

# NYSDOH Ambulance Inspection Guide

Ambulance services are required to comply with the provisions set forth in [Part 800 of Title 10 NYCRR](#). This includes [Part 800.21 General Requirements](#).

Any service granted a license to possess and administer controlled substances in accordance with Article 33 and Part 80 of Title 10 NYCRR, shall be subject to inspection of all records, stock, sub-stock, security standards and for compliance with the operations plan submitted by the agency and approved by the Department.

Inspections of either an ambulance service or ALS FR agency may also include records pertaining to the establishment of, or participation in, a Quality Improvement Program as required in §3006 of the Public Health Law.

**Below you will find several requirements that each agency should review prior to an ambulance inspection to ensure they are in compliance.**

## BEMS Policy Statements

### [10-03 EMS Agency and Vehicle Surveillance and Inspections](#)

The Purpose of a full service inspection is to ensure that an ambulance service or Advanced Life Support First Response (ALSFR) agency is in compliance with all the applicable laws, regulations and department policies regarding the safe and efficient operation of the EMS agency. In conducting these inspections department representatives assist agencies in achieving the goal of not only overall compliance but also improved quality of care delivered to patients.

### [09-11 Storage and Safe Guarding of Medications Administered by EMT-Bs.](#)

All EMS agencies carrying medications for use by EMT-Bs, prior to placing them in service, must develop policies and procedures that include, but may not be limited to the following items; inventory control, storage, expiration and replacement of these items and the process for provider education.

In an effort to assist agencies in maintaining control of the medications that may be administered by EMT-Bs, the following should be the minimum requirements implemented by each service providing this level of care.

- The medications must be stored in an environment that protects them from extreme temperature changes and light. According to most medication manufacturer's guidelines, medications must be stored at temperatures that range from 59 degrees to 77 degrees.
- All medications must be secured in a container or location capable of being secured with a lock or numbered tear-away-type inventory control tag when not being used for patient care.
- The medication must be placed in either a closed ambulance compartment or inside a bag or box that is taken to the patient's side.
- It is strongly recommended that BLS medications not be placed in the same locked cabinet with medications, syringes or needles used by Advanced Life Support Providers.
- The EMS agency must provide safe disposal for medical waste/sharps on EMS vehicles.

## 09-12 Storage and Integrity of Prehospital Medications and Intravenous Fluids

In an effort to assist agencies in maintaining the integrity of prehospital medications and intravenous fluids, the following should be the minimum requirements implemented by each service authorized to carry prehospital medications and intravenous fluids.

- All EMS services authorized by the Regional Emergency Medical Advisory Committee (REMAC) to carry medications and intravenous fluids must develop policies to define the appropriate storage and maintenance of all medications and intravenous fluids. These policies should also be incorporated in to the agency's policies and procedures as well as the QI program.
- All medications and intravenous fluids must be stored in an environment that protects them from extreme temperature changes and light according to each medication manufacturer's guidelines. This includes all vehicles, stationary cabinets or any other storage facilities where medications and intravenous fluids are stored. According to manufacturer's guidelines, most medications must be stored at temperatures that range from 59 degrees to 77 degrees Fahrenheit<sup>1</sup>. However, the temperature ranges may differ for many medications.
- Agencies must have policies related to the recognition, destruction and replacement of medication that have been exposed to conditions outside or have surpassed the printed expiration date as required by the manufacture's guidelines.
- Agencies must routinely monitor and record the temperatures for all locations where medications and intravenous solutions are stored.

## Part 800 Requirements

### 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 ambulances and emergency ambulance service vehicles the name of the service in letters not less than 3 inches in height and clearly legible. The logo provided by the department shall also be displayed on both sides and the back of every ambulance and shall be removed upon sale or transfer of the vehicle;
- (f) maintain an ambulance which shall conform to the standards set forth in this Part;
- (g) equip any ambulance or emergency ambulance service vehicle placed in service with the minimum equipment set forth in this Part;
- (h) have on each call at least one attendant who is a certified emergency medical technician in attendance with the patient at all times except for transfers between hospitals. Another licensed health care provider specifically authorized in writing by a physician may serve as

