

Erie County Emergency Medical Services



Application for Municipal CON conversion



COUNTY OF ERIE

MARK C. POLONCARZ

County Executive

GALE R. BURSTEIN, MD, MPH
Commissioner of Health

May 14, 2025

Wyoming-Erie Regional EMS Council
c/o UBMD Emergency Medicine EMS Division
77 Goodell Street, Suite 430
Buffalo, New York 14203

Honorable Chair,

The Erie County Department of Health – EMS Division is pleased to submit our application to convert the Municipal Certificate of Need (CON) to a Permanent Certificate of Need (CON). The completed application is enclosed for your review.

Furthermore, we respectfully request that the public hearing for this application be held at the Erie County Training & Operation Center, located at 3359 Broadway, Cheektowaga, NY 14227.

If you have questions regarding the application please reach out to Deputy Commissioner Greg Gill at Gregory.Gill@erie.gov or 716-253-4863.

Thank you for your time and consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Melissa Calhoun", with a long horizontal flourish extending to the right.

Melissa Calhoun
Special Assistant to the Deputy Commissioner
Erie County EMS
Melissa.calhoun@erie.gov



COUNTY OF ERIE

MARK C. POLONCARZ

COUNTY EXECUTIVE

May 2, 2025

Theresa Allen, Secretary
New York State EMS Council
c/o Bureau of EMS – Operations Unit
New York State Dept. of Health
875 Central Avenue
Albany, New York 12206-1388

Re: Application for ALS Ambulance Service in Erie County

Dear Secretary Allen,

As the Erie County Executive, please accept this letter and enclosed application packet requesting full Operation Authority for Erie County as a certified Advanced Life Support (ALS) Ambulance Service as a matter Public Health Law Article 30, section 3008(7) as defined in Article 1 of the General Municipal Law. The enclosed packet includes statement of need, copy of the certified resolution passed by the Erie County Legislature authorizing application submission, and description of the area to be serviced.

Since September of 2023, Erie County has provided "safety net" coverage to a dozen of its rural towns where commercial services are not available or volunteer services lack the capacity and ability to transport. Erie County is in a strong financial position and is committed to continue this service which has reduced wait times and changed health outcomes for our residents. We would appreciate your full approval to continue this life saving work.

If you have any questions, please do not hesitate to contact Deputy Commissioner of Emergency Medical Services Gregory Gill at 716-858-2575 or at Gregory.Gill@erie.gov.

Sincerely yours,

A handwritten signature in blue ink, reading "Mark C. Poloncarz", with a long horizontal flourish extending to the right.

Mark C. Poloncarz, Esq.
Erie County Executive

MCP/jah

Erie County Emergency Medical Services

Application for Municipal CON Conversion



Binder Contents

Tab A

1. NYSDOH EMS Form 3777 and Map of Erie County
2. NYSDOH EMS Form 3778- Gregory Gill, Erie County Deputy Commissioner of Health-EMS Division
3. NYSDOH EMS Form 3778- Mark Poloncarz, Erie County Executive
4. NYSDOH EMS Form 3778- Karyn Krytus, Directory of Ambulance Operations
5. NYSDOH EMS Form 5131

Tab B

1. NYSDOH EMS Form 206
2. NYSDOH EMS Form 1881 page 1 and 2
3. NYSDOH EMS Form 2828
4. NYSDOH EMS Form 4362
5. NYSDOH EMS Form 5136

Tab C

1. NYSDOH EMS Form 3777 attachment- Narrative Statement

Tab D

1. Narrative Statement Appendices 1-24
2. Reference Section 1-5

Application for Public Need Worksheet – Erie County Conversion

Required DOH Applications:

DOH Form 3777, Application for New EMS Service, Expansion of Primary Operating Territory or Transfer of Ownership, completed and notarized	Tab A, Section 1 Tab A, Section 4-Funding Document NYSDOH-EMS Form 5131
DOH Form 3778, Affirmation of Fitness & Competency, completed and notarized for each person identified as an officer, director holder of greater than 10% of companies stock.	Tab A2- G. Gill Tab A3- M. Poloncarz

Narrative which includes the following operational aspects of the proposed service:

Proposed Area of Service	Tab C, Section 2.1 (pg. 5), appendix 1
Proposed level of care of the service	Tab C, Section 2.2(pp. 5-6)
Proposed hours of operation	Tab C, Section 2.3 (pg. 6)
Proposed physical location(s) of the service	Tab C, Section 2.4 (pg.6)
Proposed number of employees/members	Tab B, Section 3 Tab C, Section 4.2.7 (pp. 22-23) Appendix 20
Number of ambulances/ALSFR vehicles	Tab B, Section 2 Tab C, Section 2.6 (pg.7) Appendix 9

The applicant has included financial information including:

Source of initial funds	Tab C, Section 2.7 (pp. 8-9) Appendix 2
First/next year's proposed operating budget	Appendix 13 &14
Proof of adequacy of funding sources/future revenue	Appendix 7 Appendix 2
Documentation of support that the applicant has financial resources capable of support proposed service/expansion.	Appendix 7 Appendix 2

The narrative shall include documentation of the positive and negative impact of the proposed new/expanded service to include (but not be limited to):
Impact on all existing ambulance/EMS relating to:

