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Characterizing Ambulance Driver Training in EMS Systems

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16. Abstract Reducing ambulance crashes due to human error is a priority for the National Highway Traffic Safety Administration. One possible way to address the issue is by limiting driver errors through ambulance operator education and training. Little, however, is currently known about existing practices. The primary objective of this project was to characterize ambulance operator education and training across the United States through discussions with personnel in State EMS offices and through an Internet-based survey of local EMS agencies to determine their operator training and supervision practices. The study also examined selected existing ambulance Emergency Vehicle Operator Course (EVOC) training programs to determine their content and consistency with the state-of-the-art. The results of this study suggest that most ambulance operators receive some form of training, but the survey responses and the review of existing EVOC training programs by subject matter experts suggest that the duration, content, and overall quality of the training may not be sufficient to have the desired impact on ambulance operator safety performance. A lack of State-level oversight and documentation limit the ability to make any definitive statements as to how many ambulance operators in each State are completing EVOC and which programs they are completing.			
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Executive Summary

Background and Objectives

Ambulance operators performing emergency transport of patients must deal with critical time demands, large and often unstable vehicles, dangerous traffic environments, and numerous inherent distractions during the response to medical emergencies. Ambulance operators must also cope with the competing needs for rapid transport and the maintenance of a level of ride quality that is compatible with allowing emergency medical personnel to provide a sick or injured passenger with critical care that cannot be postponed until arrival at a medical facility. Reducing ambulance crashes due to operator error is a priority for the National Highway Traffic Safety Administration. One possible way to address the issue is through ambulance operator education and training, which NHTSA has promoted with its *Emergency Vehicle Operators Course (Ambulance): National Standard Curriculum* (NHTSA, 1995). Unfortunately, the current state of ambulance operator training in the United States is not well characterized.

Although a substantial amount of literature exists on the broader topic of driver training, there has been a relatively limited amount of research conducted specifically around ambulance operator training. The primary objective of this project was to increase knowledge in this area by characterizing ambulance operator education and training across the United States. NHTSA was interested in learning if and how agencies providing emergency medical services train and regulate ground transport ambulance operators. This project sought to document the types of training offered, training content, when it is required, initial qualification standards, how driving incidents impact driving privileges, and other related topics. The study also conducted a detailed review by subject matter experts (SMEs) of the content and quality of a selected set of widely used emergency vehicle operator course (EVOC) offerings.

Method

Two related data collection activities were used to obtain information relevant to the study objectives. One was a set of discussions and e-mail exchanges with personnel in State EMS offices. The purpose of this data gathering exercise was to determine State-level policies and practices related to ambulance operator training, regulation, and oversight. The second activity was an Internet-based survey of individual EMS agencies to determine their operator training and supervision practices at the local level. The study also examined selected existing training programs to document their content and determine their consistency with the state-of-the-art.

Results

The conversations with State officials from 38 jurisdictions revealed that while almost all States regulate local agencies providing ambulance services, they provide very little oversight of the individual ambulance operators the local agencies employ with respect to licensing or training.

Only one State had any ambulance-specific license testing and an associated certificate that was required for individuals who wish to operate an ambulance. Overall, 17 of the 38 States that responded indicated they required EVOC for all operators, but the oversight of this requirement appeared limited. Local ambulance agencies were often responsible for ensuring their employees met the State requirements.

The Internet survey of local ambulance agencies yielded a more detailed look at what local ambulance service providers were doing with respect to ambulance operator training. Notable key findings include the following.

- Approximately 74 percent of the 2,102 agencies that responded to the survey and operated ground ambulances required their operators to complete some form of EVOC. About another 13% indicated that, while they did not require EVOC, their operators still typically completed a course.
- Just under 50% of agencies that reported using EVOC said their programs were based on the NHTSA standard curriculum.
- Over 80% of courses were reported to include a classroom component, and about 70% reported using behind-the-wheel training on a closed course and/or on a live roadway. Less than 5% of surveyed agencies reported using a simulator, and about 15% reported using the Internet for content delivery.
- Approximately 40% of courses were reported to be under 10 hours of total training time, and only about 20% were reported to be over 20 hours in duration.
- Regarding the monitoring of individual operators, just over 55% of responding agencies reported conducting check rides where they evaluated primarily basic driving skills.
- Just over 60% of agencies reported that ambulance operators complete refresher training every year or two.
- Remedial training is often required on a case-by-case basis if a person has a crash.

Discussion

The results of this study support the notion that most ambulance operators are receiving some form of training, but the duration, content, and overall quality of the training may not be sufficient to have a maximally effective impact on ambulance operator safety performance. The lack of State-level oversight and documentation limits the ability to make any definitive statements as to how many ambulance operators in each State are completing EVOC and which programs they are taking. The lack of standardized testing means it is generally unknown whether an operator is gaining sufficient knowledge and skill as measured by a universal set of performance criteria. This is especially true in States where no EVOC requirements of any type exist.

Introduction

Reducing ambulance crashes due to operator error is a priority for the National Highway Traffic Safety Administration. One possible way to address the issue is through ambulance operator education and training, which NHTSA has promoted with its *Emergency Vehicle Operators Course (Ambulance): National Standard Curriculum* (NHTSA, 1995). Unfortunately, the current state of ambulance operator training in the United States is not well characterized as indicated in the National EMS Advisory Council's *Final Advisory – Emergency Vehicle Operator Education, Training and Safety* (NEMSAC, 2011) and in the 2011 National EMS Assessment (FICEMS, 2012).

As part of its efforts, NEMSAC explored ambulance operator training and submitted three recommendations to NHTSA.

- 1) NHTSA should assess the status of emergency vehicle operator training programs (courses) throughout the United States;
- 2) NHTSA should conduct studies to determine the efficacy and/or effectiveness of emergency vehicle operator training programs; and,
- 3) NHTSA should produce an action plan for improving emergency vehicle operator education and training for ground ambulances.

The current project focused on addressing the first recommendation by gathering information from State emergency medical services (EMS) offices and local EMS agencies about their training policies and practices for ambulance operation.

Objective

The primary objective of this project was to characterize ambulance operator education and training across the United States. The goal was to learn if and how agencies providing ground EMS train and regulate ambulance operators. This project sought to document the types of training offered, training content, when training is required, initial qualification standards, how driving incidents impact driving privileges, and other related topics. The study included a detailed review by SMEs of the content and quality of a selected set of widely used EVOCs.

Background

Ambulance operators involved with the emergency transport of patients must deal with critical time demands, large and often unstable vehicles, dangerous traffic environments, and numerous inherent distractions during the response to medical emergencies. Ambulance operators must additionally cope with the often-competing needs for rapid transport and the maintenance of a level of ride quality that is compatible with allowing emergency medical personnel to provide a sick or injured passenger with critical care that cannot be postponed until arrival at a medical facility. There are an estimated 21,283 EMS agencies across the United States (Mears et al., 2012). Given the potential impact of the quality of an ambulance operators' performance on their own safety, the patients they carry, and the general driving public with whom they interact, it is important to know how well EMS staff are being trained to drive ambulances in emergency situations.

Although a substantial amount of literature exists on the broader topic of driver training, a relatively limited amount of research has been conducted specifically on ambulance operator training. There have been several large-scale surveys conducted to describe the general state of EMS in the United States (Boone, Avery, & Malone, 2013; Chapman et al., 2008; Mears et al., 2012; CTL & Associates, 2010). Chapman et al. (2008) found a lack of consistent definitions, requirements, credentialing, certification, and licensure at the State and national levels. Furthermore, the authors concluded that a strong framework even for collecting information about EMS does not exist. In 2011 the Federal Interagency Committee on Emergency Medical Services conducted its own survey (Mears et al., 2012) and provided a high-level overview of the prevailing status of EMS, emergency preparedness, and 911 systems. The study, however, lacked a detailed analysis of operator training as it pertains to the ability to operate a vehicle safely on the roadway during emergency response situations.

The unavailability of some information may be explained, at least partially, by the limited ability to measure and monitor EMS vehicle crashes. For example, police crash reports and NHTSA crash data alone may not indicate whether the crash involved an EMS vehicle. Rarely does crash data specify whether an injured party was an EMS professional, patient, or other involved party (Mears et al., 2012). For this population of workers, vehicular crashes and their resultant injuries are foreseeable, job-related health risks that carry morbidity and mortality consequences (Reichard & Jackson, 2010). It was recently reported that 98% of States do not monitor EMS job-related injuries (Mears et al., 2012). Without more information on the types of crashes ambulances are involved in and their causes, it is difficult to develop targeted training that will improve ambulance operator safety performance.

Despite the difficulties associated with gathering information about EMS operations, prior studies have reported that the clear majority of emergency vehicle operators (not just those operating ambulances used for emergency transport) are indeed exposed to some form of vehicle operation training. Most non-volunteer fire organizations and police agencies employ standards that include behind-the-wheel and/or simulator-based training (California Commission on Peace Officer Standards and Training, 2009; Cavette, 2005; Daves, 2005; Dow, 2007; Goode, Salmon,

& Lenné, 2013; Jenaway, 2010; Raheb, 2012; Vidal-Gomel, Delgoulet, & Gebai, 2012). Evidence suggests, however, that the specific elements of EVOC programs vary considerably (California Commission on Peace Officer Standards and Training, 2009). The California Commission (2009) found that behind-the-wheel training varied in length of time, location, layout, number of presenters, method of presentation, and delivery of curriculum (e.g., different hours, exercises, or instructional equipment). Consequently, the commission applied the term “EVOC” to all forms of behind-the-wheel operator training regardless of whether its focus was fire, police, or EMS clinicians.

In another relevant study, the Wisconsin State Patrol gathered information on 47 States, the District of Columbia, and six Canadian provinces to better understand laws and practices regarding the legal requirements to operate an ambulance (CTL & Associates, 2010). Researchers asked three primary questions.

- 1) Are there training or certification requirements for ambulance drivers?
- 2) If so, is there a recommended program?
- 3) Whom may we contact for more information?

Results showed that 43 of the 54 studied jurisdictions (States and provinces) did not require ambulance drivers to complete any form of EVOC training before being allowed to operate an ambulance (CTL & Associates, 2010). Only 11 of the studied locales required some form of EVOC or similar course training, and of those, only four required an on-road driving component. The study did not involve an in-depth review of training content.

Another recent effort put forth some proposed ambulance operator/driver best practices (Boone, Avery, & Malone, 2013). Recommendations included exposure to NHTSA’s ambulance EVOC course with specific training focused on proper speed, managing fatigue, managing driver distraction, handling intersections, maintaining a safe presence, defensive driving tactics, and crash avoidance. Training tailored to suit the needs of each EMS agency and mandated annual refresher training were also suggested (Boone, Avery, & Malone, 2013). It is unknown, however, whether agencies are following these or any other best practices for ambulance operator EVOC delivery. The current study sought to fill this void by taking a detailed look at how States and individual EMS agencies are providing EVOC for ambulance operators.

General Approach

This project used two related data collection activities to obtain information relevant to the study objectives. One was a set of discussions and e-mail exchanges with personnel in State EMS offices. The purpose of this data gathering exercise was to determine State-level policies and practices related to ambulance operator training, regulation, and oversight. The discussions were guided by a review of the literature and information that was documented in previous data collections. The goal was to update the previously collected information for as many States as possible to provide a current look at State regulatory activities for ambulance operator training.

The second activity was an Internet-based survey of individual EMS agencies to determine their operator training and supervision practices at the local level. Prospective respondents were alerted to the survey through e-mails from project staff or State EMS offices. For the remainder of this report, “local EMS agency” refers to an organization that provides ambulance services in a localized geographic area. “Ambulance operator” or just “operator” refers to the individual person who operates the vehicle on the roadway as part of his or her duties for the local EMS agency.

In addition to the collection of information on ambulance operator training, the study examined selected existing training programs to document their content and determine their consistency with the state-of-the-art. This review was conducted by three SMEs who regularly teach EVOC to operators of a wide range of emergency vehicle types. They each have decades of experience, have provided thousands of hours of training to individual operators, and frequently serve as train-the-trainer EVOC instructors. Their review efforts focused on determining if programs met the NHTSA standards and whether the NHTSA standards themselves met the current state-of-the-art for EVOC.

The report sections that follow provide details on the procedures for each of these study data collection and review activities. The results derived are largely descriptive and are intended to provide a snapshot of the general state of ambulance operator training as it currently exists in the United States.

Method

Participants

Representatives from State EMS offices for 38 of the 51 jurisdictions (50 States and Washington, DC) queried responded with enough reliable information on ground ambulance operations to be included in the final State-level review. Contact information for ambulance provider agencies that may operate ground ambulances was obtained through State EMS offices, NASEMSO, and through Internet searches. Survey invitations were e-mailed to 13,258 local EMS agencies. Representatives from 2,213 local EMS agencies (16.7% response rate) from the 50 States and Washington, DC, completed the survey on the Internet. Of these agencies, 111 did not operate ground ambulances and were excluded from the data analyses.

OMB Approval

The information collection associated with this study received approval from the Office of Management and Budget (OMB) for both the State-level discussions and local agency survey. The OMB Control No. was 2127-0724.

Material

State-Level Information Request. At the State level, the study sought to gather enough information through the interviews to complete the State Summary Forms shown in Appendix B. The information request covered agency-level licensing requirements, individual operator licensing requirements, the existence of driving history checks, and ambulance operator training requirements as mandated by the State. The operator training portion focused on required structure (hours, format, etc.), types of approved courses/programs, methods of training administration, testing, program evaluation efforts, and refresher training. Using available information from the prior studies discussed above in the Background section, project staff pre-filled the State summary forms with as much information as possible before they interviewed State officials. Much of this material, however, was old and potentially outdated, which is why the interviews were needed. The State EMS Office interview guide can be found at www.reginfo.gov under OMB Control No. 2127-0724.

Local Agency Survey. The Internet-based survey included items covering general information about the agency, its operator licensing requirements, the driving history checks it conducts, and the content of any operator training it requires. The survey can be found at www.reginfo.gov under OMB Control No. 2127-0724.

EVOC Program Comparison Form. SMEs reviewed EVOC programs and recorded their findings on a project-prepared form (see Appendix A). The evaluation form asked the SMEs to rate the programs relative to the NHTSA 1995 ambulance EVOC standards. The SMEs had to determine the extent to which each section of the reviewed EVOC program met the NHTSA

standard (ranging from exceeding the standard to not addressing it at all). SMEs also evaluated the overall quality of coverage for each training topic relative to what they perceived to be best practices based on their extensive experience in the domain.

Procedure

The researchers coordinated with NASEMSO to contact State EMS offices. A representative from NASEMSO sent an initial e-mail describing the study and inviting a State EMS representative to participate. The contact person in each State EMS office identified the appropriate staff member to complete the semi-structured interview. A partially completed summary form was sent to that individual with a note asking them to review the information and be prepared to discuss the current situation in the State for the interviewer to update the summary form as necessary. The interviews took as little as 15 minutes in States where not much had changed since the last time similar data were collected, and as long as 60 minutes in some States about which little was known previously or where substantial changes had taken place.

For the local agency survey, State EMS officials or study staff sent survey invitations via e-mail to local EMS agencies that were believed to operate ground ambulances and for whom a contact e-mail was available. A representative at each EMS agency completed the survey, which took just over 10 minutes on average. Survey branching allowed respondents to skip sections that were not applicable to their ambulance operations or training.

For the detailed review of EVOC programs, a team of three SMEs first reviewed the NHTSA ambulance EVOC curriculum (NHTSA, 1995) and provided their joint opinion as to whether the curriculum as it stands adequately addresses the numerous topics that are generally included in a training course of this type. They selected four ambulance-specific EVOC programs frequently mentioned as being used by the local agencies that completed the surveys. In addition, the project selected two widely-used law enforcement EVOC programs for review. These law enforcement programs were included to see if EVOC in another similar domain was covering topics or using instructional approaches that may be useful for ambulance EVOC.

Results

State-Level Results

Results presented in this section pertain only to the 38 participating States that provided information directly from the State EMS office (i.e., all percentages are based on a denominator of 38). The individual summaries for these 38 jurisdictions are presented in Appendix B.

Definition of ambulance. Thirty-five (92.1%) of the participating States have official definitions of an ambulance. While the definitions varied in length and content, all included a provision that to be an ambulance the vehicle must be designed for the transport of a sick or injured person to a medical facility. Some States include air and water transport in their definitions. Some have exclusion criteria related to vehicles used for non-emergency transport of patients or the deceased.

Regulation of ambulance agencies. All 38 States reported some State-level regulation or oversight of ambulance provider agencies. While the names of the cognizant State agencies varied, most regulation of ambulance providers fell under the equivalent of a State Department of Health (81.5%) or a separate EMS Authority/Regulatory Board (13.2%). A few States (5.3%) reported oversight from the State Department of Public Safety or its equivalent. Licensing or permitting of local EMS agencies was the most common type of regulation and oversight provided by State EMS offices.

Agencies authorized to operate ambulances. Most States could provide counts of the number of EMS agencies that were licensed. However, most did not differentiate between volunteer and professional agencies in their counts because the regulations and licensure requirements for these EMS provider agencies are the same in most instances. Also, the number of agencies can fluctuate as new agencies open or existing ones close. The number of EMS agencies providing emergency ambulance transport services appeared related to the population and physical size of a given State. The number of agencies ranged from 12 to more than 1,800.

Regulation of ambulance operators/drivers. Most States acknowledged that few agencies have staff members whose only function is to drive ambulances. In most instances, the person operating the ambulance is also a certified emergency medical responder of some level whose professional licensure is covered under the State's requirements for such service providers. The great majority (84.2%) of States reported that the same department providing regulation and oversight for ambulance agencies also regulated individual ambulance operators. Four States, however, reported that individual ambulance operators were not regulated at all at the State level. One State said its Department of Motor Vehicles oversaw ambulance operators, and another reported operator regulation by the State Fire Prevention Commission.

Only one State, California, issued an ambulance driver certificate (not a driver license) after the eligible candidate passed the State's ambulance written exam, paid a fee, was fingerprinted, and

provided the required medical exam report. No other States appeared to have any form of State-run testing (written or on-road) of operators (other than a standard driver license) before a person could operate an ambulance on the roadway. Only 6 States reported checking the driving history of ambulance operators before they could operate an ambulance. In those States, common disqualifying events included impaired driving, reckless driving, and a license suspension due to drugs/alcohol or a severe moving violation.

EVOC requirements. Seventeen States (44.7%) had specific requirements that an ambulance operator complete an EVOC course, but most did not keep records of who had completed the course, or regularly monitor whether operators were completing EVOC. In most cases, the local EMS agency was responsible for ensuring the EVOC course was completed when required by the State. In States where EVOC was required, State EMS officials reported that ambulance provider agencies commonly exceed State-level requirements of ambulance operator training. They cited insurance requirements and discounts as key incentives for ambulance agencies to go beyond minimum State requirements.

Only 2 States reported having any control over who was qualified to teach ambulance EVOC. Similarly, only 2 States had minimum course duration requirements (16 and 8 hours). Nine States had lists of approved EVOC courses, but only 5 of them had some form of minimum requirements for the topics that must be covered. Moreover, only those 5 States specifically required behind-the-wheel components to the training.

Refresher/Remedial Operator Training. Seven of the 38 States required refresher training for operators. When required, it generally took place every 1 to 3 years and was of shorter duration than a full EVOC program (e.g., 4-hour course, only Module A of NHTSA program). No States appeared to require remedial EVOC training after a crash.

Evaluation of EVOC. No responding States reported conducting a formal evaluation of the effectiveness of EVOC.

Local Agency Internet Survey Results

At least one local EMS agency from all 50 States and the District of Columbia completed a survey. Table 1 displays the frequency of responses by U.S. Census region. Thus, the results that follow represent a self-selected convenience sample of 2,102 ambulance agencies that reported operating ground ambulances (111 agencies that reported they did not operate ground ambulances were excluded from all analyses). Given survey branching, not all agencies answered the same questions. The presentation below notes when a different denominator was used to calculate a descriptive result. No inferential statistics were calculated as this study's main purpose was simply to describe distributions of responses for the various topics of interest.

Table 1. Responses by census region.

	N	%
Northeast	798	38.0
Midwest	340	16.2
South	674	32.1
West	290	13.8
<i>Total</i>	2,102	100.0

Types of EMS agencies. The responding EMS agencies were primarily housed in fire departments, private organizations, or other government entities (Table 2). Regarding tax status, 42.9% were not-for-profit, 39.0% government, and 12.9% for-profit. Most EMS agencies that responded served rural communities and small to medium towns (Table 3). Nearly all agencies (91.7%) responded to 911 calls with transport capability, but many agencies also provided a variety of other services (Table 4). Paramedic intercepts, rescue, and specialty transport were also common transport services. Almost half the agencies reported having at least some volunteers (Table 5).

Table 2. Which of the following best describes your EMS agency?

	N	%
Hospital	166	7.9
Fire department	759	36.1
Government (non-fire department, non-hospital)	417	19.8
Tribal	6	0.3
Private	453	21.6
Association	79	3.8
Other	165	7.8
Did not answer	57	2.7
<i>Total</i>	2,102	100.0

Table 3. Which of the following best describes the community in which your agency does most of its EMS work?

	N	%
Rural area (less than 2,500 people)	441	21.0
Small town (2,500-24,999 people)	773	36.8
Medium town (25,000-74,999 people)	437	20.8
Large town (75,000-149,999 people)	186	8.8
Mid-sized city (less than 500,000 people)	111	5.3
Large city (500,000 or more people)	96	4.6
Did not answer	58	2.8
<i>Total</i>	2,102	100.0

Table 4. Check all of the following that describe the EMS and transport services provided by your agency.

	N	%
911 response with transport capability	1,928	91.7
911 response without transport capability	366	17.4
Air medical	73	3.5
Hazmat	326	15.5
Medical transport (convalescent)	635	30.2
Paramedic intercept	765	36.4
Rescue	635	30.2
Specialty care transport	403	19.2

Table 5. What percentage of your agency is made up of volunteers (i.e., individuals who are not issued W-2 forms even if they receive some form of compensation other than wages)?

	N	%
0%- there are no volunteers	1,003	47.7
Less than 25%	251	11.9
26-50%	98	4.7
51-75%	104	4.9
76-100%	564	26.8
Don't know	10	0.5
Did not answer	72	3.4
<i>Total</i>	2,102	100.0

Licensing requirements. EMS agencies predominantly required their ambulance operators to have regular driver licenses (82.9%), although it was not uncommon to require EMS-specific certificates (23.0%) or some other additional credential (Table 6). Only 46.6% of EMS agencies reviewed driving records before hiring ambulance operators. About half (50.2%) reported checking driving records once per year or more (Table 7). Most agencies indicated that people would be prohibited from operating ambulances if they had DUI/DWI (81.2%) or reckless driving convictions (61.6%) on their records (Table 8).

Table 6. Indicate if your agency has the following driver licensing, certification, or endorsement requirements for ambulance operators by checking the appropriate boxes below.

	N	%
Standard operator class (regular driver license)	1,742	82.9
Commercial class (any form of CDL)	108	5.1
Ambulance-specific license	65	3.1
Ambulance-specific certificate	188	8.9
Ambulance-specific endorsement	54	2.6
Emergency response vehicle (EMS) specific license	54	2.6
Emergency response vehicle (EMS) specific certificate	483	23.0
Emergency response vehicle (EMS) specific endorsement	81	3.9
None	23	1.1
Don't know	10	0.5
Other (please specify)	268	12.7

Table 7. How often does your agency review driving records of your ambulance operators? Check all that apply.

	N	%
Never	108	5.1
As a condition or prerequisite to hiring/affiliation	979	46.6
Based on agency/leadership determination that relevant information may be found	486	23.1
Once per year	817	38.9
More than once per year	238	11.3
Don't know	53	2.5

Table 8. What events prevent a person from being allowed to operate an ambulance? Check all that apply.

	N	%
Crash	580	27.6
DUI/DWI	1,707	81.2
Speeding violation	754	35.9
Reckless driving	1,295	61.6
Other moving violation	506	24.1
Don't know	113	5.4
Other (please specify)	348	16.6

Fatigue Risk Management Plan. Fatigue risk management plans (FRMPs) outline policies and procedures for reducing the risks of operator fatigue and improving operator alertness. Overall, only 15.0% of agencies indicated they had FRMPs in place. Those agencies with FRMPs tended to vary in what was included in the documented FRMP (Table 9).

Table 9. Check all of the following that are features of your FRMP.

	N	%
We have a documented FRMP	150	47.5
We have a detailed FRMP	73	23.1
We have a documented statement of working hours	180	57.0
We have limits on overtime hours	178	56.3
We have a FRMP promotion and communications strategy	55	17.4
We have processes for continuous evaluation and improvement (e.g., hazard ID, evaluation, and sources of data)	140	44.3
We have a procedure for paid and volunteer staff to self-report fatigue	143	45.3
We have a procedure for error/adverse incident or crash investigations where fatigue is suspected as a contributing fact	122	38.6
Other features of FRMP	17	5.4

Note: Only agencies that have FRMPs were presented this item ($N = 316$).

EVOC Programs. Overall, 74.1% of the local agencies reported that EVOC training is required while another 13.2% said their operators complete EVOC even though it is not required (Table 10). If the respondent indicated no knowledge of the EVOC program ($n = 11$), the responses were excluded from further analyses. As such, the analyses of the EVOC programs that follow include data from the 1,825 respondents who reported at least some knowledge of the local agency's EVOC activities.

Of the agencies reporting that operators complete EVOC, 77.7% indicated the training was formal/structured with a defined curriculum while 21.3% said it was informal/unstructured. The remainder either did not know or did not respond. While most agencies indicated they used a program developed by someone outside their agency, 31.8% indicated they developed their own program in-house (Table 11). When asked which program was being used, a variety of programs were listed by name, but numerous agencies simply indicated "EVOC" so it is unclear what program they were using.

Table 10. Do ambulance operators at your agency complete emergency vehicle operator training?

	N	%
Yes, it's a requirement	1,558	74.1
Yes, but it's not a requirement	278	13.2
No	106	5.0
Don't know	8	0.4
Did not answer	152	7.2
<i>Total</i>	2,102	100.0

Table 11. Who developed your driver training program?

	N	%
Developed our own program for in-house use	580	31.8
Use a program that was developed by someone else	1,191	65.3
Don't know	47	2.5
Did not answer	7	0.4
<i>Total</i>	1,825	100.0

Note: Only respondents with knowledge about the ambulance operator training were presented this item.

The next question asked if the training being used was based on any standards or best practices. The respondent could select multiple items if their programs were based on more than one (Table 12). Notably, 47.6% indicated the NHTSA standard curriculum was the basis for their programs. The next item asked if the training was specific to ambulances. While the great majority of programs were ambulance-specific, 19.8% of respondents indicated their courses were based on fire or police training (Table 13).

Table 12. If the training program is based on any standards or best practices, check all that are applicable below.

