

800.21 General Requirements

(Part 800 can be found at: <https://regs.health.ny.gov/volume-e-title-10/200443669/part-800-emergency-medical-services>)

- Valid Department of Health certificate of inspection on each vehicle at all times while it is in service
- Department of Motor Vehicles certificate of inspection on each vehicle at all times while it is in service
- 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 into the patient compartment must also be withdrawn from service
- 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.
- 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
- 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.

Maintain an ambulance which shall conform to the standards set forth in this Part:

- Equip any ambulance or emergency ambulance service vehicle placed in service with the minimum equipment set forth in this part.
- 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.
- Transport all patients in the patient compartment except in extenuating circumstances documented on the record of the call.
- Make available for inspection, with or without notice, to representatives of the department all vehicles, materials, equipment, personnel records, procedures, and facilities.
- 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:
 - Copies of state issued certifications
 - All records of additional or specialized training
 - All records of any in-service and continuing education programs
- Maintain a record of each ambulance call in accordance with the provisions of section 800.32 of this part
- Maintain adequate and safe storage facilities for equipment, clean supplies and linen, soiled linen and waste at the place where the ambulance is based
- Maintain the interior of the vehicles and equipment in a clean and sanitary condition
- Operate only within its primary territory except
 - When receiving a patient which it initially delivered to a facility outside its primary territory; or
 - In response to a request for mutual aid from another certified or registered ambulance service; or
 - 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
 - If a voluntary service, when transporting a patient who is a resident of the primary operating territory; or
 - 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.
- Have and enforce written policies concerning:
 - 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

- Coverage of the ambulance service's response area when it is unable to respond to emergency call for assistance
- The maximum call receipt interval for all emergency calls for assistance, except for MCI or disaster situations
- Actions to be taken if the maximum call receipt interval determined in is exceeded and an ambulance has not yet started toward the incident location
- Authorization and protocols for a central dispatch agency to send a mutual aid service when the service does not or cannot respond
- Minimum qualifications and job descriptions for all patient care providers, drivers and EMS dispatchers
- Physical, health and immunization requirements for all patient care providers and drivers, including provisions for biennial review and updating of such requirements
- Preventive maintenance requirements for all authorized EMS response vehicles and patient care equipment
- Cleaning and decontamination of authorized EMS response vehicles and equipment
- Equipping and inspection of all authorized EMS response vehicles
- Reporting by the agency of suspected:
 - Crimes
 - Child abuse
 - Patient abuse
 - Domestic violence, including any directed toward elderly persons
- Policies on the responsibilities of patient care providers when:
 - A patient cannot be located
 - Entry cannot be gained to the scene of an incident
 - A patient judged to be in need of medical assistance refuses treatment and/or transportation
 - Patients seek transportation to a hospital outside the area in which the service ordinarily transports patients
 - A receiving hospital requests that a patient be transported to another facility before arrival at the hospital
 - Treating minors
 - Treating or transporting patients with reported psychiatric problems
 - Confronted with an unattended death
- 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
- Have a response plan for hazardous material incidents. Participation in a county or regional plan will meet this requirement
- Have a response plan for multiple casualty incidents. Participation in a county or regional MCI plan will meet this requirement
- 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
 - A patient dies, is injured or otherwise harmed due to actions of commission or omission by a member of the ambulance service;
 - 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;
 - Any member of the ambulance service is killed or injured to the extent requiring hospitalization or care by a physician while on duty;
 - Patient care equipment fails while in use, causing patient harm;
 - 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;
- 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
- Conduct PPE training in donning and doffing, upon hire, and at least every 12 months for Ebola Virus Disease