Response times	Tab C, Section 4.1.1(pp. 11-12)
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Staffing	Tab C, Section 4.1.2 (pp. 12-13) Appendix 20
Level of service	Tab C, Section 4.1.2 (pp. 12-13)
Call volume of last 12 month/proposed first 12 months of operation	Tab C, section 4.1.3 (pg. 13) and 4.2.2 (pg.20) Appendix 15, 16 & 17
Mutual Aid	Tab C, section 4.14 (pp. 13-14) Appendix 21
Medical direction	Tab C, section 4.1.6 (pg. 15) Tab C, section 4.2.4 (pg.21)
Quality assurance	Tab C, section 4.1.5 (pg. 14) Appendix 22 Appendix 23 Appendix 24 Appendix 11
Financial impact on any existing service(s)	Tab C, section 4.1.9 (pg. 16)
Any adverse impact the proposed service will have on any existing service(s).	Tab C, section 4.1.8 & 4.1.9 (pp. 15-16)
Prehospital care protocols	Tab C Section 4.1.7 (pg. 15)
Narrative addendum of the application lists all segments of the EMS System in the proposed new/expanded operating territory including:	
All existing EMS agencies	Tab C, section 4.2.1 (pp.17-20)
All hospitals and other institutions generating calls (nursing homes, adult homes, centers for independent living, community residences for the disabled, etc.)	Tab C, section 4.2.1 (pp.17-20) Appendix 25
Any/all mutual aid agreements	Tab C, section 4.2.6 (pp. 13-14) & 4.1.4 (pp.21-22) Appendix 21
Actual & projected response times for past and next 12 months	Tab C, section 4.1.1 (pp.11-12) Appendix 15
Communications system and the impact additional/expanded service will have on the existing communications system.	Tab C, section 4.2.3 (pp.20-21) & 2.5 (pp.6-7) Appendix 8
Medical direction/control of system and impact additional/expanded service will have on existing system.	Tab C section 4.2.4 (pg.21) & 4.1.6 (pg.15)
Any anticipated improvements the new/expanded service intends to make in the communications system if approved.	Tab C, section 4.2.3 (pp.20-21) & 2.5 (pp.6-7)

The letters sent by the applicant:

Include a definition of public need	Appendix 18a
Include a general description of the new/expanded service.	Appendix 18a
Include the type and level of service proposed.	Appendix 18a
Request a response by a specific date and that the request be signed by the CEO of the entity.	Appendix 18a
Letters received back in support or opposition are not more than six months old.	Appendix 18c

Applicant documents letters have been sent to:

All Ambulance and advanced Life First Response services within proposed operating territory.	Appendix 18b, d, e
All EMS Medical Directors in Region	Appendix 18b, d, e
The Chairperson(s) of any county(ies) EMS organization(s)	Appendix 18b, d, e
County EMS coordinator(s)	
All Hospital CEOs	Appendix 18b, d, e
All Hospital Emergency Department Directors	Appendix 18b, d, e
The CEOs of all municipalities	Appendix 18b, d, e
All ambulance services in areas adjacent to the proposed operating territory	Appendix 18b, d, e
All hospitals in areas adjacent to the proposed operating territory	Appendix 18b, d, e
The applicant submitted proof of receipt by entity letter was sent to (copies of registered mail receipts signed by agency letter was sent to)	Appendix 18d & e

Required Fees:

Applicant has submitted required REMSCO application fee.

Application Deemed Complete

Regional Council/Program Agency Staff
Transportation/Ambulance Committee
Full Regional EMS Council
Provide Written Notification to Applicant indicating Complete Submission

Dates of Action

Request for F&C review from DOH
Received results of F&C review from DOH
Public Hearing Officer Assigned
Public Hearing Scheduled

Transportation/Ambulance Committee/RESMCO Meeting
Copy of Complete Application and Determination sent to
DOH

Regional Council Decisions

Transportation/Ambulance Committee
Public Hearing Officer
RESMCO Determination



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

May 14, 2025

Melissa J. Calhoun
Special Assistant, Emergency Medical Services
Erie County Department of Health
500 Commerce Dr., Suite 1
Amherst, NY 14228

Dear Mrs. Calhoun,

In consideration of your request and in accordance with past practice, your request is approved. As discussed, and in consideration of the applicants concerns you may submit a full application with the personal information (addresses, DOB's, and SSN's) redacted on the DOH – 3778's to the REMSCO. Please forward the non-redacted copies to our office via HCS which will be held for F&C processing upon request of the REMSCO. If you send them prior to request, we will hold them until the REMSCO formally requests the F&C.

If you have any questions, please do not hesitate to contact me at 518-416-5592.

Sincerely,

Donald Trzepacz Jr.

Donald Trzepacz Jr.
Branch Chief – Agency Licensure

New York State Department of Health
Bureau of Emergency Medical Services and Trauma Systems
Western New York Regional Office
295 Main Street, Suite 300
Buffalo, NY 14203
(716) 847-4643 (Office) | (518) 416-5592 (Cell)
donald.trzepacz@health.ny.gov

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☒ New service (Sections A,B,C,D,F)
☐ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
☐ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☒ Ambulance
☐ ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service		DOH Agency Code		Federal Employer Identification Number	
Erie County Emergency Medical Service		6303		166002558	
Address		City	State	Zip	County
500 Commerce Dr Suite 1		Amherst	NY	14228	Erie
Contact Person		Title			
Karyn Krytus		Director of Ambulance Operations			
Business Phone		Home Phone		Cell Phone	
(716) 858- 6761		(716) 984 - 1002		(716) 393 - 7649	
E-mail		Karyn.Krytus@erie.gov			
Current Organizational Sponsor Type					
<input type="checkbox"/> Proprietary		<input type="checkbox"/> Hospital Based		<input type="checkbox"/> Volunteer Independent	
<input type="checkbox"/> Volunteer Fire Department		<input checked="" type="checkbox"/> Municipal/Government		<input type="checkbox"/> Industrial	
		<input type="checkbox"/> Other			
Type of Ownership					
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input checked="" type="checkbox"/> Government	
				<input type="checkbox"/> Corporation	
				<input type="checkbox"/> LLC	

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)
Erie County Department of Health

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory
Erie County, NY

For expansion list existing primary operating territory

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

Erie County- Self Insured

Agent

Business Phone
() -

Types and Limits of Coverage

☐ General Liability

☐ Other

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☐ EMT☐ AEMT☐ Critical Care☒ Paramedic

Agency Medical Director

Dr. Kevin McGee

Address

500 Commerce Dr.

City

Amherst

State

NY

Phone Number

(716) 957 - 6658

Agency Providing Medical Control

Erie County Department of Health

Phone Number

(716) 957 - 6658

System Medical Director

Dr. Kevin McGee

Address

500 Commerce Dr.

City

Amherst

State

NY

Phone Number

(716) 957 - 6658

Size of Population to be Served

946,147

Days of operation

365

Hours of operation

24 hours

Projected Call Volume

Total 3000

Emergency 70%

Non-Emergency 30%

Source of Statistics for Call volume

☐ PCR☒ Dispatch Center☐ Agency Call Record☐ Other PCR

Total no. of ambulances

7

Total no. of emergency ambulance service vehicles (EASV'S)