	N	%
National Standard Curriculum-EVOC, 1995 Edition, U.S. Department of Transportation	868	47.6
Department of Homeland Security Driver Performance Best Practices	32	1.8
U.S. Fire Administration or FEMA Traffic Incident Management Systems, FA-330	130	7.1
U.S. Fire Administration or International Association of Fire Fighters (USFA or IAFF) Vehicle Safety Program	97	5.3
National Safety Council Defensive Driving Course for Specialty Vehicles	243	13.3
Volunteer Firemen's Insurance Service (VFIS) suggested curriculum and cone course	594	32.5
None	91	5.0
Don't know	284	15.6
Other standards or best practices	119	6.5

Note: Only respondents with knowledge about the ambulance operator training were presented this item ($N = 1,825$).

Table 13. Which of the following best describes the ambulance operator training?

	N	%
Specific to ambulances	1,114	61.0
Specific by type of ambulance (Type 1, 2, or 3)	284	15.6
Based on fire or police emergency vehicles	362	19.8
Don't know	31	1.7
Did not answer	34	1.9
<i>Total</i>	1,825	100.0

Note: Only respondents with knowledge about the ambulance operator training were presented this item.

The next item asked where (e.g., classroom, on-road, simulator, Internet) operators completed their training. Multiple locations could be selected. As shown in Table 14, some 83.8% of the programs used classroom training, 68.4% had behind-the-wheel training on a track or closed course, and 71.7% included training on a live roadway. Smaller percentages used simulators or Internet-based training.

Table 15 shows how many programs fell into each total training duration category. Fully, 70.4% of the programs were 20 hours or less. Table 16 shows a breakdown of the average reported number of hours that were spent on each type of education/training.

Table 14. Where do ambulance operators receive driver training instruction? Check all that apply.

	N	%
Classroom	1,530	83.8
Behind-the-wheel on track or closed course	1,249	68.4
Behind-the-wheel on live roadway	1,308	71.7
Simulator	83	4.5
Internet	281	15.4
Don't know	10	0.5

Note: Only respondents with knowledge about the ambulance operator training were presented this item ($N = 1,825$).

Table 15. How many total hours is the ambulance operator training?

Hours	N	%
1 to 5	251	13.8
6 to 10	496	27.2
11 to 15	150	8.2
16 to 20	387	21.2
21 to 25	122	6.7
26+	230	12.6
Did not answer	189	10.3
<i>Total</i>	1,825	100.0

Note: Only respondents with knowledge about the ambulance operator training were presented this item.

Table 16. How many hours of each of the following does the ambulance operator training include? If none, please enter 0.

	Zero Hours Included			Zero Hours Excluded		
	M	SD	N	M	SD	N
Classroom	6.30	9.01	1,579	6.69	9.14	1,486
Behind-the-wheel closed course	4.19	4.76	1,358	4.65	4.80	1,225
Behind-the-wheel live roadway	9.76	16.11	1,276	10.51	16.48	1,185
Simulator training	.53	2.70	424	3.29	6.08	68
Online/Internet	1.64	2.88	526	3.58	3.34	241

Note: Only respondents with knowledge about the ambulance operator training were presented this item ($N = 1,825$).

As can be seen in Table 17, some 77.4% of instructors were in-house employees or volunteers. The remainder were some form of external instructor. Notably, as reported, 43.9% were State-certified EVOC instructors and 25.9% had an Other EVOC certification (Table 18).

Table 17. Who conducts the training? Check all that apply.

	N	%
In-house employee or volunteer	1,412	77.4
External instructor comes to our agency	444	24.3
Instructor at another EMS agency	188	10.3
Instructor at a private school or academy	46	2.5
Instructor at a public school or academy	72	3.9
Internet or online instructor	140	7.7
Don't know	4	0.2
Other	77	4.2

Note: Only respondents with knowledge about the ambulance operator training were presented this item ($N = 1,825$).

Table 18. Which of the following qualifications/certifications do lead instructors have? Check all that apply.

	N	%
EVOC instructor (State certified)	802	43.9
EVOC instructor (Other certified)	473	25.9
EMS instructor (State certified)	420	23.0
EMS instructor (Other certified)	90	4.9
Basic driving instructor (State certified)	73	4.0
Basic driving instructor (Other certified)	84	4.6
On-the-job experience	704	38.6
Fire instructor 1	310	17.0
None	23	1.3
Don't know	108	5.9
Other	111	6.1

Note: Only respondents with knowledge about the ambulance operator training were presented this item ($N = 1,825$).

Respondents were then asked to indicate the general topics covered by the EVOC program their organization used. Not surprisingly, 91.0% of programs were reported to cover basic driving

procedures. However, only 80.3% reported covering special driving circumstances. Even fewer courses covered topics such as managing fatigue or distraction (Table 19). Regarding testing, 85.6% of agencies reported some form of testing before driving an ambulance was allowed. Only 57.9% of agencies required both a written and driving test (Table 20). Most of the time (61.7%), the agency decided the minimum passing scores while the State set passing scores for 22.8% of agencies (Table 21). Of the agencies that had volunteers, 7.9% reported that the volunteers were not trained to the same standards as the paid personnel at those agencies.

Table 19. Indicate if your agency’s ambulance operator training includes the following topics by checking the appropriate boxes below.

	N	%
Driving procedures (vehicle handling, safe speed, changing lanes, passing, intersections, turning, right of way, parking)	1,661	91.0
Special circumstance driving procedures (near miss recovery, inclement weather, use of lights and sirens, using back-up)	1,466	80.3
Communication responsibilities	1,267	69.4
Traffic incident management	1,050	57.5
Emergency scene or accident vehicle staging	1,392	76.3
Vehicle readiness	1,321	72.4
Managing fatigue	597	32.7
Distraction management	969	53.1
None	15	0.8
Don’t know	31	1.7
Other	30	1.6

Note: Only respondents with knowledge about the ambulance operator training were presented this item (N = 1,825).

Table 20. Which of the following tests must an operator pass before driving an ambulance?

	N	%
Written test	75	4.1
Driving test	430	23.6
Both written and driving test	1,057	57.9
None	152	8.3
Don't know	17	0.9
Did not answer	94	5.2
<i>Total</i>	1,825	100.0

Note: Only respondents with knowledge about the ambulance operator training were presented this item.

Table 21. Who determines the minimum scores needed to pass the tests? Check all that apply.

	N	%
Our agency	963	61.7
State	356	22.8
Insurance agency	144	9.2
Don’t know	88	5.6
Other entity determines min. score	183	11.7
<i>Total</i>	1,562	100.0

Note: Only agencies with written and/or driving test were presented this item (N = 1,562).

Agencies were then asked if they have evaluated the effectiveness of their training. Table 22 reveals that many agencies report they are in fact conducting a variety of types of monitoring/evaluation. No specifics were requested about the evaluation approaches used or the availability of data collected.

Table 22. How have you evaluated the effectiveness of your ambulance operator driver training program? Check all that apply.

	N	%
Monitor crash rates, response times, etc.	889	48.7
Survey of trainee satisfaction	243	13.3
Formal in-house review	495	27.1
Independent evaluation	186	10.2
Never evaluated	491	26.9
Don't know	78	4.3

Note: Only respondents with knowledge about the ambulance operator training were presented this item ($N = 1,825$).

As shown in Table 23, many agencies report that operators are completing refresher training on a regular basis but at varying time intervals. If someone has a crash while driving an ambulance, 18.8% of agencies reported that the person must complete remedial training while another 67.6% said remedial training would be required on a case-by-case basis after a crash. Overall, 55.6% of agencies reported that they conduct “check rides” where a senior staff member rides along to determine if an ambulance operator is fit to drive. For the agencies that do conduct check rides, the same topics covered in the EVOC program appear to be covered again during the check ride, but it is not known to what degree.

Table 23. How often do ambulance operators at your agency complete refresher driver training?

	N	%
Every 6 months	17	0.9
Every year	689	37.8
Every 18 months	14	0.8
Every 2 years	435	23.8
Never	301	16.5
Don't know	63	3.5
Other	199	10.9
Did not answer	107	5.9
<i>Total</i>	1,825	100.0

Note: Only respondents with knowledge about the ambulance operator training were presented this item.

Table 24. Does your agency conduct “check rides” (senior staff member rides along to determine if ambulance operator is fit to drive)?

	N	%
Yes	1,169	55.6
No	651	31.0
Don't know	19	0.9
Did not answer	263	12.5
<i>Total</i>	2,102	100.0

Table 25. What is evaluated as part of the check ride? Check all that apply.

	N	%
Driving procedures (vehicle handling, safe speed, changing lanes, passing, intersections, turning, right of way, parking)	1,143	97.7
Evaluated		
Special circumstance driving procedures (near miss recovery, inclement weather, use of lights and sirens, using back-up)	915	78.3
Communication responsibilities	874	74.8
Traffic incident management	598	51.2
Emergency scene or accident vehicle staging	858	73.4
Vehicle readiness	852	72.9
Managing fatigue	290	24.8
Distraction management	647	55.3
None	2	0.2
Don't know	8	0.7
Other	26	2.2

Note: Only agencies conducting check rides were presented this item ($N = 1,169$).

Of all the agencies surveyed, 70.2% reported that a training manual or other driver training materials for ambulance operators is available for staff to reference. The source of these materials, however, varies (Table 26). Just over a thousand agencies reported that their training had been revised relatively recently ($M = 3.11$ years, $SD = 3.63$, $N = 1005$).

Table 26. Do you have a driver training manual or other driving related materials for ambulance operators to reference? Check all that apply.

	N	%
Yes, our agency provides materials	792	37.7
Yes, the external training program provides materials	509	24.2
Yes, the State provides materials	174	8.3
No	565	26.9
Don't know	60	2.9
Did not answer	2	0.1
<i>Total</i>	2,102	100.0

EVOC Program Review/Evaluation

The local agencies reported using a variety of EVOC programs. Many reported using the NHTSA 1995 program, others used commercially available programs, and still others developed and used their own programs. For this portion of the study, the project's EVOC SMEs first reviewed the *Emergency Vehicle Operator Course (Ambulance) National Standard Curriculum: Instructor Guide*, the associated *Student Manual*, and *Overheads/Appendices A-K* (NHTSA, 1995). Their evaluation (see Appendix C) of the NHTSA program involved a detailed look at topics covered in the various materials and a rating of the extent to which the content and delivery approach met their expectations for a state-of-the-art EVOC program for ambulance operators. They then reviewed four ambulance-specific programs in use by local agencies and compared their content and delivery to that of the NHTSA program. Two law enforcement programs were also reviewed to see if they contained any additional topics or delivery approaches that exceeded those covered by the NHTSA curriculum. The six non-NHTSA programs are not identified in this document because the focus was on determining whether NHTSA should consider updating its program based on what other programs are doing rather than on reviewing the other programs themselves.

Review of NHTSA 1995 Standard. The NHTSA standard is designed to take approximately 16 hours in the classroom (Module A – 10 lessons) and 8 hours on the road (Module B – 10 exercises). Additional checklists (Module C) are provided to assess the skills learned during the program. For the purposes of this review, the SMEs developed a rating form that separated ambulance EVOC content into the following categories.

- Introduction/background/new operator preparation
- Ambulance types and operation
- Ambulance readiness (vehicle inspection, maintenance, and repair)
- Navigation and route planning
- Normal and high-risk driving situations
- Operations in emergency mode and unusual situations
- Safety considerations for passengers and patients
- The run

Across these eight areas, for 121 topics, the SMEs indicated if the coverage and delivery of the NHTSA standard met their expectations. Some topics may have spanned several lessons in Module A and/or Module B. For these, the SMEs provided an assessment of whether each topic was addressed in sufficient detail across the entire program. They also provided global comments about the general approach for each area. Brief summaries of the SMEs' reviews and recommendations for the eight categories are provided below.

Introduction/Background/New Operator Preparation. Overall, most topics in this section met the expectations of the SMEs. They noted that topics such as working together, due regard for safety, true emergency situations, and various legal topics were well covered. They also indicated the examples for composing messages, plain English, and broadcasting techniques were adequately covered. The areas noted as needing more attention were basic ambulance configuration, driving/license checks, State licensing requirements, and knowing radio frequencies.

Ambulance Types and Operation. The SMEs indicated this topic should receive much more attention in the NHTSA curriculum. Most of the information that was included was deemed “very basic.” They suggested that more information should be provided on the differences between Types I, II, and III ambulances. Adding more information would likely extend the time needed to conduct the lessons covering these topics.

Ambulance Readiness. While all the information was deemed acceptable, the SMEs made several recommendations. Specifically, they suggested new forms related to the inspection schedule, updating the Quick and Full Checklists, updating the case law related to operator negligence, and updating Module C checklists to cover more preventive maintenance. They also suggested that much more information be added on operator maintenance responsibilities, making repairs, and information about whether the electrical system can meet the demands of the transport.

Navigation and Route Planning. The basic information on choosing routes, knowing the area, and vehicle clearance was deemed very good. The NHTSA standard did not cover what to do when encountering a crash while en route to a different emergency. Also, the SMEs noted that the recommended materials to be used for these lessons are very outdated. For example, instructors no longer commonly use transparencies and flipcharts. They strongly suggested creating new computer-based slide shows or videos, and to cover additional topics such as computer-aided dispatch software, road closure notification systems, and how to use electronic navigation systems.

Normal and High-Risk Driving Situations. Normal and high-risk driving situations were generally well covered; however, several areas could be expanded. The SMEs felt the braking and stopping discussions were outdated due to the increased prevalence of antilock braking systems. They also felt that much more information was needed on managing distractions for the ambulance operators themselves given all the potentially distracting personal and work technologies that are now available. Much more information is needed on managing fatigue, near miss recovery, passing on two-lane roads, passing stopped traffic, U-turns, back-arounds, and possibly better guidance on how to use local examples.

Operations in Emergency Mode and Unusual Situations. Weather-related traction, vision, due regard, and vehicle malfunction topics are covered very well. However, the SMEs felt many other topics need additional information or greater clarity to better cover emergency mode operation and unusual situations. Specifically, they recommended much more information on emergency driving, emergency signaling devices, dangers, driving against traffic, compensating for poor visibility, crash avoidance, and off-road recovery. Much more time is likely needed to adequately cover the suggested information in the classroom and on a closed course.

Safety Considerations for Passengers and Patients. Some of the topics were well covered, but the SMEs recommended adding several diagrams for topics such as vehicle placement and flare placement. Multiple diagrams are likely needed to demonstrate how to place the vehicle and flares for some of the most common scenarios encountered. The SMEs also recommended additional information be added on using flashlights, safety vests, and any other safety equipment that may have evolved since the curriculum was last updated.

The Run. Although the EVOC experts rated these topics as meeting expectations, they made several recommendations for improving the content and delivery. Operator readiness and fright should be updated to reflect current practices. They also recommended adding information on inspecting the ambulance, clearing controlled intersections, cautions, difficult situations, crowds, parking safety, pre-departure, bumpy roads, and post-run. They also suggested adding a video to cover downed power line safety.

Review of Selected Ambulance EVOC Programs. The project selected four ambulance EVOC programs for a comparative review. Two were EVOC programs that are commercially available nationwide and were reported by local agencies as being used for ambulance operator training. One was a State-specific program that was developed by a volunteer association in that State, and one was a State-specific program that was developed by a professional association in that State. The following sections discuss some general characteristics of the programs and how these programs compare to the NHTSA 1995 standard in eight categories. A program was deemed to have “met NHTSA standard” if it included similar content and delivery approaches for a topic. To be rated as “exceeds NHTSA standard,” the program must have gone above and beyond the NHTSA standard in both the quantity and quality of coverage and/or include a delivery approach that was superior for a given topic. A program “did not meet NHTSA standard” if it provided notably less information on a topic or the delivery approach was not at the same level as the NHTSA standard. SMEs also noted when the programs simply did not cover a topic that was in the NHTSA standard.

General. Only one of the four programs appeared to be designed specifically for ambulance operators and primarily used the NHTSA 1995 standard as the basis for its content. Two of the programs relied heavily on fire EVOC training (with moderate emphasis on ambulance operations), while the fourth appeared to be based largely on police EVOC training materials with limited ambulance specifics. All four programs used some form of participant book or binder with written course materials printed or available as PDFs. One national program had videos to accompany every classroom session, and the other national program included 8 hours of online training as an option. Total time in the classroom varied from 7 to 12 hours. On-road training time varied from 80 minutes to 18 hours. Total training time ranged from approximately 8 to 30 hours. Each program included an end-of-course knowledge test; three had closed-course testing with the operator behind the wheel; and two had live roadway testing.

Introduction/Background/New Operator Preparation. There was substantial variation in the quality of coverage provided by the programs for these topics. One of the national programs barely covered any of the topics in this category while the other national program met or exceeded the NHTSA standard in many places. The national program that exceeded the NHTSA standards included a detailed discussion of ambulance types, provided forms in English and Spanish, was largely based in PowerPoint, and included extensive checklists.

The two State-specific programs met or exceeded the NHTSA 1995 standard on some topics but were deficient in others. Both lacked detailed information on the basics of radio frequencies, composing messages, using plain English, and broadcasting. One program contained no information on ambulance configuration, patient’s rights, medical checks, license checks,

operator qualification, physical and mental fitness, and critical operator information. The other program that was more comprehensive included additional topics not in the NHTSA standard such as theory and principles of vehicle dynamics, case history, and State-specific vehicle and traffic law excerpts.

Ambulance Types and Operation. One national program met or exceeded the NHTSA standard on these topics while the other was severely deficient and provided nothing on the topic. The other two State-specific programs were also lacking here with virtually no coverage. Even the national program that provided information beyond that covered by the NHTSA standard was still not up to the requirements set by the SMEs and received only a “fair” rating. Overall, the SMEs felt this topic needs substantially more attention.

Ambulance Readiness. Again, coverage for these topics varied widely. One national program met or exceeded the NHTSA standard for all but one of the topics. The program provided numerous checklists, maintenance records forms, and reporting requirements in English and Spanish. The other national program met the NHTSA standards on about half of the topics but was lacking in the areas of preventive maintenance, operator negligence, vehicle malfunctions, making repairs quickly, and vehicle electrical system demands. This program did, however, include additional videos on air brakes, hydraulic brakes, and cone maneuvers. One State-specific program met the NHTSA standards on preventive maintenance, systematic inspection, and making repairs, but was lacking in all the other topic areas. The second State-specific program exceeded the NHTSA standards on all the inspection topics, but was deficient on the topics of vehicle malfunctions, making repairs quickly, and electrical system demands.

Navigation and Route Planning. One national program exceeded the NHTSA standard on all route planning and navigation topics except for what to do if a crash is encountered en route to an emergency. The second national program met the standards for choosing routes, knowing your area, and vehicle clearance. It provided little information on route planning and no information on what to do when encountering a crash en route to an emergency. The two State-specific programs provided virtually no coverage of these topics.

Normal and High-Risk Driving Situations. One national program met or exceeded the NHTSA standards for most of the topics in this section and included a 49-point best practices guide, listed EVOC requirements by State, and discussed the need for standardization across States. The program, however, provided no coverage of fright, perpendicular parking, U-turns, or back-around. The second national program met the NHTSA standards on most of the topics, but provided no information on fright, managing fatigue, near miss recovery, 2-4-12 rule, passing on two-lane roads, and perpendicular parking. It did, however, include the additional topics of blind-spot monitoring and pinch points. The two State-specific programs each met or exceeded the NHTSA standards on about half the topics but provided little to no coverage of the other half. The two programs seemed to provide good coverage of basic driving skills, but provided little information on topics such as near miss recovery, safety cushion, perpendicular parking, and U-turns.

Operations in Emergency Mode and Unusual Situations. One national program exceeded the NHTSA standard in many areas by including specific exercises for topics such as pulling off the

road, best practices related to poor visibility and bad weather in general, and it included a model standard operating procedure. The program lacked, however, good coverage of night driving, vision, off-road recovery, and vehicle malfunctions. The second national course met NHTSA standards on most of the topics and included the additional topics of toll booths, move over laws, and eight specific scenarios that are commonly encountered. The program included a DVD on how to set up a driving skills course when no permanent driving range is available and came with an administrator's guide. It provided no coverage, however, of more advanced driving skills related to driving against traffic, crash avoidance, off-road recovery, vehicle malfunctions, or pulling off the road. The two State-specific programs met or exceeded NHTSA standards in some areas, but provided little to no coverage for some of the basic topics and no coverage for some of the more advanced driving topics.

Safety Considerations for Passengers and Patients. One national program exceeded the NHTSA standards on all topics in this section. It included check sheets for pre- and post-run as well as the *Alive on Arrival* document (U.S. Fire Administration, 2018). The program included the *Highway Incident Safety Guidelines* (State of New Jersey, 2010) which provide coverage on vehicle placement, flare placement, warning triangles, flashlights, and safety vests. The other national program exceeded the NHTSA standards in terms of vehicle placement and diagrams, but lacked information on most of the other topics. One of the State-specific programs exceeded the NHTSA standards on most of the topics, but did not include information on responsibilities of families of patients or the use of flashlights. The other State-specific program had virtually no coverage of any of the topics.

The Run. One of the national programs provided 68 pages of best practices on these topics, which met the NHTSA standards, while the other national program met or exceeded the standards for only five of the topics. While the second national program lacked in several areas, it did include a testimonial video, procedures for collision reporting, and 12 exercises that were potentially useful for refresher training. The two State-specific programs both met or exceeded the NHTSA standards for over half of the topics. Both had minimal coverage of post-run activities and did not cover what to do with downed power lines.

Review of Selected Law Enforcement EVOC Programs. The study selected two widely used law enforcement EVOC programs for review to see if these programs had any content or delivery strategies that may be useful for ambulance operator training. Obviously, these programs did not include any ambulance-specific topics, but some of the vehicle control, communications, and preparation training could potentially be relevant. The SMEs used the same paradigm described earlier to rate whether they thought the law enforcement programs met or exceeded the NHTSA standards for the topics where there was overlap. The focus in the sections below is on those topics where the programs exceeded the NHTSA standard and where some content or activities may be transferable to ambulance EVOC.

General. Notably, the two programs were much longer than the NHTSA ambulance standard and had substantially more behind-the-wheel training time. One was 88 hours (24 hours classroom, 64 hours behind-the-wheel) and the other 80 hours (32 hours classroom, 48 hours behind-the-wheel). One program included books and a binder for printed documents (provided as PDFs), and the other was a combination of PDF and PowerPoint® files for instructors to use. One

program included extensive knowledge and on-road skills testing in both emergency and non-emergency skills. The other only included a rudimentary knowledge test.

Introduction/Background/New Operator Preparation. Both programs provided excellent coverage on true emergency situations, driving knowledge and performance, and broadcasting techniques. One program also exceeded the NHTSA standard on the additional topics of pre-run to post-run operation, due regard for safety, negligence, radio frequencies, and composing messages. This program also included hundreds of pages of case/tort law.

Ambulance Types and Operation. Neither program included any information on these topics.

Ambulance Readiness. While no information focused directly on ambulances, the SMEs felt the programs exceeded the NHTSA standard on many topics for their general approach to law enforcement readiness. The coverage of safe operating condition, mechanical systems, systematic inspections, inspection types, inspection sequence, preventive maintenance, operator maintenance responsibilities, and operator negligence were all rated very highly and may have some content or strategies that could be transferable to ambulance EVOC.

Navigation and Route Planning. One program exceeded the NHTSA standard regarding route planning, choosing routes, and knowing your area, but it provided minimal coverage of vehicle clearance. The other program provided coverage that was about the same as the NHTSA standard.

Normal and High-Risk Driving Situations. Both programs met or exceeded the NHTSA standard on several topics. One program included extensive coverage of both basic driving maneuvers and information on managing distractions and fatigue. The program covered driving on all types of roadways in both urban and rural environments. The second program also included comprehensive coverage of basic driving skills but lacked much information on distractions, fatigue, passing stopped vehicles, or passing on two-lane roads.

Operations in Emergency Mode and Unusual Situations. One program provided excellent coverage on these topics and went well beyond the information covered in the NHTSA standard. It also included information on electronic stability control and police pursuits. While the bulk of the information on police pursuits may not be directly transferable to ambulance operations, some of the material may still be relevant. The second program provided excellent coverage of emergency driving and general response topics. On the rest of the topics, however, it was like the NHTSA standard or provided less coverage.

Safety Considerations for Passengers and Patients. Both programs provided limited information on the topics in this section. They did provide some basic vehicle placement information, but nothing beyond what the NHTSA standard already includes. They provided no information on using flares, warning triangles, flashlights, or safety vests.

The Run. Both programs provided extensive training related to police response to emergency calls. One program provided relevant information that went beyond the NHTSA standard on the topics of vehicle inspection, lights and siren use, intersections, tactical parking, and difficult road

conditions (e.g., bumpy roads, obstacles, roadway edges), and difficult conditions (e.g., vehicle recovery, oversteer, understeer). The second program also exceeded the NHTSA standard on operator readiness, intersections, and difficult road conditions. For the remaining topics, this second program was like or provided less coverage than the NHTSA standard.

Discussion

This study attempted to characterize ambulance operator education and training across the United States through conversations with State EMS officials, a nationwide survey of local EMS agencies, and a thorough comparison by SMEs of the NHTSA 1995 ambulance EVOC standards to other selected EVOC programs. The focus was on determining if and how agencies provided training to anyone who operates an ambulance on active roadways during emergency medical response situations with patient transport. By characterizing emergency vehicle operator training across the country, this project addressed the first of NEMSAC's three recommendations to NHTSA to improve ambulance safety.

Conversations with State officials revealed that while almost all States regulate local agencies providing ambulance services, they provide very little oversight of the individual ambulance operators employed by these agencies in terms of licensing or training. Only one State had a requirement for any type of ambulance-specific license testing and associated certificate for individuals who wish to operate an ambulance. Overall, 17 of the 38 States that responded indicated they required EVOC for all operators, but the oversight of this requirement appeared limited as the local ambulance agencies themselves were often responsible for ensuring their employees met the State requirements. For the States that did require EVOC, some had specific EVOC programs that were listed as acceptable while other States simply said that an EVOC course needed to be completed. The State officials were generally confident that most local ambulance provider agencies met or exceeded the State requirements.

The overall lack of State-level oversight and documentation limits the ability to make any definitive statements as to how many ambulance operators in each State are completing EVOC and which programs they are completing. This is especially true in States where no EVOC requirements of any type exist.

The survey of local ambulance agencies yielded a more detailed look at what local agencies were doing when it comes to ambulance operator training. Most notably, approximately 74% of the 2,102 agencies that responded to the survey and operated ground ambulances required their operators to complete some form of EVOC. About another 13% indicated that while they did not require EVOC, their operators still completed a course. These results suggest that a great majority of ambulance operators in the United States are getting some form of EVOC training. The exact type and extent of training was, however, variable with about two-thirds of agencies using an externally-developed program, and the remaining third using their own in-house program. Most agencies reported that their program was specific to ambulances. Roughly 20%, however, reported they were using EVOC that was based on fire or law enforcement training and not necessarily focused on ambulances. Just under 50% of agencies that reported using EVOC said their program was based on the NHTSA standard curriculum. About another third indicated their program was based on the Volunteer Firemen's Insurance Service curriculum. The remaining programs in use were based on a mixture of other training sources.

