vehicles (BLS FR), Basic Life Support – Emergency Ambulance Service Vehicles (BLS EASV) and Advanced Life Support – First Response vehicles (ALS FR):

Table 1

	Items	**Minimum Quantity**		
	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**
(a)	**Patient Transfer Equipment:**			
	(1) Wheeled ambulance cot capable of supporting patients in the Fowlers position.	1	N/A	N/A
	(2) A second rigid device capable of carrying a recumbent patient. Examples include a scoop stretcher, a backboard, and flexible stretchers with integrated support.	1	N/A	N/A
	(3) A device enabling ambulance personnel to carry a sitting patient over stairways and through narrow spaces where a rigid device (referenced in paragraph (2), above) 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.	1	N/A	N/A
	(4) All devices used to move or transport patients must be secured using crash resistant fasteners in accordance with the requirements contained within section 800.22 of this Part.	1	N/A	N/A

	(5) All devices used to move or carry patients must be equipped with safety restraints as recommended by the device manufacturer. In the absence of manufacturer guidance, any device used to move or carry a patient must at least be equipped with three, two-inch wide web straps with fasteners to secure the patient to the device.	1	N/A	N/A
	(6) Age and / or size-appropriate restraint systems for patients 10lbs to 400lbs transported in ground ambulances. For pediatric patients, this should be according to the National Association of State EMS Officials "Pediatric Transport Products for Ground Ambulances" Version 2.3 (August, 2022). This document is incorporated by reference in section 800.24(b) of this Part. https://nasemso.org/content.aspx?page_id=22&club_id=157064&module_id=683560	1	N/A	N/A
	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**
(b)	**Airway and Oxygen Equipment/ Sudden Cardiac Arrest Resuscitation Equipment:**			
	(1) A manually operated self-refilling adult-size bag valve mask ventilation device capable of operating with oxygen enrichment and one clear adult-size mask with air cushion.	1	1	1
	(2) Oropharyngeal Airways in Size 0 (50mm), Size 1 (60mm), Size 2 (70mm),	1 of each	1 of each	1 of each

	Size 3 (80mm), Size 4 (90mm), Size 5 (100mm), and Size 6 (110mm).			
	(3) Nasopharyngeal Airways in sizes 18 fr. 20 fr, 24 fr, 28 fr, and 32 fr.	1 of each	1 of each	1 of each
	(4) Federal Drug Administration (FDA) Approved Pulse Oximetry device with pediatric and adult capabilities.	1	Adult only (1), pediatric optional (1)	1
	(5) Portable oxygen with a minimum 350-liter capacity (medical "D" size) with at least one pressure gauge, regulator and flow meter. The oxygen cylinders must contain a minimum of 1000 PSI pressure, be secured by a commercially produced mount, and in compliance with all federal Department of Transportation (DOT) hydrostatic test expiration dates.	2	2	2
	(6) 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. If a liquid oxygen system is used, manufacturer documentation must be provided that the system has at least a 1,200-liter capacity. The oxygen cylinders must contain a minimum of 500 PSI pressure, be secured by a commercially produced mount, and in compliance with all federal DOT hydrostatic test expiration dates.	1	N/A	N/A
	(7) Adult non-rebreather oxygen masks and adult nasal cannulas.	4 of each	1 of each	1 of each
	(8) Battery operated, portable suction equipment capable, according to the manufacturer’s specifications, of	1	1	1

	producing a verifiable vacuum of over 300 millimeters of mercury when the suction tube is clamped. This will meet the requirement of paragraph (9) of this subdivision of this Table if equipped to operate off the ambulance electrical system.		May use FDA approved manual device	
	(9) Installed adjustable suction capable of producing a verifiable vacuum of over 300 millimeters of mercury when tube is clamped. A Powered Portable suction unit may serve as an installed unit if it operates on vehicle power, the unit can serve as a portable suction unit as long as it operates on battery power.	R	N/A	N/A
	(10) Rigid plastic wide bore pharyngeal tips individually wrapped. Examples include, but not limited to, Yankauer, DuCanto, and Hi-D.	2	2 Optional if manual device	2
	(11) Soft sterile suction catheters in at least two adult sizes.	1 each	Optional	1 each
	(12) Automated External Defibrillator (AED) with equipment (at least two adult and one pediatric sets of defibrillator pads OR attenuator OR key) necessary to provide defibrillation for both adult and pediatric patients. An AED is not required if a device compliant with paragraph (7) of subdivision (i) of this Table is present on the vehicle.	1	1	N/A
	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**
(c)	**Immobilization and Trauma Patient Management Equipment**			

	(1) Full size (at least 72 inches long and 16 inches wide) fluid impermeable backboard with necessary straps, as noted in Patient Transfer Equipment paragraph (5), capable of restricting spinal motion of a recumbent patient; may substitute any acceptable device that satisfies the requirements of Patient Transfer Equipment paragraph (2).	1	N/A	N/A
	(2) Half-length fluid impermeable spinal immobilization device with necessary straps capable of restricting spinal motion of a sitting patient.	1	Optional	Optional
	(3) Traction splinting device for the lower extremity.	1	Optional	Optional
	(4) Devices in at least two sizes capable of securing injured joints or extremities in fixed position. Examples include: padded board splint, cardboard splint, vacuum splint, and commercial immobilizers. May include adjustable devices.	2 of each	2 of each	2 of each
	(5) Rigid extrication collars capable of limiting movement of the cervical spine of various size adult and pediatric patients. The devices must permit access to the patient's anterior neck when in place.	2 adult 2 pediatric	1 adult / 1 pediatric	1 adult / 1 pediatric
	(6) A device or devices capable of immobilizing the head of a patient who is secured to a long backboard.	1	N/A	N/A
	(7) Flexible litter. Examples include but are not limited to: MegaMover and poleless litters.	1	Optional	1
	"R" = required equipment "N/A" = not applicable	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**

	"N/R" = not required			
(d)	**Infant and Pediatric Airway, Oxygen and resuscitation equipment and other Infant and Pediatric related equipment:**			
	(1) Pediatric bag valve mask, equipped with oxygen reservoir system.	1	1	1
	(2) Clear face masks in newborn, infant and child sizes, inflatable rim (or mask with minimal under-mask volume) to fit pediatric bag valve mask, equipped with oxygen reservoir system.	1 of each size	1 of each size	1 of each size
	(3) Pediatric nasal cannula and pediatric non-rebreather oxygen mask.	2 of each	1 of each	1 of each
	(4) Sterile suction catheters in at least two pediatric sizes.	2 of each	2 of each Optional if manual device	2 of each
	(5) Child and infant size blood pressure cuffs with gauge.	1 each	1 each	1 each
	(6) Pediatric stethoscope (interchangeable type acceptable). May be satisfied by any stethoscope with pediatric adapter diaphragm.	1	1	1
	(7) One commercially prepared infant swaddler.	Optional	Optional	Optional
	(8) Emergency childbirth (OB) supplies in a kit, consisting of the following sterile supplies: disposable gloves; scissors or scalpel; umbilical clamps or tape; bulb syringe; drapes.	1	1	1
	(9) A length-based resuscitation tape OR a reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing based on patient length.	1	Optional	1