- the patient care attendant on transfers between hospitals. The ambulance service shall maintain the physician's order for three years. A licensed driver shall drive the ambulance;
- (i) transport all patients in the patient compartment except in extenuating circumstances documented on the record of the call;
  - (j) make available for inspection, with or without notice, to representatives of the department all vehicles, materials, equipment, personnel records, procedures, and facilities;
  - (k) maintain current and accurate personnel files for all drivers, certified first responders, emergency medical technicians, and advanced emergency medical technicians, showing qualifications, training and certifications, and health records, including immunization status. Employee health records shall be maintained separately and in compliance with all applicable requirements. Information contained in such personnel files shall be reviewed annually, and may be disclosed only to authorized individuals. Training records must include at a minimum:
    - (1) copies of state issued certifications;
    - (2) all records of additional or specialized training; and
    - (3) all records or any in-service and continuing education programs.
  - (l) maintain a record of each ambulance call in accordance with the provisions of section 800.32 of this Part;
  - (m) maintain adequate and safe storage facilities for equipment, clean supplies and linen, soiled linen and waste at the place where the ambulance is based;
  - (n) maintain the interior of the vehicles and equipment in a clean and sanitary condition;
  - (o) operate only within its primary territory except:
    - (1) when receiving a patient which it initially delivered to a facility outside its primary territory; or
    - (2) in response to a request for mutual aid from another certified or registered ambulance service; or
    - (3) in response to a mutual aid plan implemented by a central dispatch agency on behalf of a certified or registered ambulance service or on behalf of a county or city emergency management office; or
    - (4) if a voluntary service, when transporting a patient who is a resident of the primary operating territory; or
    - (5) by approval of the department or the appropriate regional emergency medical services council for up to 60 days if the expansion of territory is necessary to meet an emergency need.
  - (p) have and enforce written policies concerning:
    - (1) mutual aid, including any required authorizations and agreements, to request the response of the nearest, appropriate, available EMS service(s). The written plan shall consider the incident location and access to it, location of the mutual aid agency, primary service territory, authorized level of service, staff availability and any other pertinent information when identifying the mutual aid agency;
    - (2) coverage of the ambulance service's response area when it is unable to respond to emergency calls for assistance;
    - (3) the maximum call receipt interval for all emergency calls for assistance, except for MCI or disaster situations;
    - (4) actions to be taken if the maximum call receipt interval determined in (3) is exceeded and an ambulance has not yet started toward the incident location;
    - (5) authorization and protocols for a central dispatch agency to send a mutual aid service when the service does not or cannot respond;
    - (6) minimum qualifications and job descriptions for all patient care providers, drivers and EMS dispatchers;

- (7) physical, health and immunization requirements for all patient care providers and drivers, including provisions for biennial review and updating of such requirements;
  - (8) preventive maintenance requirements for all authorized EMS response vehicles and patient care equipment;
  - (9) cleaning and decontamination of authorized EMS response vehicles and equipment;
  - (10) equipping and inspection of all authorized EMS response vehicles;
  - (11) reporting by the agency of suspected:
    - (i) crimes;
    - (ii) child abuse;
    - (iii) patient abuse; and/or
    - (iv) domestic violence, including any directed toward elderly persons;
  - (12) responsibilities of patient care providers when:
    - (i) a patient cannot be located;
    - (ii) entry 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 while on duty.
- (r) on or in a form approved by the department, maintain a record of all unexpected authorized EMS response vehicle and patient care equipment failures that could have resulted in harm to a patient and the corrective actions taken. A copy of this record shall be submitted to the department with the EMS service's biennial recertification application.

### Section 800.23 - General requirements related to equipment

- (a) All equipment shall be clean, sanitary and operable.
- (b) The emergency medical technician must be able to operate all equipment on board the ambulance or emergency ambulance service vehicle within the scope of his/her certification.
- (c) Any volume of liquid in excess of 249 milliliters stored in the ambulance must be in plastic containers.
- (d) Insofar as practical, all equipment in every vehicle shall be secured to the vehicle whenever the vehicle is in motion.
- (e) All pressurized gas cylinders shall be secured and in compliance with Federal DOT hydrostatic test expiration dates.
- (f) If controlled substances, drugs or needles are carried, there shall be a securely locked cabinet in which these items are stored when not in use.