Reportedly, over 80 percent of courses include a classroom component and about 70 percent use behind-the-wheel training on a closed course and/or on a live roadway. Fewer than 5% of agencies reported using a simulator, and about 15% reported using the Internet for content

delivery. Approximately 40% of courses were reported to be less than 10 hours of total training time, and only about 20% were reported to be over 20 hours in duration. The place of instruction and low total time to complete, as noted above, are potential issues given the amount of information and on-road training that are likely required to become proficient in the operation of an ambulance. The NHTSA standard curriculum is designed to take 24 hours (16 classroom and 8 on-road), which means most of the programs being used do not meet this standard.

The survey results support the notion that many courses are not covering all the topics that could be important for the safe operation of an ambulance. As one would expect, almost all agencies reported covering basic driving procedures, and over 80% reported covering special circumstances driving procedures. Fewer programs, however, covered the potentially important topics of communications responsibilities, traffic incident management, crash scene staging, vehicle readiness, and distraction management. Notably, only about one-third reported that they cover anything on managing fatigue. These topics are germane to the safe operation of an ambulance and should be included in a comprehensive program.

Another issue surrounds who is conducting the training and whether they are in fact qualified to train others. Over 75% of agencies reported that an in-house employee or volunteer conducts the training. It is not entirely clear if these instructors are receiving the type of training or have the subject matter expertise they themselves need to properly train others. The local agencies did report that about 44% of the instructors used were certified by the State with approximately another 25% having some other EVOC instructor certificate. It is not, however, possible from the survey results to ascertain whether the instructor certification (train-the-trainer) process is sufficient to produce instructors who can effectively deliver the course. In fact, because most agencies are utilizing in-house staff to deliver the course and there is no standardized training, it is likely that the quality of training varies substantially from agency-to-agency.

While most agencies did report having some form of written and/or driving test, the limited oversight exercised by most States means that it is generally unknown whether an operator is gaining sufficient knowledge and skill as measured by independent testing to a universal set of performance criteria. Without some form of standardized written and practical tests, it is virtually impossible to know if ambulance operators are receiving even the most basic training.

Several agencies did report some type of monitoring of their EVOC training program by watching crash rates and response times, trainee satisfaction surveys, and in-house reviews. Roughly 10% even reported having an independent evaluation of their training programs. Regarding the monitoring of individual operators, just over 55% of agencies reported conducting check rides on which they evaluated primarily basic driving skills. Just over 60% of agencies reported that ambulance operators complete refresher training every year or two, and remedial training is often required on a case-by-case basis if a person has a crash. It is not clear, however, how extensive the refresher/remedial training is at the agencies.

In summary, results of this study support the notion that most ambulance operators are receiving some form of training, but survey responses and the review of existing EVOC training programs by subject matter experts suggest that the duration, content, and overall quality of the training may not be sufficient to have an impact on ambulance operator safety performance. NHTSA

created its ambulance EVOC standard to provide guidance to local agencies, but the standard needs substantial updating in terms of both content and delivery approach. In addition, only one of the reviewed ambulance EVOC programs exceeded the NHTSA standards for a meaningful number of topics. The other programs cited as being widely used were severely deficient in several areas. These findings suggest the great majority of ambulance operators may be receiving training that is not providing them with all the knowledge and skills they need to safely operate ambulances in both normal and emergency situations.

Finally, a controlled evaluation of the effectiveness of a state-of-the-art EVOC program designed specifically for ambulance operators would be beneficial. Developing such a program from scratch, however, would likely be expensive as it would involve the production of videos, computer-based training, and thorough vetting of on-road training approaches. A rigorous scientific study could also take years to conduct if ambulance crashes and patient outcome measures are to be collected. A more cost-efficient approach could involve evaluating an already-developed program that appears to represent the current state-of-the-art. A few such programs do appear to exist should their creators be interested in pursuing an evaluation of their impacts on the knowledge and safety of ambulance operations.

Any study, such as that presented here, will have limitations that should be taken into consideration when reviewing and interpreting the results. The information gathered from both the State EMS offices and local agencies came from convenience samples and may not be representative of the entire nation. Generalizations from study findings should be made with caution because of these sample limitations. Similarly, the selected EVOC programs that SMEs reviewed may not be representative of all programs in the United States. Other programs could vary substantially in the general quality of training provided and in the extent to which they meet the NHTSA standard.

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APPENDIX A: EVOG Rating Form

Ambulance Driver Training Program Information

Program Title (and Version if applicable):

Year Published:

Author/Publisher(s):

Type of Program (check all that apply):

Classroom
 Behind the Wheel
 Online
 Refresher
 Other

(specify): _____

Program Material Type:

Books:	<input type="checkbox"/> Included <input type="checkbox"/> Evaluated
Binders:	<input type="checkbox"/> Included <input type="checkbox"/> Evaluated
Pamphlets:	<input type="checkbox"/> Included <input type="checkbox"/> Evaluated
Instructor Guide:	<input type="checkbox"/> Included <input type="checkbox"/> Evaluated
Online Materials:	<input type="checkbox"/> Included <input type="checkbox"/> Evaluated
Other materials (specify):	<input type="checkbox"/> Included <input type="checkbox"/> Evaluated

Training Details

Is the program designed for ambulance operators only? Yes No

If No, who was it designed for? Police Fire Military Other (specify)

- In-Person Classroom hours
- Behind the wheel hours
- Online hours
- Other hours

Does the program use the NHTSA 1995 Ambulance EVOC program as a guide? Yes No

If No, what appears to be the basis for the program? Police Fire Military Other (specify)

Initial Comments:

Assessment/Testing

Does the program include any of the following tests (Check all that apply)?

- End of section knowledge quizzes If yes, is there a minimum passing score? Yes _____ No
- End of program knowledge test If yes, is there a minimum passing score? Yes _____ No
- Closed course behind the wheel test If yes, is there a minimum passing score? Yes _____ No
- Active roadway behind the wheel test If yes, is there a minimum passing score? Yes _____ No
- Other (specify): _____ If yes, is there a minimum passing score? Yes _____ No
- None

Is feedback on test results provided to the student? Yes No

Testing Quality Rating (1-5):

- Excellent Good Average Fair Poor

Testing Comments:

PREPARATION (Check a box next to each topic to indicate the level of coverage)

Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
1. Ride as a Patient					
2. Actual Ambulance Configuration					
3. Pre-Run to Post-Run Operation					
4. Types of Regulations					
5. Policies Working Together					
6. Due Regard for Safety					
7. True Emergency Situations					
8. Negligence					
9. Abandonment					
10. Good Samaritan Provision					
11. Patient's Rights					
12. Driving Checks					
13. State Motor Vehicle Record					
14. License Check					
15. Medical Check					
16. Driving Knowledge and Performance					
17. Operator Qualification					
18. Licensing					
19. Physical and Mental Fitness					
20. Personal Appearance and Hygiene					
21. Critical Operator Information					
22. Radio Frequencies					
23. Composing Messages					
24. Plain English					
25. Broadcasting Techniques					

PREPARATION	
Additional Topics	
Additional Topic (Not Covered by NHTSA 1995)	Description
1.	
2.	
3.	
4.	
5.	

PREPARATION
Preparation Section Quality Rating: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:

AMBULANCE TYPES AND OPERATION					
Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
26. Star of Life Emblem – Logo					
27. Type I Ambulance					
28. Type II Ambulance					
29. Type III Ambulance					
30. Service Capacity for each ambulance type					
31. Classes for each ambulance type					
32. Size for each ambulance type					
33. Weight for each ambulance type					
34. Visibility for each ambulance type					

AMBULANCE TYPES AND OPERATION		Additional Topics
Additional Topic (Not Covered by NHTSA 1995)	Description	
1.		
2.		
3.		
4.		
5.		

AMBULANCE TYPES AND OPERATION	
Ambulance Types and Operation Section Quality Rating: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Comments:	

AMBULANCE READINESS (VEHICLE INSPECTION, MAINTENANCE and REPAIR)

Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
35. Safe Operating Condition					
36. Mechanical Systems					
37. Systematic Inspections					
38. Recommended Inspection Schedule					
39. Inspection Types					
40. Inspection Sequence					
41. Operator Negligence					
42. Preventive Maintenance					
43. Operator Maintenance Responsibilities					
44. Decision Aid for Vehicle Malfunctions while in Service					
45. How quickly can you make repairs					
46. What is the patient's condition					
47. Can the vehicle's electrical system meet the demand					

**AMBULANCE READINESS
(VEHICLE INSPECTION,
MAINTENANCE and REPAIR)**

Additional Topics

Additional Topic (Not Covered by NHTSA 1995)	Description
1.	
2.	
3.	
4.	
5.	

**AMBULANCE READINESS
(VEHICLE INSPECTION,
MAINTENANCE and REPAIR)**

Ambulance Readiness Section Quality Rating: Excellent Good Average Fair Poor

Comments:

NAVIGATION and ROUTE PLANNING

Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
48. Route Planning					
49. Choose Routes					
50. Know your Area					
51. Vehicle Clearance					
52. Encountering an Accident when En Route to an Emergency					

NAVIGATION and ROUTE PLANNING

Additional Topics

Additional Topic (Not Covered by NHTSA 1995)	Description
1.	
2.	
3.	
4.	
5.	

NAVIGATION and ROUTE PLANNING

Navigation and Route Planning Section Quality Rating: Excellent Good Average Fair Poor

Comments:

NORMAL AND HIGH-RISK DRIVING SITUATIONS

Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
53. Road Surfaces (adjustment to)					
54. Road Conditions 1 & 2					
55. Fright					
56. Management of Driver Fatigue					
57. Managing Distractions					
58. Near Miss Recovery					
59. Centrifugal Force					
60. Stopping Distance					
61. 2-4-12 Rule					
62. Safety Cushion					
63. Communicate (with other drivers)					
64. Basic Maneuvers					
65. Braking and Stopping					
66. Making Lane Changes					
67. Passing Two-Lane Roads					
68. Pass Stopped Traffic					
69. Backing					
70. Perpendicular Parking					
71. L/R Turns					
72. U-Turns					
73. Back-Around					
74. Urban Driving					
75. Rural Driving					
76. Two-Lane Highway Driving					
77. Highway/Interstate Highway Driving					

**NORMAL AND HIGH-RISK
DRIVING SITUATIONS**

Additional Topics

Additional Topic (Not Covered by NHTSA 1995)	Description
1.	
2.	
3.	
4.	
5.	

**NORMAL AND HIGH-RISK
DRIVING SITUATIONS**

Normal and High-Risk Driving Situations Section Quality Rating: Excellent Good Average Fair Poor

Comments:

**OPERATIONS in EMERGENCY MODE
and UNUSUAL SITUATIONS**

Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
78. Emergency Driving					
79. Emergency Signaling Devices					
80. Response					
81. Speed Limits					
82. Dangers					
83. Due Regard					
84. Nat'l Consensus Standards 1,2& 3					
85. Driving Against Traffic					
86. Adverse Conditions – Weather Related					
87. Traction – Weather Related					
88. To Improve Traction					
89. Vision – Weather Related					
90. Night Driving					
91. Rain and Fog – Weather Related					
92. Compensating for Poor Visibility – Weather Related					
93. Crash Avoidance					
94. Off-Road Recovery					
95. Vehicle Malfunctions (potential)					
96. Pulling Off the Road					

**OPERATIONS in EMERGENCY
MODE and UNUSUAL
SITUATIONS**

Additional Topics

Additional Topic (Not Covered by NHTSA 1995)	Description
1.	
2.	
3.	
4.	
5.	

**OPERATIONS in EMERGENCY
MODE and UNUSUAL
SITUATIONS**

Operations in Emergency Mode and Unusual Situations Section Quality Rating: Excellent Good Average Fair Poor

Comments:

**SAFETY CONSIDERATIONS FOR
PASSENGERS and PATIENTS**

Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
97. Ambulance Operator (Responsible For)					
98. Responsibilities for Families of Patients					
99. Potential Dangers					
100. Vehicle Placement					
101. Diagrams					
102. Flares					
103. Flares Placement					
104. Warning Triangles					
105. Placement of Triangles					
106. Flashlights					
107. Safety Vests					

SAFETY CONSIDERATIONS FOR PASSENGERS and PATIENTS

Additional Topics

Additional Topic (Not Covered by NHTSA 1995)	Description
1.	
2.	
3.	
4.	
5.	

SAFETY CONSIDERATIONS FOR PASSENGERS and PATIENTS

Safety Considerations for Passengers and Patients Section Quality Rating: Excellent Good Average Fair Poor

Comments:

THE RUN					
Topic	Not Covered	Minimal Coverage	Meets NHTSA 1995 Standard	Exceeds NHTSA Standard	Comments
108. Operator Readiness					
109. Inspecting the Ambulance					
110. Intersection					
111. Clearing Controlled					
112. Intersection 1 & 2					
113. Cautions					
114. Difficult Situations					
115. Downed Power Lines					
116. Crowds					
117. Parking Safety					
118. Pre-Departure					
119. Fright					
120. Bumpy Road					
121. Post-Run					

THE RUN	
Additional Topics	
Additional Topic (Not Covered by NHTSA 1995)	Description
1.	
2.	
3.	
4.	
5.	

THE RUN
The Run Section Quality Rating: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:

APPENDIX B: State Summaries

Alabama

Laws, Regulations, Rules for Ambulances

State EMS Contact

Jamie Gray, BS, AAS, NRP
Compliance Specialist
Alabama Department of Public Health Office of EMS
334-206-5383
jamie.gray@adph.state.al.us

Definition of ambulance (Defined as ground ambulance in Alabama):

A motor vehicle that is intended to be used for and is maintained or operated for transportation of persons who are sick or injured to a medical care facility.

Regulation of ambulance services provided by:

Alabama Department of Public Health Office of EMS
The RSA Tower
201 Monroe Street
Montgomery, AL 36104

Agencies authorized to operate ambulances:

Alabama has 334 EMS, Fire Department, and other private companies operating ambulances in the State. These include 233 transport and 101 non-transport services.

Summary of laws, regulations, rules for ambulances:

An EMS Provider Licensure Application must be completed to be considered for a license to operate an Ambulance in Alabama. A fee and other required pertinent information are requested on this form, which can be found at www.adph.org/ems/assets/Provider.App080816.pdf.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

Any individual who successfully holds a valid driver's license, a current emergency vehicle operations certificate from an approved course that shall be maintained in the emergency medical provider service's employee file, a current approved CPR card, and a certificate of completion from a Department of Transportation Emergency Medical Responder Curriculum Course.

Regulation of ambulance operators/drivers provided by:

Alabama Department of Public Health Office of EMS
The RSA Tower
201 Monroe Street
Montgomery, AL 36104

Requirements for licensure:

The State no longer licenses ambulance drivers. To drive an ambulance, however, a person must be certified as an Emergency Medical Responder (EMR). All EMRs complete an EVOC course as part of their certification.

Additional requirements that are not necessarily driving related can be found at www.nasemso.org/legislation/Alabama/alr420-2-1-15.html.

EVOC training requirements:

Valid Driver's License

Initial EVOC course

Refresher EVOC course every 2 years – Module A of NHTSA program only

Ambulance operator/driver training required by:

Individual Agencies per insurance regulations.

References

Definitions. Health, Mental Health and Environmental Control. Chapter 18, Ambulances. Article 1. Training, Qualifications and Licensing. Section 22-18-1. Retrieved from www.nasemso.org/legislation/Alabama/alti22ch18sec22_18_1.html.

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Arizona

Laws, Regulations, Rules for Ambulances

State EMS Contact

Terry Mullins
Chief, Bureau of EMS & Trauma System
Bureau of EMS & Trauma System
AZ Dept. of Health
150 North 18th Avenue, Suite 550
Phoenix, AZ 85007
Telephone: 602-364-3149
Fax: 602-364-3568
E-mail: terry.mullins@azdhs.gov

Definition of ambulance:

Any publicly or privately-owned surface, water or air vehicle, including a helicopter, that contains a stretcher and necessary medical equipment and supplies pursuant to section 36-2202 and that is especially designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded or who require medical monitoring or aid. Ambulance does not include a surface vehicle that is owned and operated by a private sole proprietor, partnership, private corporation or municipal corporation for the emergency transportation and in-transit care of its employees or a vehicle that is operated to accommodate an incapacitated or person with a disability who does not require medical monitoring, care or treatment during transport and that is not advertised as having medical equipment and supplies or ambulance attendants.

Regulation of ambulance services provided by:

Department of Health Services
Bureau of Emergency Medical Services and Trauma System
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007
Telephone: 602-364-3150
Fax: 602-364-3567

Agencies authorized to operate ambulances:

A comprehensive list of certified Arizona ground ambulance provider organizations, as of August 21, 2017, can be found at www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/ambulance/ground/con-provider-list.pdf Approximately 88 agencies are authorized to operate in Arizona.

Summary of laws, regulations, rules for ambulances:

There are approximately 88 ground ambulance Providers in Arizona. These providers fall under the Bureau of EMS and Trauma System within the Arizona Department of Health Services. To operate a ground ambulance service in Arizona, an application must be filed with the Department of Health Services, Bureau of Emergency Medical Services & Trauma System (“Bureau”), and a

Certificate of Necessity (CON) granted by the director. There are also other requirements that can be found at <http://azdhs.gov/documents/director/administrative-counsel-rules/rules/guidance/gd-099-phs-ems.pdf>.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver (called ambulance attendant in Arizona):

A first responder who is employed by an ambulance service operating under the provisions of section 36-2202, whose primary responsibility is the driving of an ambulance and who meets the standards and criteria adopted pursuant to section 36-2204.

Arizona maintains a statewide requirement for two EMCTs to staff an ambulance except in very rural areas, where it can be an ambulance attendant.

"Ambulance attendant" means any of the following:

- (a) An emergency medical technician, an advanced emergency medical technician, an emergency medical technician I-99 or a paramedic whose primary responsibility is the care of patients in an ambulance and who meets the standards and criteria adopted pursuant to section 36-2204.
- (b) An emergency medical responder who is employed by an ambulance service operating under section 36-2202 and whose primary responsibility is the driving of an ambulance.

Regulation of ambulance operators/drivers provided by:

Cara Christ, M.D.

Director

Arizona Department of Health Services

Bureau of Emergency Medical Services and Trauma System

150 North 18th Avenue, Suite 540

Phoenix, AZ 85007

Telephone: 602-364-3150

Fax: 602-364-3567

Requirements for licensure:

The director of the Bureau of EMS and Trauma System sets the standards for ambulance attendants.

EVOC training requirements:

"Emergency medical technician" means a person who has been trained in an emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director as qualified to render services pursuant to section 36-2205.

"Paramedic" means a person who has been trained in a paramedic program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.

"Advanced emergency medical technician" means a person who has been trained in an advanced emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.

"Emergency medical responder" as an ambulance attendant means a person who has been trained in an emergency medical responder program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.

Ambulance driver training required by:

No ambulance driver training required.

Summary of laws, regulations, rules for ambulance drivers:

In Arizona, requirements for ambulance attendants fall under the authority of the Director of the Bureau of EMS and Trauma System. Although ambulance attendants are required to complete a certified emergency medical training program, there are no ambulance driver training requirements (e.g., EVOC courses).

References

www.nasemso.org/legislation/Arizona/azti36ch21_1_36_2201.html

www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/ambulance/ground/con-provider-list.pdf

<http://www.azdhs.gov/documents/director/administrative-counsel-rules/rules/guidance/gd-099-phs-ems.pdf>

www.azdhs.gov/bems/documents/statutes-rule-book.pdf

www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/statutes-rule-book.pdf

Arkansas

Laws, Regulations, Rules for Ambulances

State EMS Contact

Arron Paduaevans
State EMS Director
Arkansas Department of Health
Section of EMS
5800 West 10th Street, Suite 800
Little Rock, AR 72204
501-661-2178
Arron.Paduaevans@arkansas.gov

Definition of ambulance (defined as ground ambulance in Arkansas):

Those vehicles used for transporting any person by stretcher or gurney upon the streets or highways of Arkansas, excluding vehicles intended solely for personal use by immediate family members. Ambulances shall be permitted by the Department.

Regulation of ambulance services provided by:

Arkansas Department of Health
Emergency Medical Services
5800 West 10th Street, Suite 800
Little Rock, AR 72204
501-661-2262

Agencies authorized to operate ambulances:

Under Section III of the Arkansas State Board of Health, Section of Emergency Medical Services, Rules and Regulations for Emergency Medical Services, no person shall furnish, operate, maintain, conduct, advertise or in any way engage in or profess to engage in the business of providing transport of patients upon the streets and highways of Arkansas unless that person holds a valid ambulance service license issued by the Department of Health. This section shall not operate to alter the application of the Good Samaritan Act under Arkansas Code 17-95-101. There are approximately 226 agencies in Arkansas: www.healthy.arkansas.gov/programs-services/topics/ems-resources.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in Arkansas, one must hold a valid ambulance service license issued by the Department of Health. Requirements include but are not limited to an application with the appropriate fee and adequate insurance coverage. Details can be retrieved from [www.healthy.arkansas.gov/programsServices/hsLicensingRegulation/EmsandTraumaSystems/Documents/Rules/Rules%20and%20Regs%20for%20EMS%20\(Community%20Paramedic\)%20CLEAN%201.11.17%20\(1\)%20\(2\).pdf](http://www.healthy.arkansas.gov/programsServices/hsLicensingRegulation/EmsandTraumaSystems/Documents/Rules/Rules%20and%20Regs%20for%20EMS%20(Community%20Paramedic)%20CLEAN%201.11.17%20(1)%20(2).pdf).

Laws, Regulations, Rules for Ambulance Operators/Drivers

As of May 31, 2017, a rule change requiring EVOC training, licensing, etc. is expected to occur by September 2017. A tiered system will also be enacted requiring certified dispatch, certified EMDs, basic medical care will be provided initially then specialized paramedics will be sent. The system is meant to free up EMS resources rather than send specialized paramedics for every call.

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

None

Requirements for licensure:

None

EVOC training requirements:

None

Ambulance driver training required by:

None

Summary of laws, regulations, rules for ambulance drivers:

None

References

Retrieved from <http://ozarkems.com/documents/Ems%20rules%20and%20regulations.pdf>

www.aaaintouch.com/

California

Laws, Regulations, Rules for Ambulances

State EMS Contact

Sean Trask

Chief, EMS Personnel Division Emergency Medical Services Authority 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670

916-322-4336; Fax: 916-322-8765

E-mail: sean.trask@emsa.ca.gov

Emergency Medical Services Area

Dr. Howard Backer

director@emsa.ca.gov

916-322-4336

For questions about paramedic licensing contact paramedic@emsa.ca.gov

Definition of ambulance:

Any vehicle that is specifically constructed, modified, equipped, and designed for the provision of emergency medical transportation services to sick, injured, or otherwise incapacitated persons, including air ambulances.

Regulation of ambulance services provided by:

Ambulance service in California falls under several layers of oversight. Day-to-day EMS system management is a county responsibility. Each county must designate a local EMS agency (LEMSA) which can be an agency established and operated by the county or an entity with which the county contracts for the purposes of EMS administration. Currently, California has 33 LEMSAs - seven multi-county LEMSAs and 26 single county LEMSAs. They establish local protocols, authorize ambulance services to operate within the system, and contract with providers for ambulance service in each ground ambulance zone within the county. The county performs other functions including disaster preparedness and certification of emergency medical technicians.

At the State level, the Emergency Medical Services Authority enforces the statutes in the Emergency Medical Services Act, Health and Safety Code Division 2.5, and develops and implements regulations in California Code of Regulations, Title 22, Division 9: Prehospital Emergency Medical Services to implement those laws. The Authority also approves local EMS plans submitted by the county's local EMS agency to ensure that they contribute to an organized statewide EMS system, comply with statute and regulation and meet the needs of the persons served. In addition, the Authority licenses and disciplines paramedics, regulates training programs, and coordinates disaster preparedness.

The California Commission on Emergency Medical Services is an 18-member body representing the wide variety of EMS stakeholders. The duties of the commission include approving regulations and guidelines developed by the authority and providing advice to the authority on the assessment of emergency facilities and services. The commission may also hear an appeal by

a local EMS agency regarding a local EMS plan. The commission meets quarterly at locations throughout the State. The California Ambulance Association holds a seat on the commission.

In addition, the California Highway Patrol inspects each non-government ambulance for safety and basic equipment. The CHP also issues ambulance permits, conducts ambulance driver testing and issues ambulance driver certificates.

Agencies authorized to operate ambulances:

Authorized providers operate under private companies and county governments.

Summary of laws, regulations, rules for ambulances:

California is divided into 33 Local EMS Agencies (LEMSA) (7 EMS regions and 26 single county EMS systems) which are further broken into 337 ambulance service areas. Altogether, the State is responsible for approximately 3,600 licensed ambulances.

All ambulances in California are licensed and inspected by the CHP and the appropriate county EMS agency. In addition, to get a Medical Transportation Provider license, there are required documents such as application with a fee, documents showing names, ownership and location, business license, insurance and other required pertinent information. For more detailed information, please go to www.dhcs.ca.gov/provgovpart/Pages/MedicalTransportationProviderApplicationPackage.aspx.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

A person who is licensed by the California Department of Motor Vehicles to operate an ambulance.

Regulation of ambulance operators/drivers provided by:

California Department of Motor Vehicle issues an “Ambulance Driver Certificate” once the applicant has met all the requirements. Details can be found at www.dmv.ca.gov/portal/dmv/?1dmy&urile=wcm:path:/dmv_content_en/dmv/dl/ambu_drvr_cert.

Requirements for Certificate issuance:

1. 18 years old
2. Hold a California driver’s license, not on departmental probation
3. Pass an ambulance driver written exam
4. Application fee
5. Fingerprints
6. Medical Exam Report – DL 51

Renewal

When renewing your ambulance driver certificate, you must possess a valid Emergency Medical Technician I (EMT-1) certificate. If you are a volunteer ambulance driver, you may be exempt from holding an EMT-1 certificate if the following requirements are met:

1. The ambulance service is provided in an unincorporated area of a county with a population of

less than 125, 000 people.

2. You (the driver) provide a letter on County Board of Supervisors letterhead identifying the name of the volunteer ambulance service.

3. You (the driver) provide a letter on letterhead from one of the following who identifies you by name and the name of the volunteer ambulance service:

- o County Health Office
- o County Medical Care Committee
- o Local emergency medical services agency coordinator

EVOC training requirements:

None found other than the initial “Ambulance Driver” written exam

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance drivers:

To drive an ambulance in California, one must hold an Ambulance Driver Certificate.

References

Ambulance. Retrieved from www.codepublishing.com/ca/tularecounty/html/tulare06/Tulare0607.html.

Ambulance Driver. Retrieved from www.codepublishing.com/ca/tularecounty/html/tulare06/Tulare0607.html.

California’s Ambulance Association. California’s Ambulance Industry. Retrieved from www.the-caa.org/cai.asp.