4

Total no. of ALS First Response vehicles

0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service

Federal Employer Identification Number

Address

City

State

Zip

County

Contact Person

Title

Business Phone

() -

Home Phone

() -

Cell Phone

() -

E-mail

Proposed Organizational Sponsor Type

☐ Proprietary☐ Hospital Based☐ Volunteer Independent☐ Industrial☐ Volunteer Fire Department☐ Municipal/Government☐ Other

Proposed Type of Ownership

☐ Individual☐ Partnership☐ Government☐ Corporation☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO

Mark C. Poloncarz

Title

Erie County Executive

Signature

Date

Notary Public affirmation and acknowledgement

Natalie E Nitsche

NATALIE E. NITSCHÉ

No. 01NI6432331

Notary Public, State of New York

Qualified in Erie County

My Commission Expires 05/02/2024

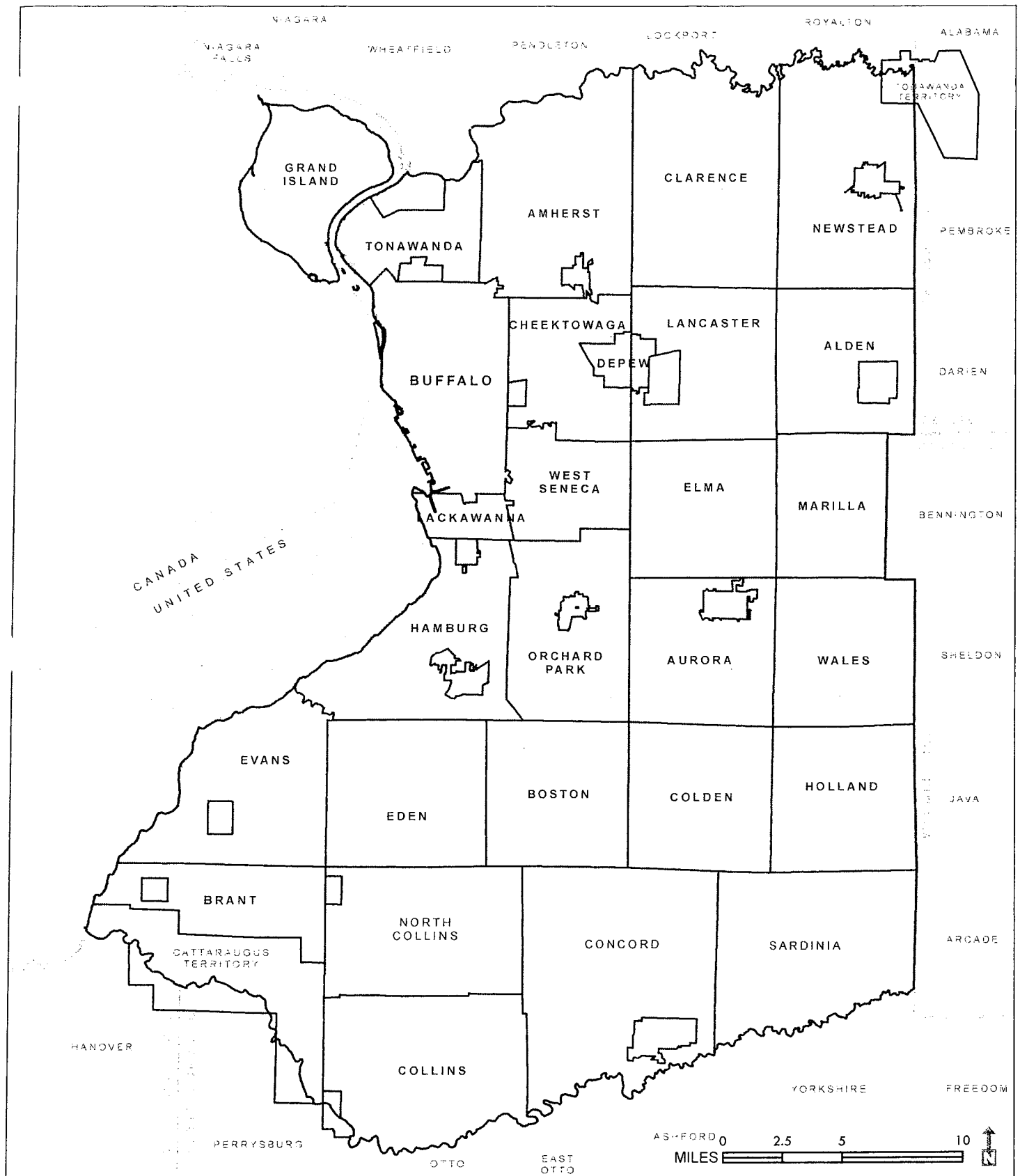
FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved ☐ Denied ☐ Rejected – Incomplete

Council Chair Signature



ERIE COUNTY, NY

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Erie County Emergency Medical Services

6303

Name of EMS Agency

NYS EMS Agency Code

Erie County

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Gregory Gill

Dept. Comm. of Health-EMS

Full Name of Individual

Title

500 Commerce Drive Amherst, NY 14228

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

- If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Gregory Gill

Full Name

Signature

Date

4/21/25

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Gregory Gill

Full Name

Signature

Date

4/21/25

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

Renée R Vickerd

Renée R Vickerd

4/21/25

Please affix Notary Public Stamp or equivalent.

