RPI Ambulance

Special Event
Standard Operating Procedures
January 1, 2011
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SE SOP 06-00 Introduction and History

One of RPI Ambulance's primary goals is to provide standby EMS coverage to Rensselaer-affiliated events. These coverage requests range from events in the Mueller Center and the Armory, to RPI Men's Varsity Hockey games in the Houston Fieldhouse. Traditionally, these events have been governed by procedures described in part by these Standard Operating Procedures (last written by Captain Tesoriero in 2006, as SOP 06-21) and the Houston Fieldhouse Standard Operating Procedures, for events taking place specifically in the fieldhouse. However, with the addition of the East Campus Athletic Facility (ECAV), it became necessary to develop Standard Operating Procedures for all events outside of duty crews and County-dispatched day calls. As a result, these “Special Event Standard Operating Procedures” were developed in the Fall of 2010 by Matthew Willett with the help of former captain Peter Ragone.

The HFH SOPs were originally written in 1995 by Henry Dunham. A major rewrite was initiated and completed by Captain Eric Tesoriero in 2006.

SE SOP 06-01 Organization and Structure

The following constitutes the SOPs of the RPI Ambulance while operating at the RPI Houston Field House (HFH), at the East Campus Athletic Village (ECAV), or any other standby event where the RPI Ambulance is requested for EMS coverage.

If one section of the SOPs is amended, suspended, deleted, or otherwise changed, the remainder of this document will remain unaffected.

This document is not to supersede any directives, guidelines, or protocols enacted by a higher authority such as the State of New York, the Regional Emergency Medical Organization of the Hudson Mohawk Valley Region (REMO-HMVI), or the County of Rensselaer. These guidelines are furthermore not to supersede good clinical judgment on the part of the crew.

According to the RPI Ambulance Constitution, the Captain and Medical Director must agree upon the SOPs. The Operating Policies must be reviewed on a yearly basis by the same entities. Documentation of this review will be attached as a separate Policy Statement (see SOP 06-13).
**SOP 06-01 Mission**

*Name-* This portion of RPI Ambulance shall be known as Special Event Emergency Medical Services (SE EMS).

*Purpose-* The aim of SE EMS shall be to provide Basic Emergency Medical Service to any large event on the RPI Campus, including treatment and transport of the sick and injured and to provide training opportunities for current members in order to support and maintain the agency’s readiness, skills, and resources.
SOP 06-02 Personnel Titles

*Emergency Event Supervisor (EES)*- a person authorized by the Captain and Training Committee of RPI Ambulance to serve as the coordinator of all resources during a standby event. This person is to be certified as a New York State EMT-B or higher, be thoroughly knowledgeable of the Standard Operating Procedures of RPI Ambulance and SE EMS, and is credentialed to the position as described in RPI Ambulance SOP 06-04

*Emergency Event Supervisor In Charge (900)*- a person who is in charge of the event. The EES In Charge is responsible for filling out all appropriate paperwork, including the Part 18 Incident Log, Part 18 Public Function Event Report, Logbook, and RPI Ambulance Invoice; they will also perform a check of the Primary Care Facility logged on the Equipment check form. The EES In Charge is responsible for the assignment of crews and procurement and return of radios to the office at the end of the event. The EES In Charge will also copy all paperwork at the end of the event and provide Field House Management with one copy of each State form and a copy of the invoice.

*Roving Emergency Event Supervisor (908/909)*- a person who is in charge of the fieldstations for a given event. 908 and 909 shall be stationed at the discretion of EES In Charge (900). If there is only one such person, they shall carry the designation of 908. 908 shall respond to all calls that the fieldstations report and make transportation decisions. At all times Roving EES shall carry at least a Trauma Bag and Infection Control Kit.

*Fieldstation Crew Chief*- a person who is in charge of a fieldstation and patient care. Is credentialed to the position as described in RPI Ambulance SOP 06-04

*Fieldstation Attendant*- a person who acts under the direction of a Fieldstation Crew Chief at a fieldstation. Is credentialed to the position as described in RPI Ambulance SOP 06-04

*Fieldstation Orientation Member* - a person who is a new member of RPI Ambulance and has not yet met the requirements of Fieldstation Attendant. Is credentialed to the position as described in RPI Ambulance SOP 04-04
SOP 06-03 Uniforms
In an effort to gain respect and convey a professional manner to the community, RPI Ambulance has established different categories of uniform standards. This will provide continuity and an easy way to communicate the appropriate uniform to members of a Duty Crew.

Dress Uniform- this is the Dress Uniform used by RPI Ambulance. It consists of:
• White collared R.P.I. Ambulance uniform shirt with T-Shirt on underneath
• Black slacks or E.M.S. Pants
• Black belt with silver buckle
• No dangling earrings or jewelry
• Black shined shoes or boots. No high heels.
• Black socks (if socks visible)
• RPI Ambulance approved navy blue jacket (Seasonal)

Casual Uniform- this is the standard uniform used by RPI Ambulance. It consists of:
• Polo shirt or T-shirt with emblazoned R.P.I. Ambulance logo and lettering over left chest.
• No patches or collar brass
• Black slacks or E.M.S. Pants
• Black belt with silver buckle
• No dangling earrings or jewelry
• Black shoes or boots. No high heels.
• Black socks (if socks visible)
• RPI Ambulance approved navy blue jacket (Seasonal)

• Members may wear dark pants and a neat, non-torn shirt that is not fluorescent or obscene; provided that an RPI Ambulance navy blue jacket is available for wear.
• The EES must wear the Dress uniform.
• All members at Institute and Special Functions (e.g. Special Events/Presentations, Commencement, etc.) will wear the Dress Uniform.
• The Captain has the ability to designate any event as a Special Function. If an event is designated as a Special Function, it should be made such at least one (1) week ahead of time to allow members to plan accordingly.
SOP 06-04 Opening Procedures

**Obtaining HFH PCF Keys** - the keys to RPI HFH Primary Care Facility (PCF) shall be placed in a combination lockbox mounted outside of the HFH PCF. The code to the lock box shall only be given to EESs and line officers.

**Obtaining Access to ECAV PCF** - The ECAV PCF allows for card access. The only members to have card access to the ECAV PCF are EESs and line officers.

**Obtaining Portable Radios** - each member stationed at an RPI PCF should bring their agency issued radio if they have one. The EES will make a good faith effort to bring additional radios for attendants. At minimum there should be at least one portable radio per fieldstation crew and one per roving supervisor. Additionally, there should be at least one spare portable radio in the event any fail.

**Listing of Members to Attend** - the 2nd Lieutenant shall provide a list of members who are attending the event not less than 24 hours prior to the event to the EES.

**Members Attending Without Notification** - the EES in charge shall reserve the right to refuse admission to any person who has not notified the 2nd Lieutenant that s/he will be attending.

**Proper Entry Procedure HFH** - all personnel shall enter the RPI HFH via the South Side/B Lot entrance and produce upon demand an RPI Ambulance issued identification card.

**Proper Entry Procedure ECAV** - all personnel shall enter the ECAV Stadium from the north entrance and produce upon demand an RPI Ambulance issued identification card.

**Paperwork** - the EES in charge shall begin all paperwork including the Part 18 Incident Log, Part 18 Public Function Event Report, Logbook, and RPI Ambulance Invoice.

**Equipment Check/Restocking** - the EES shall complete a quick check form, checking the Primary Care Facility (PCF) supply cabinets. The Fieldstation Crew Chiefs shall complete a quick check of their issued Trauma Bag, Infection Control Kit, and Oxygen Duffel. If any equipment needs to be restocked, it will be done so as soon as possible using equipment from the supply cabinets as needed. All supplies that are used for restocking shall be signed out on the appropriate form on the supply cabinet.

**Radio Check** - After turning the power supply for the base radio on, the EES shall perform a radio test on the RPI Ambulance channel (155.220 MHz) in the following manner when the PCF is in-service:

“At <time>,<date> Radio Station WNFR-574, RPI Ambulance <Location of standby> Emergency Medical Services, Unit 900 in-service.”

On channel 5, the RPI Department of Public Safety Channel, a radio test will also be performed as follows:
“RPI Ambulance Car 4 to RPI DPS Headquarters
RPI Ambulance in service at the RPI Houston Field House”

Fieldstation Assignment- the EES shall post on the dry-erase board and on the RPI floor plan the locations of the assigned fieldstation crews. All fieldstation crews must have at least a New York State EMT-Basic assigned to it with the goal of each fieldstation crew having a Fieldstation Crew Chief. Other personnel shall be assigned at the discretion of the EES.
SOP 06-05 Incident Procedures

Notification of the EES In Charge- the fieldstation that is responding to the possible EMS call shall notify the EES In charge in the following manner:

Fieldstation: 900 from <fieldstation number>
900: Go ahead.
Fieldstation: <fieldstation number> responding to section <section number> for an investigation
900: Received at <time>

No Roving EES- if no roving EES unit, the Fieldstation Crew will be directed to move the patient (if possible) to the Primary Care Facility. If the patient cannot be moved the EES in charge shall request the transporting crew shall be notified.

Emergency Call- on all emergency calls, the EES in charge will notify the Rensselaer County Dispatcher with the location of the call, nature of the call, and the patient’s age and gender. Be sure to specify that the call is an emergency in nature and that the transport is being conducted by RPI Ambulance (unless unavailable). See the below procedure for requesting additional resources as needed.

Non-emergency Call- on all non-emergency calls, the EES in charge shall notify the Rensselaer County Dispatcher with the location of the call, nature of the call, and the patient’s age and gender. Be sure to specify that the call is a non-emergency in nature and that the transport is being conducted by RPI Ambulance (unless unavailable). A call may be upgraded to an emergency type upon the arrival Roving EES. See the above procedure for Emergency Calls in such a case.