Ambulance Certificate. California Department of Motor Vehicles. www.dmv.ca.gov/portal/dmv/?1dmy&urile=wcm:path:/dmv_content_en/dmv/dl/ambu_drvr_cert

California Emergency Medical Services Authority. Retrieved from www.emsa.ca.gov/emt.

CARE Ambulance Service. Retrieved from www.careambulance.net/services.asp.

Medical Transportation Provider Application Package Instruction. Retrieved from www.dhcs.ca.gov/provgovpart/Pages/MedicalTransportationProviderApplicationPackage.aspx.

Colorado

Laws, Regulations, Rules for Ambulances

State EMS Contact

Marschall Smith
Professional Standards Program Manager,
Colorado Dept. of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2995; Fax: 303-691-7720
E-mail: marschall.smith@state.co.us

Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2000
800-886-7689
EMS Provider Certification Unit
303-691-6932
cdphe.emtcert@state.co.us

Definition of ambulance:

Any privately or publicly owned land vehicle especially constructed or modified and equipped, intended to be used, and maintained or operated by an ambulance service for the transportation, upon the streets and highways in this State, of individuals who are sick, injured, or otherwise incapacitated or helpless.

Regulation of ambulance services provided by:

Ambulance services in Colorado are licensed at the county level, as stated in C.R.S. 25-3.5-301. Additionally, regulations at CCR 1015-3 Chapter Four, Rules Pertaining to Licensure of Ground Ambulance Services list minimum requirements for counties to follow. List of Colorado counties with contact information can be found at the Colorado Counties, Inc., at www.ccionline.org.

Agencies authorized to operate ambulances:

There are approximately 250 authorized provider agencies and first responder organizations in Colorado. A general list can be downloaded at www.colorado.gov/pacific/cdphe/ground-ambulance-licensing.

Summary of laws, regulations, rules for ambulances:

Licensing of ground ambulance services is conducted by county governments. Contact the county commissioners' office for specific county ambulance licensing requirements and/or verification of a valid license.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

6 CCR 1015-3 Chapter Four, Rules Pertaining to Licensure of Ground Ambulance Services does not list a specific definition of an ambulance driver. However, Section 7 refers to Minimum Staffing Requirements.

Regulation of ambulance operators/drivers provided by:

Ground ambulance requirements, including ambulance driver requirements, are established and regulated by the specific county government where the ambulance operates.

Requirements for Licensure:

For ambulance drivers, the minimum requirement shall be a valid driver's license per 6 CCR 1015-3 Chapter Four, Section 7.1.2.

EVOC training requirements:

None

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance drivers:

There are no requirements to drive an ambulance in Colorado, other than having a valid Colorado driver's license.

References

Retrieved from www.nasemso.org/legislation/Colorado/co25-3.5-103.html

Retrieved from www.nasemso.org/legislation/Colorado/co25-3.5-202.html

www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5205&fileName=6%20CCR%201015-3

Retrieved from www.denvergov.org/Portals/723/documents/AmbulanceServiceLicense.pdf

Delaware

Laws, Regulations, Rules for Ambulances

State EMS Contact

Diane McGinnis-Hainsworth
Director, Office of Emerg. Medical Svcs.
DPH, EMS/SPS Section 100 Sunnyside Road
Smyrna, DE 19977
302-223-1720; Fax: 302-223-1330
E-mail: diane.hainsworth@state.de.us

State of Delaware
State Fire Prevention Commission
1463 Chestnut Grove Road
Dover, DE 19904
Phone: 302-739-3169
Fax: 302-739-4436
fire.commission@state.de.us
Sherry R. Lambertson, Executive Specialist

Definition of ambulance:

Any publicly or privately-owned vehicle or vessel that is specifically designed, constructed or modified and equipped, and intended to be used for and is maintained or operated for the transportation upon the streets, highways, and waterways of the State for persons who are sick, injured, wounded or otherwise incapacitated or helpless.

Regulation of ambulance services provided by:

State of Delaware
State Fire Prevention Commission
1463 Chestnut Grove Road
Dover, DE 19904
Phone: 302-739-3169
Fax: 302-739-4436
fire.commission@state.de.us
Sherry R. Lambertson, Executive Specialist

Agencies authorized to operate ambulances:

There are 71 authorized provider agencies and first responder organizations in Delaware (56 volunteer fire companies and 15 private ambulance companies).

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in Delaware, one must hold an Ambulance Service Provider License/Permit. Requirements include a but are not limited to: a completed application and a certificate of liability insurance showing the Delaware State Fire Prevention Commission as a certificate holder and the insurance coverage as stated in the Ambulance Service Regulations

(The Primary, Secondary or Non-Emergency Ambulance Service Provider must provide proof of liability insurance in the amount of \$1 million blanket liability coverage and proof of automobile liability insurance in the amount of \$1 million individual, \$3 million aggregate per occurrence). There are also other requirements for Non-Emergency Ambulance Service Providers. For more details, please go to: <https://statefirecommission.delaware.gov/ambulance-information>.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

State of Delaware

State Fire Prevention Commission

1463 Chestnut Grove Road

Dover, DE 19904

Phone: 302-739-3169

Fax: 302-739-4436

fire.commission@state.de.us

Sherry R. Lambertson, Executive Specialist

Requirements for licensure:

None

EVOC training requirements:

Under 7.0 BLS Ambulance Service Provider License and Permit Requirements drivers in Delaware must meet the following requirements:

7.2.4.3 BLS Ambulance Service drivers are required to have completed the “Emergency Vehicle Operators” course conducted by the Delaware State Fire School or an equivalent program approved by the commission. 7.2.4.4 BLS Ambulance Service drivers are required to maintain current CPR/AED certification, approved by the commission.

Ambulance operator/driver training required by:

State of Delaware

State Fire Prevention Commission

1463 Chestnut Grove Road

Dover, DE 19904

Phone: 302-739-3169

Fax: 302-739-4436

References

<http://regulations.delaware.gov/AdminCode/title1/700/710.shtml>

Retrieved from http://statefirecommission.delaware.gov/ems_ambulance.shtml

Retrieved from <http://statefireschool.delaware.gov/pdfs/NewPermit-App.pdf>

District of Columbia

Laws, Regulations, Rules for Ambulances

State EMS Contact

J. Sam Hurley

EMS Division Chief

DC Department of Health – Health Emergency Preparedness and Response Administration

899 N. Capitol Street NE., Suite 570

Washington, DC 20002

202-671-4222; Fax: 202-671-0707

E-mail: jonathan.hurley@dc.gov

Definition of ambulance:

Ambulance – any motor vehicle or aircraft designed and constructed or modified and equipped to be used, maintained, or operated for the transportation of individuals who are sick, injured, wounded, or incapacitated. The term “ambulance” does not include a motor vehicle or aircraft designed and constructed or modified and equipped with a hydraulic lift which is used, maintained, or operated exclusively for transporting, in wheelchairs, patients who do not require the use of equipment and trained personnel found in an ambulance.

Regulation of ambulance services provided by:

DC Department of Health – Health Emergency Preparedness and Response Administration – EMS Division

David Herring

EMS Compliance Specialist

899 N. Capitol Street NE; Suite 570

Washington, DC 20002

202-671-4222; Fax: 202-671-0707

Agencies authorized to operate ambulances:

Authorized provider agencies and first responder organizations: Total of 14 licensed EMS agencies in the District of Columbia.

Summary of laws, regulations, rules for ambulances:

District of Columbia Municipal Regulations Title 29 Chapter 5

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

Must be a credentialed EMS professional to operate an ambulance within the District of Columbia and there is not an independent “ambulance operator/ driver” credential.

Regulation of ambulance operators/drivers provided by:

N/A – ambulance operators are required to be at least credentialed EMS professionals

Requirements for licensure:

Defined by 29 DCMR Chapter 5

EVOC training requirements:

Requires training through initial certification courses and recertification

Ambulance operator/driver training required by:

Requires training through initial certification courses and recertification

References

<https://Dchealth.dc.gov/>

<https://fems.dc.gov/>

Florida

Laws, Regulations, Rules for Ambulances

State EMS Contact

Rickey Stone
Florida Department of Health
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399
850-245-4704
Rickey.Stone@flhealth.gov

State EMS Contact

Kimberly Moore
(850-245-4440 x 2759)
Florida Department of Health
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399
850-245-4444
Barbara_Hyde@doh.state.fl.us

Definition of ambulance (defined as ambulance or emergency medical services vehicle in Florida):

“Ambulance” or “emergency medical services vehicle” means any privately or publicly owned land or water vehicle that is designed, constructed, reconstructed, maintained, equipped, or operated for, and is used for, or intended to be used for, land or water transportation of sick or injured persons requiring or likely to require medical attention during transport.

Regulation of ambulance services provided by:

Florida Department of Health
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399
850-245-4444

Agencies authorized to operate ambulances:

Authorized provider agencies and first responder organizations.

Summary of laws, regulations, rules for ambulances:

The Florida Department of Health has DOH Form 631 that lists all the requirements to apply for a Basic Life Support (BLS) or Advanced Life Support (ALS) Ambulance Service license. It can be found at www.floridahealth.gov/licensing-and-regulation/ems-service-provider-regulation-and-compliance/index.html.

In addition to filling out the form, there are fees and attachments such as insurance, signed protocols and a COPCN (Certificate of Public Convenience and Necessity) that are also required to operate in Florida.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

Any person who meets the requirements of s.401.281 (See Requirements for Licensure).

Regulation of ambulance operators/drivers provided by:

Florida Department of Health
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399
850-245-4444

Requirements for licensure:

401.281 Drivers.—

(1) Each licensee is responsible for assuring that its vehicles are driven only by trained, experienced, and otherwise qualified personnel. The licensee must, at a minimum, document that each of its drivers:

- (a) Is at least 18 years of age;
- (b) Certifies under oath that he or she is not addicted to alcohol or any controlled substance;
- (c) Certifies under oath that he or she is free from any physical or mental defect or disease that might impair his or her ability to drive an ambulance;
- (d) Upon initial designation as a driver, has not, within the past 3 years, been convicted of driving under the influence of alcohol or controlled substances and has not had a driver license suspended under the point system provided for in chapter 322;
- (e) Possesses a valid driver license issued under chapter 322, is trained in the safe operation of emergency vehicles, and has completed an emergency vehicle operator's course or the reasonable equivalent as approved by the department; however, this paragraph applies only to a driver of a land vehicle;
- (f) Possesses a valid American Red Cross or National Safety Council standard first aid course card or its equivalent; and
- (g) Possesses a valid American Red Cross or American Heart Association cardiopulmonary resuscitation card.

(2) The department shall periodically inspect licensees for verification of compliance with this section. Services that are unable to verify compliance are subject to disciplinary action as provided in this part.

EVOc training requirements:

64J-1.013 Drivers.

(1) Each ALS and BLS provider shall ensure that each driver who operates a permitted vehicle meets the qualifications as listed in Section 401.281, F.S.

An ALS or BLS provider may consider current Florida EMT or Paramedic certification as the driver having met the oath requirement listed in Section 401.281(b) and (c), F.S.

(2) Each BLS and ALS provider shall document that each driver has completed at least a 16-hour course of instruction on driving an authorized emergency vehicle, as defined by Section 316.003(1), F.S., which includes, at a minimum, classroom and behind-the-wheel training as

outlined below:

(a) Didactic.

1. Legal aspects of authorized emergency vehicle operators.
2. Selecting routes and reporting emergency operation.
3. The practice of defensive driving.
4. Accident avoidance.
5. Principles of vehicle control.
6. Routine safety checks of vehicle.

(b) Practical.

1. Braking and control braking.
2. Backing; road position, fender judgment and steering technique.
3. Slalom; steering technique and chassis set.
4. Steering technique during a skid; a skid pad is optional.
5. Turn-around-steering technique; fender judgment, road position, controlled braking, controlled acceleration, understeer, oversteer and chassis set.

Rulemaking Authority 401.35 FS. Law Implemented 401.27, 401.281, 401.35, 401.411 FS. History—New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.59, Amended 4-12-88, 12-10-92, Formerly 10D-66.059, Amended 12-18-06, Formerly 64E-2.012.

Ambulance operator/driver training required by:

Florida Department of Health
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399
850-245-4444

EVOC training requirements:

Yes, Part (e) of Rule 401.281 – Driver possesses a valid driver license issued under chapter 322, is trained in the safe operation of emergency vehicles, and has completed an emergency vehicle operator’s course or the reasonable equivalent as approved by the department; however, this paragraph applies only to a driver of a land vehicle;

Summary of laws, regulations, rules for ambulance operators/drivers:

To drive an ambulance in Florida, the driver must meet the requirement under Rule 401.281 which include age, signed documents that the driver is free of alcohol, substance abuse and mental disease. In addition, the driver must have received EVOC training and hold a CPR and First Aid cards showing proof of training.

References

www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0401/Sections/0401.23.html

www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0401/Sections/0401.281.html

www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0401/0401.html

Georgia

Laws, Regulations, Rules for Ambulances

State EMS Contact

Ernie Doss Deputy Director
Georgia Office of EMS and Trauma
1680 Phoenix Blvd. Suite 200
Atlanta, GA 30349
Office: 770-996-3133
Fax: 770-996-7656
Cell: 404-679-0547
E-mail: earnest.doss@dph.ga.gov

Office of Emergency Medical Services (OEMS)
E-mail: dph-phemsinfo@dph.ga.gov

Definition of ambulance (defined as ambulance – ground in Georgia):

Rules and Regulations 511.9.2 – 1102G: A motor vehicle registered by the department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.

Regulation of ambulance services provided by:
Georgia Department of Public Health

Agencies authorized to operate ambulances:

Georgia has many provider agencies and first responder organizations. These can be found at www.georgiaems.org/ems-resources/georgia-ems-directory/. Provider agencies must have vehicle insurance (31.11-33) and meet the standards for ambulances (31.11-34). Agencies with ground ambulances exceeding the 26,000 lbs. weight limit require a commercial chassis exception.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in Georgia, many requirements must be met. These requirements include but are not limited to: an application with the appropriate fee and insurance. Further details can be retrieved from <http://rules.sos.state.ga.us/docs/511/9/2/07.pdf>.

Statute 31.11-7 enables the exercise of emergency vehicle privileges by ambulance drivers outlined in Code 40-6-6. Standards of ambulances in Georgia outlined in 511-2.07 require 30 cubic feet of cabinet space, 60 inches of head room, seat belts, and heat and air conditioning.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None – A minimum of two licensed individuals is required. An EMS responder could be unlicensed.

Regulation of ambulance operators/drivers provided by:

None – Default to regular vehicle operator standards.

Requirements for licensure:

None

EVOC training requirements:

None

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance operators/drivers:

There are no requirements to drive an ambulance in Georgia. Georgia Association of County Commissioners (ACCG) has a combined risk pool to insure EMS agencies and offer a general driver training (not EMS specific) with driving simulators. At least half of the 159 counties participate and have the option to complete the training. The American Safety Council CVO2 coaching of emergency vehicle operator class is used by some providers. The Georgia Association of EMS has worked with outside consultants for EVOC training in the past.

References

Retrieved from <http://rules.sos.state.ga.us/docs/511/9/2/02.pdf>

Retrieved from www.nasemso.org/legislation/Georgia/gar290-5-30-05.html

<http://dph.georgia.gov/EMS>

Retrieved from www.georgiaems.org/ems-resources/georgia-ems-directory/

Retrieved from <http://rules.sos.state.ga.us/docs/511/9/2/07.pdf>

Idaho

Laws, Regulations, Rules for Ambulances

State EMS Contact

Charles Cutler, MBA
Health Operations Field Coordinator
State of Idaho Bureau of EMS and Preparedness
2224 E Warm Springs Ave,
Boise, ID 83712
208-334-4000 or 877-554-3367 (main)
208-334-4010 (direct)
E-mail: Charles.Cutler@dhw.idaho.gov

State EMS Contact

Idaho Department of Health and Welfare
Emergency Medical Services Bureau
Mailing Address:
PO Box 83720
Boise, ID 83720-0036
In Person:
2224 Old Penitentiary Rd
Boise, ID 83720
Fax: 208-334-4015
E-mail: emsprovlic@dhw.idaho.gov

Definition of ambulance:

Any privately or publicly owned ground vehicle, nautical vessel, fixed wing aircraft or rotary wing aircraft used for, or intended to be used for the transportation of sick or injured persons who may need medical attention during transport. This may include dual or multipurpose vehicles which otherwise comply with the provisions of this act and specifications established by the board of health and welfare.

Regulation of ambulance services provided by:

Idaho Department of Health and Welfare
Emergency Medical Services Bureau
Mailing Address:
PO Box 83720
Boise, ID 83720-0036
In Person:
2224 Old Penitentiary Rd
Boise, ID 83720
Fax: 208-334-4015
E-mail: emsprovlic@dhw.idaho.gov

Agencies authorized to operate ambulances:

Approximately 192 authorized provider agencies and first responder organizations.

Summary of laws, regulations, rules for ambulances:

Any organization that advertises or provides ambulance, air medical, or non-transport emergency medical services in Idaho must be licensed as an EMS agency under the requirements in Sections 56-1011 through 56-1023, Idaho Code, and this chapter of rules. Information required for the initial EMS Agency application are listed in Sections 911 through 922 of EMS Agency – Information required on initial application. These include information such as Call Volume, Geographic Coverage Area, Staffing and others. More details can be retrieved from <http://adminrules.idaho.gov/rules/current/16/0103.pdf>. One EMT or higher and one driver is required for each ambulance.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

None

Requirements for licensure:

None

EVOC training requirements:

None

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance operators/drivers:

No requirements to drive an ambulance in Idaho. Approximately 25% of agencies require training in-house.

References

Retrieved from www.nasemso.org/legislation/Idaho/id39-140.html

<http://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServicesHome/ProviderLicensure/tabid/1601/Default.aspx>

<http://adminrules.idaho.gov/rules/current/16/0103.pdf>

http://healthandwelfare.idaho.gov/Portals/0/Medical/EMS/Providing_EMS_in_Idaho.pdf

Illinois

Laws, Regulations, Rules for Ambulances

State EMS Contact

Jack Fleeharty

Div. Chief, Div. of EMS & Highway Safety Illinois Dept. of Public Health

422 S. Fifth

Springfield, IL 62701

217-785-2080; Fax: 217-557-3481

E-mail: jack.fleeharty@illinois.gov

Definition of ambulance:

Any publicly or privately-owned vehicle which is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated for the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless.

Regulation of ambulance services provided by:

Illinois Department of Public Health

Division of EMS and Highway Safety

535 West Jefferson Street

Springfield, Illinois 62761

Phone: 217-785-2080

Fax: 217-557-3481

TTY: 800-547-0466

DPH.EMTLIC@illinois.gov

Agencies authorized to operate ambulances:

IDPH licenses Emergency Medical Services provider agencies and their transport and non-transport vehicles to ensure compliance with equipment and staffing requirements, along with minimum build standards as adopted by the State and enforced through an inspection process. Each ambulance provider in Illinois must operate under the authority and oversight of an IDPH designated EMS System. The Illinois Department of Public Health (IDPH) currently designates 64 hospital EMS systems throughout the State with approximately 600 to 700 EMS agencies operating.

Summary of laws, regulations, rules for ambulances:

Administrative rules for the operations of EMS provider services can be located within the Illinois EMS Act and Trauma Center Code. Subpart (f), Sections 515.800 through Sections 515.860 at the following link: www.ilga.gov/commission/jcar/admincode/077/07700515sections.html.

Vehicles receive an individual annual operating license through IDPH/Division of EMS and are registered with, and issued ambulance plates through the Illinois Secretary of State Office. Ambulances and non-transport vehicles must pass annual Public Health Department inspections.

Ambulances are also required to display current Secretary of State Vehicle Safety Inspection lane stickers.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

Individual operating an ambulance in Illinois must meet the driver license requirements and vehicle operational requirements as established in the Illinois Vehicle Code. Ambulance operations are specified within 625 ILCS 5/11-1421. Special lighting requirements are specified in sections 5/12-215 for ambulance and rescue vehicles. www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=062500050HCh%2E+11+Art%2E+XIV&ActID=1815&ChapterID=49&SeqStart=129400000&SeqEnd=134500000.

Requirements for licensure:

IDPH licenses people in Illinois to assure they are competent and keep current in the practice of Emergency Medical Services. This includes the licensing of EMT-Basic, EMT-Intermediate, Advanced EMT, Paramedic, Lead Instructor, Emergency Medical Dispatcher, First Responder, Pre-Hospital Registered Nurse, and Emergency Communications Registered Nurse. All EMT-B candidates shall hold a high school diploma or high school equivalency certificate and be 18 years of age or older to be tested for licensure.

Training requirements:

Candidates who successfully pass initial licensure courses are qualified to take licensure exams through their EMS System that sponsored the course. Qualifying candidates may elect to take either the Illinois State Licensing Exam or the National Registry Exam. Paramedic exam candidates who wish to test with the National Registry of EMT's must qualify by graduating from a Co-AEMSP accredited Paramedic program.

Ambulance operator/driver training required by:

IDPH provides approval of Emergency Medical Services (EMS) and Trauma Nurse Specialist (TNS) education throughout Illinois. EMS education is conducted by or in cooperation with approved EMS systems throughout the State. This education includes initial courses, refresher courses, and ongoing continuing medical education. EMS courses and continuing education programs are conducted at colleges, hospitals, and a variety of local community locations. Education is also offered through online resources.

EVOC training requirements:

CEU credits are given for EVOC training but it is not required.

Summary of laws, regulations, rules for ambulance operators/drivers:

IDPH licenses people in Illinois to assure they are competent and keep current in the practice of Emergency Medical Services (i.e. EMT-Basic, EMT-Intermediate, Advanced EMT, Paramedic, Lead

Instructor, Emergency Medical Dispatcher, First Responder, Pre-Hospital Registered Nurse, and Emergency Communications Registered Nurse). No requirements for EVOC training found.

References

www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1815&ChapterID=49

www.ilga.gov/commission/jcar/admincode/077/077005150C03100R.html

<http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/testingEdu>

<http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/prov-vehLic>

<http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing>

www.ilga.gov/commission/jcar/admincode/077/077005150D05300R.html

www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=062500050HCh%2E+11+Art%2E+XIV&ActID=1815&ChapterID=49&SeqStart=129400000&SeqEnd=134500000

www.ilga.gov/commission/jcar/admincode/077/07700515sections.html

Iowa

Laws, Regulations, Rules for Ambulances

State EMS Contact

Steve Mercer, Executive Officer
Iowa Department of Public Health
Bureau of Emergency and Trauma Services (BETS)
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
515-314-0867
steven.mercer@idph.iowa.gov

Definition of ambulance:

Any privately or publicly owned ground vehicle specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated.

Regulation of ambulance services provided by:

Iowa Department of Public Health
Bureau of Emergency and Trauma Services (BETS)
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
800-728-3367

Agencies authorized to operate ambulances:

Rescue squads, fire stations, fire departments and other authorized ambulance providers in Iowa. A comprehensive list can be found at <https://idph.iowa.gov/BETS/EMS>.

Summary of laws, regulations, rules for ambulances:

There are many ambulance providers in Iowa. These providers fall under the Bureau of Emergency Trauma Services which operate under the Iowa Department of Public Health. Operating an ambulance in Iowa falls under rule: 641-132.7(147A) and 132.7(1). The general requirements for authorization and renewal of authorization are filling out an application and paying the appropriate fee as well as meeting minimum requirements. In addition, the certificate of authorization is valid for 3 years. Once the certificate is issued, the provider shall serve only that city on the certificate. Should the company want to operate in other cities, then it shall be explicitly written on the certificate. Ambulance operators must as a minimum include one currently certified EMT and one licensed driver.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

Iowa Department of Public Health Bureau of Emergency Medical Services
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
800-728-3367

Requirements for licensure:

Under Iowa code, Chapter 131, EMS provider education/training/certification is specified as:

- “Emergency medical care provider” means a person who has been trained to provide emergency and nonemergency medical care at the EMR, EMT, AEMT, paramedic or other certification level recognized by the department before 2011 and who has been issued a certificate by the department.
 - “Emergency medical responder” or “EMR” means a person who has successfully completed a course of study based on the U.S. DOT’s Emergency Medical Responder Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMR, and is currently certified by the department as an EMR.
- Responder Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMR, and is currently certified by the department as an EMR.
- “Emergency medical services” or “EMS” means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.
 - “Emergency medical technician” or “EMT” means a person who has successfully completed a course of study based on the U.S. DOT’s Emergency Medical Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMT, and is currently certified by the department as an EMT.
- Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMT, and is currently certified by the department as an EMT.
 - “Emergency medical technician-ambulance” or “EMT-A” means a person who has successfully completed the 1984 U.S. DOT’s Emergency Medical Technician-Ambulance curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-A.
- Technician-Ambulance curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-A.
 - “Emergency medical technician-basic” or “EMT-B” means a person who has successfully completed the current U.S. DOT’s Emergency Medical Technician-Basic curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.
- Technician-Basic curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.
- “Emergency medical technician-defibrillation” or “EMT-D” means a person who has successfully completed an approved program which specifically addresses manual or automated defibrillation, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-D.

- “Emergency medical technician-intermediate” or “EMT-I” means a person who has successfully completed an EMT-Intermediate curriculum approved by the department, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-I.
- “Emergency medical technician-paramedic” or “EMT-P” means a person who has successfully completed the current U.S. DOT’s EMT-Intermediate curriculum (1999) or the 1985 or earlier DOT EMT-P curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

EVOC training requirements:

Yes, the service shall document each driver’s training in CPR (AED training not required), in emergency driving techniques and in the use of the service’s communications equipment. Training in emergency driving techniques shall include:

1. A review of Iowa laws regarding emergency vehicle operations.
2. A review of the service program’s driving policy for first response vehicles, ambulances, rescue vehicles or personal vehicles of an emergency medical care provider responding as a member of the service.

Behind the wheel training is included.

Ambulance operator/driver training required by:

Under Iowa code, Chapter 321.231, all emergency vehicles and police bicycles are required to complete driver training.
 Iowa Department of Public Safety
 215 East 7th Street
 Des Moines, Iowa 50319

Summary of laws, regulations, rules for ambulance operators/drivers:

Driving an ambulance in Iowa falls under rule: 641-132.8(147A) and 132.8(1). The minimum requirements are to: Be a licensed driver, have received CPR training and have received in classroom and behind the wheel training in driving an emergency vehicle.

References

www.legis.iowa.gov/docs/ACO/IAC/LINC/10-12-2016.Chapter.641.132.pdf

www.iemsa.net/pdfs/leadership/2010IowaEMSSystemStandards.pdf

www.idph.state.ia.us/ems/

Kentucky

Laws, Regulations, Rules for Ambulances

State EMS Contact

Robert Andrew
Director of Education
Kentucky Board of Emergency Medical Services
859-753-7072
robert.andrew@kctcs.edu
118 James Court, Suite 50
Lexington, KY 40505
Phone: 859-256-3565
Toll-Free: 866-97KBEMS
Fax: 859-256-3128

Definition of ambulance:

A vehicle which has been inspected and approved by the cabinet, including a helicopter or fixed wing aircraft, except vehicles or aircraft operated by the United States government, that are specially designed, constructed, or have been modified or equipped with the intent of using the same, for the purpose of transporting any individual who is sick, injured, or otherwise incapacitated who may require immediate stabilization and continued medical response and intervention during transit or upon arrival at the patient's destination to safeguard the patient's life or physical well-being.