RENEE R VICKERD
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 08/10/2026
01V15000195

Gregory M. Gill

Work Experience

5/13 – Present **Erie County Department of Health, Division of EMS**
2015 - Deputy Commissioner
2013 – ALS Systems Coordinator

7/03 – 5/13 **Mercy Flight, Inc.**
2010 - Director of Air Medical Operations
2006 - General Manager
2005 - Director of Development
2003 - Public-Media Relations Manager/Marketing

9/80 – 7/03 **LaSalle Ambulance / Rural Metro Medical Services**
2002 - Area Manager – National Disaster Team Coordinator
1999 - Operations Manager
1995 - Public Affairs Manager / Public Information Officer
1988 - Director of Education
1985 - Director of Safety
1983 - Supervisor
1981 - Paramedic

9/85 – 1/96 **Western New York EMS Training Institute - Instructor / Facilitator**

5/85 – 9/93 **Mercy Flight, Inc. - Flight Paramedic**

Certifications

2022 Erie County Reserve Deputy Sheriff Badge 084

2017 Erie County Sheriffs Peace Officer Academy

2012 Certified Critical Care Paramedic – BCCTPC Cert # 199

2011 New York State EMS Program Coordinator

2007 Air Medical Management Program

2003 ODP - Threat and Risk Assessment, EMS Operations Planning
Incident Command - ICS 100; ICS 200; ICS 300; ICS 400; ICS 700

2001 New York Regional Disaster Response Team Coordinator, Rural Metro

2000 Ambulance Service Manager (AAA) - Accelerated Program

1999 Nuclear Biological Chem. Domestic Preparedness Provider / Instructor

1998 New York State Notary Public Commission

1997 Counter Narcotics Tactical Operations Medical Support (Contoms)
Mass Fatalities Response - Provider

1995 New York State Regional Faculty

1994 Advanced Burn Life Support – Provider, Emergency Medical Dispatch - Provider

1993 Department of Transportation Article 19A Examiner
Public Service Critical Incident Command (PSCIM) Provider / Instructor

1992 Advanced Cardiac Life Support Instructor

1991 Pediatric Advanced Life Support Instructor / Provider

1990 NYS Certified Instructor Coordinator -- Pre Hospital Trauma Life Support Provider / Instructor

1986 New York State Certified Lab Instructor

1985 Lead Instructor, WNY Emergency Medical Services Training Institute

1981 Original Paramedic Certification

1974 Original EMT Certification

Gregory M. Gill - continued

Organizations & Affiliations

2017	AHA Mission Life Line Executive Committee
2017	New York State Emergency Medical Service Council - Current
2015	Board of Fire Commissioner, Orchard Park - 2024
2015	Director, Orchard Park District EMS - 2024
2012	Board of Directors, Boy Scouts of America- Greater Niagara Frontier Council
2010	Hillcrest Fire Company, President - Currently Rescue Captain
2006	Hillcrest Fire Company, Rescue Captain Current
2005	Exec Director, Lakeshore Boy Scouts
2003	Board of Directors, Meals on Wheels
2001	Board of Directors, Salvation Army
2000	Leadership Buffalo
1999	Board of Directors; Make a Wish Foundation Western New York
1998	Buffalo 100 Club, Public Relations Society of America, Erie County Traffic Safety Committee United New York Ambulance Network - Member
1997	SMART member (Special Medical Assistance Response Team), Lake Shore Volunteer Fire Department Firefighter / Paramedic, City of Buffalo, Mass Causality Incident Committee Chairman
1996	New York State Wyoming Erie Regional Council – Past Chair
1995	Safe Kids Coalition
1993	Think First - Head and Spinal Trauma education NAEMT member
1992	WREMS Pre - Hospital Committee - Chairman
1974	Hicksville Fire Department, Fire Fighter / EMT

Achievements and Awards

New York State Health Commissioner Award - 2019

Wyoming Erie Regional EMS Council Leadership Award - 2004

MVP Award - Rural Metro Medical Services - 2002

NCCJ Brotherhood/ Sisterhood Award - Healthcare 2002

National Disaster Coordinator for Rural Metro - Responded to World Trade Center - 2001

United New York Ambulance Network "Outstanding Employee" - 2000

Wyoming Erie Advanced Life Support Provider of the Year 1998

Developed EMS Week Programs to Highlight EMS including:
Treat and Street donations for Mercy Flight - AMBY award from the American Ambulance Assoc.

Development of Flight Physiology program used for training flight medics and physicians

Two trips to England to train UK paramedics on BTLIS and PHTLS - Program received International Community Service Award from the American Ambulance Association

Coordination of program that brought Hepatitis Vaccinations to volunteer Fire/Police/EMS

Instituted use of EMS vehicles and personnel to deliver Meals on Wheels at peak times to seniors

Worked with the media to create an atmosphere where EMS is identified as its own discipline

Coordination of the STARS of Life: program brought EMS professionals and Elected Officials in Washington together to further Health Care initiatives

Served as SWAT Medic for the Erie County Sheriffs Department on numerous missions

Gregory M. Gill - continued

Education

9/78 - 5/80	SUNY Buffalo: BS Program, Biochemical Pharmacology
9/77 - 5/78	CW Post College: Pharmacology prep courses
9/76 - 5/77	Pratt University: Electrical Engineering
9/72 - 5/74	SUNY Farmingdale: AAS Program Electrical Technology

NYS Certified Agency Affiliations within last 10 years

Erie County EMS

500 Commerce Dr.

Amherst, NY 14228

NYSDOH Certified

Agency Code 6303

Chief Operating Officer, inception to present

Erie County Deputy Commissioner of EMS

Orchard Park EMS

4222 S. Taylor Rd

Orchard Park, NY 14127

NYSDOH certified

Agency Code 0899

Board of Directors

Paramedic Director

Hillcrest Volunteer Fire Department Ambulance

7125 Ellicott Rd.

Orchard Park, NY 14127

NYSDOH certified


Agency Code 0398

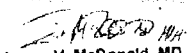
President, Rescue Captain


Fire Commissioner

STATE of Health EMS Provider Certification

Provider: Gill, Gregory
Level: Paramedic
State #: 39766
EXP: 10/31/2027




 James V. McDonald, MD, MPH
 Commissioner of Health


 Ryan P. Grossberg, NRP
 Director, Bureau of EMS

PARAMEDIC GILL

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



Gregory Gill

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date	Renew By	eCard Code
4/28/2025	04/2027	255401024023



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards

BASIC LIFE SUPPORT

**BLS
Provider**



Gregory Gill

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date	Renew By	eCard Code
2/4/2025	02/2027	255417261578



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards

PEDIATRIC ADVANCED LIFE SUPPORT

**PALS
Provider**



American Academy of Pediatrics



Gregory Gill


has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.