Calling For an Ambulance- only the EES or will call for an ambulance. No fieldstation crew shall call for an ambulance.

Requesting Additional Resources- only the EES in charge EES shall contact the Rensselaer County Dispatcher requesting additional resources such as Advanced Life Support, Hazardous Materials Response, MCI, etc.

As needed, the aforementioned parties may also contact RPI Department of Public Safety requesting Police assistant and the RPI Department of Public Safety will send resources as requested if available.

Clearing Fieldstation crews at End of Event- Roving EES will clear the fieldstation crews at the end of the event, based on the number of spectators remaining in the fieldstations response area. If there is no Roving EES, the fieldstation crews will clear themselves.

Leaving Station for Personal Reasons- the fieldstation crew will advise the EES in charge that they need to leave their station for personal reasons. The Roving EES will cover that area for that crew until their return. If there is no Roving EES, that fieldstation will remain uncovered for the time that crew is away and unavailable.
Cleaning - when soiled, all re-usable equipment will be cleaned in accordance to the RPI Ambulance Exposure Control Plan. All disposable equipment will be discarded when soiled, even if not used. If the physical facility of the PCF becomes contaminated the EES is to contact RPI Department of Public Safety who will subsequently call in Environmental Services to clean the PCF. If the EES feels as though the PCF is unfit for patient care, they may close the Primary Care Facility in accordance with HFH SOP 06-10 and treat patients in the RPI Ambulance or another appropriate location.
SOP 06-06 Specific Call Procedures

Identification of an EMS Call- an EMS call can be identified in one of three ways:

- **Walk In/Walk Up**- a patient can walk into the PCF or walk up to a Fieldstation Crew and request treatment.

- **Fieldstation Crew Notified by Someone other than Patient**- a person other than the patient (usher, DPS, other spectator, etc.) points out a sick or injured person.

- **Fieldstation Dispatched by EES In Charge (900)**- DPS notifies the EES In Charge of a patient in another location and a fieldstation crew is dispatched appropriately.

**Roving EES Supervisor Notification**- Roving EES is notified immediately by the EES In Charge prior to notification of Rensselaer County Dispatch, Ambulance Crew, etc.

**Movement of Patient**- only Roving EES will make a transportation decision, except where there is no Roving EES. In such a case, the EES In Charge (900) will make the transportation decision.

**Calling for Additional Units**- only the EES In Charge or Roving EES may call for additional units, within or outside of the organization. These include additional fieldstation crews, Advanced Life Support, Troy Fire Department, etc. The only exception shall be RPI DPS if the Fieldstation Crew feels that his/her safety or that of his/her crew is in jeopardy.

**RMA**- if a patient refused medical aid (RMA) their signature must be obtained on the appropriate forms, the reverse side of the white copy of the PCR and the REMO RMA sheet. No RPI Ambulance member will witness the RMA; when possible RPI DPS personnel should witness the RMA and sign with their shield number.

**Transportation of a Patient**- the Emergency Vehicle Operator shall move the ambulance to the door nearest the patient for exit. If the patient is to be transported to the hospital by a different agency (ie. Troy Fire Department), the Pink Copy of the PCR should be given to the transporting agency if completed. If not completed, the PCR should be dropped off at the receiving hospital when it is done.

**Restocking of supplies**- all OSHA equipment shall be replaced immediately at the completion of a call. All medical equipment will be replaced on an as needed basis to quantities specified on the Equipment check sheets.
SOP 06-07 Type I Event Management

Type I PCF Event- events with long duration and a low capacity at any given time. Coverage shall include at least one EMT staffing the Primary Care Facility throughout the duration of the event. An event may be upgraded to a type II event if the requesting party requires an ambulance on site.

Type I Event- Events with long duration and low capacity at any given time at a location without a Primary Care Facility. Coverage shall include at least one EMT equipped with a jump bag including oxygen and a radio to contact the county dispatcher.

Hourly Time Test- the time test shall be done at the discretion of the EES in charge. If the test is to be done, it will be done on the hour in the following manner:

At <time>, Radio Station WNFR-574, Special Event Emergency Medical Service, units in the field stand-by to acknowledge:
<call all units in service and wait for acknowledgement>
At <time>, all units in service, unit 900.
SOP 06-08 Type II Event Management

Type II PCF Event- events with 2,500 to 5,000 people in attendance at any given time or any spectator event necessitating the placement of Field Crews. Coverage will include at least one EES, one to three Field Crews and one AMB on call at the event location. The ambulance must remain available to take 911 calls. If an ambulance is required to remain at the event, the will be covered at the type III level.

Type II Event- Events with 2,500 to 5,000 people in attendance at any given time or a spectator event necessitating the placement of field crews at a location without a PCF. Coverage will include at least one EES, one to three Field Crews, and an AMB on call at the site. The AMB will be available to take 911 calls. The EES is required to remain at the event for the duration of the event. If an ambulance is required to remain at the event the event will be covered as a Type III event.

Hourly Time Test- the time test shall be done at the discretion of the EES in charge if there are fewer than 3,000 participants. If there are greater than 3,000 participants, the time test will be done. If the test is to be done, it will be done on the hour in the following manner:

At <time>, Radio Station WNFR-574, Special Event Emergency Medical Service, units in the field stand-by to acknowledge:
<call all units in service and wait for acknowledgement>
At <time>, all units in service, unit 900.
**SOP 06-09 Type III Event Management**

Type III Event- events with over 5,000 people in attendance at any given time. Coverage will include at least two EES’s, three to five Field Crews and one AMB on standby.

For an event with more than 15,000 attendees refer to NYS Part 18 law for staffing requirements.

Inform County Dispatcher- the County must be contacted via telephone at 518-270-1037, informing them that “5939 is currently in service, dedicated to an event at the RPI <location of event>”. At the end of the event, County must be informed, “5939 is clear of the RPI <location of the event> and in service.”

Hourly Time Test- the time test shall be done every hour on the hour, or at a more frequent interval as per the wishes of the EES in charge in the following manner:

At <time>, Radio Station WNFR-574, Special Event Emergency Medical Service, units in the field stand-by to acknowledge:

<call all units in service and wait for acknowledgement>

At <time>, all units in service, unit 900.
SOP 06-10 EMS Coverage Fees
All events being for which EMS coverage is being provided, a fee will be assessed based on the number of attendees and the duration of the event. The fees are as follows
   - Event Type I: $10.00 per hour of coverage
   - Event Type II: $30.00 per hour of coverage
   - Event Type III: $75.00 per hour of coverage
SOP 06-12 Closing Procedures

*End of Event*- at the end of the event, the Roving Event Supervisor, or in their absence, the lowest numbered fieldstation crew, will advise the EES in charge that the event has ended.

*Fieldstation Crews Return to Primary Care Facility*- when a fieldstation crew returns to the PCF, they will return all RPI Ambulance equipment and restock their Trauma Bag, Infection Control Kit, and Oxygen Duffel with any equipment used during the event as needed. The returning crews should not enter the PCF while patient(s) are being treated.

*Paperwork to Field House Management*- the EES In Charge (900) will take the Part 18 Incident Log, Part 18 Public Function Event Report, and RPI Ambulance Invoice to the Field House Management Office. All three forms will be copied and the copies left with the Field House Management in the place they specify. If the offices are locked, it will be the responsibility of the Field House Management to obtain copies of the paperwork.

*Proper Paperwork Filing*- all binders and folders mentioned in this section are in the desk in the Office area of the Primary Care Facility.

  - *RPI Ambulance Invoice*- to be placed in the binder marked “Invoices”.
  - *Part 18 Incident Log*- to be placed in the front of the binder marked “Control Logs”
  - *Part 18 Public Function Event Report*- to be placed in the front of the folder marked “State File”
  - *PCRs*- will be brought to the RPI Ambulance Office, 92 College Avenue and placed in the PCR box immediately following the conclusion of the event.
  - *Equipment Check*- will be placed in the folder marked “Completed Equipment Checks”

*Radio Signoff*- will be done by the EES in charge as follows:

  “Radio Station WNFR-574, RPI Ambulance Special Event Emergency Medical Services, Unit 900 signing off the are at <time>.”

When sign-off is completed, the radio power supply should be turned off.

*Securing the Primary Care Facility*- the EES in charge should turn off all lights and close and lock the door upon leaving the PCF.

*Equipment*- immediately after the event any equipment that was borrowed and not specified above, should be returned.
SOP 06-13 Quality Assurance

PCR Review- all PCRs will be reviewed by the QI Coordinator as described in the RPI Ambulance Standard Operating SOP 06-15.

Part 18 Review- the Captain will review all New York State Part 18 required forms within two weeks of the date on the form.

Equipment Check Review- the 2nd Lieutenant will review and restock as needed

Invoice Review- the Captain will review all Invoice slips within one week of the event and forward the Invoice to the Treasurer for collecting compensation if necessary.

Equipment Maintenance- the 2nd Lieutenant will coordinate the testing and maintenance of all large equipment (stair chair, stretcher, reeves stretcher, etc) by a third party organization as described in the RPI Ambulance SOP 06-12.
SOP 06-12 Administrative Duties

_Fiscal_- all items involving money, including, but not limited to accounts payable and accounts received, shall be directed to the Treasurer.

_RPI HFH Management_- all negotiations between the RPI HFH and RPI Ambulance shall be made via correspondence with the Manager of the RPI HFH, and Captain and President, respectively.

_RPI Ambulance & RPI HFH Contract_- every two years at the beginning of the academic year, a contract is signed with between RPI Ambulance and RPI HFH agreeing upon terms of service and event classifications. The current contract is available for reference as Appendix J.
SOP 06-13 Approval/Review Document
We the undersigned have reviewed the policies contained herein (Policy #06-00 through Policy #04-13) and find it to be satisfactory policy for R.P.I. Ambulance. These policies will be reviewed on an annual basis and updated as necessary.