	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**
(e)	**Bleeding and Hemorrhage Control Equipment**			
	(1) Sterile gauze pads 4 inches by 4 inches.	12	6	6
	(2) Rolls of adhesive tape in varying sizes.	4 rolls total	4 rolls total	4 rolls total
	(3) Rolls of conforming gauze bandages in two or more sizes.	3 of each	1 of each	1 of each
	(4) Sterile multi-trauma dressings.	2	2	2
	(5) Sterile gauze pads, minimum size 5 inches by 9 inches.	6	3	3
	(6) Trauma shears.	1	1	1
	(7) Sterile bed-size burn sheet.	2	1	1
	(8) Triangular bandages.	6	3	3
	(9) Minimum of 500ml sterile normal saline in plastic container(s). May be in more than one container to comply.	1	1	1
	(10) Commercial chest seal.	2	2	2
	(11) Commercial windlass tourniquet at least 1-inch in width. Examples include, but are not limited to: CAT, SOFT-T, SOFT-T Wide, and SAM XT.	4	2	2
	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**

(f)	**Miscellaneous and Special EMS Equipment in clean and sanitary condition:**			
	(1) Linen on wheeled ambulance cot.	R	N/A	N/A
	(2) Cloth towels.	4	N/R	N/R
	(3) Pillow (covered or disposable).	1	N/R	N/R
	(4) Cloth or disposable pillowcase.	2	N/R	N/R
	(5) Cloth or disposable sheet.	4	N/R	N/R
	(6) Cloth or disposable blanket.	2	2	2
	(7) Facial tissues.	1 box	N/R	N/R
	(8) Emesis containers, emesis bag, or equivalent.	2	1	1
	(9) Adult and large adult size blood pressure cuff with gauge.	1 each	1 each	1 each
	(10) Adult stethoscope.	1	1	1
	(11) A thermometer capable of measuring a reasonable temperature range of non-hypothermic patients.	1	1	1
	(12) Carrying case or bag for essential emergency care equipment and supplies.	1	1	1
	(13) Chemical cold pack.	2 of each	1 of each	1 of each
	(14) Chemical hot pack.	Optional, 2 if present	Optional, 1 if present	Optional, 1 if present
	(15) Single-use, water based lubricating jelly.	4	2	2
	(16) Eye protections for droplet / splash exposure. Examples include goggles and face shields.	2 pairs	1 pair	1 pair
	(17) Latex-free, disposable exam gloves in sizes small, medium, and large.	10 pairs each	4 pairs each	4 pairs each
	(18) Flashlight with batteries.	1	1	1

	(19) Triage tags, or equivalent, for at least 20 patients.	R	R	R
	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**
(g)	**Safety Equipment**			
	(1) Six flares or three Federal DOT approved reflective road triangles or equivalent.	R	R	R
	(2) One Underwriters' Laboratory rated five-pound U.L.-rated ABC chemical fire extinguisher or any extinguisher having a U.L. rating of 10BC.	1	1	1
	(3) Portable, passive monitoring CO detector with real-time visual and audible alerts for the presence of high level CO.	1	1	1
	(4) High visibility/retroreflective traffic vests.	4	2	2
	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**
(h)	**Required BLS Medications and adjuncts:**			
	(1) Adult auto-inject epinephrine device or Syringe Epinephrine Kit.	2 doses	1 dose	1 dose
	(2) Pediatric auto-inject epinephrine device or Syringe Epinephrine Kit.	2 doses	2 doses	2 doses
	(3) Aspirin.	2 doses	2 doses	2 doses
	(4) Naloxone (or equivalent opioid antagonist).	2 doses	2 doses	2 doses

	(5) Bronchodilator as indicated by current collaborative protocol.	4 doses	3 doses Optional-BLSFR	3 doses
	(6) Nebulizer capable of delivering medication to adult and pediatric patients.	2 doses	1 dose Optional-BLSFR	1 dose
	(7) CPAP and at least two different adult size masks.	Optional BLS 1 each size ALS	Optional	1 each size
	(8) Blood Glucose monitoring equipment.	R	R	R
	(9) Liquid Glucose or equivalent.	1 dose	1 dose	1 dose
	"R" = required equipment "N/A" = not applicable "N/R" = not required	**Ambulance**	**BLS EASV** **BLSFR**	**ALS FR**
(i)	**<u>Required ALS Medications and adjuncts if vehicle is operating as ALS vehicle:</u>**			
	(1) Direct and / or video laryngoscopy equipment.	R	N/A	R
	(2) Adult and pediatric endotracheal tubes.	R	N/A	R
	(3) Magill forceps, adult and pediatric.	R	N/A	R
	(4) Supraglottic airways in appropriate sizes for adult and pediatric patients.	1 of each size	N/A	1 of each size
	(5) Adult chest decompression needle - minimum size 14ga x 3.25 inch.	2	N/A	2
	(6) Pediatric chest decompression needle - minimum size 14ga x 1.5 inch.	R	N/A	R

	(7) A device capable of performing automatic or manual defibrillation, cardiac rhythm monitoring (at least three leads), 12-lead ECG acquisition, and transcutaneous pacing.	R	N/A	R
	(8) A device capable of continuous waveform capnography.	R	N/A	R
	(9) Medications required to perform care as directed by approved protocols.	R	N/A	R
	(10) All devices and supplies necessary to administer medications required by protocol in sizes to fit neonate, infant, child, and adult patients.	R	N/A	R
	(11) Isotonic crystalloid fluids and administration tubing capable of adjustable fluid delivery rate.	R	N/A	R
	(12) A device to provide pressure infusion of IV fluids.	R	N/A	R
	(13) A device that limits risk of inadvertent fluid over-administration for pediatric patients.	R	N/A	R

(b) Table 1(a)(6) references the National State EMS Officials "Pediatric Transport Products for Ground Ambulances" Version 2.3 (August, 2022) which provides guidelines for the selection of pediatric restraint systems. The guidelines set forth in National State EMS Officials "Pediatric Transport Products for Ground Ambulances" Version 2.3 (August, 2022) are hereby incorporated by reference with the same force and effect as if fully set forth herein. A copy of National State EMS Officials "Pediatric Transport Products for Ground Ambulances" Version 2.3 (August, 2022) is available for inspection and copying at the Regulatory Affairs Unit, New

York State Department of Health, Corning Tower, Empire State Plaza, Albany, New York 12237.

(c) All equipment, supplies, medications, and vehicles mentioned in this section must be clean, sanitary, and operable as defined.

(1) Clean means vehicles and equipment shall be free from visible dirt, blood, other fluids, or stains. No visible rips, tears or other damage to seating surfaces in the vehicle may be present.

(2) Sanitary means all packaging for equipment, supplies, and medications must be intact, within expiration date, and cannot be discolored.

(3) Operable means the equipment, supplies, or vehicle is able to be used according to manufacturer instructions, guidelines, and any applicable laws, rules or statutes.

(d) An ambulance operating at the Basic Life Support (BLS) level is not required to carry the items listed under “required ALS Medications and adjuncts” in Table 1 of this section.

(e) Any certified vehicle equipped to operate at an Advance Life Support (ALS) level, must be kept in such a manner that a lower level of certified provider is not able to access or use equipment outside their scope of practice when not in service as an ALS vehicle.

(f) Basic Life Support First Response (BLSFR) agencies are not required to comply with the equipment requirements in this section unless they voluntarily participate in an educational program, pilot program or demonstration project as approved or defined by the department. A minimum of one vehicle must be registered with the department in order to participate in an educational program, pilot program or demonstration project. Any equipment, medications, or

adjuncts that are optional for BLS providers in protocol (if trained and equipped) will also be optional for BLS FR agencies.