Issue Date	Renew By	eCard Code
4/15/2025	04/2027	255429782439



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards

NEW YORK STATE USA
DRIVER LICENSE



DOB [REDACTED] **Class** DM

GILL
GREGORY M

DOB [REDACTED]
Height [REDACTED]
Weight [REDACTED]
Sex M **Height** 6'-00" **Eye** GRN

MAY 31

Certificate of Completion

This certificate attests that

Gregory Gill

has successfully completed the online portion of National Association of Emergency Medical Technicians'

Prehospital Trauma Life Support

TENTH EDITION • HYBRID COURSE

on

04/13/2025

State License Number:

State: **NY**

Richard Ellis, Program Coordinator

NAEMT Number:

Dr. Douglas Kupas, Medical Director

Post Test Score: **94**



Please print this certificate of completion and bring it with you to the classroom site. This continuing education activity is approved by NAEMT (CAPCE

provider number NAEMT0008), an organization accredited by the Commission on Accreditation for Pre-hospital Continuing Education (CAPCE). CAPCE number 23-NAEMT-F2-0502 and assigned sixteen (16) hours of continuing education credit at the Basic or Advanced level.

CAPCE represents that this program has met standards for accreditation and does not endorse the opinions or content presented.

For more information or to register a concern go to <https://www.cance.org/CertificateTrouble/Index>

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Erie County Emergency Medical Services

6303

Name of EMS Agency

NYS EMS Agency Code

Erie County

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Mark C. Poloncarz

Erie County Executive

Full Name of Individual

Title

95 Franklin St. Buffalo, NY 14202

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Mark C. Poloncarz

Full Name

Mark C. Poloncarz

Signature

4/25/25

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Mark C. Poloncarz

Full Name

Mark C. Poloncarz

Signature

4/25/25

Date

Notary Public Affirmation and Acknowledgement

Natalie E. Nitsche

Notary Public Name

Natalie E. Nitsche

Signature

4/25/25

Date

NATALIE E. NITSCHÉ
No. 01NI6432331
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 05/02/2024

Please affix Notary Public Stamp or equivalent.

Attachment NYSDOH –3778

Erie County EMS

500 Commerce Dr. Amherst, NY 14228

NYSDOH

Agency ID# 6303

Position- CEO- 9/16/2024-present

Mark C. Poloncarz

Buffalo, New York

Email: County.Executive@erie.gov | Website: erie.gov/exec

Professional Summary

Dedicated public servant with over two decades of experience in fiscal management and executive leadership within Erie County, New York. As the only four-term County Executive in the county's history, recognized for implementing balanced budgets, reducing tax rates, and spearheading initiatives in public health, infrastructure, and economic development. Proven ability to lead through crises, foster community partnerships, and drive legislative reforms.

Professional Experience

Erie County Executive

Erie County, New York

January 2012 – Present

Elected as the 8th County Executive and currently serving a fourth term.

- Chief executive and budget officer for a county serving over 950,000 residents, overseeing an annual operating budget exceeding \$2 billion.
 - Achieved consistent balanced budgets and implemented the lowest property tax rate in county history.
 - Negotiated two leases with the Buffalo Bills, including a \$2.1 billion stadium project with a Community Benefits Agreement, securing the team's presence through 2055.
 - Led the county's response to the COVID-19 pandemic, the May 2022 mass shooting at a Buffalo supermarket, and major weather events, including the December 2022 blizzard.
 - Established the Erie County Health Mall to address healthcare disparities and formed the Erie County Opioid Task Force, serving as a national model.
 - Advocated for and implemented local laws focusing on public health, environmental protection, government ethics, and affordable housing.
 - Testified before the U.S. House Budget Committee on federal investments' impact and participated in a White House summit on workforce development.
-

Erie County Comptroller

Erie County, New York

January 2006 – December 2011

Elected as the county's fiscal watchdog during a period of financial crisis.

- Restored credibility to the Comptroller's office by enhancing transparency and strengthening the county's financial position.
 - Conducted audits and financial analyses to ensure accountability and efficient use of taxpayer funds.
 - Defended the independence of the Comptroller's office against budgetary reductions, emphasizing the importance of fiscal oversight.
-

Education

- **Juris Doctor**
University of Toledo College of Law
1997
 - **Bachelor of Arts in Political Science**
State University of New York at Buffalo
1989
-

Community Involvement and Leadership

- Active participant in national discussions on local governance, public health, and economic development.
 - Collaborated with federal and state officials to secure resources and support for Erie County initiatives.
 - Engaged with community organizations to promote cultural enrichment, public safety, and social equity.
-

Skills

- Fiscal Management & Budgeting
 - Public Policy Development
 - Crisis Management
 - Intergovernmental Relations
 - Community Engagement
-

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Erie County Emergency Medical Services

6303

Name of EMS Agency

NYS EMS Agency Code

Erie County

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Karyn Krytus

Add [REDACTED] Entity requiring F&C review as a new owner/operator

[REDACTED] not releasable under the provisions of FOIL)

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005(5)).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☐ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☐ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☐ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☐ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

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- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
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REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
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- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Karyn Krytus

Full Name

Signature 

Date 5/27/2005

Certification of Fitness

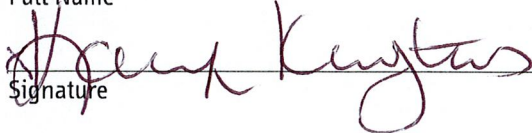
By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Karyn Krytus

Full Name

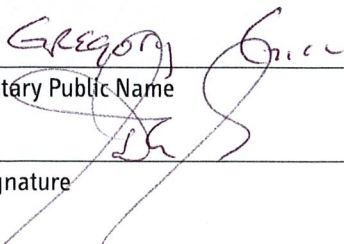
Signature 

Date 5/27/2005

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature



Date

5/27/25

GREGORY M. GILL
Notary Public State of New York
Qualified in Erie County
My Commission Expires 11/14/26
Please affix Notary Public Stamp or equivalent.