Matthew Willett  
Captain, RPI Ambulance

Leslie S. Lawrence  
Medical Advisor
PUBLIC FUNCTIONS WITH ATTENDANCE OF OVER 5,000 PEOPLE

Last amended July, 1991

Statutory Authority: Public Health Law Section 225

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services
433 River Street, Suite 303, Troy, NY 12180
518-402-0996

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18.1 Definitions

As used in this Part, the following words and terms shall have the following meanings:

a. Public function means any scheduled or advertised event open to the public and likely to attract 5,000 or more people at any one time, except that the term shall not apply to any single day of a planned multi-day series of events at which 5,000 or more people are not likely to attend.

b. Emergency health care facility means a sheltered area or building either naturally or artificially so lighted as will promote the health and safety of patients provided emergency medical care, and containing cot(s) and/or litter(s) and emergency medical equipment and supplies as required by section 18.2 of this Part.

c. Emergency Medical Technician means an individual who has been certified as such by the department pursuant to sections 800.6 or 800.8 of this Title.

d. Permit-issuing official means the State Commissioner of Health or the commissioner's designee.

e. Person means an individual, group of individuals, partnership, firm, corporation, association, political subdivision, government agency, municipality, industry or any other legal entity.

f. Ambulance means a motor vehicle especially designed, equipped and staffed pursuant to sections 800.21, 800.22, 800.23 and 800.24 of this Title to provide emergency medical services during transit.

18.2 Equipment requirements for an emergency health care facility

Any emergency health care facility at a public function must contain at minimum the following equipment:

a. Patient transfer equipment:
   1. A device equipped with two two-inch-wide web straps to secure a patient which will enable emergency medical service personnel to move the patient from the incident site to the emergency health care facility.
   2. In an auditorium, stadium or similar physical setting with seats in steep tiers, a stair chair-type stretcher.

b. Airway, ventilation, oxygen and suction equipment:
   1. Manually operated, self-refilling bag-valve-mask ventilation device with a high concentration oxygen enrichment or portable manually triggered oxygen-powered resuscitation device, either of which shall include adult and pediatric-size face masks.
   2. Oropharyngeal airways, in adult, pediatric and infant sizes.
   3. Two commercially prepared bite sticks.
   4. A portable oxygen system with one medical "D" size cylinder including a regulator consisting of a yoke, pressure gauge, flow meter and a spare cylinder.
   5. Four disposable oxygen masks and four nasal cannulae.
   6. A portable suction device capable of providing an adjustable flow of over 30 liters/minute at the end of the delivery tube and a vacuum of over 300 mm mercury when the tube is clamped, including wide bore tubing, a plastic, rigid pharyngeal suction tip and various size flexible suction catheters.
   7. One pocket face mask with oxygen inlet.
   8. Miscellaneous items for oral use which shall be kept clean and be individually wrapped.

c. Immobilization equipment:
   1. One full-size backboard (72 inches long) with a minimum of two-inch by nine-foot web straps for securing the patient to the device.
   2. One padded board splint, 54 inches by 3 inches by 3/8 inch thick with a minimum of one-half inch foam padding on one side covered with a nonporous material.
   3. Two padded boards, 36 inches by 3 feet by 3/8 inch thick (cardboard, other malleable or inflatable splints are acceptable substitutes) with a minimum of one-half inch foam padding on one side covered with a nonporous material.
4. Two padded boards, 15 inches by 3 inches by 3/8 inch thick (padded wire, cardboard or inflatable splints are acceptable substitutes) with a minimum of one-half inch foam padding on one side covered with a nonporous material.
5. A head immobilization device (commercially manufactured device), blanket collar, two five-pound sandbags or other device providing equivalent immobilization of the head.
6. One large, one medium and one small extrication collar.

d. Wound dressing:
1. Twenty-four sterile gauze pads, four inches by four inches.
2. Three rolls adhesive tape in assorted sizes.
3. Six rolls conforming gauze bandages in assorted sizes, but including three-inch.
4. Two universal dressings approximately 10 inches by 30 inches.
5. Ten large sterile dressings, five inches by eight inches minimum.
6. One pair bandage shears.
7. Six triangular bandages.
8. Two liquid glucose or equivalent.
9. Sterile normal saline in plastic containers (1,000 cc minimum).
10. Two occlusive dressings.
11. Two sterile burn sheets.

e. Miscellaneous equipment:
1. Spare pillow, four sheets, two pillow cases, one blanket, in addition to linen and pillow on cot(s) or litter(s).
2. Six cloth hand towels.
3. One box facial tissues.
4. Two emesis containers.
5. Portable blood pressure cuff and stethoscope.
6. One male urinal and one bedpan.
7. Potable water, minimum five gallons.
10. One flashlight in operable condition.
11. One battery lantern in operable condition.
12. Communication equipment—two-way radio or telephone between the emergency health care facility and an outside medical facility(s).
13. Six chemical ice packs.

f. Other miscellaneous requirements:
1. an ambulance used to meet the requirements of an emergency health care facility must be certified and equipped pursuant to sections 800.21, 800.22, 800.23 and 800.24 of this Title and must remain onsite at all times during the event except when transporting patients;
2. an emergency health care facility shall place a placard or sign of such size and design at such location as will assure notice to the public of the emergency health care facility's identity as such; and
3. an emergency health care facility shall be maintained at such temperature as will not endanger its ability to care for or will not further compromise the condition of either hypothermic or hyperthermic patients requiring emergency care.

18.3 Permit required to hold or promote a public function

a. No person shall hold or promote, by advertising or otherwise, a public function unless a permit has been issued for said function by the permit-issuing official.

b. Application for a permit to promote or hold a public function shall be made to the permit-issuing official, on a form and in a manner prescribed by the State Commissioner of Health, by the owner/lessor of the land or facility, and the person who will promote or hold the public function. Application for a permit to promote or hold a public function shall be made at least five days before the first day of the event. The application shall be accompanied by an emergency medical services operational plan complying with the requirements of this Part and any supplemental plans, reports and specifications as the permit-issuing official shall require because of concerns raised by specific circumstances pertaining to the event. In addition, the applicant shall attach to its application a copy of the crowd control plan filed or required to be filed by it with the New York State Emergency Management Office pursuant to chapter 288 of the laws of 1988.

c. A permit shall be valid for the time period specified thereon.

d. A permit may be revoked by the permit-issuing official or the State Commissioner of Health for failure to comply with the terms of the permit.

e. A permit issued for the operation of a public function shall be posted in the emergency health care unit or function office and be made available on request.

f. Notwithstanding anything to the contrary contained in the foregoing subdivisions of this section, a permit shall not be required under this Part for an event which also constitutes a mass gathering subject to the permit requirements of Part 7 of this Chapter; provided, however, that all of the other requirements of this Part shall be applicable thereto.

18.4 Emergency Health Care Requirements

a. Matthew Willett, Captain
1. For 5,000 to 15,000 attendees, there shall be one emergency health care facility onsite staffed by a minimum of two emergency medical technicians, one ambulance onsite staffed by at least one emergency medical technician, and the services of a physician available to the site within 15 minutes. Documentation shall be provided showing that local, municipal and public safety officials, including police, fire and local emergency medical service personnel have been advised of the event in writing.

2. For 15,001 to 30,000 attendees, there shall be two emergency health care facilities onsite, each staffed by two emergency medical technicians, one ambulance onsite, staffed by at least one emergency medical technician and the services of a physician available to the site within 15 minutes. Documentation shall be provided showing that local, municipal and public safety officials, including police, fire and local emergency medical services personnel have been advised of the event in writing.

3. For 30,001 to 50,000 attendees, there shall be two emergency health care facilities onsite, each staffed by two emergency medical technicians, two ambulances onsite, each staffed by at least one emergency medical technician, and a physician onsite. Documentation shall be provided showing that local, municipal and public safety officials, including police, fire and local emergency medical services personnel have been advised of the event in writing.

4. For over 50,000 attendees, there shall be two emergency health care facilities onsite, each staffed by two emergency medical technicians, three ambulances onsite, each staffed by at least one emergency medical technician, a physician onsite and a written statement shall be available describing the impact the event will have on public safety and emergency medical services in the area, which must include comments by local police, fire, emergency medical services personnel and other public safety officials who have jurisdiction to provide services.

b. Any modification of staffing or the method of providing emergency health care facilities or the onsite ambulance requirement of paragraph (1) of subdivision (a) of this section is subject to approval of the permit-issuing official.

c. Additional emergency medical services, ambulance service, equipment, supplies and personnel, as the permit-issuing official may require because of special circumstances, including, but not limited to the location and nature of the event, accessibility to existing emergency medical services systems, access and weather conditions shall be made available.

d. A chronological log and individual record for each patient receiving emergency medical care shall be maintained on a form prescribed by the permit-issuing official. A copy of each report and the log are to be maintained on file by the function sponsor for seven years and available to the department upon request.

e. Advanced life support (ALS) services may be substituted for the physician on call or site if the ALS is at the 3 or 4 level as described in section 800.45(d) of this Title and with the approval of the permit-issuing official.

f. The permit holder shall file any report, following the event, as may be required by the permit-issuing official.

18.5 Miscellaneous requirements

Bleachers or similar structures at a public function must be safe. If the public function is also a place of public assembly or other place or activity subject to regulation by the New York State Department of Labor, then the permit-issuing official may seek information from that agency to aid evaluation of the safety of such structures.