Regulation of ambulance services provided by:

Kentucky Board of Emergency Medical Services
118 James Court, Suite 50
Lexington, KY 40505
Phone: 859-256-3565
Toll-Free 866-97KBEMS
Fax: 859-256-3128

Agencies authorized to operate ambulances:

Authorized provider agencies and first responder organizations

Summary of laws, regulations, rules for ambulances:

List of EMS providers from the Kentucky Ambulance Providers Association is available at www.kyapa.org/index.php/resources2/members. Summary of Ambulance Providers and Medical First Response Agencies available under 202 KAR 7:501: https://kbems.kctcs.edu/legal/ems_law.aspx.

To operate an ambulance service in Kentucky, one must hold an ambulance provider license. Requirements include but are not limited to:

Section 2. Provider Licensing Requirements. (1) A person or entity shall not provide, advertise, or profess to engage in the provision of ambulance service or ALS medical first response originating in Kentucky without having first obtained a license from the board pursuant to this administrative regulation and certificate of need if appropriate.

(2) A provider shall comply with local ordinances, State and Federal statutes and administrative regulations.

(3) A provider shall display its license in a prominent public area at the service base station.

(4) The following information shall be included on the license:

- (a) Operating name of the provider;
- (b) Physical location of the base station;
- (c) The number and physical location of satellite stations, if any, operated by the licensee;
- (d) The license classification;
- (e) The level of service provided;
- (f) The number of vehicles operated by the provider; and
- (g) The specific geographic area to be served by the licensee.

(5) Providers shall provide the KBEMS office with an accurate map and a written description of its geographic service area within the Commonwealth, which shall identify with specificity the complete boundary of the area served by the provider when applying for initial licensure or if the service area has changed since the last map was provided to the KBEMS office. The map shall accurately reflect the service area as identified by the provider's certificate of need, if appropriate.

(6) A licensed provider may respond to calls outside of its geographic service area only if the provider is providing:

- (a) Mutual aid under an existing agreement with another licensed provider whose geographic service area includes the area in which the emergency call is made;
- (b) Disaster assistance;
- (c) Nonemergency transfers from damaged or closed health facilities; or
- (d) Interfacility care to residents of its service area, who are patients in facilities outside of its service area, for the purpose of returning the patients to their home service area or transporting them to another health facility.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

Kentucky Board of Emergency Medical Services

118 James Court, Suite 50

Lexington, KY 40505

Phone: 859-256-3565

Toll-Free: 866)-97KBEMS

Fax: 859-256-3128

Requirements for licensure:

Under 202 KAR 7:501 Ambulance providers and medical first response agencies:

Section 9. Motor Vehicle Operator Requirements.

- (1) Staff members or volunteers who operate a vehicle, as a part of their job duties shall:
 - (a) Be at least eighteen (18) years of age;
 - (b) Hold a valid Kentucky driver's license; and
 - (c) Complete an initial drivers training and education program that is a minimum of eight (8) hours long, developed by the provider or provided for the provider in conjunction with another agency or organization.
- (2) Documentation shall be available to support that the driving training program consisted of:
 - (a) Review of driving a vehicle under emergency conditions;
 - (b) Review of Kentucky Revised Statutes regarding operation of emergency vehicles;
 - (c) Performing forward and back-up driving maneuvers in a controlled situation, such as in an obstacle course designed specifically for this purpose; and
 - (d) Review of defensive driving techniques and procedures with hands-on experience or exposure by visual aids, such as videotapes, slides, or planned demonstrations.
- (3) All personnel, certified or licensed by the board, who operate a provider's motor vehicle shall repeat a refresher driver's training and education program at least once every two (2) years, which is a minimum of four (4) hours in duration. The course shall consist of:
 - (a) A review of driving a vehicle under emergency conditions;
 - (b) A review of Kentucky Revised Statutes regarding operation of emergency vehicles;
 - (c) A review of forward and back-up driving maneuvers in a controlled situation, such as in an obstacle course designed specifically for this purpose; and,
 - (d) A review of defensive driving techniques and procedures by with hands-on experience or exposure by visual aids, such as videotapes, slides, or planned demonstrations.
- (4) Provider personnel who may serve as an attendant or a driver shall meet the qualifications for both roles. Documentation shall be required in personnel files for personnel who:
 - (a) Serve as drivers only in a three (3) person crew and do not render any type of first aid or medical treatment; or
 - (b) Serve as patient care providers only.

EVOC training requirements:

- (1) Complete an initial drivers training and education program that is a minimum of eight (8) hours long, developed by the provider or provided for the provider in conjunction with another agency or organization.
- (2) Documentation shall be available to support that the driving training program consisted of:
 - (a) Review of driving a vehicle under emergency conditions;
 - (b) Review of Kentucky Revised Statutes regarding operation of emergency vehicles;
 - (c) Performing forward and back-up driving maneuvers in a controlled situation, such as in an obstacle course designed specifically for this purpose; and
 - (d) Review of defensive driving techniques and procedures with hands-on experience or exposure by visual aids, such as videotapes, slides, or planned demonstrations.

(3) All personnel, certified or licensed by the board, who operate a provider's motor vehicle shall repeat a refresher driver's training and education program at least once every two (2) years, which is a minimum of four (4) hours in duration. The course shall consist of:

- (a) A review of driving a vehicle under emergency conditions;
 - (b) A review of Kentucky Revised Statutes regarding operation of emergency vehicles;
 - (c) A review of forward and back-up driving maneuvers in a controlled situation, such as in an obstacle course designed specifically for this purpose; and,
 - (d) A review of defensive driving techniques and procedures by with hands-on experience or exposure by visual aids, such as videotapes, slides, or planned demonstrations.
- (4) Provider personnel who may serve as an attendant or a driver shall meet the qualifications for both roles.

Ambulance operator/driver training required by:

Kentucky Board of Emergency Medical Services
118 James Court, Suite 50
Lexington, KY 40505
Phone: 859-256-3565
Toll-Free: 866-97KBEMS
Fax: 859-256-3128

EVOC training requirements:

Yes, Per Kentucky Rule 202 KAR 7:501, Section 9. It follows the National Standard Curriculum and Certification. Details can be found at www.lrc.ky.gov/kar/202/007/501.htm

Summary of laws, regulations, rules for ambulance operators/drivers:

Kentucky recently adopted NHTSA's EVOC training program. One must still fulfill several requirements to drive and ambulance in Kentucky including but not limited to: age, licensing, Emergency Vehicle Training and Education (Initial and Recurrent). For further details, please go to Kentucky Rule 202 KAR 7:501, Section 9 at www.lrc.ky.gov/kar/202/007/501.htm. Some local agencies require additional EVOC or EVOS training.

References

www.nasemso.org/legislation/Kentucky/ky211.950.html

www.lrc.ky.gov/kar/202/007/501.htm

Retrieved from www.kyapa.com/index.php?option=com_content&view=article&id=138&Itemid=74

<https://kbems.kctcs.edu/About/Forms.aspx>

<https://kbems.kctcs.edu/media/forms/2017-forms/KBEMS-E3%20EMR%20Checklist%203.24.17.pdf>

www.lrc.ky.gov/kar/202/007/501.htm

https://kbems.kctcs.edu/legal/ems_law.aspx

Retrieved from <http://webcache.googleusercontent.com/search?q=cache:www.lrc.ky.gov/kar/202/007/501.htm>

<https://kbems.kctcs.edu/>

Retrieved from www.kyapa.org/index.php

Louisiana

Laws, Regulations, Rules for Ambulances

State EMS Contact

Margaret (Margie) Huguet, RN
Medical Certification Program Manager
LDH - Health Standards Section
628 North 4th Street
Bienville Building
Baton Rouge, LA 70802
P.O. Box 3767 - 70821-3767
Phone: 225-342-2449

Definition of ambulance:

Subchapter A. General Provisions, §6001. Definitions

Any authorized emergency vehicle, equipped with warning devices, designed and operated as a part of a regular course of conduct or business to transport a sick or injured individual or which is advertised or otherwise held out to the public as such. For purposes of these provisions, ambulance shall not mean a hearse or other funeral home vehicle used for the transportation of the dead.

Regulation of ambulance services is provided by:

Louisiana Department of Health
Health Standards Section
628 N. 4th St.
Bienville Building, 3rd Floor
Baton Rouge, LA 70802
225-342-2449
<http://new.dhh.louisiana.gov/index.cfm/subhome/28>
(Licensing and inspection of EMTS providers)

Agencies authorized to operate ambulances:

There are 69 authorized EMS agencies in Louisiana. A provider directory for licensed EMS Providers in Louisiana can be found by clicking on the following link: www.dhh.louisiana.gov/index.cfm/directory/category/165.

See Minimum Licensing Standards for Emergency Medical Transportation Services (LAC 48: I. Chapter 60). Information about the Health Standards Section EMS can be retrieved from www.dhh.louisiana.gov/index.cfm/directory/detail/714/catid/154. Then click on Regulations under Licensure to view the licensing regulations.

Summary of laws, regulations, rules for ambulances:

See Minimum Licensing Standards for Emergency Medical Transportation Services (LAC 48: I. Chapter 60). Information about the Health Standards Section EMS can be retrieved from www.dhh.louisiana.gov/index.cfm/directory/detail/714/catid/154. Then click on Regulations under Licensure to view the licensing regulations.

Laws, Regulations, Rules for Ambulance Operators/Drivers**Definition of ambulance operator/driver:**

None

Regulation of ambulance operators/drivers provided by:

Louisiana Bureau of Emergency Medical Services

7273 Florida Blvd

Baton Rouge, LA 70806

225-925-4022 or 225-925-7244

<http://new.dhh.louisiana.gov/index.cfm/subhome/28>

(Licensure of EMS Practitioners)

Requirements for licensure:

F. All drivers must successfully complete and hold a valid current defensive driving certificate issued by the National Safety Council or its equivalent as determined by the Department of Health and Hospitals. The course must be equivalent to at least the National Safety Council's DDC-6 program or emergency vehicle operation program. Pre-licensing driving courses shall not be acceptable.

EVOC training requirements:

Ambulance operators/drivers must complete an EVOC course equivalent to at least the National Safety Council's DDC-6 program or emergency vehicle operation program.

Ambulance operator/driver training required by:

Louisiana Bureau of Emergency Medical Services

7273 Florida Blvd

Baton Rouge, LA 70806

225-925-4022 or 225-925-7244

<http://new.dhh.louisiana.gov/index.cfm/subhome/28>

(Licensure of EMS Practitioners)

Summary of laws, regulations, rules for ambulance operators/drivers:

All drivers must successfully complete and hold a valid current defensive driving certificate issued by the National Safety Council or its equivalent as determined by the Department of Health and Hospitals.

References

Retrieved from www.nasemso.org/legislation/Louisiana/lars40_1231.html

<http://new.dhh.louisiana.gov/index.cfm/page/759/n/389>

Retrieved from <http://web01.dps.louisiana.gov/OMV1.nsf/1b2fc6edb63de9b1862564800069f248/f49e283fc26019e8862564ae00546c22?OpenDocument>

Retrieved from http://dhh.louisiana.gov/assets/medicaid/hss/docs/EMT_reg.doc

http://dda.edu/LA_CD_L_Manual.pdf

LA Revised Statute 40:1133.14 www.legis.la.gov/Legis/Law.aspx?d=97057

Title 48 - PUBLIC HEALTH—GENERAL Part I. General Administration -Subpart 3. Health Standards - Chapter 60. Emergency Medical Transportation Services. Retrieved from www.dhh.louisiana.gov/index.cfm/directory/detail/714/catid/154 . Click on Regulations under Licensure to view the licensing regulations

<http://new.dhh.louisiana.gov/index.cfm/subhome/28>

Retrieved from www.dhh.louisiana.gov/index.cfm/directory/detail/714/catid/154

www.dhh.louisiana.gov/index.cfm/directory/category/165

Maryland

Laws, Regulations, Rules for Ambulances

State EMS Contact

Lisa M. Chervon, MA, NRP
State Office of Commercial Ambulance Licensing and Regulation (SOCALR) Director
Maryland Institute for Emergency Medical Services Systems (MIEMSS)
653 West Pratt Street
Baltimore, Maryland 21201
LCHERVON@miemss.org
Office: 410-706-8511
Fax: 410-706-8552
Cell/SMS: 443-525-1497

Definition of ambulance:

Any vehicle designed and constructed or modified and equipped to be used, maintained, or operated for the transportation of individuals who are sick, injured, wounded, or otherwise incapacitated.

Regulation of ambulance services provided by:

Maryland Institute for Emergency Medical Services Systems
State Office of Commercial Ambulance Licensing & Regulation
653 West Pratt Street, Room 313
Baltimore, MD 21201-1536
Office: 410-706-8511
Fax: 410-706-8552

Agencies authorized to operate ambulances:

Maryland is responsible for approximately 50 authorized provider agencies and first responder organizations.

Summary of laws, regulations, rules for ambulances:

To become a “Licensed Commercial Ambulance Service in Maryland a multi-step process and requires the completion of a New Service Application submitted to the State Office of Commercial Ambulance Licensing and Regulation in accordance with COMAR Title 30. It is recommended that you refer to a number of resources prior to submitting a New Service Application with the State Office of Commercial Ambulance and Licensing (SOCALR). Further details about the requirements can be retrieved from www.miemss.org/home/Portals/0/Docs/CommercialAmbulance/Commercial_Ambulance_Guide.pdf.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

Maryland Institute for Emergency Medical Services Systems
State Office of Commercial Ambulance Licensing & Regulation
653 West Pratt Street, Room 313
Baltimore, MD 21201-1536
Office: 410-706-8511
Fax: 410-706-8552

Requirements for licensure:

BLS Ambulance

- First Responder or higher certification
- Driver's License

ALS Ambulance

- EMT B or higher certification
- Driver's License

EVOC training requirements:

No driver training requirements for private or public agencies. Some individual companies may have requirements.

Ambulance operator/driver training required by:

Maryland Institute for Emergency Medical Services Systems
State Office of Commercial Ambulance Licensing & Regulation
653 West Pratt Street, Room 313
Baltimore, MD 21201-1536
Office: 410-706-8511
Fax: 410-706-8552

Summary of laws, regulations, rules for ambulance operators/drivers:

In order to drive an ambulance in Maryland, the driver must be certified as a first responder or higher and possess a valid motor vehicle license while on duty (For BLS Ambulance). The driver must be certified as EMT-B or higher and possesses a valid motor vehicle license (For ALS Ambulance). Details can be retrieved from www.miemss.org/home/Portals/0/Docs/CommercialAmbulance/Commercial_Ambulance_Guide.pdf.

References

Retrieved from www.nasemso.org/legislation/Maryland/md21.htm

Retrieved from www.miemss.org/home/Portals/0/Docs/CommercialAmbulance/Commercial_Ambulance_Guide.pdf

www.miemss.org/home/Departments/CommercialAmbulanceLicensingRegulation/tabid/64/Default.aspx

Retrieved from www.miemss.org/home/LinkClick.aspx?fileticket=ll_vKMSOyiM%3d&tabid=64

Minnesota

Laws, Regulations, Rules for Ambulances

State EMS Contact

Tony Spector
Executive Director
Emergency Medical Services Regulatory Board (EMSRB), Minnesota
2829 University Ave. SE, Suite 310
Minneapolis, Minnesota 55414-3222
651-201-2806
Tony.Spector@state.mn.us

Definition of ambulance:

Any vehicle designed or intended for and actually used in providing ambulance service to ill or injured persons or expectant mothers.

Regulation of ambulance services provided by:

Emergency Medical Services Regulatory Board (EMSRB), Minnesota
2829 University Ave. SE, Suite 310
651-201-2800
For TTY communication, use Minnesota Relay Service at 711 or 800-627-3529
Fax: 651-201-2812

Agencies authorized to operate ambulances:

There are 264 Authorized provider agencies and first responder organizations listed in Minnesota. They are listed by region and can be found at <https://mnstar.emsrb.state.mn.us/default.cfm>

Summary of laws, regulations, rules for ambulances:

The Emergency Medical Services Regulatory Board is the State agency that licenses ambulance services in Minnesota. Each ambulance service is licensed to provide a certain level of care (part-time ALS, basic life support, advanced life support or specialized licenses. The level of care is largely dependent on the training level of the personnel. Basic life support and part-time ALS requires 2 EMTs, advanced life support requires at least one paramedic.² Details can be found at www.revisor.mn.gov/rules/?id=4690.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver (“ambulance service personnel” is used in Minnesota):

Ambulance service personnel. "Ambulance service personnel" means individuals who are authorized by a licensed ambulance service to provide emergency care for the ambulance service and are:

- (1) EMTs, AEMTs, or paramedics;
- (2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and have passed a paramedic practical skills test, as approved by the board and administered by an educational program approved by the board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have training and skills equivalent to an EMT, as determined on a case-by-case basis; or
- (3) Minnesota licensed physician assistants who are: (i) EMTs, are currently practicing as physician assistants, and have passed a paramedic practical skills test, as approved by the board and administered by an educational program approved by the board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have training and skills equivalent to an EMT, as determined on a case-by-case basis.

Regulation of ambulance operators/drivers provided by:

Emergency Medical Services Regulatory Board (EMSRB), Minnesota
2829 University Ave. SE, Suite 310
Minneapolis, Minnesota 55414-3222
651-201-2800 or 800-747-2011
651-201-2812 (fax)
EMSRB.Webmaster@state.mn.us

Requirements for licensure:

Minnesota Statutes 144E.28 AMBULANCE SERVICE REQUIREMENTS.

Subdivision 1. Requirements.

To be eligible for certification by the board as an EMT, AEMT, or paramedic, a person shall:

- (1) successfully complete the U.S. DOT course, or its equivalent as approved by the board, specific to the EMT, AEMT, or paramedic classification;
- (2) pass the written and practical examinations approved by the board and administered by the board or its designee, specific to the EMT, AEMT, or paramedic classification; and
- (3) complete a board-approved application form.

EVOC training requirements:

Yes, Per the 2014 Minnesota Statutes 144E.28 Subdivision 1. Must have attended an emergency vehicle driving course approved by the licensee.

The emergency vehicle driving course must include actual driving experience.

Ambulance operator/driver training required by:

Per the 2014 Minnesota Statutes 144E.28 Subdivision 1.

Minnesota Emergency Medical Services Regulatory Board (EMSRB)

2829 University Avenue Southeast, Suite 310

Minneapolis, Minnesota 55414-3222

612-627-6000 or 800-747-2011

Fax: 612-627-5442

www.emsrb.state.mn.us

Summary of laws, regulations, rules for ambulance operators/drivers:

In order to drive an ambulance in Minnesota, one must hold a current valid driver's license AND must have attended an emergency vehicle driving course approved by the licensee AND where the emergency vehicle driving course must include actual driving experience AND meet requirements for the EMT, AEMT, or paramedic classification.

References

www.revisor.mn.gov/statutes/?id=144E.001

www.revisor.mn.gov/statutes/?id=144E.101

www.revisor.mn.gov/rules/?id=4690

www.revisor.mn.gov/statutes/?id=144E.28

Missouri

Laws, Regulations, Rules for Ambulances

State EMS Contact

Missouri Department of Health and Senior Services
Bureau of Emergency Medical Service
Terry Ellsworth, Chief
Division Regulations and Licensure
920 Wildwood
P.O. Box 570
Jefferson City, Missouri 65102
Phone: 573-751-6356

Definition of ambulance:

Any privately or publicly owned vehicle or craft that is specially designed, constructed or modified, staffed or equipped for, and is intended or used, maintained or operated for the transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or who require the presence of medical equipment being used on such individuals, but the term does not include any motor vehicle specially designed, constructed or converted for the regular transportation of persons who are disabled, handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports.

Regulation of ambulance services provided by:

Missouri Department of Health and Senior Services
Bureau of Emergency Medical Service
Terry Ellsworth, Chief
Division Regulations and Licensure
920 Wildwood
P.O. Box 570
Jefferson City, Missouri 65102
Phone: 573-751-6356
Fax: 573-751-6348
EMSINFO@health.mo.gov

Agencies authorized to operate ambulances:

Licensed Ground and Air Ambulance Services

Summary of laws, regulations, rules for ambulances:

A Ground Ambulance Service License Application must be filled out including names, addresses, medical directors and service area. For more details, please go to:
<http://health.mo.gov/safety/ems/pdf/ground1.pdf>.
190.105 RSMO, 190.109 RSMO, 19CSR30-40.309
<http://health.mo.gov/safety/ems/lawsregs.php>

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

None

Requirements for licensure:

None

EVOC training requirements:

None

Ambulance operator/driver training required by:

Missouri Department of Health and Senior Services
Bureau of Emergency Medical Service
920 Wildwood
P.O. Box 570
Jefferson City, Missouri 65102
Phone: 573-751-6356
Fax: 573-751-6348
EMSINFO@health.mo.gov

EVOC training requirements:

Each ambulance service is responsible for assuring that any person driving its ambulance is competent in emergency vehicle operations and has a safe driving record. Each ground ambulance shall be staffed with at least two licensed individuals when transporting a patient, except as provided in section 190.094 of the Missouri Revised Statutes. Retrieved from www.moga.mo.gov/mostatutes/stathtml/19000001051.html.

Summary of laws, regulations, rules for ambulance operators/drivers:

Per 190.105.1 of the Missouri Revised Statutes. No ground ambulance shall be operated for ambulance purposes, and no individual shall drive, attend or permit it to be operated for such purposes in Missouri unless the ground ambulance is under the immediate supervision and direction of a person who is holding a currently valid Missouri license as an emergency medical technician. Nothing in this section shall be construed to mean that a duly registered nurse or a duly licensed physician. Information can be retrieved from www.moga.mo.gov/mostatutes/stathtml/19000001051.html.

References

Retrieved from www.moga.mo.gov/mostatutes/stathtml/19000001001.HTML

Retrieved from <http://health.mo.gov/about/personneldirectory/reglic.pdf>

http://dslo.afdo.org/results/?q=Missouri&unifyfda=1&bystate=1&selected_facets=area_exact:%222200%22

<http://health.mo.gov/safety/ems/pdf/emraapp1.pdf>

<http://health.mo.gov/safety/ems/pdf/ground1.pdf>

Retrieved from www.moga.mo.gov/mostatutes/stathtml/19000001051.html

Nebraska

Laws, Regulations, Rules for Ambulances

State EMS Contact

Wendy Snodgrass NRP, EMSI
EMS Education and Compliance Manager
Office of Emergency Health Systems
Nebraska Department of Health and Human Services
Office: 402-873-5082
Fax: 402-742-1140
wendy.snodgrass@nebraska.gov

Definition of ambulance:

Any privately or publicly owned motor vehicle or aircraft that is especially designed, constructed or modified, and equipped and is intended to be used and is maintained or operated for the overland or air transportation of patients upon the streets, roads, highways, airspace, or public ways in this State, including funeral coaches or hearses, or any other motor vehicles or aircraft used for such purposes.

Regulation of ambulance services provided by:

Department of Health and Human Services
Division of Public Health Licensure
301 Centennial Mall SO, 3rd Floor
PO Box 94986
Lincoln, NE 68509-4986
402-471-3121

Agencies authorized to operate ambulances:

Nebraska has approximately 430 authorized provider agencies and first responder organizations. The majority of provider agencies are volunteer.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in Nebraska, one must fill out an application and pay the appropriate fee.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

Although Nebraska does not have a definition of ambulance driver, it does mention the following:

Motor vehicle ambulance; driver privileges: The driver of a licensed motor vehicle ambulance who holds a valid driver's license issued by his or her residence may exercise the privileges set

forth in Nebraska statutes relating to emergency vehicles when responding to an emergency call or while transporting a patient.

Regulation of ambulance drivers provided by:

Department of Health and Human Services
Division of Public Health Licensure
301 Centennial Mall SO, 3rd Floor
PO Box 94986
Lincoln, NE 68509-4986
402-471-3121

Requirements for licensure:

A valid Driver's License

Training requirements:

EMS agencies are required to offer emergency vehicle operating training every two years. The type of training is not specified.

Ambulance driver training required by:

Department of Health and Human Services
Division of Public Health Licensure
301 Centennial Mall SO, 3rd Floor
PO Box 94986
Lincoln, NE 68509-4986
402-471-3121

Summary of laws, regulations, rules for ambulance drivers:

There are no requirements to drive an ambulance in Nebraska other than holding a valid driver's license.

References

Retrieved from <http://dhhs.ne.gov/publichealth/Licensure/Documents/EMS172-12.pdf>

Retrieved from <http://dhhs.ne.gov/publichealth/Licensure/Documents/EmergencyMedicalServicesAct.pdf>

New Hampshire

Laws, Regulations, Rules for Ambulances

State EMS Contact

Justin Romanello
Bureau Chief
State of New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services
33 Hazen Drive
Concord, NH 03305-0003
603-223-4200; Fax: 603-271-4567
E-mail: justin.romanello@dos.nh.gov

Definition of ambulance:

None

Regulation of ambulance services provided by:

New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services
Bureau of Emergency Medical Services
Richard M. Flynn Fire Academy
33 Hazen Drive
Concord, New Hampshire 03305
Phone: 800-735-2964
Fax: 603-752-8029
fstems@dos.nh.gov

Agencies authorized to operate ambulances:

New Hampshire has over 300 authorized provider agencies and first responder organizations.
www.nh.gov/safety/divisions/fstems/ems/licensing.html.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in New Hampshire, the following requirements must be met: In order to obtain a NH EMS Provider License, every applicant must provide all of the following.

- 1) Current proof of NREMT registration at the level for which the applicant is applying for NH licensure
- 2) Current certificate of successful completion of the division developed [EMT / AEMT / Paramedic] NH Scope of Practice Modules programs
- 3) Current proof of successful completion of a Division developed written protocol examination
- 4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with the licensed unit; or a patient/healthcare setting, performing EMS skills under medical control (License Application). Further details can be found at www.nh.gov/safety/divisions/fstems/ems/documents/licensingbrochure.pdf

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services
Bureau of Emergency Medical Services
Richard M. Flynn Fire Academy
33 Hazen Drive
Concord, New Hampshire 03305
Phone: 800-735-2964
Fax: 603-752-8029
fstems@dos.nh.gov

Requirements for licensure:

In order to meet requirements to become a licensed EMS provider in New Hampshire candidates must complete an authorized initial program taught by a NH licensed EMS. Instructor/coordinator who must receive approval from the bureau for the training program at minimum 30 days in advance of the projected program's start date. At the completion of an initial training program, each candidate is required to successfully complete both a practical skills exam and the National Registry of Emergency Medical Technicians (NREMT) computer based (CBT) cognitive exam. Current NREMT certification is required for licensure of EMS providers in New Hampshire.