Karyn Krytus



SKILLS

- **Prioritizing**
- **Multitasking**
- **Interpersonal skills**
- **Initiative and Problem-solving abilities**
- **Dependability**
- **Communication**
- **Customer Service**
- **Phone Operations**
- **Vast knowledge of Computers**
- **Team Leader**
- **Ability to work under stressful situations**
- **Time Management**

EXPERIENCE

July 2023-Current

Erie County Department of Health: Director of Ambulance Services.

- **Responsible for the 24-hour operations of ambulance services in assigned areas of Erie County.**
- **Responsible for scheduling personnel to assure ambulance operations are running 24/7 365 days.**
- **Responsible for payroll processing to assure employee compensation is accurate.**
- **Responsible for maintaining maintaince of Ambulances. Making sure all vehicles are in good mechanical condition and the ability to safely respond to Emergency calls.**

-
- Maintaining supplies and equipment for the operation of ambulances and Fly cars. Working with vendors to maintain adequate stock and keeping records of inventory.
 - Plans, organizes, and directs all aspects of the ambulance services program, including personnel, budgeting, general administration, and capital needs assessment, scheduling, and payroll
 - Develops, recommends, implements department policies and procedures, internal controls, and goals and objectives in accordance with department needs. Building cohesive working relationships with other local agencies
 - Recruits and recommends the hiring of Supervisors, Paramedics AEMTS, and EMTS
 - Assigns work, supervises personnel, evaluates performance, and oversees training and professional development of staff.
 - Develop and assess contracts with municipalities for ambulance services
 - Perform Paramedic duties as necessary to assist in maintain the operations ability to respond to emergencies.

July 2022- 2023

**Erie County Department of Health- Public Health Emergency
Preparedness Coordinator**

- Plan and implement a comprehensive system for public health medical emergencies. Responsible for the coordination of POD's (Point of Dispensary) as well as general training and preparation for Public Health Emergency Medical Services and the necessary deliverables unique to the implementation of appropriate response efforts as required by the Erie County Department of Health Emergency Medical Services division.
- Plans, coordinates and implement instructions for Emergency Medical Services staff to assist with the planning and coordination of public health initiatives and emergency response efforts within the Western New York region.

-
- Keeps current on new developments within the technological field to assist in the advancement of coordination of public health emergency preparedness and response.
 - Oversee supervises and coordinates lower-level staff schedules, assignments and required resources.
 - Conduct planning meetings to assess issues and needs and develop strategies to ensure best practices are adhered to.
 - Works to train and hire Fee-for-Service employees when required.
 - Develops and utilizes spreadsheets to enter and track supply chain data and generates various reports utilizing electronic data applications.
 - Accesses, identifies and reports data from various external supply chain partner sites.
 - Monitors stock of departmental supplies utilized in preparedness and response efforts; coordinates and performs office supply orders.
 - Perform Materials Management support functions including, but not limited to: preparing and distributing department correspondence, scheduling meetings and maintaining data files on shared drives.
 - Supervises the work of lower-level staff and Fee-for-Service workers when necessary.
 - Update plans and keep current local, state, and federal guidelines.
 - Work on various grants as needed.

August 2020 – March 2022

**Public Consulting Group – NYS Contact Tracing Initiative –
Team Supervisor**

- Supervise a team of 22 people that performs all functions of the NYS Contact Tracing Initiative.
- Coordinate the team's schedules and provide daily remote supervision.
- Escalate issues from the team to the local health department or regional DOH office point of contact, brainstorm and implement solutions.
- Communicate any process changes or new instructions to the team as appropriate.

-
- Triage and coordinate next steps for communication with and care for individuals the person has been in contact with including possible isolation or quarantine.
 - Perform phone calls as needed, including contacts who have been exposed to COVID-19, to places of business, health care providers, or other community-based locations where a COVID-19 positive patient has visited, and to refer patients and their families to different social services.
 - Track daily and weekly progress for the team including cases contacted successfully, contacts tracked and monitored, and patients and contacts referred to social support systems.
 - Perform quality assurance through listening in on calls or to recordings of calls and providing feedback to team as well as participating in quality improvement conversations with supervisors.
 - Liaise with partners and stakeholders at the LHD, NYSDOH and local community.
- Maintain daily contact with supervisor.

November 2020- March 2022

Training Supervisor:

- Provide training on all necessary systems required for VCC staff to perform job functions, including but not limited to: Microsoft Teams, COMM Care, and Amazon Connect
- Provide training on regional and county specific workflows, in consultation with DOH Regional Support Teams for programmatic appropriateness,
- Facilitate the onboarding process for new supervisors including creating and updating onboarding guides for new supervisors.

January 2021- March 2022

Case Investigation Surge Team Supervisor:

- In consultation with the Case Investigator at the LHD, act as primary point person to call people with a positive diagnostic test for COVID-19, provide support and information about the disease and gather information including contacts.
- Perform phone calls as needed to those who contacted COVID-19, including to contacts who have been exposed to COVID-19
- Coordinate the team's schedules and provide daily remote supervision.
- Special Projects – Assigned to Orange County to help with case overload with a Team of 19 Case investigators. implement the policies and procedures of the Orange County Local Health Department

Twin City Ambulance- Paramedic Supervisor
July 2011 - August 2020

- Handling 911 calls, documentation, and patient care
- Overseeing operations, scheduling, employees, and investigations
- Computer knowledge, customer care, training, and keeping current on education.
- Emergency Medical Certified Dispatcher

Rural Metro Medical Services - Paramedic/ Supervisor
June 1997 - July 2011

- Paramedic in charge of patient care, documentation, and advocate for the community
- Supervisor in charge of nightly operations, employees, paperwork, and patient care.
- Maintaining certification and Continuing Education
- AEMT 2000-2001
- EMT 1997-2000
- ICS 100 ICS 200 ICS 700 ICS 800