18.6 Unexpected Attendance

In the event that actual attendance at a public function shall exceed the estimate used for determining the required equipment, supplies and personnel by more than 20 percent, it shall be the responsibility of the permit holder to provide immediately the additional sanitary facilities, medical equipment, supplies and personnel required.
Appendix B: State Emergency Medical Services Code Part 800

Emergency Medical Services

Chapter VI of Title 10 (HEALTH) of the Official Compilation of Codes, Rules and Regulations

STATE EMERGENCY MEDICAL SERVICES CODE PART 800

EMERGENCY MEDICAL SERVICES

Amendments:

800.15 regarding AED became effective October 19, 1994
800.21 regarding ambulance service policies and reporting became effective November 30, 1994
800.20 regarding course curricula, effective July 15, 1998
800.26 regarding EASV equipment standards, effective November 3, 2004

Statutory Authority: Public Health Law, Article 30

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services Program
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Troy, New York 12180-2299
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CHAPTER VI TITLE 10 (HEALTH)
STATE EMERGENCY MEDICAL SERVICES CODE
PART 800

General

SECTION 800.1 TITLE

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

800.2 APPLICABILITY OF OTHER LAWS, CODES, RULES AND REGULATIONS

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

800.3 DEFINITIONS

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

a. Department means the New York State Department of Health.
b. Commissioner means the State Commissioner of Health.
c. Person means an individual, partnership, association, corporation or any other legal entity whatsoever.
d. Emergency medical service means a service engaged in providing initial emergency medical assistance including, but not limited to, the treatment of trauma, burns and respiratory, circulatory and obstetrical emergencies.
e. Ambulance means a motor vehicle, airplane, boat or other form of transport especially designed and equipped to provide emergency medical services during transit.
Ambulance service means a person engaged in providing emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft or other form of transportation to facilities providing hospital services.

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

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

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

Certificate of inspection means a windshield sticker affixed to the lower right hand corner of the windshield of the ambulance. The sticker signifies that the vehicle has been inspected and approved by the Department for operation in a certified ambulance service.

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

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

Emergency medical technician means a person certified as either an advanced emergency medical technician or an emergency medical technician-basic pursuant to these regulations.

Emergency medical technician-basic means a person certified pursuant to these regulations as an emergency medical technician-basic.

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

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

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

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

Certified instructor coordinator means a person certified pursuant to these regulations to serve as the lead instructor for courses leading to certification as an emergency medical technician or certified first responder.

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

- administration of intravenous fluids;
- administration of drugs;
- intubation;
- manual defibrillation; and
- other services as approved by the commissioner and council.

Primary territory means that area listed on an ambulance service certificate or certificate of registration in which the service may receive (pick up) patients.

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

Certified life support sponsor means a person approved by the department to conduct EMS Educational Programs as one or more of the following specific types of course sponsor:

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

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

3. Continuing Education Course Sponsor - a course sponsor authorized by the department to conduct one or more of the following courses: Critical Trauma Care, Ambulance Accident Prevention Seminar, Combined EMT refresher/CTC, Certified Instructor Coordinator, Certified Lab Instructor, Certified Instructor Update, Prehospital Pediatric Care Course, EMS Dispatcher Course, Crash Victim Extrication, Emergency Vehicle Operator, Infection Control Workshop, or other continuing education courses developed by the department. Approval as a continuing education course sponsor is specific to the actual courses that the sponsor is authorized to offer and not all sponsors will be approved to offer all types of courses.

Learning Contract means an informal written agreement between a student and a course sponsor which specifies requirements to complete the course and the policies of the sponsor.

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

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

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

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

"Advanced life support (ALS) care" means definitive acute medical care provided under medical control, by advanced emergency medical technicians within an advanced life support system.
ee. "Advanced life support first responder (ALSFR) service" means any person or organization which provides advanced life support care, but does not transport patients.

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

gg. “Quality improvement program” means a program which seeks to improve and enhance the quality and appropriateness of patient care and clinical performance of the service.

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

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

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

800.4 SIGNS AND ADVERTISEMENTS

a. The word “ambulance” may not be displayed on a vehicle, aircraft, or boat except on a vehicle, aircraft, or boat registered with the department as an ambulance except to comply with 800.21(e).

b. Services desiring to advertise the operation of aircraft and boats shall comply with the requirements of this Part.

800.5 REQUIREMENTS FOR AN ADVANCED LIFE SUPPORT SYSTEM

a. An advanced life support system must meet the following requirements:
   1. designation of a qualified physician to provide medical supervision and direction;
   2. integration with a hospital emergency service, or intensive care, coronary care, or other appropriate hospital unit.

b. An ambulance, when providing advanced life support services, must meet the requirements of Sections 800.23 and 800.24 of this Part and utilize a treatment record provided by or approved by the department, including submission of such record for use in quality assurance programs.

c. An advanced life support system providing prehospital intermediate care must include the following:
   1. voice communications to receive medical direction;
   2. equipment and supplies to provide prehospital intermediate care; and
   3. staffing by a certified emergency medical technician-intermediate, emergency medical technician-critical care; or emergency medical technician-paramedic, as appropriate.

d. An advanced life support system providing prehospital critical care and/or EMT-Paramedic services must include the following:
   1. voice communications to receive medical direction;
   2. bio-telemetry;
   3. equipment and supplies to provide prehospital critical care and/or EMT-paramedic services; and
   4. staffing by a certified emergency medical technician-critical care or emergency medical technician-paramedic, as appropriate.

Emergency Medical Services Personnel

800.6 INITIAL CERTIFICATION REQUIREMENTS

To qualify for initial certification, an applicant shall:

a. file a completed application bearing the applicant’s original signature in ink with the department on a form provided by the department;

b. be at least 18 years of age prior to the last day of the month in which he/she is scheduled to take the written certification examination, except that a certified first responder must be at least 16 years of age prior to the last day of the month scheduled to take the written certification examination;

c. satisfactorily complete the requirements of a state-approved course in emergency medical technology given by a state-approved course sponsor at one of the following levels for which certification is available:
   1. certified first responder (CFR);
   2. emergency medical technician-basic (EMT);
   3. emergency medical technician-defibrillation (EMT-D);
   4. emergency medical technician-intermediate (EMT-I);
   5. emergency medical technician-critical care (EMT-CC);
   6. emergency medical technician-paramedic (EMT-P);
   7. certified laboratory instructor (CLI);
   8. certified instructor coordinator (CIC);

d. after completion of all course requirements, but within one year thereafter, pass the state practical skills examination, if applicable, for the level at which certification is sought;
within one year after passing the practical skills examination, pass the state written certification examination for the level at which certification is sought except at the certified instructor coordinator level and certified lab instructor level; and
f. not have any convictions for a crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs or currently be under charges for such a crime, unless the department finds that such conviction or charges do not demonstrate a present risk or danger to patients.

800.7 REEXAMINATIONS - APPLICANTS FOR INITIAL CERTIFICATION

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

800.8 RECERTIFICATION REQUIREMENTS

To qualify for recertification, an applicant shall:

a. file a completed application bearing the applicant’s original signature in ink with the department on a form provided by the department;
b. possess New York State certification at or above the level at which recertification is sought except as provided in section 800.18 of these regulations;
c. pass the State practical skills examination for the level at which recertification is sought;
d. within one year after passing the practical skills examination, pass the state written certification examination for the level at which certification is sought; and
e. not have any convictions for any crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs or currently be under charges for such a crime, unless the department finds that such conviction or charges do not demonstrate a present risk or danger to patients.

800.9 CONTINUING EDUCATION

Candidates for recertification may complete a New York State approved original or refresher course at the appropriate level or engage in continuing education activities in order to maintain their knowledge and skills prior to admission to the practical and written certification examinations.

800.10 REEXAMINATIONS - APPLICANTS FOR RECERTIFICATION

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

800.11 ADVANCED EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

a. A candidate, to qualify for initial certification at any level above emergency medical technician-defibrillation, in addition to meeting the requirements set forth in section 800.6, shall:
1. have current certification as an emergency medical technician-basic at the time of the written certification examination; and
2. submit documentation of satisfactory completion of an internship approved by the course sponsor for any course for which an internship is described in the curriculum.
b. No person certified pursuant to these regulations or required to be certified (see Article 30 of the Public Health Law) shall practice above the level of emergency medical technician-basic except as part of an advanced life support system.

800.12 RECIPROCAL CERTIFICATION REQUIREMENTS

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

The applicant must:
1. demonstrate a need for certification, such as New York State residence (or) employment opportunity;
2. submit a written request for New York State certification, including a copy of the out-of-state credentials and complete an application for certification on a form to be provided by the department;
3. pay in advance a filing fee of twenty-five dollars for certified first responder or emergency medical technician-basic certification or fifty dollars for any other level of certification;
4. not have any convictions for any crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs or currently be under charges for such a crime unless the department finds that such conviction or charges do not demonstrate a present risk or danger to patients; and
5. be at least eighteen years of age.

800.13 CERTIFICATION

The department:

a. shall grant reciprocal certification to any qualified person with out-of-state certification or licensure, provided that there are no outstanding violations or charges of violations of the rules or laws governing emergency medical services in the state(s) in which the person holds certification or licensure.
1. Such certification shall expire on the same date as the applicant's out-of-state certification, except that such certification shall be for no more than three years.
2. Candidates who are required to pass both the written and practical skills examinations as part of this process shall have the expiration of their certifications determined by section
b. may require the candidate to pass the written or practical skills examinations in order to determine the equivalency of training; and
c. shall keep the processing fee, even if the application for certification is denied.