(g) All certified first responders, emergency medical technicians, and advanced emergency medical technicians operating on a certified vehicle must be able to operate all equipment and systems onboard the vehicle for their level of certification and must be able to demonstrate competency of equipment at any time to ensure the appropriate care and treatment of a patient.

(h) When not occupied, all certified vehicles are required to be secured to prevent entry, theft, or unauthorized use of the vehicle or equipment.

(i) Any volume of liquid in excess of 249 milliliters stored in a certified vehicle must be in plastic containers.

(j) The equipment standards set forth in this section will go into effect six months after the regulations are adopted. All current equipment standards shall remain in effect until such time as this section becomes effective.

Section 800.25 is hereby REPEALED and replaced to read as follows:

§ 800.25 General regulatory waivers.

(a) The department may waive regulatory requirements of this Part if the department finds that compliance with the requirement or requirements is:

(1) unreasonable, impractical, or burdensome because of special circumstances that exist; or

(2) compliance would result in impediment of emergency medical services delivery in operations, education, or other circumstance as determined by the department.

(b) Waivers granted under this section may be limited in time or may be conditioned as the department considers necessary to protect the public welfare.

(c) A waiver may be approved by the department in full, in part, for limited use, or for agency wide application.

(d) In determining whether a waiver may be granted, the department shall weigh the equities involved and the advantages and disadvantages to the welfare of patients and emergency medical services system. The department will solicit for comment from the appropriate regional emergency medical services council on waiver requests.

(e) Applications for a waiver must be submitted in writing to the department and must include, at minimum, the following:

(1) the specific regulation for which a waiver is sought;

(2) the reason the waiver is necessary; and

(3) a description of what steps will be taken to achieve or maintain the purpose of the regulation to be waived and to protect the health, safety, and well-being of the public.

(f) Approvals for waivers under this Part must be kept in any locations specified by the department and be available upon request by the department during any scheduled or unscheduled inspection or review until they are expired or no longer apply.

(g) Waivers that have been granted by the department will be applicable for a specific period determined by the department and their effect must not exceed the period beyond any regular renewal or recertification period.

(h) Failure to adhere to the terms of the approved waiver will result in rescission of the waiver and may result in a regulatory citation and imposition of penalties for violation of the applicable regulation.

Section 800.26 is hereby REPEALED and replaced to read as follows:

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

(a) The governing authority of any certified agency which, as a part of its response system, utilizes emergency ambulance service vehicles other than an ambulance, must have policies in effect regarding:

(1) equipment;

(2) staffing;

(3) individual authorization;

(4) dispatch;

(5) response criteria; and

(6) proof of appropriate insurance coverage.

The department may define additional policies or requirements as deemed necessary.

(b) All emergency ambulance service vehicles in a certified ambulance service must be equipped pursuant to section 800.24 of this Part, unless otherwise exempted or pursuant a waiver obtained pursuant to section 800.25 of this Part.

(c) Any emergency ambulance service vehicle other than an ambulance must be equipped and supplied with emergency care and safety equipment, including the following:

(1) Have seat belts on all seats and seating areas in the driver and all passenger seating that meets or exceeds the standards set forth in chapter 301 of title 49 of the United States Code, "Motor Vehicle Safety" (May 2008). The standards set forth in chapter 301 of title 49 of the United States Code, "Motor Vehicle Safety" (May 2008) are hereby incorporated by reference with the same force and effect as if fully set forth herein. A copy of chapter 301 of title 49 of the United States Code, "Motor Vehicle Safety" (May 2008) is available for inspection and copying at the Regulatory Affairs Unit, New York State Department of Health, Corning Tower, Empire State Plaza, Albany, New York 12237.

(2) Have two-way voice communications capability to provide communication with dispatch and medical control at all times. Alternative communication systems are subject to approval of the department as being equivalent in capability.

(3) Have a system in place to provide visual and audible alerts when the vehicle is in reverse motion, and a camera system capable of providing the vehicle operator with view to the rear of the vehicle in reverse motion.

(4) Have at a minimum, a camera or camera system with the following capabilities:

(i) records from the driver's perspective at least towards the front of the vehicle;

(ii) is activated by "g" force change;

(iii) is capable of recording pre and post activation; and

(iv) is capable of recording sounds and video and retain such recording for a period no less than 10 days.

(5) Have any equipment or materials always secured within the vehicle using a commercially manufactured barrier. Any equipment secured using cabinets, straps, drawers, brackets, or any other type of securing method must also be commercially manufactured.

(6) Equipment that is mounted in a vehicle should not interfere with the functions of safety features such as airbags, seatbelts, or other standard, manufacturer installed safety equipment.

(7) Have an anti-theft device, other than the ignition key or keyless ignition fob, that disables the vehicle from being operated by anyone other than an authorized user.

(d) Vehicle construction standards will go into effect 12 months after the regulations are adopted and will apply to new and used emergency ambulance service vehicles acquired after such date. Any emergency ambulance service vehicle in service at the time this regulation takes effect will be exempted from this section until such time as existing vehicles are replaced. Vehicles that were ordered prior to the date this section takes effect will be exempt from this section.

REGULATORY IMPACT STATEMENT

Statutory Authority:

Public Health Law (PHL) § 3002 authorizes the State Emergency Medical Services Council (SEMSCO), subject to approval by the Commissioner of Health, to enact, and from time to time, amend and repeal, rules and regulations establishing minimum standards for ambulance services, ambulance service certification, advanced life support first response services, the provision of prehospital emergency medical care, public education, the development of a statewide emergency medical services system, the provision of ambulance services outside the primary territory specified in the ambulance services' certificate and the training, examination, and certification of certified first responders, emergency medical technicians, and advanced emergency medical technicians.

Legislative Objectives:

The legislative objective of PHL § 3005 is, in part, to protect the public health, safety and welfare by establishing rules and regulations relative to the standardized equipment and construction of ambulance vehicles.

Needs and Benefits:

The current regulations regarding equipment requirements for certified ambulance services are outdated and fail to address industry advances with available equipment and supplies in the commercial market. The industry has been requesting these changes due to changing equipment standards and the current regulations being outdated. This includes the technology developments for in-vehicle camera systems that record and store videos and the restraint systems that are available for equipment and stretchers. Recent protocol updates also include new equipment and

medications which affect the standard of care for EMS providers and should be encompassed in regulation.

In addition, the applicable regulations are located in multiple sections of regulation, making it difficult for regulated entities to utilize. The proposed regulations set forth a list of required vehicle equipment for emergency medical services vehicles based on the type of vehicle and level of service and place these requirements in an easy to use table for ease of compliance. In addition, the regulations update the equipment standards to reflect more current equipment, which includes automatic external defibrillators, child safety restraint systems, and the standardization of certain medical equipment that must be carried on a vehicle. The required equipment list was developed by the SEMSCO Safety Committee and approved by SEMSCO and the Commissioner of Health.

Current regulatory language for requesting a waiver of regulation from the department is vague and does not provide clear guidance on the types of waivers that may be requested, the length of time a waiver may be in effect, and where an agency is required to maintain any waiver(s) received from the department. Additionally, the requirement that an agency re-apply for an existing waiver upon its expiration ensures that waivers are in line with current regulatory requirements and best practices. The new general waiver section will provide clear guidance for any agency requesting any type of waiver from the department.