### 800.24 Equipment requirements for certified ambulance service

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

- (a) Patient transfer equipment consisting of:
  - (1) wheeled ambulance cot capable of supporting the patients in the Fowlers position;
  - (2) a device capable of carrying a second recumbent patient;
  - (3) a device enabling ambulance personnel to carry a sitting patient over stairways and through narrow spaces where a rigid litter cannot be used. The requirements of paragraphs (2) and (3) of this subdivision may be satisfied by use of one combination device capable of both operations;
  - (4) all litters and cots used to transport patients shall be secured using crash resistant fasteners. The ambulance shall be equipped with securing devices such that two patient carrying devices can be simultaneously secure; and
  - (5) ambulance cots and other patient carrying devices shall be equipped with at least two, two-inch wide web straps with fasteners to secure the patient to the device and the cot.
- (b) Airway, ventilation, oxygen and suction equipment consisting of:
  - (1) a manually operated self-refilling adult-size bag valve mask ventilation device capable of operating with oxygen enrichment, and clear adult-size masks with air cushion;
  - (2) four oropharyngeal airways in adult sizes;
  - (3) portable oxygen with a minimum 350 liter capacity (medical "D" size) with pressure gauge, regulator and flow meter and one spare cylinder, medical "D" size or larger. The oxygen cylinders must contain a minimum of 1000 PSI pressure;
  - (4) an in-ambulance oxygen system with a minimum 1200 liter capacity (two medical "E" size) with yoke(s), or CDC fitting, pressure gauges, regulators and flow meters capable of delivering oxygen to two patients at two different flow rates of up to 15 liters per minute simultaneously.
  - (5) four each, non-rebreather oxygen masks, and four nasal cannulae;
  - (6) portable suction equipment capable, according to the manufacturer's specifications, of producing a vacuum of over 300 millimeters of mercury when the suction tube is clamped. This will meet the 800.24(b)(7) requirement if equipped to operate off the ambulance electrical system;

- (7) installed adjustable suction capable of producing a vacuum of over 300 millimeters of mercury when tube is clamped; and
  - (8) two plastic Yankauer-type wide bore pharyngeal tips individually wrapped.
- (c) Immobilization equipment consisting of:
- (1) one full size (at least 72 inches long and 16 inches wide) backboard with necessary straps capable of immobilizing the spine of a recumbent patient;
  - (2) one half length spinal immobilization device with necessary straps capable of immobilizing the spine of a sitting patient;
  - (3) one traction splinting device for the lower extremity; and
  - (4) two of each of the following size padded boards, with padding at least 3/8 inches thick:
    - (i) 4 1/2 feet by 3 inches
    - (ii) 3 feet by 3 inches or equivalent device
    - (iii) 15 inches by 3 inches or equivalent device
  - (5) one set of rigid extrication collars capable of limiting movement of the cervical spine. The set shall include large, medium and small adult-size rigid extrication collars which permit access to the patient's anterior neck; and
  - (6) a device or devices capable of immobilizing the head of a patient who is secured to a long backboard.
- (d) Bandaging and dressing supplies consisting of:
- (1) twenty-four sterile gauze pads 4 inches by 4 inches;
  - (2) three rolls of adhesive tape in two or more sizes;
  - (3) ten rolls of conforming gauze bandages in two or more sizes;
  - (4) two sterile universal dressings approximately 10 inches by 30 inches;
  - (5) ten large sterile dressings 5 inches by 9 inches minimum;
  - (6) one pair bandage shears;
  - (7) two sterile bed-size burn sheets;
  - (8) six triangular bandages;
  - (9) one liter of sterile normal saline in plastic container(s) within the manufacturer's expiration date; and
  - (10) roll of plastic or aluminum foil or equivalent sterile occlusive dressing.
- (e) Emergency childbirth supplies in a kit, consisting of the following sterile supplies:
- (1) disposable gloves;
  - (2) scissors or scalpel;
  - (3) umbilical clamps or tape;
  - (4) bulb syringe;
  - (5) drapes; and
  - (6) 1 individually wrapped sanitary napkin.
- (f) Miscellaneous and special equipment in clean and sanitary condition consisting of:
- (1) linen and pillow on wheeled ambulance cot and spare pillow, two sheets, two 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;
  - (8) one male urinal;
  - (9) one bed pan;
  - (10) two sets masks and goggles or equivalent;
  - (11) two pair disposable rubber or plastic gloves;
  - (12) one liquid glucose or equivalent;
  - (13) six sanitary napkins individually wrapped; and
  - (14) one pen light or flashlight.
- (g) Safety equipment consisting of:
- (1) six flares or three U.S. Department of Transportation approved reflective road triangles;
  - (2) one battery lantern in operable condition; and
  - (3) one Underwriters' Laboratory rated five pound U.L.-rated ABC chemical fire extinguisher or any extinguisher having a U.L. rating of 10BC.
- (h) Pediatric equipment consisting of:
- (1) pediatric bag valve mask, equipped with oxygen reservoir system;
  - (2) clear face masks in newborn, infant and child sizes, inflatable rim (or mask with minimal under-mask volume) to fit above;
  - (3) two 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.