800.14 EMERGENCY MEDICAL TECHNICIANS CERTIFIED BY STATES BORDERING NEW YORK

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

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

800.15 REQUIRED CONDUCT

Every person certified at any level pursuant to these regulations shall:

a. at all times maintain the confidentiality of information about the names, treatment, and conditions of patients treated except:
1. a prehospital care report shall be completed for each patient treated when acting as part of an organized prehospital emergency medical service, and a copy shall be provided to the hospital receiving the patient and to the authorized agent of the department for use in the State's quality assurance program;
2. to the extent necessary and authorized by the patient or his or her representative in order to collect insurance payments due;
3. to the extent otherwise authorized by law;
b. when acting as a certified first responder, an emergency medical technician, or advanced emergency medical technician, treat patients in accordance with applicable State-approved protocols, unless authorized to do otherwise for an individual patient by a medical control physician; and
  
  c. comply with the terms of a non-hospital order not to resuscitate when provided with such order issued on the standard form prescribed by the Department of Health, or when a DNR bracelet, developed by the Department of Health to identify individuals for whom a non-hospital order not to resuscitate has been issued, is identified on the patient's body.
1. emergency medical services personnel may disregard the order not to resuscitate if:
   i. they believe in good faith that consent to the order has been revoked, or that the order has been canceled, or
   ii. family members or others on the scene, excluding such personnel, object to the order and physical confrontation appears likely.
2. Hospital emergency service physicians may direct that the order be disregarded if other significant and exceptional medical circumstances warrant disregarding the order.
3. No person shall be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably in good faith pursuant to this subdivision a non-hospital order not to resuscitate, for disregarding such order pursuant to paragraph (1) or (2) of this subdivision or for other actions taken reasonably in good faith pursuant to this subdivision.
4. when acting as a certified first responder, an emergency medical technician, or advanced emergency medical technician, treat patients in accordance with applicable State-approved protocols, unless authorized to do otherwise for an individual patient by a medical control physician; and
5. comply with the terms of a non-hospital order not to resuscitate when provided with such order issued on the standard form prescribed by the Department of Health, or when a DNR bracelet, developed by the Department of Health to identify individuals for whom a non-hospital order not to resuscitate has been issued, is identified on the patient’s body.
6. not use an automated external defibrillator unless:
   i. he is acting as a certified first responder, emergency medical technician or advanced emergency medical technician; and
   ii. under medical control; and
   iii. when authorized by and serving with an agency providing emergency medical services which has been approved by the regional emergency medical advisory committee to provide AED level care within the EMS system; and
   iv. after completing AED training which meets or exceeds the state minimum AED curriculum.

800.16 SUSPENSION OR REVOCATION OF CERTIFICATION

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

a. has failed to comply with the requirements of section 800.15 of this Part;
b. has been found guilty of either fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of the certificant’s duties and practice;
c. has been found guilty of fraud or deceit in the procuring of certification;
d. has been convicted of any crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse or sale of drugs unless the department finds that such conviction or charges do not demonstrate a present risk or danger to patients;
e. has provided patient care or driven an ambulance or other emergency medical services response vehicle while under the influence of alcohol or any other drug affecting physical coordination or intellectual functions;
f. has knowingly aided or abetted another in practice as an emergency medical technician who is not certified as such; or
g. has held him or herself out as being certified at a higher level than actually certified, or has used skills restricted to individuals holding a higher level of certification.

800.17 PERIOD OF CERTIFICATION

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

1. A candidate who completes the requirements of section 800.8 during the last nine months of his or her certification shall have his or her certification extended for an additional thirty-six months.
2. The certification of a candidate who completes the requirements of section 800.8 at any other time while certified shall expire at 11:59 p.m. on the last day of the month 37 months following the month in which the candidate passed the written certification examination.
3. The certification of a candidate who recertifies pursuant to section 800.18 shall expire at 11:59 p.m. on the last day of the month 37 months following the month in which the candidate passes the written certification examination.

800.18 LAPSED CERTIFICATION

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

800.19 DEMONSTRATION PROJECTS

a. Purpose. The State Emergency Medical Services Council may authorize, after review by the appropriate regional emergency medical services council and subject to the approval of the Commissioner, demonstration projects of a limited duration for the purpose of demonstrating either:
   1. new skills not currently practiced by CFRs, EMTs or AEMTs, or
   2. the appropriateness of moving a skill to another level.
b. Requirements of demonstration projects.
   1. The Commissioner shall specify the duration of the project and the requirements for evaluation of the project.
   2. The State Emergency Medical Services Council shall recommend the training requirements for each project, including the knowledge and skill objectives, subject to the approval of the Commissioner.

800.20 COURSE SPONSORS

a. Approval of course sponsors.
   1. When applying for original approval or re-approval, every course sponsor shall file a completed application on a form provided by the Department.
Approval of a course sponsor shall be for no more than two years. Approvals shall expire on July 1. One half the approvals of sponsors conducting courses on the effective date of this part shall expire on the next succeeding July 1 and the other half shall expire on the second succeeding July 1.

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

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

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

c. All course sponsors shall meet the following requirements:

1. Administration. Course sponsors shall comply with the following administrative requirements:
   i. The course sponsor shall file applications for courses by the deadline included in a schedule supplied by the Department;
   ii. The course sponsor shall not admit students who do not meet the age requirements for certification in accordance with this Part, or who do not meet the requirements for entry into a refresher course (i.e., previous completion of an original course);
   iii. The course sponsor shall submit student applications, in accordance with a schedule supplied by the department;
   iv. The course sponsor shall certify to the department those students who have met the requirements of the curriculum approved by the department and the State Emergency Medical Services Council.

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

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

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

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

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

   a. Certified First Responder (CFR)
      1. basic adult and pediatric patient assessment, including history taking, physical assessment, and determination of vital signs;
      2. basic cardiopulmonary resuscitation (CPR);
      3. basic airway management and oxygen therapy;
      4. basic hemorrhage control;
      5. manual stabilization of the spine;
      6. spinal immobilization, including application of a rigid extrication collar; and
      7. emergency childbirth.

   b. Emergency Medical Technician - Defibrillation (EMT-D). In addition to the requirements of clause (a) of this subparagrah:
      1. basic management of soft tissue injuries;
      2. basic management of suspected fractures;
      3. basic management of shock and use of medical anti-shock trousers;
      4. basic management of medical and traumatic emergencies, adult and pediatric;
      5. adult automated external defibrillation; and
      6. basic management of behavioral emergencies

   c. Emergency Medical Technician-Intermediate (EMT-I). In addition to the requirements of clauses (a) and (b) of this subparagraph:
      1. advanced airway management with endotracheal intubation and other definitive airways; and
      2. peripheral intravascular therapy.

   d. Emergency Medical Technician-Critical Care (EMT-CC). In addition to the requirements of clauses (a), (b) and (c) of this subparagraph:
      1. medication administration;
      2. fundamentals of electrocardiogram (EKG) rhythm interpretation and manual defibrillation;
      3. advanced management of life-threatening cardiovascular emergencies;
      4. synchronized cardioversion;
      5. advanced management of respiratory emergencies;
      6. advanced management of endocrine emergencies; and
      7. advanced management of anaphylaxis, poisoning, drug abuse and overdose.

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

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

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

6. Evaluation. Evaluation of students shall be conducted on a recurring basis and with sufficient frequency to provide the student, course medical director and certified instructor coordinator with valid and timely indicators of the student’s progress toward and the achievement of the competencies and objectives stated in the curriculum. In order to ensure effectiveness of student evaluation, the test instruments and evaluation methods shall undergo at least annual review. When appropriate, reviews shall result in the update, revision, or formulation of more effective test instruments or evaluation methods. The reviewers shall include at least a certified instructor coordinator.

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

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

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

9. Record keeping

i. The course sponsor shall maintain for a period of at least five years, files which contain the following documentation on individual students. There shall be a system for accessing individual information.
   a. individual attendance record,
   b. signed student-course sponsor learning contract if applicable,
   c. interim examination results,
   d. practical skills examination sheets, and
   e. clinical experience documentation and field internship experience documentation which show the student achieved the objectives of the clinical and field internship experiences and who evaluated the student’s performance.

ii. The course sponsor shall maintain on file for a period of at least five (5) years individual course files which shall contain the following documentation:
   a. for state funded courses, financial records showing all sources of funding and all expenditures for each course,
   b. a list of the names of each faculty member, the certification exam grades and other documentation received from the department pertaining to each individual course,
   c. a copy of each interim examination administered, or a record of where it can be found and
   d. a copy of the course application, schedule and course approval from the department.

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

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

800.21 GENERAL REQUIREMENTS

An ambulance service shall:

a. have a valid Department of Health certificate of inspection and Department of Motor Vehicles certificate of inspection on each vehicle at all times while it is in service;
b. withdraw from service any ambulance or emergency ambulance service vehicle which is not in compliance with requirements of this part, or not in compliance with requirements of the Department of Motor Vehicles. Any vehicle with holes (from rust, poor gaskets, etc.) into the patient compartment must also be withdrawn from service;
c. notify the department in writing when any ambulance or emergency ambulance service vehicle is permanently removed from service. Such vehicles must have removed all departmental certification stickers and logos;
d. display an out-of-service sticker supplied by the department on any vehicle taken temporarily out of service in accordance with the departmental procedures currently in effect;
e. display on the exterior of both sides and the back of all ambulance and emergency ambulance service vehicles the name of the service in letters not less than 3 inches in height and clearly legible. The logo provided by the department shall also be displayed on both sides and the back of every ambulance and shall be removed upon sale or transfer of the vehicle;
f. maintain an ambulance which shall conform to the standards set forth in this Part;
g. equip any ambulance or emergency ambulance service vehicle placed in service with the minimum equipment set forth in this part;
h. have on each call at least one attendant who is a certified emergency medical technician in attendance with the patient at all times except for transfers between hospitals. Another licensed health care provider specifically authorized in writing by a physician may serve as the patient care attendant on transfers between hospitals. The ambulance service shall maintain the physician’s order for three years. A licensed driver shall drive the ambulance;
i. transport all patients in the patient compartment except in extenuating circumstances documented on the record of the call;
j. make available for inspection, with or without notice, to representatives of the department all vehicles, materials, equipment, personnel records, procedures, and facilities;
k. maintain current and accurate personnel files for all drivers, certified first responders, emergency medical technicians, and advanced emergency medical technicians, showing qualifications, training and certifications, and health records, including immunization status. Employee health records shall be maintained separately and in compliance with all applicable requirements. Information contained in such personnel files shall be reviewed annually, and may be disclosed only to authorized individuals. Training records must include at a minimum:
1. copies of state issued certifications;
2. all records of additional or specialized training; and
3. all records of any in-service and continuing education programs;
l. maintain a record of each ambulance call in accordance with the provisions of section 800.32 of this part;
m. maintain adequate and safe storage facilities for equipment, clean supplies and linen, soiled linen and waste at the place where the ambulance is based;
n. maintain the interior of the vehicles and equipment in a clean and sanitary condition;
o. operate only within its primary territory except:
1. when receiving a patient which it initially delivered to a facility outside its primary territory; or
2. in response to a request for mutual aid from another certified or registered ambulance service; or
3. in response to a mutual aid plan implemented by a central dispatch agency on behalf of a certified or registered ambulance service or on behalf of a county or city emergency management office; or
4. if a voluntary service, when transporting a patient who is a resident of the primary operating territory; or
5. by approval of the department or the appropriate regional emergency medical services council for up to 60 days if the expansion of territory is necessary to meet an emergency need.
p. have and enforce written policies concerning:
1. mutual aid, including any required authorizations and agreements, to request the response of the nearest, appropriate, available EMS service(s). The written plan shall consider the incident location and access to it, location of the mutual aid agency, primary service territory, authorized level of service, staff availability and any other pertinent information when identifying the mutual aid agency;
2. coverage of the ambulance service’s response area when it is unable to respond to emergency call for assistance;
3. the maximum call receipt interval for all emergency calls for assistance, except for MCI or disaster situations;
4. actions to be taken if the maximum call receipt interval determined in (3) is exceeded and an ambulance has not yet started toward the incident location;
5. authorization and protocols for a central dispatch agency to send a mutual aid service when the service does not or cannot respond;
6. minimum qualifications and job descriptions for all patient care providers, drivers and EMS dispatchers;
7. physical, health and immunization requirements for all patient care providers and drivers, including provisions for biennial review and updating of such requirements;
8. preventive maintenance requirements for all authorized EMS response vehicles and patient care equipment;
9. cleaning and decontamination of authorized EMS response vehicles and equipment;
10. equipping and inspection of all authorized EMS response vehicles;
11. reporting by the agency of suspected:
   i. crimes;
   ii. child abuse;
   iii. patient abuse; and/or
   iv. domestic violence, including any directed toward elderly persons;
12. responsibilities of patient care providers when:
   i. a patient cannot be located;
   ii. entry can not be gained to the scene of an incident;
   iii. a patient judged to be in need of medical assistance refuses treatment and/or transportation;
   iv. patients seek transportation to a hospital outside the area in which the service ordinarily transports patients;
   v. a receiving hospital requests that a patient be transported to another facility before arrival at the hospital;
   vi. treating minors;
   vii. treating or transporting patients with reported psychiatric problems; and/or
   viii. confronted with an unattended death.
13. infection control practices and a system for reporting, managing and tracking exposures and ensuring the confidentiality of all information that is in compliance with all applicable requirements,
14. by July 1, 1995 have a response plan for hazardous material incidents. Participation in a county or regional plan will meet this requirement.
15. by July 1, 1996 have a response plan for multiple casualty incidents. Participation in a county or regional MCI plan will meet this requirement.
q. upon discovery by or report to the governing authority of the ambulance service, report to the Department’s Area Office by telephone no later than the following business day and in writing within 5 working days every instance in which:
   1. a patient dies, is injured or otherwise harmed due to actions of commission or omission by a member of the ambulance service;
   2. an EMS response vehicle operated by the service is involved in a motor vehicle crash in which a patient, member of the crew or other person is killed or injured to the extent requiring hospitalization or care by a physician;
   3. any member of the ambulance service is killed or injured to the extent requiring hospitalization or care by a physician while on duty;
   4. patient care equipment fails while in use, causing patient harm;
   5. it is alleged that any member of the ambulance service has responded to an incident or treated a patient while under the influence of alcohol or drugs;
   r. On or in a form approved by the Department, maintain a record of all unexpected authorized EMS response vehicle and patient care equipment failures that could have resulted in harm to a patient and the corrective actions taken. A copy of this record shall be submitted to the Department with the EMS service’s biennial recertification application.

800.22 REQUIREMENTS FOR CERTIFIED AMBULANCE VEHICLE CONSTRUCTION. ALL AMBULANCES SHALL:

a. have the following headroom:
   1. if placed in-service after January 1, 1980 have a minimum of 54 inches headroom in the patient compartment measured from floor to ceiling, or
   2. if placed in-service on or before January 1, 1980, have a minimum of 48 inches headroom in the patient compartment, measured from floor to ceiling;
   b. have a clear interior width to accommodate two recumbent patients with adequate room for an attendant to provide patient care;
   c. have a patient compartment, longer at the head and foot than the patient carrying device, and must have adequate space to allow an attendant to work at the head of the patient;
   d. have seat belts on all seats in the driver’s and patient compartments, including the squad bench;
   e. have two-way voice communication equipment to provide communication with hospital emergency departments directly or through a dispatcher, throughout the duration of an ambulance call within their primary operating area. It shall be licensed by the Federal
Communications Commission in other than the Citizens Band. Alternate communication systems are subject to approval of the department as being equivalent in capability.

f. have a curbside door large enough to allow for removal of a recumbent patient on a stretcher or cot;
g. have all ambulances built after July 1, 1990, equipped with a heating, ventilation and air conditioning system which maintains the patient compartment at approximately 75 degrees Fahrenheit regardless of outside temperature;
h. have all cots and devices used to transport patients secured while in motion. Such capability shall be demonstrated to the department upon inspection. These shall be crash resistant.

800.23 GENERAL REQUIREMENTS RELATED TO EQUIPMENT

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

800.24 EQUIPMENT REQUIREMENTS FOR CERTIFIED AMBULANCE SERVICE

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

a. Patient transfer equipment consisting of:
   1. wheeled ambulance cot capable of supporting the patients in the Fowlers position;
   2. a device capable of carrying a second recumbent patient;
   3. a device enabling ambulance personnel to carry a sitting patient over stairways and through narrow spaces where a rigid litter cannot be used. The requirements of paragraphs (2) and (3) of this subdivision may be satisfied by use of one combination device capable of both operations;
   4. all litters and cots used to transport patients shall be secured using crash resistant fasteners. The ambulance shall be equipped with securing devices such that two patient carrying devices can be simultaneously secured; and
   5. ambulance cots and other patient carrying devices shall be equipped with at least two, two-inch wide web straps with fasteners to secure the patient to the device and the cot.
   b. Airway, ventilation, oxygen and suction equipment consisting of:
      1. a manually operated self-refilling adult-size bag valve mask ventilation device capable of operating with oxygen enrichment, and clear adult-size masks with air cushion;
      2. four oropharyngeal airways in adult sizes;
      3. portable oxygen with a minimum 350 liter capacity (medical "D" size) with pressure gauge, regulator and flow meter and one spare cylinder, medical "D" size or larger. The oxygen cylinders must contain a minimum of 1000 PSI pressure;
      4. an in-ambulance oxygen system with a minimum 1200 liter capacity (two medical "E" size) with yoke(s), or CDC fitting, pressure gauges, regulators, and flow meters capable of delivering oxygen to two patients at two different flow rates of up to 15 liters per minute simultaneously;
      5. four each, non-rebreather oxygen masks, and four nasal cannulae;
      6. portable suction equipment capable, according to the manufacturers specifications, of producing a vacuum of over 300 millimeters of mercury when the suction tube is clamped. This will meet the 800.24(b)(7) requirement if equipped to operate off the ambulance electrical system;
      7. installed adjustable suction capable of producing a vacuum of over 300 millimeters of mercury when tube is clamped; and
      8. two plastic Yankauer-type wide bore pharyngeal tips individually wrapped.
   c. Immobilization equipment consisting of:
      1. one full size (at least 72 inches long and 16 inches wide) backboard with necessary straps capable of immobilizing the spine of a recumbent patient;
      2. one half length spinal immobilization device with necessary straps capable of immobilizing the spine of a sitting patient;
      3. one traction splinting device for the lower extremity; and
      4. two of each of the following size padded boards, with padding at least 3/8 inches thick:
         i. 4 1/2 feet by 3 inches
         ii. 3 feet by 3 inches or equivalent device
         iii. 15 inches by 3 inches or equivalent device
      5. one set of rigid extrication collars capable of limiting movement of the cervical spine. The set shall include large, medium and small adult-size rigid extrication collars which permit access to the patient’s anterior neck; and
      6. a device or devices capable of immobilizing the head of a patient who is secured to a long backboard.
   d. Bandaging and dressing supplies consisting of:
      1. twenty-four sterile gauze pads 4 inches by 4 inches;
2. three rolls adhesive tape in two or more sizes;
3. ten rolls of conforming gauze bandages in two or more sizes;
4. two sterile universal dressings approximately 10 inches by 30 inches;
5. ten large sterile dressings 5 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;
9. one male urinal;
10. one bed pan;
11. two sets masks and goggles or equivalent;
12. two pair disposable rubber or plastic gloves;
13. one liquid glucose or equivalent;
14. six sanitary napkins individually wrapped; and
15. one 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.