EDUCATION

May 2024- August 2024 -CLI internship completed. Cleared to take NYS Exam. Scheduled 3/2025

May 2022- September 2024

Empire State College – Bachelor of Science/ Community and Human Services

Erie Community College

September 1996 - May 2001

EMT

AEMT-I

Paramedic

Allied Health/ Psychology

Criminal Justice

NYS Citizen Public Leader 06/28/2020 e-Cornell online education

**Vital Sign Academy - NYSDOH Covid Vaccinator 06/01/2021 for the Erie
County Department of Health**

ICS: FEMA

IS:26 IS: 200 IS: 907

IS :100 IS: 700 IS: 2200

IS: 120 IS: 800

AWARDS

**Hero Award for Buffalo 100 Club- Recognition for a 911 call Outstanding
act of heroism - 2005**

**Catholic Health of Buffalo NY - Recognition for a 911 call Outstanding
dedication to patients in our community 2008**

**Erie County Department Health: Agency of the Year from Catholic
Health 2023**

**Erie County Department Health Project Public Health Ready
Accreditation**

2023

**Erie County Department of Health: Excellence in Patient Care from
Catholic Health 2024**

References Furnished Upon Request



Bureau of Emergency Medical Services and Trauma Systems

Welcome Karyn Krytus

EMS PROVIDER CERTIFICATION

[Back to Search Results](#)

Provider ID:

237974

Name:

Krytus, Karyn A

County:

Erie

Status:

Status OK

Certification Level

Expiration Date

Emergency Medical Technician-Paramedic (EMT-P)

10/31/2028

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



Karyn Krytus

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Advanced Cardiovascular Life Support (ACLS) Program.**

Issue Date

12/17/2024

Training Center Name

Orchard Park Fire District EMS, Inc.

Training Center ID

NY20855

Training Center City, State

Orchard Park, NY

**Training Center Phone
Number**

(716) 662-2619

Training Site Name

Erie County Department of Health

Renew By

12/2026

Instructor Name

Keith Mondschein

Instructor ID

02130149224

eCard Code

255405896547

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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PEDIATRIC ADVANCED LIFE SUPPORT

**PALS
Provider**



American
Heart
Association.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Karyn Krytus

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Pediatric Advanced Life Support (PALS) Program.**

Issue Date

12/5/2024

Renew By

12/2026

Training Center Name

Orchard Park Fire District EMS, Inc.

Instructor Name

Keith Mondschein

Training Center ID

NY20855

Instructor ID

02130149224

Training Center City, State

Orchard Park, NY

eCard Code

255425574580

**Training Center Phone
Number**

(716) 662-2619

QR Code



Training Site Name

Erie County Department of Health

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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BASIC LIFE SUPPORT

**BLS
Provider**



American
Heart
Association.

Karyn Krytus

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Basic Life Support (CPR and AED) Program.**

Issue Date

11/4/2024

Renew By

11/2026

Training Center Name

Orchard Park Fire District EMS, Inc.

Instructor Name

Kenneth Peterson

Training Center ID

NY20855

Instructor ID

09160502035

Training Center City, State

Orchard Park, NY

eCard Code

255414722913

**Training Center Phone
Number**

(716) 662-2619

QR Code



Training Site Name

Erie County Department of Health

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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National Association of
Emergency Medical Technicians
www.naemt.org



Developed in cooperation with the
American College of Surgeons
Committee on Trauma



Verify Certificate

Karyn Krytus

Has successfully completed the
National Association of Emergency Medical Technicians'
Prehospital Trauma Life Support - 10th Edition Provider course
conducted by Erie County DHSES Division of EMS
at Erie County DHSES Division of EMS

PH-24-13646-03

Keith Mondschein

COURSE NUMBER

COURSE COORDINATOR

Jul 10, 2024 - Jul 11, 2024

07/2028

Kevin McGee

COURSE START DATE - END DATE EXPIRATION DATE

COURSE MEDICAL DIRECTOR

NAEMT MEDICAL DIRECTOR

NAEMT has assigned this course 16.0 hours at the Advanced Level.

NAEMT Participation ID: 5076175C-888A-8146-B219-37334564C417

Funding Document For EMS Agencies

Please complete the following information regarding the funding of your agency.

NOTE: Response is mandatory. Failure to complete this form accurately may impact your agency's authority to collect fees for prehospital patient care.

Name of EMS agency Erie County Emergency Medical Services

DOH agency code 6303

Does your EMS agency bill (collect fees for prehospital transport/patient care)?

☒ Yes ☐ No

If Yes, does your agency process its own billing and filings to Medicare/Medicaid/private insurance for prehospital transport/patient care fees?

☐ Yes ☐ No

If Yes, skip to Funding Sources section below.

If No, indicate the name of the "Service Bureau" or contractor that processes the billing for your EMS agency

EMS Agency NYS Medicaid provider ID number 07991500

Service Bureau NYS Medicaid ID number Multi-Med Billing- 01652400

Note: if your contractor also provides EMS, the Service Bureau is not the same ID used by that EMS agency for its own billing, or your ID this is a separate ID number issued to the contractor by Medicaid authorizing the contractor to process/submit billing for 3rd party EMS agencies.

The New York State Department of Health will assume that failure to provide a valid ID number for a Medicaid Service Bureau indicates that your service's billing practices and/or contractor services are unlawful and will report them to the New York State Office of Health Insurance Programs.

Funding Sources

Identify ALL of the funding sources received by your EMS agency.

Fire District(s) [NOT fire protection districts]

(If more than one district, list additional on back of this page. List Fire Protection Districts below)

Ambulance District [legal name of taxing district]

(If more than one district, list additional on page 2)

Municipal Contracts [other than fire districts]

(List all municipalities your agency holds EMS contracts with including County, City, Town, Village, and Fire Protection Districts. List additional municipalities on page 2)

Donations or fund-raisers

Not-for-profit status

☐ 501(c)(3) ☐ Other NFP

☒ Other funding sources not identified above Municipal Erie County, NY

(Include agreements/contracts with service fees to provide ALS to other certified services. i.e., ALS assists)

☒ Service's approximate total annual EMS operating budget 2,684,127.00

Is your service an operator for another service that bills?

