There have been issues raised about the EMT staffing standard that became effective January 1, 2001 for voluntary ambulance services. Article 30 of the Public Health Law states that "the minimum staffing standard for a voluntary ambulance service shall be an Emergency Medical Technician with the patient." The following is intended to help clarify the meaning of the law. This policy is written for ambulance service operation. It does not address first response service operation.

1. A voluntary ambulance service must have an Emergency Medical Technician (EMT) or higher, attending to the patient at the scene and in the ambulance while transporting the patient to the hospital.

2. If a voluntary ambulance service has a written response policy in place in which an EMT is allowed to respond directly to the scene from home or work, the ambulance may respond to the scene of the emergency even if an EMT is not on board.

3. If the EMT responding directly to the scene is delayed and the only other ambulance crew available are Certified First Responders (CFR), the CFR may begin care. It is acceptable to have a CFR as a part of an ambulance crew. The EMT assumes responsibility for care upon arriving at the scene.

4. If the EMT does not arrive at the scene and another service is immediately available with appropriate staffing, the patient should be transported by that service. If no other service is immediately available the patient should be transported. While this is a violation of Public Health Law, it is in the best interest of the patient to transport to a hospital where appropriate care is available, only as a last resort option.

   Continual and repeated failure of a service to assure an EMT arrives at the scene to provide care may result in the Department taking disciplinary action against the service and/or the individual. It is recommended that any service unable to routinely provide an EMT to an emergency, whether on the ambulance or arriving independently, file for an exemption to the staffing standard with the local Regional EMS Council.

5. An ambulance should NOT respond to the scene of an emergency if it is known that an EMT is not available. It is recommended that all ambulance services preplan for the lack of staffing by written mutual aid agreements with neighboring ambulance services and by alerting the local Public Safety Answering Point (PSAP) or dispatch authority as early as possible. An ambulance service that responds to the scene of an emergency when called without an EMT should consult with an attorney regarding civil liability for not providing the statutory standard of care to a patient.

6. A service may send an ambulance and equipment to the scene of an emergency if they know another service will provide the EMT staff necessary to perform patient care. The service sending the ambulance would share responsibility for the care being provided. These types of mutual agreements to share the staff and equipment must be done in writing in advance.

7. The staffing standard requires one (1) EMT with a patient. Therefore, an ambulance must be staffed with at least one EMT. While it is preferable to have more than one EMT if there are multiple patients, the law does not require it. In the event of a multiple patient situation, the EMT would assume supervision of the care being provided to the patients being treated and transported.

   NOTE: In a multiple casualty incident (MCI), local or regional protocols should be followed.

Please remember that there has always been a public expectation to be treated by a trained Emergency Medical Technician when they call 9-1-1 in a medical emergency. The law now requires this. Please work with us to assure that this standard of care is provided to all of our patients. Thank you.

Issued by:
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