**800.25 SPECIAL USE VEHICLES**

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

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

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

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

1. 12 sterile 4"x4" gauze pads;
2. adhesive tape, three rolls assorted sizes;
3. six rolls conforming gauge bandage, assorted sizes;
4. two universal dressings, minimum 10 inches x 30 inches;
5. six 5"x9" (minimum size) sterile dressings or equivalent;
6. one pair of bandage shears;
7. six triangular bandages;
8. sterile normal saline in plastic container (1/2 litre minimum) within the manufacturer's expiration date;
9. one air occlusive dressing;
10. one liquid glucose or equivalent;
11. disposable sterile burn sheet;
12. sterile [O.B.] kit;
13. blood pressure sphygmomanometers cuff in adult and pediatric sizes and stethoscope;
14. three rigid extrication collars capable of limiting movement of the cervical spine. These collars shall include small, medium and large adult sizes; and
15. carrying case for essential equipment and supplies.

(c) Oxygen and resuscitation equipment consisting of:

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

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

(e) Safety equipment consisting of:

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

(f) Extrication equipment consisting of:

1. one short backboard or equivalent capable of immobilizing the cervical spine of a sitting patient. The backboard shall have at least two 2" x 9' long web straps with fasteners unless straps are affixed to the device; and
2. one blanket.
Aircraft and boats

800.27 AIRCRAFT AND BOATS
a. Ambulance services desiring to operate aircraft and boats to transport emergency patients shall file with the Commissioner all forms required of a certified ambulance service and will be governed by all sections of this Part referring to a certified ambulance service.
b. When the condition of the mode of transport and the configuration of the aircraft or boat provides a hardship, a variance may be obtained from the regulations by petitioning the Commissioner for said variance.

Pre-hospital DNR Orders

800.90 NON-HOSPITAL ORDERS NOT TO RESUSCITATE
a. A non-hospital order not to resuscitate shall consist of a form issued by the Department bearing the name of the person to whom the order applies, that person's date of birth, the issuing physician's signature and a hand-printed or typewritten name and license number, and the date of issuance.
b. A DNR bracelet shall consist of a piece of metal no less than 1.5 inches in length and no less than one-half inch in width with the symbol commonly referred to as the caduceus on the obverse and the words "Do Not Resuscitate" in letters of no less than 16 point size on the reverse. The ends of the piece of metal shall be linked to one another with material of sufficient strength as to be serviceable for ordinary use. A caduceus is a representation of a staff with one entwined snake and one wing at the top.
c. DNR bracelets may be sold for use only by persons who have been issued a valid nonhospital order not to resuscitate.

Appendix C: Training Checklists

Training Checklist: Observer, Orientation Member and Attendant
Observer
☐ A. Receive the Observer Briefing
☐ B. Review and Sign the Observer Waiver
☐ C. Attend an OSHA lecture

Orientation Member
☐ A. Must be an Active I Member or an Active II Member
☐ a. Fill out the Membership Application
☐ b. Fill out the Immunization Waiver or Immunization Declination
☐ c. Fill out the Membership Questionnaire.
☐ d. Review Indoctrination Form

Field Station Orientation Member
☐ A. Be an Orientation Member

Attendant
☐ A. Hold a Professional Rescuer CPR Certification

Matthew Willett, Captain


B. Receive and Review RPI Ambulance’s SOPs
C. Pass the Attendant Written Exam
D. Pass the Attendant Practical Exams
E. Complete the Attendant Checklist
F. Complete and submit copy of a Rig Check
G. Complete 1 real or simulated call and submit the Attendant Evaluation Form
H. Request and receive approval by the Captain and Training Lt. to be promoted to Attendant

Field Station Attendant
A. Be an Attendant
B. Receive and Review HFH SOPs
C. Complete Field Station Attendant Checklist
D. Complete a PCF Bag Check
E. Request and receive approval by the Captain and Training Lt. to be promoted to Field Station Attendant
Training Checklist: Driver

Backup Driver

☐ A. Hold a valid Driver’s License
☐ B. Be an Attendant
☐ C. Pass the written exam for the RPI Ambulance Driver Training Class
☐ D. Complete the Driver Checklist
☐ E. Complete and submit copy of a Driver Equipment Checklist
☐ F. After completing requirements A, B and C complete 10 hrs of Driver Training with a Driver Trainer in the driver compartment of the Ambulance and submit a Driver Log (During this time you may complete requirement G)
☐ G. Complete Call Requirements
  ☐ a. Drive a non-emergency call with a Driver Trainer in the driver compartment of the Ambulance and submit a Driver Evaluation Form
  ☐ b. Repeat requirement (a) or drive four simulated calls with a Driver Trainer in the driver compartment of the Ambulance, and a crew practicing in the back. The Driver Trainer will submit a Driver Evaluation Form for each simulated call.
☐ H. After completing both requirements F and G, drive 1 emergency call with a Driver Trainer in the driver compartment and submit Driver Evaluation Form.
☐ I. Request and receive approval by the Captain and Training Lt. to be promoted to Backup Driver

Driver

☐ A. Be a Backup Driver
☐ B. Hold a CEVO Certification
☐ C. Complete the following FEMA sponsored classes
   ☐ IS-700 National Incident Management System (NIMS)
   ☐ ICS 100: Introduction to ICS
   ☐ ICS 200: Basic ICS
   ☐ IS-800 National Response Plan (NRP), An Introduction
☐ D. Pass the Driver Practical Exam administered by the Captain or Training Lt.
☐ E. Request and receive approval by a Promotional Board as defined in SOPs to be promoted to Driver

Winter Backup Driver/Driver

☐ A. Be a back-up driver or driver who hasn’t done any driver training in the snow.
☐ B. Complete 3 hours of Driver Training in snow or ice conditions with a Driver Trainer in the driver compartment of the Ambulance and submit a Winter Driver Log. Hours during Backup Driver training count toward this requirement if done in snow and ice conditions.
☐ C. Drive a non-emergency call or simulated call in snow and ice conditions with a Driver Trainer in the driver compartment of the Ambulance and submit a Driver Evaluation Form.

Matthew Willett, Captain
Driver Trainer

☐ A. Be a Driver for 4 months while the ambulance is in service
☐ B. Drive 3 calls and submit copies of PCRs with the patient information blacked out
☐ C. Assist in teaching a Driver Class and submit Driver Class Instructor Evaluation Form
☐ D. Request and receive approval by the Captain and Training Lt. to be promoted to Driver Trainer
Training Checklist: Crew Chief

Backup Crew Chief

☐ A. Hold a valid NYS EMT-B certification or higher
☐ B. Be an Attendant
☐ C. Pass the written exam for the RPI Ambulance Crew Chief Training Class
☐ D. Complete the Crew Chief Checklist
☐ E. After completing requirements A, B and C pass a Crew Chief Practical Exam including Radio Report and PCR as set up by the Training Lt.
☐ F. Complete the Tek requirement
  ☐ a. Tek a call with a Crew Chief Trainer in the patient care compartment of the Ambulance and submit Crew Chief Evaluation Form.
  ☐ b. Repeat requirement (a) OR tek 4 simulated calls with a Crew Chief Trainer in the patient care compartment of the ambulance and submit a Crew Chief Evaluation Form for each simulation OR if you work at another agency, tek a call there and submit a copy of the PCR with patient information blacked out OR observe at another agency, tek a BLS call, write a practice PCR and submit a Preceptor Evaluation Form.
☐ G. Request and receive approval by the Captain and Training Lt. to be promoted to Backup Crew Chief

Crew Chief

☐ A. Be a Backup Crew Chief
☐ B. Tek 1 call as a Backup Crew Chief and submit a Crew Chief Evaluation Form
☐ C. Complete the following FEMA sponsored classes
  ☐ IS-700 National Incident Management System (NIMS)
  ☐ ICS 100: Introduction to ICS
  ☐ ICS 200: Basic ICS
  ☐ IS-800 National Response Plan (NRP), An Introduction
☐ D. Student Teach 1 Training Drill and submit Training Drill Instructor Evaluation Form
☐ E. Request and receive approval by a Promotional Board as defined in SOPs to be promoted to Crew Chief

Field Station Crew Chief

☐ A. Be a Crew Chief
☐ B. Be a Field Station Attendant under the supervision of a Field Station Crew Chief for 2 events and submit Field Station Crew Chief Evaluation Forms
☐ C. Act as a Field Station Crew Chief on 1 real (under the supervision of a Field Station Crew Chief) or simulated field station incident and submit Field Station Crew Chief Evaluation Form
D. Request and receive approval by the Captain and Training Lt. to be promoted to Field Station Crew Chief

Crew Chief Trainer

A. Be a Crew Chief for 4 months while the ambulance is in service
B. Tek 3 calls and submit copies of PCRs with the patient information blacked out
C. Assist in teaching a Crew Chief Class and submit Crew Chief Class Instructor Evaluation Form
D. Request and receive approval by the Captain and Training Lt. to be promoted to Crew Chief Trainer
Training Checklist: Duty Supervisor, Emergency Event Supervisor

Duty Supervisor
□ A. Be a Crew Chief Trainer
□ B. Be a Driver Trainer
□ C. Have greater than 70% QI compliance rate
□ D. Participate in a Duty Supervisor Oral Board with the Captain testing the following knowledge:
  a. RPI Ambulance Operations
  b. RPI Ambulance SOPs
  c. Rensselaer County Mutual Aide
  d. Local Geography
□ E. After completing requirement D request and receive approval by the Captain to be promoted to Duty Supervisor

Emergency Event Supervisor (EES)
□ A. Be a Field Station Crew Chief
□ B. Pass the written exam for the RPI Ambulance Emergency Event Supervisor Training Class
□ C. Attend 3 events as a Field Station Crew Chief and submit EES Training Record Form
□ D. Act as an EES for 2 events under the supervision of an EES and submit EES Training Record Form
□ E. Request and receive approval by the Captain and Training Lt. to be promoted to EES

Fieldstation Attendant Checklist
Review the items on this checklist with a Crew Chief. When the Crew Chief feels confident that you have satisfactory knowledge or skill in the specified area, they will place their Radio ID and Date next to the requirement and sign under Evaluator Signatures at the bottom of this checklist. Upon completion of the checklist submit it to either the Captain or Training Lt.