Costs:

Costs for the Implementation of, and Continuing Compliance with the Regulation to the Regulated Entity:

Initial capital costs associated with the proposed rule change related to equipment requirements for certified ambulance agencies will be minimal. The only piece of equipment that may be

considered a significant cost is the addition of an automated external defibrillator and the required accessories. These devices are approximately $2,000 per unit; however, in keeping with best practice, most ambulance services affected by this rule already possess these devices.

Additional capital costs associated with the proposed rule change to section 800.26 – Equipment Requirements for emergency ambulance service vehicles other than an ambulance vehicle – are estimated to be as high as $4,000.00 for the addition of the equipment outlined in the proposed rule and will be incorporated into the initial build or re-fit of an emergency ambulance service vehicle. There may be additional cost for the installation of the proposed equipment, but those costs are difficult to estimate as emergency ambulance service vehicle manufacturers bid on vehicle specifications and costs will vary from vendor to vendor. Additionally, as emergency ambulance service vehicles differ from manufacturer to manufacturer, some equipment may be installed either at the manufacturer factory or by the vendor prior to delivery, which could impact the cost of the vehicle.

The required equipment in many instances is already incorporated into new vehicles and is included in estimated vehicle replacement costs. All equipment will be available through approved vendors utilizing pricing set forth in the State Contract System. The proposed equipment may be re-installed on a new ambulance or re-chassis of an existing emergency ambulance service vehicle in accordance with manufacturer recommendations.

There may be funding opportunities in the form of grants at either the State or Federal level to offset the purchase and implementation of the required items. Additionally, there is no specific manufacturer required and agencies can use bulk purchasing, state contract vendors, and put out requests for proposals and bids from vendors and manufacturers to obtain the best pricing.

Costs to State and Local Governments:

The costs to local governments that operate certified ambulance services or advanced life support first response agencies will be significant when new ambulances or other response vehicles are purchased. The costs are outlined above under the cost for implementing and complying with these proposed regulations. There are approximately 1,770 certified ambulance agencies and advanced life support first response agencies in New York State, of those approximately 376 of those are municipal at either the village, town, city, or county level.

Costs to the Department of Health:

This regulation imposes no new costs to the Department of Health.

Local Government Mandates:

These regulations will impose new mandates on local governments that operate ambulance services in the form of new equipment requirements for ambulances and emergency response vehicles. The new safety requirements will bring regulations of vehicle construction in line with national safety standards and will ensure the greatest protection of the life and safety of the public.

Paperwork:

These regulatory changes will impose new paperwork and record keeping requirements on agencies. They will need to follow the provisions contained within the proposed section 800.25 to obtain a waiver for equipment or vehicle construction requirements. Additionally, any waivers will need to be reissued at the time of an agency's recertification. Waivers will need to be accessible during both agency recertifications and during any unannounced inspections by department staff. Agencies will need to ensure that all vehicle equipment is maintained and

recalibrated according to manufacturer's instructions to ensure it is functioning properly and that records of same are kept on file.

Duplication:

This regulation does not duplicate, overlap, or conflict with any existing State or Federal rules or other legal requirements.

Alternatives:

The alternative to the proposed new regulation would be to keep the current regulation as-is. However, this alternative is not viable because it is necessary to update the regulations to keep with current industry standards and to provide a more accessible and comprehensive point of reference in regulation for required equipment. The compliance schedule that is contained within the regulation for equipment included the consideration for implementation of any training programs and the acquisition of the equipment and supplies. The compliance schedule contained within section 800.26 considered the vehicles that an agency may have ordered but not yet delivered and the burden of adding equipment that was not included in the original specifications or bid package. The equipment requirements were the product of SEMSCO and represents the industry's request.

During the proposal's public comment period, the Department received comments around various equipment, adjuncts, and medication requirements. Some of the comments resulted in modifications to quantities, locations, and more specificity to the level of provider or type of vehicle. Commenters also expressed concern over certain requirements for emergency ambulance service vehicles, including, but not limited to, camera systems that record certain g-force events, back up cameras, audible alerts while the vehicle is backing, and requirements to secure equipment in the vehicle. The Department considered these comments and made

adjustments to the regulation to ensure compliance and enforcement would not be frustrated by the new regulatory requirements because they are too obscure or restrictive.

Federal Standards:

The regulations are consistent with applicable Federal requirements and national standards.

Compliance Schedule:

The equipment standards set forth in section 800.24 will go into effect six (6) months after the regulatory amendments are adopted.

The vehicle standards set forth in section 800.26 will go into effect twelve (12) months after the regulatory amendments are adopted.

The new regulations contained within section 800.25 will become effective upon publication of a Notice of Adoption in the New York State Register.

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REGULATORY FLEXIBILITY ANALYSIS FOR SMALL BUSINESSES AND LOCAL GOVERNMENTS

Effect of Rule:

The proposed rule changes will affect all 1,780 active emergency medical services certified by the department, approximately 376 of which are municipal at either the village, town, city, or county level. Additionally, 988 of these are certified ambulance agencies, 81 are advanced life support services, and 711 are basic life support services.

Compliance Requirements:

Section 800.24 of the proposed rule, concerning equipment requirements of ambulances and emergency ambulance services vehicles, condenses the required equipment standards from several locations within the current regulations. Much of the equipment that will be required in the new regulations is already being carried by certified agencies on their vehicles and so this will not impose a significant burden on these entities. The proposed regulation also includes required medications for basic life support and advanced life support vehicles, which is not contained in current equipment regulations. However, most certified agencies already carry these medications and therefore the regulatory amendments are not expected to create an undue burden. All emergency medical services agencies will be required to have policies and procedures in place for the maintenance of equipment, and for the tracking of medications and other equipment that has an expiration date.

Section 800.25 of the proposed rule sets forth the requirements and process for requesting a regulatory waiver. Applicants will be required to maintain records of approved waivers and be able to produce them for inspection by the department.

Section 800.26 of the proposed rule relates to emergency ambulance services vehicles and will require agencies to ensure that when they purchase new vehicles, they include the required safety equipment, which will impact the bidding process as they will contain specifications for equipment that they may not currently have in place on agency vehicles. Emergency medical services agencies will be required to provide any paperwork relative to the periodic recalibration of equipment or in service policies and procedures during a certification inspection.

Professional Services:

In order to comply with the proposed rules, regulated entities may be required to engage with professionals to install and maintain the video and audio equipment they will be required to have installed. Additionally, regulated entities will need to contract with these same professionals to install this equipment when purchasing vehicles. Lastly, equipment should be installed by a professional so as not to void any manufacturer warranty and to ensure proper and safe installation.

Compliance Costs:

The estimated capital costs for the proposed equipment required by section 800.24 is approximately $2,000, with the bulk of the cost being applied to the purchase of automated external defibrillators. The ongoing cost of compliance for the proposed equipment regulations will involve the purchase of defibrillator pads and medication replacement for expired stock. It is difficult to estimate this cost as regulated entities are free to purchase from any vendor for these items and they are also free to purchase medications and other supplies in bulk with other emergency medical services agencies for cost savings.

Section 800.25 does impose new requirements on regulated entities in that a more formal process for applying for and maintaining waivers is set forth. However, it is not anticipated to impose any significant compliance costs. Instead, section 800.25 would allow regulated entities to request regulatory waivers, so it may in fact help to reduce compliance costs on regulated entities.