EVOC training requirements:

Driver/operator courses are available and offered by the division but not required. These programs are not specific to only ambulances but are for fire and EMS vehicles.

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance operators/drivers:

There are no requirements to drive an ambulance in New Hampshire

References

www.nh.gov/safety/divisions/fstems/ems/advlifesup/documents/ptprotocols.pdf

www.nh.gov/safety/divisions/fstems/ems/licensing.html

www.nh.gov/safety/divisions/fstems/ems/training/index.html

www.nh.gov/safety/divisions/fstems/ems/documents/licensingbrochure.pdf

www.nh.gov/safety/divisions/fstems/ems/

www.nh.gov/safety/divisions/fstems/ems/faq.html

New Jersey

Laws, Regulations, Rules for Ambulances

State EMS Contact

State EMS Contact
Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services
NJ Department of Health
P.O. Box 360 Trenton, NJ 08625-0360
609-633-7763 O 609-203-9736 M
E-mail: scot.phelps@doh.nj.gov

Definition of ambulance:

None

Regulation of ambulance services provided by:

NJ Department of Health
Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08625-0360
609-633-7777
Fax: 609-633-7954

Agencies authorized to operate ambulances:

There are 466 authorized provider agencies and first responder organizations. The full list of authorized agencies can be found at www.state.nj.us/health/ems/documents/reg-enforcement/nj_ems_agencies.pdf.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in New Jersey, the following requirements must be met: completing a background check, submitting an application, and meeting insurance requirements.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

No definition of an ambulance driver. However, staff is defined as anyone working on the vehicle, including the medical crew and the driver, who is providing care to the patient or operating the vehicle.

Regulation of ambulance operators/drivers provided by:

New Jersey Department of Health
Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08625-0360

609-633-7777
Fax: (609-633-7954
ems@doh.nj.gov

Requirements for licensure:

Ambulance operators/drivers but hold a valid driver's license and be at least 18 years old.

EVOC training requirements:

None

Ambulance operator/driver training required by:

None

References

Retrieved from www.state.nj.us/health/ems/documents/ambulance_regs.pdf

www.state.nj.us/health/ems/documents/reg-enforcement/nj_ems_agencies.pdf

www.state.nj.us/health/ems/reg-enforcement/applications-forms/

Retrieved from www.nj.gov/health/ems/documents/ems_licensing_application_instructions.pdf

www.state.nj.us/health/ems/education/

New York

Laws, Regulations, Rules for Ambulances

State EMS Contact

New York State Department of Health
Emergency Medical Services Program
875 Central Avenue
Albany, New York 12206-1388
518-402-0996
Fax: 518-402-0985

Definition of ambulance:

A motor vehicle, airplane, boat or other form of transport especially designed and equipped to provide emergency medical services during transit.

Regulation of ambulance services provided by:

New York State Department of Health
Emergency Medical Services Program
875 Central Avenue
Albany, New York 12206-1388
518-402-0996
Fax: 518-402-0985

Agencies authorized to operate ambulances:

New York has over 1,400 authorized provider agencies and first responder organizations. These can be found at www.health.ny.gov/professionals/ems/pdf/agency_list_aalffrs.pdf.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in New York, many requirements must be met including but not limited to: Two (2) completed applications, proposed area of service, vehicles, equipment and supply. Further details can be found at www.health.ny.gov/professionals/ems/policy/06-06.htm#application.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None Found

Regulation of ambulance operators/drivers provided by:

New York State Department of Health
Emergency Medical Services Program
875 Central Avenue
Albany, New York 12206-1388
518-402-0996

Fax: 518-402-0985

Requirements for licensure:

Must be a Licensed Driver.

EVOC training requirements:

None Required

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance operators/drivers:

There are no known requirements to drive an ambulance in New York, except to be a licensed driver. The State Emergency Medical Services Council adopted the National Educational Standards to be used in NYS.

References

www.health.ny.gov/professionals/ems/public_health_law/part_800.pdf

www.health.ny.gov/professionals/ems/pdf/agency_list_aalffrs.pdf

www.health.ny.gov/professionals/ems/policy/06-06.htm#application

www.health.ny.gov/professionals/ems/policy/00-13.htm

www.health.ny.gov/professionals/ems/policy/01-01.htm

North Carolina

Laws, Regulations, Rules for Ambulances

State EMS Contact

North Carolina Department of Health and Human Services
North Carolina Division of Health Service Regulation
North Carolina Office of Emergency Medical Services
1201 Umstead Drive – Wright Building
2707 Mail Service Center
Raleigh, NC 27699-2707
919-855-3935

Definition of ambulance:

Any privately or publicly owned motor vehicle, aircraft, or vessel that is specially designed, constructed, or modified and equipped and is intended to be used for and is maintained or operated for the transportation of patients on the streets or highways, waterways or airways of this State.

Regulation of ambulance services provided by:

North Carolina Department of Health and Human Services
North Carolina Division of Health Service Regulation
North Carolina Office of Emergency Medical Services
1201 Umstead Drive – Wright Building
2707 Mail Service Center
Raleigh, NC 27699-2707
919-855-3935

Agencies authorized to operate ambulances:

There are 542 EMS agencies licensed to provide service in North Carolina.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in North Carolina one must hold an ambulance provider license. This license may be issued, the person, firm, corporation, or association seeking the license shall apply to the Department for this license. Application shall be made upon forms and according to procedures established by the Department. Prior to issuing an original or renewal ambulance provider license, the Department shall determine that the applicant meets all requirements for this license as set forth in this Article and in the rules adopted under this Article. The requirements to get the ambulance provider license are located in 10 NCAC 13P .0204 of N.C. Administrative Code.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

North Carolina Department of Health and Human Services
North Carolina Division of Health Service Regulation
North Carolina Office of Emergency Medical Services
1201 Umstead Drive – Wright Building
2707 Mail Service Center
Raleigh, NC 27699-2707
919-855-3935

Requirements for licensure:

These requirements are identified in 10 NCAC 13P .0500 of N.C. Administrative Code.
10A NCAC 13P .0502 INITIAL CREDENTIALING REQUIREMENTS FOR EMR, EMT, AEMT, PARAMEDIC, AND EMD

(a) In order to be credentialed by the OEMS as an EMR, EMT, AEMT, or Paramedic, individuals shall:

(1) be at least 18 years of age. An examination may be taken at age 17; however, the EMS credential shall not be issued until the applicant has reached the age of 18.

(2) complete an approved educational program as set forth in Rule .0501(b) of this Section for their level of application.

(3) complete a scope of practice performance evaluation that uses performance measures based on the cognitive, psychomotor, and affective educational objectives set forth in Rule .0501(b) of this Section and that is consistent with their level of application, and approved by the OEMS. This scope of practice evaluation shall be completed no more than one year prior to examination. This evaluation shall be conducted by a Level I or Level II EMS Instructor credentialed at or above the level of application or under the direction of the primary credentialed EMS instructor or educational medical advisor for the approved educational program.

(4) within 90 days from their course graded date as reflected in the OEMS credentialing database, complete a written examination administered by the OEMS. If the applicant fails to register and complete a written examination within the 90-day period, the applicant shall obtain a letter of authorization to continue eligibility for testing from his or her EMS Educational Institution's program coordinator to qualify for an extension of the 90-day requirement set forth in this Paragraph. If the EMS Educational Institution's program coordinator declines to provide a letter of authorization, the applicant shall be disqualified from completing the credentialing process. Following a review of the applicant's specific circumstances, OEMS staff will determine, based on professional judgment, if the applicant qualifies for EMS credentialing eligibility. The OEMS shall notify the applicant in writing within 10 business days of the decision.

(A) a maximum of three attempts within nine months shall be allowed.

(B) if the individual fails to pass a written examination, the individual may continue eligibility for examination for an additional three attempts within the following nine months by

submitting to the OEMS evidence the individual repeated a course-specific scope of practice evaluation as set forth in Subparagraph (a)(3) of this Rule, and evidence of completion of a refresher course as set forth in Rule .0513 of this Section for the level of application; or

(C) if unable to pass the written examination requirement after six attempts within an 18-month period following course grading date as reflected in the OEMS credentialing database, the educational program shall become invalid and the individual may only become eligible for credentialing by repeating the requirements set forth in Rule .0501 of this Section.

(5) submit to a criminal background history check as set forth in Rule .0511 of this Section.

(6) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s).

(b) An individual seeking credentialing as an EMR, EMT, AEMT or Paramedic may qualify for initial credentialing under the legal recognition option set forth in G.S. 131E-159(c).

(c) In order to be credentialed by the OEMS as an EMD, individuals shall:

(1) be at least 18 years of age;

(2) complete the educational requirements set forth in Rule .0501(c) of this Section;

(3) complete, within one year prior to application, an AHA CPR course or a course determined by the OEMS to be equivalent to the AHA CPR course, including infant, child, and adult CPR;

(4) submit to a criminal background history check as defined in Rule .0511 of this Section;

(5) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s); and

(6) possess an EMD nationally recognized credential pursuant to G.S. 131E-159(d).

(d) Pursuant to G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

EVOC training requirements:

10A NCAC 13P .0501 EDUCATIONAL PROGRAMS

(a) EMS educational programs that qualify credentialed EMS personnel to perform within their scope of practice shall be offered by an EMS educational institution as set forth in Section .0600 of this Subchapter, or by an EMS educational institution in another State where the education and credentialing requirements have been approved for legal recognition by the Department pursuant to G.S. 131E-159 as determined using the professional judgment of OEMS staff following comparison of out-of-state standards with the program standards set forth in this Rule.

(b) Educational programs approved to qualify EMS personnel for credentialing shall meet the educational content of the "U.S. DOT NHTSA National EMS Education Standards," which is hereby incorporated by reference, including subsequent amendments and editions. This document is available online at no cost at www.ems.gov/education.html.

(c) Educational programs approved to qualify EMD personnel for credentialing shall conform with the "ASTM F1258 – 95(2006): Standard Practice for Emergency Medical 'Dispatch'" incorporated by reference including subsequent amendments and editions. This document is

available from ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA, 19428-2959 USA, at a cost of forty dollars (\$40.00) per copy.

(d) Instructional methodology courses approved to qualify Level I EMS instructors shall conform with the "US DOT NHTSA 2002 National Guidelines for Educating EMS Instructors" incorporated by reference including subsequent amendments and additions. This document is available online at no cost at www.ems.gov/education.html.

(e) Continuing educational programs approved by the OEMS to qualify EMS personnel for renewal of credentials shall be approved by demonstrating the ability to assess cognitive competency in the skills and medications for the level of application as defined by the North Carolina Medical Board pursuant to G.S. 143-514.

(f) Refresher courses shall comply with the requirements defined in Rule .0513 of this Section.

Ambulance operator/driver training required by:

Each EMS System across North Carolina.

Summary of laws, regulations, rules for ambulance operators/drivers:

Training requirements specific to EVOC or other associated programs are identified by each EMS System within North Carolina. Most requirements specifically addressed in their franchise by the counties to operate in that respective system.

References

www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_131E/Article_7.pdf

www.ncdhhs.gov/dhsr/whatwedo.htm

Retrieved from www.nasemso.org/legislation/North_Carolina/nc131e-155.1.html

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20p/subchapter%20p%20rules.pdf>

North Dakota

Laws, Regulations, Rules for Ambulances

State EMS Contact

EMST Director
North Dakota Department of Health
Division of Emergency Medical Services and Trauma
600 E Blvd Ave, Dept. 301
Bismarck, ND 58505-0200
Office: 701-328.2388
Fax: 701-328.1702
knsears@nd.gov

Definition of ambulance:

None

Regulation of ambulance services provided by:

North Dakota Department of Health
Division of Emergency Medical Services and Trauma
600 E Blvd Ave, Dept. 301
Bismarck, ND 58505-0200
Office: 701-328.2388
Fax: 701-328.1702

Agencies authorized to operate ambulances:

North Dakota has a comprehensive list of authorized provider agencies and first responder organizations which is broken down by service area. This list can be retrieved from www.ndhealth.gov/EMS/ProviderMap.

Summary of laws, regulations, rules for ambulances:

North Dakota requires an annual licensure for all ground ambulance services. The fee for licensure is \$25. Ambulance services may be licensed as either advanced life support or basic life support. The three major standards which must be met in order to be licensed involve availability, staffing and equipment. Licensing ambulances falls under administrative code 33.11. The requirements for each of the aforementioned can be retrieved from www.ndhealth.gov/EMS/licensure.html.

Laws, Regulations, Rules for Ambulance Drivers

Definition of ambulance operator/driver:

"Driver" means a person that is registered with the department as an uncertified crew member of a basic life support ambulance. The driver shall have a current cardiopulmonary resuscitation certification, unless there are two primary care providers as defined in section 33-11-02-02 or

one primary care provider plus one other person with a current cardiopulmonary resuscitation certification providing care to the patient.

Regulation of ambulance operators/drivers provided by:

North Dakota Department of Health
Division of Emergency Medical Services and Trauma
600 E Blvd Ave, Dept. 301
Bismarck, ND 58505-0200
Office: 701-328.2388
Fax: 701-328.1702

Requirements for licensure:

Basic Life Support services (Chapter 33.11.02)

- Must have a driver with CPR certification and an EMT-Basic ambulance attendant (or a grandfathered Advanced First Aid Ambulance attendant). A driver with no CPR certification may be used if a third person with CPR certification is added to the crew.

Advanced Life Support services (Chapter 33.11.03)

- Must have a driver with EMT-Basic certification and an attendant with EMT-Paramedic certification.

EVOC training requirements:

New drivers must complete the emergency vehicle operations course within one year of joining the ambulance service. The primary care provider must have current emergency medical technician license or its equivalent and must have current cardiopulmonary resuscitation certification.

Ambulance operator/driver training required by:

North Dakota Department of Health
Division of Emergency Medical Services and Trauma
600 E Blvd Ave, Dept. 301
Bismarck, ND 58505-0200
Office: 701-328.2388
Fax: 701-328.1702

Summary of laws, regulations, rules for ambulance operators/drivers:

There are no known requirements to drive an ambulance in North Dakota

References

www.legis.nd.gov/information/acdata/pdf/33-11-01.2.pdf?20141104100634

Retrieved from www.ndhealth.gov/EMS/contact.html

www.health.nd.gov/epr/emergency-medical-systems/statute-regulations-and-legislation/

Retrieved from www.ndhealth.gov/EMS/ProviderMap/

Retrieved from www.ndhealth.gov/EMS/licensure.html

www.legis.nd.gov/information/acdata/pdf/33-36-03.pdf

www.legis.nd.gov/information/acdata/html/33-11.html

Ohio

Laws, Regulations, Rules for Ambulances

State EMS Contact

David Fiffick, OEMS Medical Transportation Section Chief

614-644-6387

dbfiffick@dps.ohio.gov

Jean Booze, Certification Coordinator

614-466-6447

jabooze@dps.ohio.gov

Ohio Department of Public Safety

Division of Emergency Medical Services

1970 West Broad Street

Columbus, Ohio 43223

Definition of ambulance:

Any motor vehicle that is used, or is intended to be used, for the purpose of responding to emergency medical situations, transporting emergency patients, and administering emergency medical service to patients before, during, or after transportation.

Regulation of ambulance services provided by:

Ohio Department of Public Safety

Division of Emergency Medical Services

1970 West Broad Street

Columbus, Ohio 43223

614-466-6447

Certifications division covers public first responders, paramedics, and firefighters.

Private licensed services cover private first responders and paramedics.

Agencies authorized to operate ambulances:

Licensed provider agencies and first responder organizations.

Summary of laws, regulations, rules for ambulances:

There are approximately 1,100 EMS transportation providers in Ohio. No current EMT EVOC requirement now.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

(A) Private agencies require at least two EMTs in the ambulance with one being a driver. An additional non-EMT may be present and drive the ambulance but an EVOC course is required.

(B) Public EMS services must have at least one EMT to respond to a call and two EMTs to transport patients.

(C) Volunteer EMS services require one EMT and one first responder with required EVOC training.

Regulation of ambulance operators/drivers provided by:

Ohio Department of Public Safety
Division of Emergency Medical Services
1970 West Broad Street
Columbus, Ohio 43223
614-466-6447

Requirements for licensure:

Must be 18 years old to test for first responder class.

EVOC training requirements:

First responders are required to complete an EVOC course such as an online course with oversight by the local agency. No specific EVOC course required.

Ambulance operator/driver training required by:

Ohio Department of Public Safety
Division of Emergency Medical Services
1970 West Broad Street
Columbus, Ohio 43223
614-466-6447

Summary of laws, regulations, rules for ambulance operators/drivers:

Other than the age requirement, there are no other requirements to drive an ambulance in Ohio.

References

Retrieved from www.nasemso.org/legislation/Ohio/oh4765.01.html

Retrieved from www.publicsafety.ohio.gov/links/ems4028.pdf

www.publicsafety.ohio.gov/links/ems4016.pdf

Oklahoma

Laws, Regulations, Rules for Ambulances

State EMS Contact

Dale Adkerson

Administrative Program Manager- EMS OSDH- Emergency Systems

1000 Northeast Tenth Street

Oklahoma City, OK 73117

Office: 405-271-4027

Fax: 405-271-4240

E-mail: dalea@health.ok.gov

Definition of ambulance:

Any ground, air or water vehicle which is or should be approved by the Commissioner of Health, designed and equipped to transport a patient or patients and to provide appropriate on-scene and en route patient stabilization and care. Vehicles used as ambulances shall meet such standards as may be required by the State Board of Health for approval, and shall display evidence of such approval at all times.

Regulation of ambulance services provided by:

Oklahoma State Department of Health

1000 Northeast Tenth Street

Oklahoma City, OK 73117

Office: 405-271-4027

Fax: 405-271-4240

Agencies authorized to operate ambulances:

Authorized provider agencies and first responder organizations

Summary of laws, regulations, rules for ambulances:

In 2016, there were approximately 210 Ambulance providers operating in Oklahoma. A list can be found at www.ok.gov/health2/documents/2016%20Ambulance%20Registry.pdf. A 15-page document which includes the application, insurance requirement, names, type of care to be dispensed and other requirements is retrieved from www.ok.gov/health2/documents/ground%20agency%20initial%20application.pdf.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

Oklahoma State Department of Health
1000 Northeast Tenth Street
Oklahoma City, OK 73117
Office: 405-271-4027
Fax: 405-271-4240

Requirements for licensure:

Driver Requirements (310:641-3-15. Ground ambulance service - personnel staffing)

(d) In addition to the requirement of licensed emergency medical technicians, each ground ambulance service shall have drivers who, at a minimum, are certified as an Emergency Medical Responder. All drivers of a ground ambulance service shall successfully complete an emergency vehicle operator course approved by the Department within 120 days of employment. Emergency vehicle operators shall successfully complete a refresher course approved by the Department every two (2) years.

310:641-5-11. License and certification qualifications

(b) Persons applying for initial certification or license shall meet the requirements for qualification, application, and procedure as follows:

(1) Emergency Medical Responder certification:

(A) Applicant shall be at least eighteen (18) years of age.

(B) Applicant shall submit the following:

(i) An appropriate State application form specifying the level of certification, true, correct, and complete information as to eligibility and character,

(ii) A signed "Affidavit of Lawful Presence" form,

(C) Completion of a Department approved Emergency Medical Responder course,

(D) successful completion of a National Registry practical skills examination administered by the approved training program or agency,

(E) successful completion of a written examination from either:

(i) National Registry of Emergency Medical Technicians (NREMT), or

(ii) Oklahoma Department of Career and Technology Education.

(F) First responders or Emergency Medical Responders trained in a Department approved course prior to January 1, 2000 will be required to obtain a current Emergency Medical Responder certification by September 30, 2017 by providing to the Department the following:

(i) verification of refresher/transition course completion every two years since March 31, 2012,

(ii) signed "Affidavit of Lawful Presence",

(iii) verification of a practical exam of EMR skill administered during a refresher or transition course after March 31, 2012.

(G) A fee of ten (\$10.00) dollars for the line of duty death benefit as detailed in the Act.

EVOC training requirements:

All drivers of a ground ambulance service shall successfully complete an emergency vehicle operator course approved by the Department within 120 days of employment. Emergency vehicle operators shall successfully complete a refresher course approved by the Department every two (2) years.

In a unique and unexpected circumstance, including a disaster, the minimum driver requirement may be altered to facilitate a transport of an ambulance patient.

Summary of laws, regulations, rules for ambulance operators/drivers:

Ambulance operators/drivers must complete an approved EVOC course within 120 days of employment and complete a refresher course every two years.

References

Oklahoma Statutes Title 63. Public Health and Safety

Chapter 1 Oklahoma Public Health Code

Article 25 Section 1-2501 Oklahoma Emergency Response Systems Development Act

www.ok.gov/health2/documents/EMS%20Regulations%209-11-2016.pdf

www.ok.gov/health/Protective_Health/Emergency_Systems/index.html

Retrieved from www.ok.gov/health2/documents/Ambulance%20Provider%20Application%20Packet%2011-23-2011.pdf

www.ok.gov/health2/documents/EMS%20Regulations%209-11-2016.pdf

www.ok.gov/health2/documents/EMR%20instructions%20and%20application08092012.pdf

Oregon

Laws, Regulations, Rules for Ambulances

State EMS Contact

Oregon Health Authority
Emergency Medical Service & Trauma Systems Program
800 NE Oregon Street, Suite 305
Portland, OR 97232
971-673-0520

Definition of ambulance:

"Ambulance" or "Ambulance Vehicle" means any privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.

Also, "Ambulance Service" means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ambulances and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.

- (1) No person shall operate an ambulance service unless issued an ambulance service license by the Oregon Health Authority, Public Health Division.
- (2) These rules preempt any local ambulance ordinances and county ambulance service area plans that are in conflict. This rule does not prevent a city or county from establishing requirements more stringent than those set forth in these rules.

Regulation of ambulance services provided by:

Oregon Health Authority, Emergency Medical Service & Trauma Systems Program
Oregon Ambulance Service and Licensing
800 NE Oregon Street, Suite 305
Portland, OR 97232
971-673-0520
ems.trauma@state.or.us

Agencies authorized to operate ambulances:

Licensed ambulance services.

A comprehensive list of ambulance providers in Oregon is available by county at http://public.health.oregon.gov/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/AMBULANCESERVICELICENSING/Pages/amb_cnty.aspx.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance service in Oregon, there are many requirements to be fulfilled including an application with the appropriate fee. Ambulance licensing falls under Oregon Health Authority Public Health Division Rule Chapter 333 Division 250 and 255.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver (defined as a qualified driver in Oregon):

Either a licensed EMS provider, or a qualified driver, someone who is not licensed by the Authority and who meets Authority requirements to operate a ground ambulance.

Regulation of ambulance drivers/operators provided by:

Oregon Health Authority, Emergency Medical Service & Trauma Systems Program
Oregon Ambulance Service and Licensing
800 NE Oregon Street, Suite 305
Portland, OR 97232
971-673-0520
ems.trauma@state.or.us

Requirements for licensure:

Licensed as an EMS provider or a driver who:

- (A) Has a valid driver's license;
 - (B) Has three years of licensed driving experience;
 - (C) Is knowledgeable in the safe operation of the ambulance;
 - (D) Operates the ambulance in compliance with ORS 820.300 through 820.380 and any other applicable motor vehicle statutes;
 - (E) Must complete a Division-approved emergency operators course of instruction by June 30, 1996;
 - (F) Has had his/her EMT certification denied, suspended or revoked for any of the reasons specified in ORS 682.175(2) within the last 10 years, unless authorized by the Division;
 - (G) Has not been convicted of a felony within the past 10 years;
 - (H) Has not been convicted of driving under the influence in the past three years;
 - (I) Has not consumed any alcohol beverages in the eight hours prior to operating an ambulance, nor when the driver is in any way impaired by the ingestion of alcohol; and
 - (J) Is not taking any medications that impair the safe operation of the ambulance.
- (c) If the driver is not a certified EMT, the driver must have:
- (A) A current American Heart Association "Level C" or American Red Cross "Basic Life Support for the Professional Rescuer" CPR course completion document; and
 - (B) The ability to properly assist in extricating, lifting and moving a patient.
- (d) The Division may, on application of any volunteer or part volunteer ambulance service, authorize an exception to the two-person requirement as prescribed by ORS 682.225 and this rule if provisions acceptable to the Division have been made to assure timely arrival of the two-person crew as required by ORS 682.225 and of this rule:

EVOC training requirements:

Yes, as per OAR chapter 333, division 250. Emergency vehicle operator's course of instruction prior to independently operating an ambulance. The course must meet or be equivalent to the National Safety Council for Emergency Vehicle Operators Course (EVOC 3) or National Fire Protection Agency (NFPA) Fire and Emergency Service Vehicle Operations Training standards;

Summary of laws, regulations, rules for ambulance operators/drivers:

In order to drive an ambulance in Oregon, one must either be a Licensed EMS Provider OR a “Qualified Driver” who meets the requirements of OAR chapter 333, division 250.

References

Retrieved from www.nasemso.org/legislation/Oregon/orar333-255-0070.html

http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_250.html

Retrieved from http://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/AmbulanceServiceLicensing/Documents/Application_for_Ground_Ambulance_License.pdf

http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_255.html

Pennsylvania

Laws, Regulations, Rules for Ambulances

State EMS Contact

John Englert, EMS Program Manager
PA Dept. of Health, Bureau of EMS
625 Forster Street, Room 606
Harrisburg, PA 17120
(717-787-8740; Fax: (717-772-0910
E-mail: JEnglert@pa.gov

Definition of ambulance:

A vehicle specifically designed, constructed or modified and equipped, used or intended to be used, and maintained or operated for the purpose of providing emergency medical care to patients, and the transportation of patients if used for that purpose. The term includes ALS or BLS vehicles that may or may not transport patients.

Regulation of ambulance services provided by:

Bureau of Emergency Medical Services
Pennsylvania Department of Health
625 Forster St, Room 606
Harrisburg, PA 17120
(717-787-8740
(717-772-0910
paemsoffice@pa.gov

Agencies authorized to operate ambulances:

There are approximately 1,800 EMS agencies comprised of 1,328 authorized provider agencies and 500 QRS entities.

Summary of laws, regulations, rules for ambulances:

In order to operate an ambulance provider service in Pennsylvania, there are requirements to be met. A person, or other entity, as an owner, agent or otherwise, may not operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in operating an EMS agency in this Commonwealth unless that person holds a license as an EMS agency and a current registration of that license issued by the Department or is exempt from these requirements. To begin the EMS Agency licensure process or to transition from a QRS agency to an EMS agency license contact your respective Regional EMS Council.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver (Pennsylvania uses the term “EMS Vehicle Operator” or EMSVO):

An EMSVO operates ground EMS vehicles for an EMS agency, as authorized by an EMS agency.