Trainee: ____________________________

Date  Radio ID

A. Demonstrate knowledge of:
   a. Scene Safety
   b. Infection Control Practices
   c. Patient Confidentiality
   d. Basic Field House Procedures
   e. Call Mechanics
   f. Fieldhouse Layout
   g. RPI Ambulance SOPs
   h. RPI Ambulance HFH SOPs

B. Locate and demonstrate the use of:
   a. Airway Adjuncts and BVM
   b. Suction Unit
   c. Oxygen Tanks and Oxygen Delivery Devices
   d. Bleeding Control Supplies
   e. Spinal Immobilization Apparatus
   f. Patient Carrying Devices
   g. Splinting Devices

C. Demonstrate how to:
   a. Take a Full Set of Vital Signs
   b. Perform Radio Communications (RPIA, Dispatch)

D. Complete:
   a. Primary Care Facility Equipment Check
   b. Trauma Duffel, Oxygen Bag, and Infection Control Kit

Evaluator Signatures:
Date  Radio Id  Name  Signature

Fieldstation Crew Chief Checklist

Matthew Willett, Captain
Review the items on this checklist with a Crew Chief Trainer. When the Crew Chief Trainer feels confident that you have satisfactory knowledge or skill in the specified area, they will place their Radio ID and Date next to the requirement and sign under Evaluator Signatures at the bottom of this checklist. Upon completion of the checklist submit it to either the Captain or Training Lt.

Trainee: ____________________________

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A. Demonstrate Knowledge of:

- a. Scene Safety
- b. Crowd Control
- c. Infection Control Practices
- d. Patient Confidentiality
- e. Duties of the Fieldstation Crew Chief
- f. HFH Event Procedures
- g. Primary Care Facility Layout and Equipment

B. Demonstrate Mastery of:

- a. Hx Taking Skills (HPI, OPQRRRT, SAMPLE)
- b. Physical Exam Skills (Head to Toe, Focused)
- c. Treatments as per the NYS EMT-B Protocols
- d. RPI Ambulance SOPs
- e. RPI Ambulance HFH SOPs

C. Discuss:

- a. Working With Other Agencies
- b. Radio Communication
- c. Leadership
- d. Requesting Additional Resources
- e. ALS Intercepts and Helicopter Evacuations
- f. Appropriate Hospital Destinations
- g. Radio Patches
- h. Hospital Transfers
- i. RMAs

Evaluator Signatures:

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Emergency Event Supervisor Checklist

Matthew Willett, Captain
Review the items on this checklist with an EES. When the EES confident that you have satisfactory knowledge or skill in the specified area, they will place their Radio ID and Date next to the requirement and sign under Evaluator Signatures at the bottom of this checklist. Upon completion of the checklist submit it to either the Captain or Training Lt.

Trainee: ______________________________

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A. Demonstrate Knowledge of:
   a. Scene Safety
   b. Infection Control Practices
   c. Patient Confidentiality
   d. Duties of the Emergency Event Supervisor
   f. HFH Event Procedures
   g. Primary Care Facility Layout and Equipment

B. Demonstrate Mastery of:
   a. Treatments as per the NYS EMT-B Protocols
   b. RPI Ambulance SOPs
   c. RPI Ambulance HFH SOPs
   d. Call Logistics (Dispatch, Requesting an Ambulance, & Requesting Outside Agencies)
   e. Event Procedures (Opening, Closing, Incidents)

C. Discuss:
   a. Working With Other Agencies
   b. Radio Communication
   c. Leadership
   d. Requesting Additional Resources
   e. ALS Intercepts and Helicopter Evacuations
   f. Appropriate Hospital Destinations
   g. Radio Patches
   h. Hospital Transfers
   i. RMAs

D. Complete:
   a. FEMA IS-700 and ICS-100 Training

Evaluator Signatures:

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Appendix D: RPI Ambulance HFH Forms
**INSTRUCTIONS:**
This report is to be completed by the operator of any event permitted under the authority of New York State Sanitary Code, Part 18, and forwarded to the Emergency Medical Services representatives at a Health Department Regional Office no more than five days following the event. The filing of this report is a condition of the issuance of the permit, and must be completed for any permit issued and/or each and every single event covered by a seasonal permit.

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Type of Event</th>
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<tbody>
<tr>
<td>Date(s) of Operation</td>
<td>Total Event Attendance</td>
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</table>

**Medical Incidents**

- Minor Injury(s) (cuts, scrapes, etc.)
- Major Injury(s) (fractures, head injury, etc.)
- Minor Illness(es) (sick, weak, heat, intoxication, etc.)
- Major Illness(es) (cardiac, allergic reaction, etc.)
- Deaths

**Total Patients Treated - all causes**
Identify from the total number of patients treated during the event the number who showed signs or symptoms of any form of intoxication or substance abuse.

**Ambulance Transports**
Total patients transported from the site to local hospitals

**Unusual Occurrences/Comments** (MCI, extreme weather conditions, etc.)

**Completed by:**

Print Name
Title
Signature

Telephone Number
Date

*DOH 2332 (5/08)*
# Invoice for Services

Date: ____________________________  Event: ____________________________

Type:  □ I  □ II  □ III  □ IV-I  □ IV-II  □ IV-III  Rate: ____________________________

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Total Time On Duty: ____________________________  Amount Owed: ____________________________

Matthew Willett, Captain
# Field Crew Equipment Checklist

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Matthew Willett, Captain
Primary Care Facility Equipment Checklist

Primary Care Facility Equipment Checklist will be inserted here upon completion.
Appendix E: HFH Schematics
Appendix F: RPI Ambulance & RPI HFH Contract

September 20, 2004

This contract is an agreement between the RPI HFH and RPI Ambulance. The terms of this contract will be effective thru November 30, 2006.

1. Definitions of terms and abbreviations throughout this contract,
   a. EMS- Emergency Medical Services
   b. EMT- Emergency Medical Technician
   c. PCF- Primary Care Facility (the first aid room in the HFH)
   d. Emergency Event Supervisor (EES)- An EMT qualified to coordinate EMS from the PCF as it applies to an event
   e. Crew Chief (CC)- Person certified as an EMT, First Responder, or in Advanced First Aid; in charge of a field crew
   f. Attendant (ATT)- Person with a minimum of CPR certification and experience in the field house; assists the field crew.
   g. Observer (OBS)- New personnel undergoing field house training; assisting ATT and CC.
   h. Field Crew- A team of personnel stationed within the arena, consist of one CC, one ATT, and possibly one OBS
   i. Ambulance (AMB)- A fully staffed New York State Certified Ambulance
   j. On Call- Available by radio contact
   k. On Standby- On site at the field house; call radius limited to the HFH and the surrounding parking lots and roadways

2. Event Types will be divided into four categories:
   Type I Events with long duration and a low capacity at a given time. Coverage shall include at least one EMT staffing the Primary Care Facility throughout the duration of the event.
   Type II Events with 2,500 to 5,000 people in attendance at a given time or any spectator event necessitating the placement of Field Crews. Coverage will include at least one EES, one to three Field Crews and one AMB on call.
   Type III Events with over 5,000 people in attendance at a given time. Coverage will include at least two EES’s, three to five Field Crews and one AMB on standby.

A Type II event will be reclassified as a Type III event if the event has a high call volume and/or violence (e.g. Heavy Metal Bands). This reclassification is to be agreed upon by both the Manager of the HFH and the President of RPI Ambulance.

All EMS personnel will be in radio contact with the PCF and AMB at all times while they are in Service.

3. EMS coverage costs will be as follows:
   Event Type I: $10.00 per hour of coverage

Matthew Willett, Captain
Event Type II: $30.00 per hour of coverage  
Event Type III: $75.00 per hour of coverage  

All donations shall be transferred into Rensselaer Student Union Account #302059  

4. Other Requirements:  
a. The 2nd Lieutenant needs 4-6 weeks advance notification of each event.  
b. The 2nd Lieutenant will notify the Manager of the Field House 2 weeks in advance if RPI Ambulance is not able to staff the event.  
c. After every election and at the beginning of every academic year, the Field House Administration will receive a list of officers with phone numbers and job descriptions.  
d. RPI Ambulance will be paid for non-RPI events and receive no payment for RPI sponsored events.  
e. The HFH will provide a room to serve as the PCF for EMS (not only for RPI Ambulance) and should meet the specifications of Part 18 and OSHA mandates.  
f. Any equipment in the PCF is the property of RPI Ambulance. If any supplies or equipment are used by persons outside of RPI Ambulance, they should be replaced or the organization shall be reimbursed within 30 days.  
g. Positioning of the Field Crew is at the discretion of the EES. Any issues or problems relating to the coordination of the EMS during the event shall be brought to the attention of the EES.  
h. Other than the ambulance and other agency owned vehicles, parking for vehicles within Field House lots will not be available to RPI Ambulance members.  

5. Every two years at the beginning of the academic year, this contract shall be reviewed with the intention of being renewed. Revisions or additions can be made prior to the renewal date if both parties agree to the changes.  

6. The undersigned hereby agree to the preceding terms of this contract.  

Norris A. Pearson  
Manager, HFH  
And Conference Services  

Justin Teixeira  
President, RPI Ambulance  
teixej@rpi.edu