The estimated capital costs for the proposed vehicle specifications in section 800.26 of the proposed regulation is approximately $4,000 for the equipment that is required. This cost would be factored into the purchase of a new or used vehicle. It should be noted that many agencies currently incorporate these requirements voluntarily into vehicle purchases. Additionally, it is difficult to estimate the cost of compliance as there are many manufacturers of the required safety items in this proposed regulation and their pricing can vary greatly in terms of maintenance or replacement equipment. Agencies will be able to take advantage of bulk purchasing with other agencies, State contract pricing, or put out a request for proposals for the required equipment, including installation, to attempt to contain costs.

Certified Ambulance Agencies will need to provide proof of compliance during periodic vehicle inspections and when agency certifications are renewed every two (2) years. Additionally, waivers will need to be requested to continue at the end of an agency certification period. This will impose some additional time for an agency in preparing for an inspection however, it is not anticipated to cause any additional significant costs to the agency.

Economic and Technological Feasibility:

Since many of the regulated entities already have the equipment that will be required by the proposed rule changes in sections 800.24 and 800.26, the economic feasibility of compliance

should already be factored into their budget. For agencies that will need to incorporate the new equipment requirements, there is a six-month grace period for the requirements contained in section 800.24 and a twelve-month grace period for the requirements contained in the proposed 800.26. These grace periods will allow agencies to plan for the estimated costs of compliance.

Technology for the proposed regulations should not be difficult for agencies to implement. The vehicle equipment contained in section 800.26 is usually installed by the manufacturer and tested prior to the delivery of the vehicle and for vehicles that are retrofitted there are ambulance service companies that are qualified to install the technology contained in the proposed regulations.

Minimizing Adverse Impact:

The adverse impact on small businesses and local governments of the proposed rule can be mitigated in several ways. Agencies are not restricted from ordering their equipment in bulk to obtain the greatest savings, they are allowed to seek out State contract pricing wherever applicable, and they are not required to use certain manufacturers or suppliers of equipment. They are also allowed to create bid specification packages and request as many bids as they wish to ensure they are receiving the best service for the least amount of cost.

In addition, section 800.25 will allow regulated entities to apply to the department for a regulatory waiver, which could minimize the cost of compliance. In addition, delaying implementation of sections 800.24 and 800.26 will provide regulated entities with additional time to come into compliance, further minimizing any adverse impact the regulations may have.

Small Business and Local Government Participation:

The proposed rules for sections 800.24, 800.25, and 800.26 were a result of the collaboration of the SEMSCO which has representatives from a wide swath of EMS agencies, including municipal entities and agencies that are small in size and budget. The department created these proposed regulations based on their recommendations and input.

The department will share information with the regional EMS Program Agencies and the State Emergency Medical Services Council which has representation from each regional EMS council and several State EMS trade organizations, including but not limited to, FASNY, NYSVARA and UNYAN members to ensure that the new regulatory requirements are widely circulated among those affected.

For Rules That Either Establish or Modify a Violation or Penalties Associated with a Violation:

The proposed equipment regulations contained in section 800.24 allow for a six-month grace period to comply which would prevent the imposition of any fines or other action for noncompliance.

The proposed vehicle construction regulations contained in section 800.26 allow for a twelve-month grace period to avoid the imposition of unbudgeted for equipment on vehicles that have already been ordered by an agency. Additionally, the existing agency vehicles will be grandfathered and not required to comply on existing vehicles until they are replaced by another vehicle. This allows for agencies to budget the capital and maintenance costs.

RURAL AREA FLEXIBILITY ANALYSIS

Types and Estimated Numbers of Rural Areas:

Rural areas as defined by Executive Law § 418(7) are counties with a population less than 200,000 and towns with a population density less than 150 people per square mile. There are 654 certified agencies that qualify as rural who may be impacted by the proposed changes.

Reporting, Recordkeeping, and Other Compliance Requirements; and Professional Services:

Section 800.24 of the proposed rule, concerning equipment requirements of ambulances and emergency ambulance services vehicles, condenses the required equipment standards from several locations within the current regulations. Much of the equipment that will be required in the new regulations is already being carried by certified agencies on their vehicles and so this will not impose a significant burden on these entities. The proposed regulation also includes required medications for basic life support and advanced life support vehicles, which is not contained in current equipment regulations. However, the majority of certified agencies already carry these medications and therefore the regulatory amendments are not expected to create an undue burden. All emergency medical services agencies will be required to have policies and procedures in place for the maintenance of equipment, and for the tracking of medications and other equipment that has an expiration date.

Section 800.25 of the proposed rule sets forth the requirements and process for requesting a regulatory waiver. Applicants will be required to maintain records of approved waivers and be able to produce them for inspection by the department.

Section 800.26 of the proposed rule relates to emergency ambulance services vehicles and will require agencies to ensure that when they purchase new vehicles, they include the required safety equipment, which will impact the bidding process as they will contain specifications for equipment that they may not currently have in place on agency vehicles.

In order to comply with the proposed rules, regulated entities may be required to engage with professionals to install and maintain the video and audio equipment they will be required to have installed. Additionally, regulated entities will need to contract with these same professionals to install this equipment when purchasing vehicles. Lastly, equipment should be installed by a professional so as not to void any manufacturer warranty and to ensure proper and safe installation.

Certified Ambulance Agencies will need to provide proof of compliance during periodic vehicle inspections and when agency certifications are renewed every two (2) years. They will also be required to maintain any manufacturer related calibration and maintenance recommendations to ensure the equipment remains in good working order.

Costs:

The estimated capital costs for the proposed equipment required by section 800.24 is approximately $2,000, with the bulk of the cost being applied to the purchase of automated external defibrillators. The ongoing cost of compliance for the proposed equipment regulations will involve the purchase of defibrillator pads and medication replacement for expired stock. It is difficult to estimate this cost as regulated entities are free to purchase from a particular vendor for these items and they are also free to purchase medications and other supplies in bulk with other emergency medical services agencies for cost savings.

Section 800.25 does not impose any new requirements on regulated entities and therefore it is not anticipated to impose any compliance costs. Instead, section 800.25 would allow regulated entities to request regulatory waivers, so it may in fact help to reduce compliance costs on regulated entities.

The estimated capital costs for the proposed vehicle specifications in the section 800.26 of the proposed regulation are approximately $4,000 for the equipment that is required. This cost would be factored into the purchase of a new vehicle. It should be noted that many agencies currently incorporate these requirements voluntarily into vehicle purchases. Additionally, it is difficult to estimate the cost of compliance as there are many manufacturers of the required safety items in this proposed regulation and their pricing can vary greatly in terms of maintenance or replacement equipment. Agencies will be able to take advantage of bulk purchasing with other agencies or State contract pricing to attempt to contain costs.

Certified Ambulance Agencies will need to provide proof of compliance during periodic vehicle inspections and when agency certifications are renewed every two (2) years.

Minimizing Adverse Impact:

The adverse impact of the proposed regulation on those emergency medical services agencies classified as rural can be mitigated in several ways. Agencies are not restricted from ordering their equipment in bulk to obtain the greatest savings, they are allowed to seek out State contract pricing wherever applicable, and they are not required to use certain manufacturers or suppliers of equipment. They are also allowed to create bid specification packages and request as many bids as they wish to ensure they are receiving the best service for the least amount of cost.

In addition, section 800.25 will allow regulated entities to apply to the department for a regulatory waiver, which could minimize the cost of compliance. In addition, delaying implementation of section 800.24 for six (6) months after enactment and section 800.26 for twelve (12) months after enactment will provide regulated entities with additional time to come into compliance, further minimizing any adverse impact the regulations may have.