Regulation of ambulance operators/drivers provided by:

Bureau of Emergency Medical Services
Pennsylvania Department of Health
625 Forster St, Room 606
Harrisburg, PA 17120
(717-787-8740
(717-772-0910
paemsoffice@pa.gov

Requirements for licensure:

The Department will certify as an EMSVO a person who meets the following qualifications:

1. Completes an application for EMSVO certification on a form or through an electronic process, as prescribed by the Department.
2. Is 18 years of age or older.
3. Has a current driver’s license.
4. Is not addicted to alcohol or drugs.
5. Is free from physical or mental defect or disease that may impair the person’s ability to drive a ground EMS vehicle.
6. Has successfully completed an emergency vehicle operator’s course of instruction approved by the Department.
7. Has not:
 - a. Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs.
 - b. Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver’s license suspended due to use of drugs or alcohol or a moving traffic violation.
8. Has successfully completed an EVOC following a disqualification from certification under paragraph (7), regardless of whether the person successfully completed the course previously.

EVOC training requirements:

Yes, per rule § 1027.3 Licensure and general operating standards.

The applicant must have successfully completed an emergency vehicle operator’s course of instruction approved by the Department. The initial course must include a behind-the-wheel component. An EMSVO’s certification is deemed registered for 3 years. Thereafter, an EMSVO shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. EMSVOs operating a ground EMS vehicle exclusively for a QRS operated by an EMS agency does not have registration requirements.

Ambulance operator/driver training required by:

Bureau of Emergency Medical Services
Pennsylvania Department of Health
625 Forster St, Room 606
Harrisburg, PA 17120
(717-787-8740
(717-772-0910
paemsoffice@pa.gov

Summary of laws, regulations, rules for ambulance operators/drivers:

In order to drive an ambulance in Pennsylvania, the driver must meet age, licensing, medical, and drug use policy requirements. In addition, he/she must have completed an emergency vehicle operator's course of instruction approved by the Department.

References

www.phila.gov/regionalems/PDF/RULESANDREGULATIONS.pdf

www.pacode.com/secure/data/028/chapter1027/chap1027toc.html

www.health.pa.gov/My%20Health/Emergency%20Medical%20Services/Ambulance%20Licensing%20Manual/Pages/default.aspx#.WnNH5ainGuk

www.pacode.com/secure/data/028/chapter1023/s1023.22.html

Rhode Island

Laws, Regulations, and Rules for Ambulances

State EMS Contact

Jason M. Rhodes, MPA, AEMT-C
Chief of the Center for Emergency Medical Services
Division of Preparedness, Response, Infectious Disease & EMS
Rhode Island Department of Health
401-222-5916 (desk)
401-222-2401 (center)

Definition of ambulance:

Any vehicle equipped and/or used to provide emergency treatment and/or transportation of the sick and injured.

Regulation of ambulance services provided by:

State of Rhode Island
Department of Health
3 Capitol Hill
Providence, RI 02908

Agencies authorized to operate ambulances:

There are 88 authorized provider agencies and first responder organizations. These can be downloaded at www.health.ri.gov/lists/licenses.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance in Rhode Island, there are minimum requirements that must be met. Prior to obtaining an initial Ambulance License, all vehicles must obtain an initial Certificate of Inspection and meet all HEALTH requirements for new vehicles, including inspection for Federal “KKK” Standards or Rhode Island standards for transporting vehicle, as applicable. Inspections for new ambulances are scheduled subject to the availability of the Field Technician and may be performed either at the location of the service or at HEALTH, as determined. Further details can be found at www.health.ri.gov/publications/manuals/AmbulanceLicensureAndInspection.pdf. There is a State mandate to redo regulations by 2018.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

Career EMT always drives the ambulance.
Volunteer agencies have no requirement to use EMT.

Regulation of ambulance operators/drivers provided by:

None

Requirements for licensure:

None

EVOC training requirements:

None except when required by insurance

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance operators/drivers:

There are no EVOC requirements to operate an ambulance.

References

www.health.ri.gov/publications/manuals/AmbulanceLicensureAndInspection.pdf

Retrieved from www.nasemso.org/legislation/Rhode_Island/riemsrr.html

www.health.ri.gov/lists/licensees/

South Carolina

Laws, Regulations, Rules for Ambulances

State EMS Contact

Bureau of Emergency Medical Services and Trauma
S.C. Department of Health and Environmental Control
301 Gervais Street
Columbia, SC 29201
803-545-4204

Definition of ambulance:

A vehicle maintained and operated by a licensed provider who has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated.

Regulation of ambulance services provided by:

Bureau of Emergency Medical Services and Trauma
S.C. Department of Health and Environmental Control
301 Gervais Street
Columbia, SC 29201
803-545-4204

Agencies authorized to operate ambulances:

There are 264 authorized provider agencies (BLS and ALS) and first responder organizations.

Summary of laws, regulations, rules for ambulances:

Ambulance Operators in South Carolina must have an ambulance permit under Section 44-61-50. Hereafter, no vehicle may be operated as an ambulance, except its licensed owner apply for and receive an ambulance permit issued by the Department for that vehicle. Prior to issuing an original permit for an ambulance, the vehicle for which the permit is issued shall meet all requirements as to vehicle design, construction, staffing, medical and communication equipment and supplies, and sanitation as set forth in this chapter or in the standards and regulations established by the Board. Permits issued for ambulances shall be valid for a period not to exceed two years.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver (defined as an “attendant driver” or “driver” in South Carolina):

In the EMS context, the vehicle operator of an ambulance. This person may be a certified EMT of any level or an uncertified individual who meets the minimum requirements as a driver by this regulation in Section 403 (under Regulation 61-7).

Regulation of ambulance operators/drivers provided by:

Bureau of Emergency Medical Services and Trauma
S.C. Department of Health and Environmental Control
301 Gervais Street
Columbia, SC 29201
803-545-4204

Requirements for licensure:

Must meet EMT requirements, if not EMT then must be 18 years old with a valid driver's license, be physically able, complete a criminal background check, and driver training course (didactic and behind-the-wheel).

EVOC training requirements:

Regulation specifically sets forth criteria for drivers, including a driver training course in Section 403, "Non-Credentialed Ambulance Operator or Driver. (II)." Ambulance operators must complete driver training including didactic and behind-the-wheel components.

Ambulance operator/driver training required by:

Bureau of Emergency Medical Services and Trauma
S.C. Department of Health and Environmental Control
301 Gervais Street
Columbia, SC 29201
803-545-4204

Summary of laws, regulations, rules for ambulance operators/drivers:

Ambulance operators must complete driver training including didactic and behind-the-wheel components.

References

www.scstatehouse.gov/code/t44c061.php

www.scdhec.gov/Agency/docs/health-regs/61-7.pdf

South Dakota

Laws, Regulations, Rules for Ambulances

State EMS Contact

Marty Link, Director
Emergency Medical Services Program
South Dakota Department of Health, Office of Rural Health
600 East Capitol Avenue
Pierre, SD 57501
Phone: 605-773-4031
FAX: 605-773-5683
www.EMS.sd.gov
Marty.Link@state.sd.us

Definition of ambulance (defined as primary response ground ambulance or ground ambulance in South Dakota.)

"Ground ambulance," a motor vehicle operated over public roadways under the jurisdiction of this State that is in compliance with chapter 44:05:04;
www.sdlegislature.gov/Rules/DisplayRule.aspx?Rule=44:05:01:01
www.sdlegislature.gov/Rules/DisplayRule.aspx?Rule=44:05:04

Regulation of ambulance services provided by:

Emergency Medical Services Program
South Dakota Department of Health, Office of Rural Health
600 East Capitol Avenue
Pierre, SD 57501
Phone: 605-773-4031
FAX: 605-773-5683
www.EMS.sd.gov

Agencies authorized to operate ambulances:

There are 126 In-State Ground Ambulance services, 6 In-State Air Ambulance Services, 13 Out-of-State Ground Ambulance services, and 10 Out-of-State Air Ambulance Services licensed in South Dakota. A comprehensive list can be found at <http://doh.sd.gov/documents/EMS/LicensedAmbulanceServices.pdf>.

Summary of laws, regulations, rules for ambulances:

Application for license--Fee--Issuance--Duration. The licensing agency shall provide application forms for the providing of ambulance service. A fee of not more than twenty-five dollars shall accompany each application, except for applications from State agencies. The licensing agency shall issue a license to any ambulance service which makes application to the agency providing such service complies with §§ 34-11-2 to 34-11-10, inclusive. A license shall be valid for a period of not more than two years. www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-11-4.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

Emergency care certification required for drivers and attendants. No operator may provide ambulance service unless both the driver of the ambulance and the attendant on duty in the ambulance possess certification of completing an emergency care course approved by the Department of Health: www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-11-6.

Regulation of ambulance operators/drivers provided by:

Emergency Medical Services Program
South Dakota Department of Health, Office of Rural Health
600 East Capitol Avenue
Pierre, SD 57501
Phone: 605-773-4031
FAX: 605-773-5683
www.EMS.sd.gov

Requirements for licensure:

44:05:03:04.01. Ambulance personnel minimum requirements. On every response a licensee must provide a minimum of one advanced life support personnel licensed pursuant to SDCL Chapter 36-4B or one EMT certified pursuant to SDCL 34-11-6 and one driver or EMR. The driver must complete a State-approved course to demonstrate competencies in:

- (1) Cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED);
- (2) Health Insurance Portability and Accountability Act (HIPAA) compliance;
- (3) Infection control;
- (4) Patient movement;
- (5) Equipment and communication systems; and
- (6) Emergency vehicle operation.

A physician licensed pursuant to SDCL Chapter 36-4, physician assistant licensed pursuant to SDCL Chapter 36-4A, nurse licensed pursuant to SDCL Chapter 36-9, or certified nurse practitioner or certified nurse midwife licensed pursuant to SDCL Chapter 36-9A may replace any ambulance service personnel on any type of response.

Documentation of completion of driver competencies must be maintained by the licensee and available upon request.

www.sdlegislature.gov/Rules/DisplayRule.aspx?Rule=44:05:03:04.01

EVOC training requirements:

The driver must complete a State-approved course to demonstrate competencies in emergency vehicle operation.

Ambulance operator/driver training required by:

Emergency Medical Services Program
South Dakota Department of Health, Office of Rural Health
600 East Capitol Avenue
Pierre, SD 57501
Phone: 605-773-4031
FAX: 605-773-5683
www.EMS.sd.gov

References

Retrieved from www.EMS.sd.gov

<http://doh.sd.gov/documents/EMS/LicensedAmbulanceServices.pdf>

www.sdlegislature.gov/Rules/DisplayRule.aspx?Rule=44:05:01:01

www.sdlegislature.gov/Rules/DisplayRule.aspx?Rule=44:05:04

www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-11-4

www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-11-6

www.sdlegislature.gov/Rules/DisplayRule.aspx?Rule=44:05:03:04.01

Tennessee

Laws, Regulations, Rules for Ambulances

State EMS Contact

Donna Tidwell
Director of EMS
Ambulance Service Information
665 Mainstream Drive,
Nashville, TN 37243
Telephone: 615-741-2584
Toll Free: 1-800-778-4505
Fax: 615-741-4217
E-mail: Donna.G.Tidwell@tn.gov

Definition of ambulance (defined as authorized emergency vehicle in Tennessee)

"Authorized emergency vehicle" automatically includes every ambulance and emergency medical vehicle operated by any emergency medical service licensed by the department of health pursuant to title 68, chapter 140, part 5, 327; and, notwithstanding the provisions of any law to the contrary, regulation of such ambulances and emergency medical vehicles shall be exclusively performed by the department of health, and no special authorization, approval or filing shall be required pursuant to this chapter by the commissioner of safety.

Regulation of ambulance services provided by:

Tennessee Department of Health
Division of Health Licensure and Regulation
Office of Emergency Medical Services
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
Telephone: (615-741-2584
Toll Free: 1-800-778-4505
Fax: (615-741-4217
E-mail: health.ems@tn.gov

Agencies authorized to operate ambulances:

Approximately 215 fire departments, hospitals, county and city governments, and private companies. <https://apps.health.tn.gov/EMSDirectory/>

Summary of laws, regulations, rules for ambulances:

The Tennessee Department of Health, Office of Emergency Medical Services regulates ambulances operating in the State and are under General Rules 1200-12-1. In order to operate an ambulance, the operator must meet strict requirements including but not limited to: Sanitation, Safety and Design, EMS Equipment, Insurance, Driver Qualifications, Service Operations and Procedures. A detailed list of the requirements can be retrieved from www.state.tn.us/sos/rules/1200/1200-12/1200-12-01.pdf.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

Tennessee Department of Health
Division of Health Licensure and Regulation
Office of Emergency Medical Services
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
Telephone: (615-741-2584
Toll Free: 1-800-778-4505
Fax: (615-741-4217

Requirements for licensure:

The following rules are promulgated to establish minimal qualifications for operators or drivers of ambulances operated by ambulance services licensed by the Tennessee Department of Health:

- (1) The vehicle operator or driver shall possess such special class licenses and endorsements as are required for ambulance by the Tennessee Department of Safety or the individual's State of residence.
- (2) No person who is under the age of nineteen (19) years shall drive any ambulance or invalid vehicle authorized for operation in Tennessee.
- (3) Each ambulance driver shall have at least three years of licensed driver or operator experience.
- (4) This rule shall not prohibit the operation of an ambulance by a person during extraordinary circumstances during which both ambulance personnel must be engaged in patient care or are otherwise incapacitated.

EVOC training requirements:

Annual EVOC driving safety courses are required with both classroom and behind-the-wheel components. Individuals earn CEU for completing the training. Most agencies use the DOT course (TN Rescue Squad). The Vanessa K. Free public safety law in Tennessee requires all siren/lighted vehicles to complete an intersection safety test annually that includes defensive driving strategies.

Ambulance operator/driver training required by:

Tennessee Department of Health
Division of Health Licensure and Regulation
Office of Emergency Medical Services
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
Telephone: (615-741-2584
Toll Free: 1-800-778-4505

Fax: (615-741-4217
E-mail: health.ems@tn.gov

Summary of laws, regulations, rules for ambulance drivers:

Annual EVOC driving safety courses are required with both classroom and behind-the-wheel components. Individuals earn CEU for completing the training. Most agencies use the DOT course (TN Rescue Squad). The Vanessa K. Free public safety law in Tennessee requires all siren/lighted vehicles to complete an intersection safety test annually that includes defensive driving strategies. Tennessee General Rules 1200-12-1-.10 – Ambulance Driver Qualifications.

References

Tennessee Statutes/Code. “Emergency Vehicle.”
www.iafc.org/files/downloads/VEHICLE_SAFETY/STATEemergVEHcodes/Tennessee.pdf

Initial Ambulance Service License Application. Retrieved from <http://health.state.tn.us/EMS/PDF/PH-3987.pdf>

EMS Medical Services. Retrieved from <http://health.state.tn.us/ems/EMSDirectory/EMSDirectory.aspx>

Retrieved from www.state.tn.us/sos/rules/1200/1200-12/1200-12-01.pdf

55-8-194. Vanessa K. Free Emergency Services Training Act of 2005

www.tn.gov/health/health-program-areas/health-professional-boards/ems-board/ems-board/about.html

Texas

Laws, Regulations, Rules for Ambulances

State EMS Contact

Joseph W. Schmider CTCM
Texas Department of State Health Services
Office of EMS/Trauma System Coordination
State EMS Director
PH: 512-834-6737
Cell: 512-484-5470
Fax: 512-834-6736
Exchange Building
8407 Wall Street RM N-430
Austin, Texas 78714-9347

Definition of ambulance:

Industrial ambulance--Any vehicle owned and operated by an industrial facility including both ground vehicles at industrial sites used for the initial transport or transfer of the unstable urgently sick or injured and ground vehicles at industrial sites used to transport persons at those sites who become sick, injured, wounded, or otherwise incapacitated in the course of their employment from job site to an appropriate medical facility; provided, however, that the vehicle is not available for hire or use by the general public except when assisting the local community in disaster situations or when existing ambulance service is not available.

Regulation of ambulance services provided by:

Texas Department of State Health Services
1100 West 49th Street
Austin, TX 78756
512-776-7111

Agencies authorized to operate ambulances:

Authorized provider agencies and first responder organizations.

Summary of laws, regulations, rules for ambulances:

The Texas Department of State Health Services is responsible for about 808 EMS provider agencies and 513 first responder organizations. Requirements for acquiring, issuing and maintaining an EMS Providers License include an application with a fee, documents showing names, ownership and location as well as other required pertinent information. Detailed requirements can be found in the Texas Administrative Code Title 25, Part 1, Chapter 157, Subchapter B, Rule § 157.11.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

None – EMT certified required not to have a criminal record

Requirements for licensure:

None

Training requirements:

None

Ambulance operator/driver training required by:

None

EVOC training requirements:

None – EVOC training recommended

Summary of laws, regulations, rules for ambulance drivers/operators:

There are no requirements to drive an ambulance in Texas except as set forth by individual cities, agencies and companies. The EMS State director would like to have licensing and training requirements.

References

Ambulance Driver's Permit Application. City of Houston. Department of Health and Human Services. Retrieved from www.houstontx.gov/health/EMS/2013_Ambulance_Driver_Permit_Application.pdf

Arcadian Ambulance Service. Retrieved from https://acadianambulance.candidatecare.jobs/job_positions/browse

Texas Administrative Code. Title 25. Part 1. Chapter 157, Subchapter B, Rule § 157.11. Retrieved from www.nasemso.org/legislation/Texas/txc157.2.html

Texas Department of State Health Services. Retrieved from www.dshs.state.tx.us/emstraumasystems/contact.shtm

Vermont

Laws, Regulations, Rules for Ambulances

State EMS Contact

Vermont Department of Health
108 Cherry Street
Burlington, VT 05402
Voice: (802-863-7200
In Vermont: (800-464-4343
Fax: (802-855-7754
VTEMS@state.vt.us

Definition of ambulance:

Any vehicle, whether air, ground or water, that is designed, used or intended for use in transporting ill or injured persons.

Regulation of ambulance services provided by:

Vermont Department of Health
108 Cherry Street
Burlington, VT 05402
Voice: (802-863-7200
In Vermont: (800-464-4343
Fax: (802-855-7754
VTEMS@state.vt.us

Agencies authorized to operate ambulances:

Vermont's Emergency Medical Services System is composed of approximately 180 licensed first response and ambulance services. These can be found under Ambulance and First Responder Services at
http://healthvermont.gov/hc/ems/ems_index.aspx

Summary of laws, regulations, rules for ambulances:

In order to operate an ambulance service in Vermont, one must apply for an ambulance service license per Rule 2.4 of Vermont Emergency Medical Services. Requirements include but are not limited to:

An application with the appropriate fee and have adequate insurance coverage. Details can be found at www.healthvermont.gov/regs/emrules.pdf.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None Found

Regulation of ambulance operators/drivers provided by:

Vermont Department of Health
108 Cherry Street
Burlington, VT 05402
Voice: (802-863-7200
In Vermont: (800-464-4343
Fax: (802-855-7754
VTEMS@state.vt.us

Requirements for licensure:

1. Be at least 18 years of age
2. Hold a valid driver's license

EVOC training requirements:

None

Ambulance driver training required by:

Vermont Department of Health
108 Cherry Street
Burlington, VT 05402
Voice: (802-863-7200
In Vermont: (800-464-4343
Fax: (802-855-7754
VTEMS@state.vt.us

Summary of laws, regulations, rules for ambulance drivers:

There are no requirements to drive an ambulance in Vermont other than be 18 years or older and hold a valid Driver's License.

References

www.healthvermont.gov/regs/emrules.pdf

http://healthvermont.gov/hc/ems/ems_index.aspx

<http://healthvermont.gov/hc/ems/contact.aspx>

Virginia

Laws, Regulations, Rules for Emergency medical services vehicle

State EMS Contact

Office of Emergency Medical Services
Virginia Department of Health
1041 Technology Park Drive
Glen Allen, VA 23059-4500
800-523-6019 (VA Only)
804-888-9100 (Main Office)
804-888-9120 (Training Office)
Fax: 804-371-3108

Definition of ambulance:

(Emergency medical services vehicle as defined by § 32.1-111.1 of the Code of Virginia) Any vehicle, vessel or craft that holds a valid permit issued by the Office of EMS and that is specially constructed, equipped, maintained and operated, and intended to be used for emergency medical care and the transportation of patients who are sick, injured, wounded, or otherwise incapacitated or helpless. The word "ambulance" may not appear on any vehicle, vessel or aircraft that does not hold a valid EMS vehicle permit.

Regulation of ambulance services provided by:

Office of Emergency Medical Services
Virginia Department of Health
1041 Technology Park Drive
Glen Allen, VA 23059-4500
1 (800-523-6019 (VA Only)
(804-888-9100 (Main Office)
(804-888-9120 (Training Office)
(804-371-3108 (Fax)

EMS agencies authorized to operate EMS vehicles:

There are many authorized provider agencies and first responder organizations listed in Virginia. They can be found at www.vdh.virginia.gov/OEMS/Information/Links/VA_EMSSAgencies.htm.

Summary of laws, regulations, rules for ambulances:

12VAC5-31-420. Application for EMS agency license:

In order to apply for a license to operate an EMS agency in Virginia, the following requirements must be met:

1. An applicant or licensee must meet the personnel requirements of these regulations.
2. If the applicant is a company or corporation, as defined in § 12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors.

3. An applicant or licensee must provide information on any previous record of performance in the provision of emergency medical service or any other related licensure, registration, certification or endorsement within or outside Virginia.
4. The applicant must submit a written agreement with the local governing body that states the applicant agency will assist in mutual aid requests from the local government if EMS personnel, vehicles, equipment, and other resources are available. E. An applicant agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. Further details can be found at www.vdh.virginia.gov/OEMS/Files_Page/regulation/2012EMSRegulations.pdf.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

"Operator" means a person qualified and designated to drive or pilot a specified class of permitted EMS vehicle.

Regulation of ambulance operators/drivers provided by:

Office of Emergency Medical Services
Virginia Department of Health
1041 Technology Park Drive
Glen Allen, VA 23059-4500
800-523-6019 (VA Only)
804-888-9100 (Main Office)
804-888-9120 (Training Office)
Fax: 804-371-3108

Requirements for Permitting:

12VAC5-31-910. C. Permitted vehicle operations. EMS agencies are responsible for the monitoring of compliance with all driving criteria set forth in these regulations.

1. Personnel operating OEMS permitted vehicles shall possess a valid operator's or driver's license from his State of residence.
2. Personnel operating OEMS permitted vehicles shall not have been convicted on any charge as described in subsections A and B of this section.
3. Personnel who as the proximate result of having operated an OEMS permitted vehicle are (i) convicted of driving under the influence of alcohol or drugs or (ii) sentenced or assigned to any alcohol safety action program or any driver alcohol rehabilitation program pursuant to the Code of Virginia shall be prohibited from operating any OEMS permitted vehicle. Personnel or agencies shall be required to report these situations to OEMS.
4. Agencies shall develop and maintain policies that address driver eligibility, record review, and vehicle operation. Such policies must minimally address:
 - a. Driving education or training required for personnel to include information on the agency's policy content;
 - b. Safe operation of vehicles;
 - c. Agency driving record review procedures;
 - d. Requirement for immediate agency notification by personnel regarding any convictions, regardless of the State where an infraction occurred or changes to his operator's or driver's license. The immediate agency notification shall be defined as no more than 10 calendar days following the conviction date; and
 - e. Identification of internal

mechanisms regarding agency level actions for driver penalties (i.e., probation or suspension of driving privileges). D. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other State or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia. E. Agencies shall submit a report regarding items in this section to OEMS upon request.

EVOC training requirements:

12VAC5-31-1210. Nontransport Response Vehicle Staffing.

At a minimum, one person may satisfy both of the following requirements:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another State and have successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent.
 2. Attendant-in-charge shall be currently certified as an EMS first responder, emergency medical responder, or emergency medical technician or an equivalent approved by the Office of EMS.
- 12VAC5-31-1230. Ground Ambulance Staffing Requirements.

A ground ambulance transport requires a minimum of two persons:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another State and have successfully completed an approved Emergency Vehicle Operator's Course (EVOC) training course or an equivalent.
2. An attendant-in-charge who must meet the requirements listed for the type of transport to be performed.

Link to accepted EVOC programs below:

www.vdh.virginia.gov/content/uploads/sites/23/2017/04/EVOC-Acceptability-080917.pdf

Ambulance operator/driver training required by:

Office of Emergency Medical Services

Virginia Department of Health

1041 Technology Park Drive

Glen Allen, VA 23059-4500

800-523-6019 (VA Only)

804-888-9100 (Main Office)

804-888-9120 (Training Office)

Fax: 804-371-3108

Summary of laws, regulations, rules for ambulance operators/drivers:

The Virginia Department of Health has a document, "Virginia Emergency Medical Services Regulations," which states that "Agencies are responsible for the monitoring of compliance with all driving criteria set forth in these regulations." Details can be found at www.vdh.virginia.gov/OEMS/Files_Page/regulation/2012EMSRegulations.pdf.

References

www.vdh.virginia.gov/OEMS/Files_Page/regulation/2012EMSRegulations.pdf

www.vdh.virginia.gov/ContactUs.htm

www.vdh.virginia.gov/OEMS/Information/Links/VA_EMSAgencies.htm

www.vdh.virginia.gov/OEMS/Files_page/regulation/evoc.PDF

Washington

Laws, Regulations, Rules for Ambulances

State EMS Contact

Washington State Department of Health
EMS Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Definition of ambulance:

"Ambulance" means a ground or air vehicle designed and used to transport the ill and injured and to provide personnel, facilities, and equipment to treat patients before and during transportation.

Regulation of ambulance services provided by:

Washington State Department of Health
EMS Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Agencies authorized to operate ambulances:

RCW 18.73.130

Ambulance services and aid services—Licensing.

An ambulance service or aid service may not operate in Washington without holding a license for such operation, issued by the secretary when such operation is consistent with the statewide and regional emergency medical services and trauma care plans established pursuant to chapter 70.168 RCW, indicating the general area to be served and the number of vehicles to be used, with the following exceptions:

- (1) The United States government;
- (2) Ambulance services providing service in other States when bringing patients into this State;
- (3) Owners of businesses in which ambulance or aid vehicles are used exclusively on company property but occasionally in emergencies may transport patients to hospitals not on company property; and
- (4) Operators of vehicles pressed into service for transportation of patients in emergencies when licensed ambulances are not available or cannot meet overwhelming demand.

The license shall be valid for a period of two years and shall be renewed on request provided the holder has consistently complied with the regulations of the department and the department of licensing and provided also that the needs of the area served have been met satisfactorily. The license shall not be transferable and may be revoked if the service is found in violation of rules adopted by the department.

RCW 18.73.140

Ambulance and aid vehicles—Licenses.

The secretary shall issue an ambulance or aid vehicle license for each vehicle so designated. The license shall be for a period of two years and may be reissued on expiration if the vehicle and its equipment meet requirements in force at the time of expiration of the license period. The license may be revoked if the ambulance or aid vehicle is found to be operating in violation of the regulations promulgated by the department or without required equipment. The license shall be terminated automatically if the vehicle is sold or transferred to the control of any organization not currently licensed as an ambulance or aid vehicle service. The license number shall be prominently displayed on each vehicle.