Rural Area Participation:

These proposed regulations will be subject to a 60-day public comment period, and subject to review and approval by a subcommittee of the State Emergency Medical Services Council, as well as the approval of the full State Emergency Medical Services Council. All certified ambulance agencies, including those from rural areas within the state, will have an opportunity to comment during the public comment period and through their representatives on their respective Regional Emergency Services Medical Committee, Regional Emergency Medical Services Council and the State Emergency Medical Services Council.

STATEMENT IN LIEU OF
JOB IMPACT STATEMENT

A Job Impact Statement for these amendments is not being submitted because it is apparent from the nature and purposes of the amendments that they will not have a substantial adverse impact on jobs and/or employment opportunities.

SUMMARY OF ASSESSMENT OF PUBLIC COMMENT

The Department received comments from emergency medical services agencies, a Regional Trauma Advisory Committee, a Regional Emergency Medical Services Council, a Regional Emergency Services Council and individual emergency medical services providers. Several commenters requested clarification on the inclusion of Basic Life Support First Response agency vehicles as a category in equipment requirements, and the applicability of other sections of the proposed regulations. The Department included Basic Life Support First Response agency vehicles as an optional requirement to be able to participate in certain programs as defined by the Department. These vehicles were included in the equipment requirements is to ensure clarity and consistency for agencies and the Department.

The Department also received comments around various equipment, adjuncts, and medication requirements. Some of the comments resulted in modifications to quantities, locations, and more specificity to the level of provider or type of vehicle. The Department considered these comments and adjusted the regulation to ensure compliance and enforcement would not be frustrated by the new regulatory requirements because they are too obscure or restrictive.

Other public comments were centered around privately owned emergency ambulance service vehicles and the requirements for vehicle components such as back-up cameras, cameras that record certain types of events, and equipment requirements. The Department carefully considered the comments and feels the requirements for waiver requests contained within Section 800.26 that allow for agency-wide waivers to be issued encompasses these vehicles sufficiently.

ASSESSMENT OF PUBLIC COMMENT

The New York State Department of Health (the "Department") published a Notice of Proposed Rulemaking in the State Register on June 25, 2025, regarding amendments to Part 800 of 10 New York Codes, Rules and Regulations (NYCRR) pertaining to vehicle and equipment regulations for ambulances, emergency ambulance services vehicles, and advanced life support first response services. The Department received 13 public comments from individuals, professional organizations, and members of both regional and state emergency medical services councils. These comments and the Department's responses are summarized below.

Comment: A commenter suggested adding "2 hemostatic gauze packages" for all ambulances under § 800.24, Table 1 (e).

Response: The Department has considered this comment. The vehicle and equipment requirements contained within § 800.24 are the minimum requirements for an agency. Any certified agency may add equipment in keeping with scope of practice, or via regional or medical director approval when applicable. There is nothing that would preclude an agency from adding hemostatic gauze to their vehicles. No changes have been made as a result of this comment.

Comment: A commenter suggested the removal of a device to provide pressure infusion of IV fluids in § 800.24 Table 1 (e) because they believe it is not necessary.

Response: The Department has considered this comment. The rapid infusion of a fluid bolus in certain situations can be beneficial to a patient's outcome. No amendments were made as a result of this comment.

Comment: A commenter suggested removing the requirement for a device that limits inadvertent fluid over administration for pediatric patients in § 800.24, Table 1 (i) (13) because they believe it is not necessary.

Response: The Department has considered this comment. Intravenous fluid administration in pediatric patients requires careful regulation and monitoring due to the unique physiology and potential risks associated with fluid imbalances in children. It is crucial to consider factors like age, weight, clinical condition, and potential for electrolyte imbalances like hyponatremia. No amendments were made as a result of these comments.

Comment: A commenter suggested that the required sizes for bag valve masks and oropharyngeal and nasopharyngeal airways listed in § 800.24, Table 1 (b), (1), (2), and (3) should be determined by regional medical directors.

Response: The Department has considered this comment. It is necessary to provide a minimum requirement in regulation for bag valve masks, oropharyngeal, and nasopharyngeal airways to ensure there is uniformity across the State for all equipment requirements. Allowing regions to set minimum standards for equipment will create confusion and frustrate both compliance and enforcement efforts. No changes have been made as a result of this comment.

Comment: Two commenters suggested that pediatric pulse oximeters in § 800.24 Table 1(b) (4) are cost prohibitive and that obtaining a pulse rate in a patient is more reliable by the palpation method. Additionally, one commenter suggested that the requirement for FDA approval of the device is unnecessary.

Response: The Department has considered these comments. The requirement is for an FDA approved device that has pediatric and adult sensors. The Department has changed the wording of the requirement to “an FDA approved device that has pediatric and adult capabilities”. Obtaining a reliable pulse rate by the palpation method is difficult in many patient populations and circumstances. A pulse oximeter is generally more reliable than palpation as a method of obtaining a pulse rate. The requirement for FDA approval ensures that devices meet a federal standard that has been tested and approved. No revisions were made in response to these comments.

Comment: Several commenters suggested modifications to the requirements for supplemental oxygen requirements for BLS FR and ALSFR vehicles. Two commenters suggested that commercial oxygen cylinder mounting systems may not be feasible with all fire apparatus as required in in § 800.24 Table 1 (b) (5). Two commenters suggested that the requirement for two oxygen cylinders with a capacity of at least 1,000 PSI is excessive for these types of vehicle. One of the commenters also suggested that the quantity of oxygen tanks be reduced to one cylinder for these types of vehicle. Two commenters questioned if stowing one of the required oxygen cylinders in a gear bag would be acceptable. Another commenter questioned if two oxygen regulators would also be required.

Response: The Department has considered these comments. There are several types of commercially made, Federal DOT tested mounting devices such as racks, brackets, and carrier bags. The requirement in the proposed regulation is for a total of two oxygen cylinders with a minimum of 1,000 PSI. There is nothing in the regulation that states a service may not store one of the required oxygen cylinders in a gear bag that contains the appropriate interior restraint and

then secure the gear bag with straps or seatbelts. The regulation has been modified to clarify that only one pressure gauge, regulator and flow meter are required. A patient requiring hi-flow oxygen, especially in a cardiac arrest, or continuous positive airway pressure (CPAP) prior to the ambulance arrival will require a sufficient oxygen supply to continuously treat the patient prior to the ambulance's arrival. The Department does not consider it unreasonable to require two oxygen tanks with a minimum of 1,000 PSI to ensure that there is an adequate supply.

Comment: A commenter suggested that requiring infant blood pressure cuffs is excessive in § 800.24 Table 1 (D)(5).

Response: The Department has considered this comment. Obtaining an accurate blood pressure is necessary to complete a full assessment of a patient, regardless of age or size. No changes were made as a result of this comment.

Comment: A commenter stated that the requirement for four rolls of tape in varying sizes and the requirements for conforming gauze quantities in § 800.24, Table 1 (e) (2) and (3) are excessive.

Response: The Department has considered the comment. The Department does not consider the amounts excessive, and this requirement sets an updated minimum standard for equipment. The requirements for four rolls of tape in varying sizes ensures that there are multiple rolls readily available should there be a need for more than one roll to be used during an emergency. It also allows for more than one practitioner to bandage an injury at the same time without sharing a roll of tape. The required number of conforming gauze roll allows for multiple injuries to be treated

and ensures that there will be adequate supplies on hand in the event the vehicle is unable to restock supplies directly after the call. No changes have been made as a result of this comment.