Summary of laws, regulations, rules for ambulances:

To operate an ambulance in Washington, there are minimum requirements to be met. These include but are not limited to: Completed application, Demographic information, contact information and others. Details can be found at www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/EMSAgencyandVehicleLicensinandVerification.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

Washington State Department of Health
EMS Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Requirements for licensure:

RCW 18.71.205

Physician's trained advanced emergency medical technician and paramedic—Certification.

(1) The secretary of the department of health shall prescribe:

(a) Practice parameters, training standards for, and levels of, physician's trained advanced emergency medical technicians and paramedics;

(b) Minimum standards and performance requirements for the certification and recertification of physician's trained advanced emergency medical technicians and paramedics; and

(c) Procedures for certification, recertification, and decertification of physician's trained advanced emergency medical technicians and paramedics.

(2) Initial certification shall be for a period established by the secretary pursuant to RCW 43.70.250 and 43.70.280.

(3) Recertification shall be granted upon proof of continuing satisfactory performance and education, and shall be for a period established by the secretary pursuant to RCW 43.70.250 and 43.70.280.

(4) As used in this chapter and chapter 18.73 RCW, "approved medical program director" means a person who:

(a) Is licensed to practice medicine and surgery pursuant to this chapter or osteopathic medicine and surgery pursuant to chapter 18.57 RCW; and

(b) Is qualified and knowledgeable in the administration and management of emergency care and services; and

(c) Is so certified by the department of health for a county, group of counties, or cities with populations over four hundred thousand in coordination with the recommendations of the local medical community and local emergency medical services and trauma care council.

(5) The uniform disciplinary act, chapter 18.130 RCW, governs uncertified practice, the issuance and denial of certificates, and the disciplining of certificate holders under this section. The secretary shall be the disciplining authority under this section. Disciplinary action shall be initiated against a person credentialed under this chapter in a manner consistent with the responsibilities and duties of the medical program director under whom such person is responsible.

(6) Such activities of physician's trained advanced emergency medical technicians and paramedics shall be limited to actions taken under the express written or oral order of medical program directors and shall not be construed at any time to include freestanding or nondirected actions, for actions not presenting an emergency or life-threatening condition, except nonemergency activities performed pursuant to subsection (7) of this section.

(7) Nothing in this section prohibits a physician's trained advanced emergency medical technician or paramedic, acting under the responsible supervision and direction of an approved medical program director, from participating in a community assistance referral and education services program established under RCW 35.21.930 if such participation does not exceed the participant's training and certification.

RCW 18.73.150

Ambulance personnel requirements.

(1)(a) Any ambulance operated as such shall operate with sufficient personnel for adequate patient care, at least one of whom shall be an emergency medical technician under standards promulgated by the secretary. The emergency medical technician shall have responsibility for its operation and for the care of patients both before they are placed aboard the vehicle and during transit. If there are two or more emergency medical technicians operating the ambulance, a nondriving medical technician shall be in command of the vehicle. The emergency medical technician in command of the vehicle shall be in the patient compartment and in attendance to the patient.

(b) Except as provided in subsection (2) of this section, the driver of the ambulance shall have at least a certificate of advance first aid qualification recognized by the secretary pursuant to RCW 18.73.120 unless there are at least two certified emergency medical technicians in attendance of the patient, in which case the driver shall not be required to have such certificate.

(2) With approval from the department, an ambulance service established by volunteer or municipal corporations in a rural area with insufficient personnel may use a driver without any medical or first aid training so long as the driver is at least eighteen years old, successfully passes

a background check issued or approved by the department, possesses a valid driver's license with no restrictions, is accompanied by a non-driving emergency medical technician while operating the ambulance during a response or transport of a patient, and only provides medical care to patients to the level that they are trained.

EVOC training requirements:

None

Ambulance driver training required by:

None

Summary of laws, regulations, rules for ambulance drivers:

An ambulance operator/driver must be at least eighteen years old, successfully pass a background check issued or approved by the department, possess a valid driver's license with no restrictions, accompanied by a nondriving emergency medical technician while operating the ambulance during a response or transport of a patient, and only provides medical care to patients to the level that they are trained.

References

<http://app.leg.wa.gov/rcw/default.aspx?cite=18.73.030>

<http://app.leg.wa.gov/rcw/default.aspx?cite=18.73.130>

<http://app.leg.wa.gov/rcw/default.aspx?cite=18.73.140>

<http://app.leg.wa.gov/rcw/default.aspx?cite=18.73.150>

<http://app.leg.wa.gov/rcw/default.aspx?cite=18.71.205>

<http://app.leg.wa.gov/rcw/default.aspx?cite=18.71.200>

www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/EMSAgencyandVehicleLicensingandVerification

West Virginia

Laws, Regulations, Rules for Ambulances

State EMS Contact

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
Jimmy Sadler
Agency Licensing Coordinator
350 Capitol St., Room 425
Charleston, WV 25301
Toll Free: 888-747-8367
OEMS Phone: 304-558-3956
OEMS Fax: 304-558-8379
Jimmy.D.Sadler@wv.gov

Definition of ambulance:

Any privately or publicly-owned vehicle or aircraft which is designed, constructed or modified; equipped or maintained; and operated for the transportation of patients, including, but not limited to, emergency medical services vehicles; rotary and fixed wing air ambulances; GSA KKK-A-1822 Federal standard type I, type II and type III vehicles; and specialized multipatient medical transport vehicles operated by an emergency medical services agency.

Regulation of ambulance services provided by:

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
350 Capitol St., Room 425
Charleston, WV 25301
Toll Free: 888-747-8367
OEMS Phone: 304-558-3956
OEMS Fax: 304-558-8379

Agencies authorized to operate ambulances:

There are 197 authorized provider agencies and first responder organizations in West Virginia.

Summary of laws, regulations, rules for ambulances:

Any entity intending to provide emergency medical services must either be granted a license or become associated with a licensed agency before doing so. Therefore, emergency medical services may be provided by a licensed rapid response agency, a licensed Emergency Medical Services agency, or an agency associated with one of these licensed agencies. All information regarding licensing of Emergency Medical Services Agencies can be retrieved from www.wvoems.org/media/261866/2012%20licensing%20of%20emergency%20medical%20services%20agencies.pdf.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

None

Regulation of ambulance operators/drivers provided by:

West Virginia Department of Health and Human Resources

Bureau for Public Health

Office of Emergency Medical Services

350 Capitol St., Room 425

Charleston, WV 25301

Toll Free: 888-747-8367

OEMS Phone: 304-558-3956

OEMS Fax: 304-558-8379

Requirements for licensure:

Emergency Vehicle Operator Initial Certification

Personnel qualify for certification as an Emergency Medical Vehicle Operator by meeting the following requirements:

- Be 18 years of age or older.
- Successfully complete an approved 16 hour or CEVO emergency vehicle operator's course.
- Complete a background check.
- Submit a copy of your CPR card.
- Successfully complete First Aid training.
- Possess and maintain and provide us a copy of your valid unrestricted driver's license.
- Successfully complete a WVOEMS approved MCI Awareness and Operations or higher, one-time requirement.
- Successfully complete Hazmat Awareness training standards on a yearly basis. * Courses may be found at <http://saferesponse.com>.
- Not have been convicted of driving under the influence of alcohol or drugs, reckless driving within two years prior to submitting an application.
- Complete the Emergency Medical Vehicle Operator Initial Certification Education Record which is in our EMVO policy at www.wvoems.org/files/policy/emergency-medical-vehicle-operator-certification-recertification.

Recertification

- Submit a copy of your CPR card.
- Complete a background check, if not done so in the past.
- Successfully complete Hazmat Awareness training meeting OSHA 1910.120 or higher standards on a yearly basis. Courses may be found at <http://saferesponse.com>.
- Maintain First Aid training.
- Possess and maintain a valid unrestricted driver's license.
- Complete the Emergency Medical Vehicle Operator Recertification Education Record which is in our EMVO policy. Retrieved from www.wvoems.org/files/policy/emergency-medical-vehicle-operator-certification-recertification.

EVOC training requirements:

- Successfully complete a WVOEMS approved MCI Awareness and Operations or higher, one-time requirement.
- Successfully complete Hazmat Awareness training meeting OSHA 1910.120 or higher standards on a yearly basis.

Only the Hazmat Awareness training is required for RECERTIFICATION

Ambulance operator/driver training required by:

West Virginia Department of Health and Human Resources

Bureau for Public Health

Office of Emergency Medical Services

350 Capitol St.

Room 425

Charleston, WV 25301

Toll Free: 888-747-8367

OEMS Phone: – 304-558-3956

OEMS Fax: – 304-558-8379

References

Retrieved from www.legis.state.wv.us/wvcode/ChapterEntire.cfm?chap=16&art=4C

www.wvoems.org/ems-programs/agency-licensure

Retrieved from www.wvoems.org/media/261866/2012%20licensing%20of%20emergency%20medical%20services%20agencies.pdf

www.wvoems.org/ems-programs/personnel-certification/evo

Retrieved from www.firemarshal.wv.gov/Documents/CHAPTER%2017C%20EMERGENCY%20VEHICLE%20LAWS.pdf

Wisconsin

Laws, Regulations, Rules for Ambulances

State EMS Contact

Wisconsin Department of Health Services
Wisconsin Emergency Medical Services Section
Room 1150
1 W. Wilson Street
Madison, WI 53701
608-266-1568
dhsemssmail@dhs.wisconsin.gov

Definition of ambulance:

An emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals: http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110/I/04. (4)
“Ambulance” means an emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals.

Regulation of ambulance services provided by:

Wisconsin Department of Health Services
Wisconsin Emergency Medical Services Section
Room 1150
1 W. Wilson Street
Madison, WI 53701
The main telephone number for the EMS Section is 608-266-1568.
dhsemssmail@dhs.wisconsin.gov

Agencies authorized to operate ambulances:

There are approximately 762 ambulance services in Wisconsin. These can be found broken down by county at www.dhs.wisconsin.gov/ems/provider/wicounties.htm or https://public.tableau.com/profile/penny.black#!/vizhome/EMSAgencies_Dec2017/Dashboard1. Agencies are 53% rural, 31% small urban, 15% urban, 1% out-of-state.

Summary of laws, regulations, rules for ambulances:

All licensing information, including providers and responders is available at www.dhs.wisconsin.gov/ems/licensing/elicensing.htm#Initial. The application must be done electronically and can be accessed via the aforementioned website.

WI State Statute 256 for Emergency Medical Services: <http://docs.legis.wisconsin.gov/statutes/statutes/256>.

WI State Administrative Code DHS 110 for Emergency Medical Services Licensing, Certification and Training Requirements: http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110.

Laws, Regulations, Rules for Ambulance Operators/Drivers

Definition of ambulance operator/driver:

<http://docs.legis.wisconsin.gov/document/administrativecode/DHS%20110.04>

(5) "Ambulance service provider" means a person engaged in the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(6) "Ambulance staffing configuration" means the different ways that an ambulance can be staffed based on level of services as described in s. DHS 110.50.

(24) "EMS professional" or "EMS personnel" means a certified first responder, licensed emergency medical technician, registered nurse, physician assistant or physician, who is authorized to provide emergency medical care.

(25) "Emergency medical service provider" or "EMS provider" means an emergency medical services program under s. 256.12, Stats., that provides emergency medical services as a first responder service provider, non-transporting EMT provider, or ambulance service provider.

(26) "Emergency medical technician" or "EMT" has the meaning given in s. 256.01 (5), Stats.

(27) "Emergency medical technician — basic" or "EMT-B" has the meaning given in s. 256.01 (6), Stats.

(28) "Emergency medical technician — intermediate" or "EMT-I" has the meaning given in s. 256.01 (7), Stats.

(29) "Emergency medical technician — intermediate technician" or "EMT-IT" means an emergency medical technician — intermediate who has completed the Wisconsin intermediate technician curriculum.

(30) "Emergency medical technician — paramedic" or "paramedic" has the meaning given in s. 256.01 (8), Stats.

<https://docs.legis.wisconsin.gov/statutes/statutes/256/01>

256.0 Definitions. In this chapter:

(1k) "Advanced emergency medical technician" means an emergency medical services practitioner who has completed intermediate technician training.

(1t) "Ambulance" means an emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals.

(2) "Ambulance service" means the business of transporting sick, disabled, or injured individuals by ambulance to or from facilities or institutions providing health services.

(3) "Ambulance service provider" means a person engaged primarily in the business of transporting sick, disabled, or injured individuals by ambulance to or from facilities or institutions providing health services.

(4p) "Emergency medical responder" means a person who is certified by the department as an emergency medical responder under s. 256.15 (8) (a) or is exempt under s. 256.15 (2) (b) or (c) and who, as a condition of employment or as a member of an organization that provides

emergency medical care before hospitalization, provides emergency medical care to a sick, disabled, or injured individual.

(5) "Emergency medical services practitioner" means an emergency medical technician, an advanced emergency medical technician, an emergency medical technician — intermediate, or a paramedic.

(6) "Emergency medical technician" means an individual who is licensed by the department to administer basic life support and to properly handle and transport sick, disabled, or injured individuals or is exempt under s. 256.15 (2) (b) or (c).

(7) "Emergency medical technician — intermediate" means an individual who is licensed by the department as an emergency medical technician — intermediate under s. 256.15 (5) or is exempt under s. 256.15 (2) (b) or (c).

(14) "Paramedic" means an individual who is specially trained in emergency cardiac, trauma, and other lifesaving or emergency procedures in a training program or course of instruction prescribed by the department and who is examined and licensed as a paramedic under s. 256.15 (5) or is exempt under s. 256.15 (2) (b) or (c).

Regulation of ambulance operators/drivers provided by:

WI DHS EMS Section

www.dhs.wisconsin.gov/ems/index.htm

Requirements for licensure:

WI State Administrative Code DHS 110 for Emergency Medical Services Licensing, Certification and Training Requirements:

http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110.

WI State Statute 256 for Emergency Medical Services

256.15 Emergency medical services personnel; licensure; certification; training:

<https://docs.legis.wisconsin.gov/statutes/statutes/256/15>.

EVOC training requirements:

None

Ambulance operator/driver training required by:

DHS 110.35 License and application requirements.

To apply for a license as an ambulance service provider, a non-transporting EMT service provider, or a first responder service provider, a person shall do all of the following:

(2) APPLICATION AND OPERATIONAL PLAN. Upon the department's approval of the feasibility study required under sub. (1), complete and submit an application and an operational plan to the department in the manner specified by the department. The operational plan and its addendums shall include all of the following:

(e) Operational policies for all of the following:

6. Emergency vehicle operation and driver safety training.

http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110/IV/35

256.15 Emergency medical services personnel; licensure; certification; training.

(4) AMBULANCE STAFFING; LIMITATIONS; RULES.

(b) An ambulance driver who is not an emergency medical services practitioner may assist with the handling and movement of a sick, injured, or disabled individual if an emergency medical services practitioner, registered nurse, physician assistant, or physician directly supervises the driver. No ambulance driver may administer care procedures that an emergency medical services practitioner is authorized to administer unless he or she is an emergency medical services practitioner. <https://docs.legis.wisconsin.gov/statutes/statutes/256/15>

References

Retrieved from www.nasemso.org/legislation/Wisconsin/wi14650.1.html

www.dhs.wisconsin.gov/ems/index.htm

Retrieved from www.wisconsinems.com/ems-for-the-general-public/wisconsin-ems-statistics/

<http://docs.legis.wisconsin.gov/statutes/statutes/256.pdf>

www.dhs.wisconsin.gov/ems/licensing/elicensing.htm#Initial

Wyoming

Laws, Regulations, Rules for Ambulances

State EMS Contact

Wyoming Department of Health
Emergency Medical Services
Scott Logan, EMS Licensing Coordinator
Ambulance Licensing
Business Licensing
EMS Provider Licensing
6101 Yellowstone Road, Suite 400
Cheyenne, WY 82002
Scott.logan@wyo.gov
307-777-3622 – direct line
307-777-7955
(888-228-8996
Fax: 307-777-5639

Definition of ambulance:

Any land motor vehicle maintained, operated or advertised for the medical care and transportation of patients upon any street, highway or public way;
(B) Any land motor vehicle owned and operated on a regular basis by Wyoming or any agency, municipality, city, town, county or political subdivision of Wyoming for medical care and transportation of patients upon any street, highway or public way; and
(C) Any aircraft which is maintained, operated or advertised for the medical care and transportation of patients in Wyoming. This definition does not include any land motor vehicle or aircraft owned and operated by the United States.

Regulation of ambulance services provided by:

Wyoming Department of Health
Emergency Medical Services
6101 Yellowstone Road, Suite 400
Cheyenne, WY 82002
307-777-7955
(888-228-8996
Fax: 307-777-5639

Agencies authorized to operate ambulances:

There are approximately 90 authorized provider agencies and 12 first responder organizations (non-transporting). www.wyemlicense.com.

Summary of laws, regulations, rules for ambulances:

In order to operate an ambulance in Wyoming, one must hold an Ambulance Business License. Requirements include an application with the appropriate fee, insurance and types of vehicles to be used. For further details, please go to: <https://health.wyo.gov/publichealth/ems/ems-forms>.

Laws, Regulations, Rules for Ambulance Operators/Drivers**Definition of ambulance operator/driver:**

A person who operates an ambulance vehicle.

Regulation of ambulance operators/drivers provided by:

None

Requirements for licensure:

None

EVOC training requirements:

None

Ambulance operator/driver training required by:

None

Summary of laws, regulations, rules for ambulance drivers/operators:

There are no requirements to drive an ambulance in Wyoming.

Ground ambulances shall be staffed with a driver and at least one (1) attendant certified as provided in Chapter V.

Section 2. Running Criteria. The driver of a ground ambulance shall comply with the following criteria.

(a) Emergency vehicle operation. The driver shall comply with all Wyoming traffic laws and regulations, including W.S. 31-5-928 and 31-5-952.

(b) Destination. In the absence of decisive factors to the contrary, the ambulance driver shall transport emergency patients to the closest accessible medical facility equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient.

(c) Siren and approved warning light restrictions. Ground ambulance drivers shall not activate warning lights and use the siren except when responding to an emergency call, engaging in life-saving services at the scene or transporting emergency patients who are classified as "emergent" or "urgent" by the ambulance attendant on the State ambulance trip report form, as defined in Section 8 of this chapter.

References

Retrieved from <http://legisweb.state.wy.us/statutes/titles/title33/t33ch36.htm>

<https://health.wyo.gov/publichealth/ems/>

Retrieved from <http://soswy.state.wy.us/Rules/RULES/1510.pdf>

APPENDIX C: Review of NHTSA 1995 Ambulance EVOC Standard

Topic	Needs Improvement	Below Expectations	Meets Expectations	Exceeds	Brief Comments
Introduction/Background/Preparation					
1. Ride as a Patient			X		Recommendation only. No instruction/guidelines
2. Actual Ambulance Configuration		X			No explanation of “configuration”, Just note to go over
3. Pre-Run to Post-Run Operation			X		Description of activities for both
4. Types of Regulations			X		State, Local Agency – covered
5. Policies Working Together			X		Well covered
6. Due Regard for Safety			X		Well covered (with examples)
7. True Emergency Situations			X		Well covered (with examples)
8. Negligence			X		Well covered (with examples)
9. Abandonment			X		Covered in general
10. Good Samaritan Provision			X		Covered w/definition & example
11. Patient’s Rights			X		Covered (varies by State)
12. Driving Checks		X			Pre-employment – Driver license/record check
13. State Motor Vehicle Record		X			Pre-employment –Violations 3 yrs. Accidents 5 yrs.
14. License Check		X			Pre-employment –Valid & Class for vehicle type
15. Medical Check			X		Pre-employment –Check for medical conditions that could impair safe operations
16. Driving Knowledge and Performance			X		Pass EVOC & On the Job evaluation
17. Operator Qualification			X		Pass EVOC obtain certification. Report any changes/updates re: record/medical
18. Licensing		X			Varies by State (covered in #14 above)
19. Physical and Mental Fitness			X		Overall health, rested, medications, sick/injured
20. Personal Appearance and Hygiene			X		Professional & confident
21. Critical Operator Information			X		Defined & explained

Topic	Needs Improvement	Below Expectations	Meets Expectations	Exceeds	Brief Comments
22. Radio Frequencies		X			Know your own & neighboring agencies
23. Composing Messages			X		Example/exercise
24. Plain English			X		Example/exercise
25. Broadcasting Techniques			X		Steps to transmitting/ending message
Ambulance Types and Operation					
26. Star of Life Emblem – Logo			X		Just shows logo w/ no other info
27. Type I Ambulance		X			Very basic info on points 27-29
28. Type II Ambulance		X			Very basic info on points 27-29
29. Type III Ambulance		X			Very basic info on points 27-29
30. Service Capacity for each ambulance type			X		Points 27-31 could be covered in one slide
31. Classes for each ambulance type			X		Well covered
32. Size for each ambulance type		X			Only 1 bullet point
33. Weight for each ambulance type		X			Too basic; needs more info
34. Visibility for each ambulance type			X		Good coverage
Ambulance Readiness (Vehicle Inspection, maintenance, and repair)					
35. Safe Operating Condition			X		Covers inspection of the ambulance
36. Mechanical Systems			X		Covers engine/drive train, etc. need to add more info
37. Systematic Inspections			X		Similar to the Quick Checklist
38. Recommended Inspection Schedule			X		Need new forms
39. Inspection Types			X		Update Quick checklist & Full checklist
40. Inspection Sequence			X		Inspect starting clockwise
41. Operator Negligence			X		Update with new case law
42. Preventive Maintenance			X		Lots of info on this topic need to update Module “C” checklist
43. Operator Maintenance Responsibilities			X		Need more info on this topic
44. Decision Aid for Vehicle Malfunctions while in Service			X		Need more info on this topic

Topic	Needs Improvement	Below Expectations	Meets Expectations	Exceeds	Brief Comments
45. How quickly can you make repairs			X		Need more info on this topic
46. What is the patient's condition			X		Need more info on this topic
47. Can the vehicle's electrical system meet the demand			X		Need more info on this topic
Navigation and Route Planning					
48. Route Planning			X		CAD systems needed
49. Choose Routes				X	Good coverage of topic
50. Know your Area				X	Good coverage of topic
51. Vehicle Clearance				X	Well covered for height and width
52. Encountering an Accident when En Route to an Emergency	X				Not covered in either objectives or lesson plan
Normal and High-Risk Driving Situations					
53. Road Surfaces (adjustment to)			X		Roadway surfaces i.e.; gravel, concrete, dirt, gravel well covered
54. Road Conditions 1 & 2			X		Well covered needs updating
55. Fright			X		Good info but need to add more
56. Management of Driver Fatigue			X		Limited covered for "lack of sleep" need more info
57. Managing Distractions			X		Nothing on managing distractions only topic is distractions for motorists.
58. Near Miss Recovery			X		Nothing on near miss recovery did find VEHICLE RECOVERY TECHNIQUES.
59. Centrifugal Force			X		Diagram, example, scenario
60. Stopping Distance			X		Good coverage needs additional examples
61. 2-4-12 Rule			X		Well covered with examples
62. Safety Cushion			X		Covered in depth
63. Communicate (with other drivers)			X		Good coverage
64. Basic Maneuvers			X		Good coverage
65. Braking and Stopping			X		Outdated discusses "pumping brakes," "locking wheels," no ABS discussion

Topic	Needs Improvement	Below Expectations	Meets Expectations	Exceeds	Brief Comments
66. Making Lane Changes			X		Well covered
67. Passing Two-Lane Roads			X		Minimal information need to expand
68. Pass Stopped Traffic			X		Minimal information need to expand
69. Backing			X		Well covered to include ground guide & “hand signals”
70. Perpendicular Parking			X		Covered
71. L/R Turns			X		Well covered for both L/R Turns
72. U-Turns			X		Briefly covered but needs additional language
73. Back-Around	X				Not covered
74. Urban Driving			X		Well covered
75. Rural Driving			X		Requires instructor to provide local information on rural driving
76. Two-Lane Highway Driving			X		Minimal coverage requires instructor local examples
77. Highway/Interstate Highway Driving			X		Requires instructor local examples
Operations in Emergency Mode and Unusual Situations					
78. Emergency Driving		X			Vague; include reference to State statute for “emergency vehicle”
79. Emergency Signaling Devices		X			Points 79 and 80 can be combined into one slide/bullet point
80. Response			X		Title should be “response by other drivers”
81. Speed Limits			X		Policy should dictate “speed limits” when responding to incident, not statute
82. Dangers		X			Vague; only talks about dangers at intersections, should include other dangers
83. Due Regard			X		Good section
84. National Consensus Standards 1, 2, and 3			X		Change tone (more important than dictating what tone you should be in) at intersection approach from wail/yelp/high-low

Topic	Needs Improvement	Below Expectations	Meets Expectations	Exceeds	Brief Comments
85. Driving Against Traffic		X			Might include “on direction from PD at scene” to go wrong way
86. Adverse Conditions – Weather Related		X			Vague; #86-87 can be combined into one bullet point.
87. Traction – Weather Related				X	Well covered
88. To Improve Traction				X	Might mention carrying sand/etc. to aid in traction
89. Vision – Weather Related				X	Well covered
90. Night Driving				X	Well covered
91. Rain and Fog – Weather Related				X	Well covered
92. Compensating for Poor Visibility – Weather Related		X			Minimal coverage
93. Crash Avoidance		X			Minimal coverage
94. Off-Road Recovery		X			Minimal coverage needs to add proper “off-road” techniques
95. Vehicle Malfunctions (potential)			X		Well covered
96. Pulling Off the Road			X		Under parking it talks about pulling off road and turning on emergency lights AND siren
Safety Considerations for Passengers and Patients					
97. Ambulance Operator (Responsible For)		X			Minimal coverage
98. Responsibilities for Families of Patients			X		Well covered
99. Potential Dangers			X		Well covered
100. Vehicle Placement		X			Covered but needs additional information
101. Diagrams		X			1,2,3,5 but no diagram #4
102. Flares			X		Covered needs diagram
103. Flares Placement			X		Covered needs diagram
104. Warning Triangles			X		Covered
105. Placement of Triangles			X		Covered
106. Flashlights		X			Minimal coverage
107. Safety Vests		X			Minimal coverage
The Run					

Topic	Needs Improvement	Below Expectations	Meets Expectations	Exceeds	Brief Comments
108. Operator Readiness			X		Need to update this info
109. Inspecting the Ambulance			X		Need to add more info
110. Intersection			X		Lots of good info on this topic
111. Clearing Controlled			X		Need to add more info
112. Intersection 1 & 2			X		Lots of good info on this topic
113. Cautions			X		Some info on this but we need to add more
114. Difficult Situations			X		Not much info on this need more
115. Downed Power Lines			X		Good info should add video
116. Crowds			X		Good info should add more
117. Parking Safety			X		Need to add to this topic
118. Pre-Departure			X		Not much info on this topic
119. Fright			X		Need to add & update
120. Bumpy Road			X		Need to add to this topic
121. Post-Run			X		Not much info on this need more

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**National Highway
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