Comment: A commenter questioned what size a multi-trauma dressing is in § 800.24, Table 1 (e)(4) is required and stated that if the size were 10"x30", one should be a sufficient quantity.

Response: The Department has considered the comment. Multi-trauma dressings are available in multiple sizes and are designed to address significant wounds, such as large cuts, burns, lacerations, or fractures. An agency may purchase whichever size they deem appropriate or is available from a supplier. The required number of two multi-trauma dressings is not considered excessive. No changes have been made as a result of this comments.

Comment: A commenter suggested that 500ml of sterile normal saline should be optional in § 800.24 Table 1 (e)(9).

Response: The Department has considered this comment. Sterile normal saline can be used to moisten sterile dressings, clean wounds, dress burns, and irrigate eyes after an exposure, if appropriate. No changes have been made as a result of this comment.

Comment: A commenter stated they believe the blood glucometry should be optional in § 800.24 Table 1 (g)(8).

Response: The Department has considered this comment. The capability to test for a blood glucose level in a patient under many different circumstances is an important diagnostic tool. Even if the patient is unresponsive and the practitioner is an EMT, this information can be a vital piece of a differential diagnosis and the development of a treatment plan. The benefits of an

agency being equipped and trained in this skill is widely accepted in the industry as an acceptable required standard of care. No changes were made as a result of this comment.

Comment: A commenter suggested that emesis bags should be optional under Table 1(f)(8), set forth in § 800.24 Table 1 (f)(8).

Response: The Department has considered this comment. Emesis bags are an important piece of equipment as many patients can experience vomiting and depending on the patient's last intake of food and fluids, can have a significant volume of stomach contents. Therefore, at least two emesis bags or other suitable emesis container may be required. No changes have been made as a result of this comment.

Comment: A commenter suggested that consideration be given by the Department for the requirement of compressions dressing and gauze meant for wound packing of junctional injuries in Table 1(d)(4), set forth in § 800.24.

Response: The Department has considered this comment. The vehicle and equipment requirements contained within § 800.24 are the minimum requirements for an agency. Any certified agency may add equipment in keeping with scope of practice, or via regional or medical director approval when applicable. There is nothing that would preclude an agency from adding compression dressing and gauze meant for wound packing to their vehicles. No revisions are necessary to address this comment.

Comment: A commenter suggested that the minimum number of required commercial windlass tourniquets in Table 1 (e)(11) in § 800.24 for all types of vehicles be increased.

Response: The Department has considered this comment. The vehicle and equipment requirements contained within § 800.24 are the minimum requirements for an agency. Any certified agency may add equipment in keeping with scope of practice, or via regional or medical director approval when applicable. There is nothing that would preclude an agency from adding additional commercial windlass tourniquets to their vehicles. No revisions to the regulation are necessary to address this comment.

Comment: A commenter questioned if the requirement in § 800.26 (c) (3) for camera systems that provide visual and audible alerts when the vehicles in reverse motion and a camera system capable of providing a rear view of the vehicle when the vehicle is in reverse motion and § 800.26 (c) (4) for camera systems that record from the driver's perspective, is activated by "g" force change, is capable of recording both pre and post activation and can record and retain sounds and video for no less than ten days is applicable to BLS FR certified vehicles, such as fire trucks.

Response: The Department has considered this comment. The requirements set forth in § 800.26 (3) and (4) are applicable to emergency ambulance service vehicles owned and operated by an ambulance service or an advanced life support first response service as defined Article 30 and Part 800 and these regulations do not apply to BLS FR vehicles that are registered with the Department. BLS FR agencies are required to register one vehicle in order to participate in certain activities, such as continuing medical education as an option for their provider recertification. As such, the sections in question in 800.26 do not apply to BLS FR's. No changes have been made as a result of these comments.

Comment: Two commenters stated that items in § 800.24, Table 1(f)(11), thermometers should not be required for BLS FR agencies because determining a patient's temperature will not change the treatment plan for the patient at the basic life support level.

Response: The Department has considered this comment. Recent protocol changes include the ability to administer medications for patients with a temperature over 100.4 degrees Fahrenheit by an advanced life support provider. The determination that a patient is febrile over 100.4 degrees Fahrenheit by any level of practitioner, along with the other findings of a thorough assessment, means that the treatment plan at the BLS level may change and it may be in the patient's best interest to transfer care to a higher level of practitioner. As such, a thermometer is necessary to determine an accurate body temperature and develop an appropriate treatment plan for a patient. No amendments were made as a result of these comments.

Comment: A commenter suggested that a commercially prepared infant swaddler as listed in Table 1(d)(7), set forth in § 800.24 should be optional for a BLS FR.

Response: The Department has considered this comment. The Department has modified the proposed regulation to make an infant swaddler an optional requirement for all vehicle types and increased the required quantity of blankets in § 800.24 Table 1 (f)(6) to two (2) for each vehicle type.

Comment: Two commenters suggested that commercial pelvic circumferential compression devices be added as required equipment in § 800.24 Table 1 for both adult and pediatric patients. The commenters stated they feel the devices would be align with the New York State

Collaborative Protocols which require stabilizing the pelvis if the patient has a potential unstable pelvis fracture.

Response: The Department has considered these comments. This recommendation will be included for further consideration by the State Emergency Medical Services Council when contemplating future regulatory revisions. Until then, the vehicle and equipment requirements contained within § 800.24 are the minimum requirements for an agency. Any certified agency may add equipment in keeping with scope of practice, or via regional or medical director approval when applicable. There is nothing that would preclude an agency from adding commercial pelvic circumferential compression devices to their vehicles. No changes have been made as a result of this comment.

Comment: Commenters suggested that specific requirements be added for peripheral intravenous catheter quantity and size in § 800.24 Table 1.

Response: The Department has considered this comment; the proper setting for specific recommendations for peripheral intravenous access is in the New York State Collaborative Protocols. No changes have been made as a result of this comment.

Comment: A commenter questioned the required location for equipment, specifically referring to equipment, supplies and medications either in an ambulance or carried in a bag or other portable storge device.

Response: The Department has considered this comment. The proposed regulations intentionally do not provide specific requirements for where equipment, supplies, and medication must be carried. An ambulance service of ALSFR may specify where these items will be stored based

upon their own individual needs. They are only required to maintain the minimum equipment, supplies and medications to be in compliance. No changes have been made as a result of this comment.

Comment: A commenter questioned if a BLS FR vehicle that registers with the Department for participation in the continuing medical education program and chooses to follow the requirements in § 800.24, Table 1 for emergency ambulance services vehicle requirements (EASV) instead of the BLS FR equipment requirements changes the vehicle classification from BLS FR to EASV. Additionally, the commenter questioned if following the EASV requirements would then cause it to be certified for participation in the continuing medical education program.

Response: The Department has considered this comment. A BLS FR agency is only required to register one vehicle with the Department and comply with the minimum requirements contained within 800.24 Table 1 that are applicable to BLS FR vehicles. Registration of a BLS FR vehicle in this manner would then allow for participation in the continuing medical education program. If a BLS FR chooses to exceed the minimum requirements for that vehicle and instead comply with the EASV requirements, it would still be registered as a BLS FR and not certified by the Department. Only ambulances or advanced life support first response service vehicles are certified by the Department. The Department does not have statutory authority to certify BLS FR services and as such, registration of one vehicle with the Department is voluntary. No amendments were made as a result of these comments.

Comment: A commenter suggested that the requirement for tourniquets in §800.24 Table 1 (e)(11) include the endorsement of the Committee on Tactical Critical Combat Care (CoTCCC) to ensure agencies purchase tourniquets that do not fail due to substandard manufacturing.
Response: The Department has considered this comment. The endorsement of the CoTCCC is overly specific for inclusion in regulatory requirements. There are several examples provided in the regulation for acceptable manufacturers, and the Department considers this sufficient. No amendments were made as a result of these comments.

Comment: A commenter made specific recommendations for revisions to §800.22. The commenter asked, for example, if consideration had been given to require ambulances to comply with nationally recognized ambulance vehicle build standards, such as the ones contained within National Fire Protection Association 1917- Standard for Automotive Ambulances or the Commission on Accreditation of Ambulance Services Ground Vehicle Standards.
Response: The Department has considered this comment. This comment is beyond the scope of the proposed regulation as the proposed regulatory package does not include construction standards for ambulances, only emergency ambulance service vehicles. No amendments were made as a result of these comments.

Comment: Two commenters suggested that the requirement for a half-length fluid impermeable spinal immobilization device for ALSFR vehicles in § 800.24 Table 1 (c) (2) should be optional. Once commenter stated that this device would not prevent the dislocation of an advanced airway.
Response: The Department has considered this comment . The proposed regulation has been modified to reflect this device as optional for ALS FR vehicles. The justification for preventing

dislodgement of an advanced airway was provided by the Department for inclusion of a full size, fluid impermeable backboard, not for the half-length device.

Comment: Several commenters suggested that the requirements for a system of visual and audible alerts when an emergency ambulance service vehicles (EASV) is in reverse and a camera system with certain recording and activation capabilities in § 800.26 (c) (3) and (4) is onerous for agencies with privately owned EASV's. A commenter stated that this requirement may frustrate compliance, and an exemption should be made within the regulation for privately owned EASV's. A commenter suggested that these requirements should have been added to ambulances and first response vehicles, not just EASVs. The commenter also stated that a privately owned EASV should not need to meet these requirements. The commenter requested further clarification on the requirement for an anti-theft device. A commenter objected to the requirement for a camera system because they create additional expense associated with the vehicle purchase. They also opined that these systems may discourage individuals from joining an ambulance or ALSFR service and that they do not discourage "bad behavior".

Response: The Department has considered these comments. The proposed regulations do not include ambulance build requirements and as such, the comment is beyond the scope of the proposed regulation as the proposed regulatory package does not include construction standards for ambulances, only emergency ambulance service vehicles. The proposed regulation under § 800.25 (c) allows for an agency-wide waiver. This is a change from previous waiver requirements that were specific to only a singular vehicle; there was no path to an agency wide waiver. This change was incorporated to accommodate agencies that have a large fleet of vehicles and seek an agency-wide waiver for more than one vehicle. The Department will

provide further clarification and guidance in an accompanying policy statement on the requirement of an anti-theft device. The requirement for an anti-theft device in an EASV will ensure that the vehicle is secure if left running on a scene and prevents theft of the vehicle. The Department acknowledges that these devices will add cost to the purchase of a vehicle. However, these devices have proven to protect the public, the operator, and passengers of a vehicle. The ability to record certain types of events that may be unavoidable not only protect the driver of the vehicle from inaccurate accusations of fault, but the recordings may also be used by an agency for training and education purposes for vehicle operators. No amendments have been made as a result of this comment.

Comment: A commenter suggested that the requirement for passive carbon monoxide monitoring systems contained within § 800.24 Table 1 (f) (13) are excessive for privately owned EASVs. They stated that the devices require calibration and battery checks that are difficult for volunteer organizations to comply with, and the regulations should be modified to make this requirement optional for privately owned EASVs.

Response: The Department has considered this comment. Due to the colorless and odorless nature of carbon monoxide and how symptoms for carbon monoxide poisoning can be mirrored by other illnesses, this piece of equipment is important to keeping providers safe. Without this equipment, providers could be quickly overcome by otherwise undetectable high levels of carbon monoxide, requiring this equipment as a front-line manner of protection. Additionally, regardless of the staffing model for an agency, equipment should be maintained and serviced regularly; while this may seem challenging, it is a critical part of preparedness for an emergency. Lastly,

agencies may request a waiver for any equipment required by these regulations. No amendments were made as a result of this comment.

Comment: A commenter suggested that the proposed regulation requirements that state further guidance will be provided are overly vague and the commenter recommended that the Department publish policy statements and guidance ahead of the regulatory package enactment for clarity and ease of compliance.

Response: The Department has considered this comment. Policies and guidance documents for new regulations cannot be published prior to the enactment of regulation. The regulations provide for a six-month grace period to come into compliance with the new equipment regulations after the date of enactment. Any necessary policy and guidance documents will be published with sufficient time for agencies to adjust required equipment after the enactment of the regulations. No amendments were made as a result of this comment.

Comment: A commenter stated that § 800.24, Table 1(c)(6), devices capable of immobilizing the head of a patient, are typically no longer used and this requirement should be removed.

Response: The Department has considered this comment. There are situations in which head immobilization is a benefit to patient care, such as when intubated via endotracheal tube or another type of advanced airway. Head immobilization in this instance could help avoid displacement of the advanced airway during patient movement. Additionally, when immobilizing a patient suspected of spinal injury, the head and cervical spine must be immobilized as well. The Department recognizes that the use of a long board and spinal immobilization devices on

patients suspected of spinal injury has decreased, but it has not been fully removed from the standard of care. No amendments were made as a result of these comments.

Comment: A commenter suggested that the quantity for adult and pediatric pads for an automated external defibrillator (AED) contained within § 800.24, Table 1 (b) (12) should be the same.

Response: The Department has considered this comment. The extra set of AED pads provides a redundant backup in the event the pads are damaged, expired, or the adhesive gel is no longer effective. The second set of AED pads ensures a second, functional replacement is available. AED pads need to adhere firmly to a patient's skin; during a cardiac arrest, the pads may become contaminated with dirt, blood, or lose their adhesive quality if the patient is diaphoretic. An extra set of AED pads will allow practitioners to quickly replace ineffective pads. Additionally, some patients have excessive body hair, and this may cause the pads to ineffectively adhere to the patient's chest; practitioners may need to use one set of pads to quickly remove hair before reapplying a second set of pads for defibrillation. Lastly, while not common, the second set of pads allows practitioners to be ready for a second cardiac arrest incident even if they have not had an opportunity to resupply their vehicle. The requirement for one set of AED pads for pediatric patients is appropriate because adult cardia arrests are more common than pediatric cardiac arrests and some of the justification for an extra set of AED pads above would not apply for pediatric patients, such as excessive body hair. No amendments were made as a result of this comment.

Comment: A commenter stated that the type of aspirin required in § 800.24 Table 1 (h)(3) should be more specific.

Response: The Department has considered this comment. The specificity of medication such as required dosage or route of administration more properly belongs in the medication formulary and protocols contained within the New York State Collaborative Protocols and Basic Life Support Protocols. No amendments were made as a result of this comment.

Comment: A commenter suggested that the language in the proposed regulation regarding the submission of waivers under Section 800.25 (d) to Regional Emergency Medical Services Councils (REMSCO) should modified to require the inclusion of the REMSCOs. The proposed regulations currently state the Department may consult with the REMSCOs under § 800.25 (d).

Response: The Department has considered this comment. The regulations have been modified to ensure that waiver requests to be submitted to the appropriate REMSCO for consideration.