☐ Yes ☒ No

If Yes, service name

Agency code

Name of person completing this form Gregory Gill

(print)

Title of person completing form Erie County Dept. of Health Deputy Commissioner-EMS

(print)

Signature of person completing this form

Date completed 04/15/2025

Date 04/15/2025

Application for EMS Operating Certificate

Current Expiration Date 09/ 16 / 2025 ☒ Ambulance Service ☐ ALS First Response Service (non-transporting)

Name of Service
Erie County Emergency Medical Services
Federal Employer ID No. 166002558
NYS EMS Agency Code 6303
Physical Address of Principal Business Location Street and Number
500 Commerce Dr. Suite 1
City, Town, Village Amherst State NY Zip Code 14228 County Erie
Mailing Address (PO Box)
500 Commerce Dr. Suite 1
Business Phone Number (716) 858-6761 Fax Number (716) 858-3906 911 Center 10 Digit Phone Number (716) 898-3696
Agency E-mail Address Karyn.Krytus@Erie.gov Agency Website WWW.Erie.gov

Organizational Structure (check only one)

☐ Commercial ☐ Hospital Based ☐ Independent ☐ Industrial
☐ Fire Department ☒ Municipal/Government ☐ College (State or Private Campus/University)

Type of Ownership

☐ Individual ☐ Corporation (☐ for profit ☐ not for profit) ☐ Municipal Fire ☐ Ambulance District
☐ Partnership ☒ Municipal (☐ village ☐ town ☐ city ☒ county) ☐ Government (☐ State ☒ Federal)

Name of Individual Owner, Partners or Government/Municipal entity

Erie County Department of Health

If a corporation, give official corporate name. Also indicate all DBAs on file with NYS Department of State. Attach separate list if more than one DBA on file. (initial applications must provide certified copies of all DOS filings both corporation and DBA)

Corporation Name

DBA/Assumed Name

For Profit and Not for Profit Corporations must provide names/addresses of current corporation officers

Name	Home Address	Home Phone
President		() -
Vice President		() -
Secretary		() -
Treasurer		() -

Chief Operating Officer (Captain, Operations Manager)

Name	Title	Day Phone	Night Phone
Gregory Gill	Dept.Com.EMS ()	-	(716) 253-4863

Tax District

Is this organization funded by a tax district? ☐ Yes ☒ No Name of District

Name of Operator (if different from owner)

Address	City	State	Zip	Business Phone
				() -

Highest Level of Care Currently Authorized by REMAC (check only one) ☐ EMT ☐ AEMT ☐ Critical Care ☒ Paramedic

Agency Participates in CME Program ☒ Yes ☐ No

Billing for Service ☒ Yes ☐ No

If yes, Name of Service Bureau	Service Bureau Number (if not agency)	Medicaid Number
Multi-Med Billing Services	01652400	07991500

Service Physician Medical Director (please list all others on separate sheet)

Kevin McGee, DO

Address

500 Commerce Dr. Amherst, NY 14228

Phone

(716) 957-6658

NYS Physician License Number

251902

List the address of each location where any certified EMS response vehicle is garaged if not the same as your principal location.

Provide list if more than 3

Location 1

Colden Fire Department 8448 Gutenkunst Rd. Colden, NY 14033

Number of vehicles assigned

2

Location 2

8730 Delamater Rd. Angola, NY 14006

Number of vehicles assigned

7

Location 3

2950 Elmwood Ave Buffalo, NY 14217

Number of vehicles assigned

2

Total Number of Vehicles operated by certificate holder

Ambulances 7

EASV's (ambulance service only) 4

First Response (ALSFR)

Description of operating territory boundaries etc.:

Within the geographical borders of Erie County, NY. Bordered on the north by Niagara County. Bordered on the east by the Tonawanda Territory, Genesee County and Wyoming County. Bordered on the south by Cattaraugus County, The Cattaraugus Seneca Nation Territory, and Chautauqua County. The western border is with Canada, divided by the Niagara River (which contains Grand Island within Erie County borders) and Lake Erie.

Total Employees/Members: 36

Number Volunteer 0

Number Paid (on payroll) 36

Provide number of individuals currently certified at each level

CFR

EMT 8

AEMT 4

Critical Care 2

Paramedic 22

Communications/Dispatch Information

Principal Dispatch Method: ☒ Two-way ☐ Cellular Phone ☐ Pager ☐ Other

Frequency on which you are dispatched 424.375 MHz

Agency that dispatches your service Erie County Medical Emergency Radio System (V ☒ Local 911/PSAP ☐ Self

Identify radio systems for hospital calling/medical direction ☐ VHF ☒ UHF ☒ Cellular ☐ Other

UHF MED 1-8 capacity ☒ Yes ☐ No Do your vehicles have Cellular Phones ☒ Yes ☐ No

155.340 capability ☒ Yes ☐ No Call sign if service has FCC License WNKN751

Attachments Required

- Affirmation of Compliance (DOH-1881, Affirmation Side 1 MUST BE NOTARIZED)
- List of all vehicle operated by the service (DOH-1881 Affirmation side 2)
- List of all agency personnel -Use DOH-2828
- List of all owners with 10% or more share of ownership
- Map of current operating territory

Agency Certification

I have received and read and understand the contents of the following documents and will comply with all requirements:

- Article 30/30A, NYS Public Health Law
- Part 800, 10NYCRR, State EMS Code
- Applicable DOH EMS Policy Statements and SEMAC Advisories

In addition, I certify that all the information contained in this application is true and correct, and that neither the corporation nor any of the owners, principals, or stockholders have been convicted of Medicaid or Medicare fraud, and I understand that under Section 3012(a) or PHL Article 30 that the ambulance service or ALSFR service certificate for this agency may be revoked, suspended, limited or annulled if this application includes willful misrepresentation.

Name of Owner, CEO or COO

Mark C. Poloncarz

Signature

Natalie E. Nitsche
Notary Public affirmation and acknowledgement

Title

Erie County Executive

Date

4/25/25

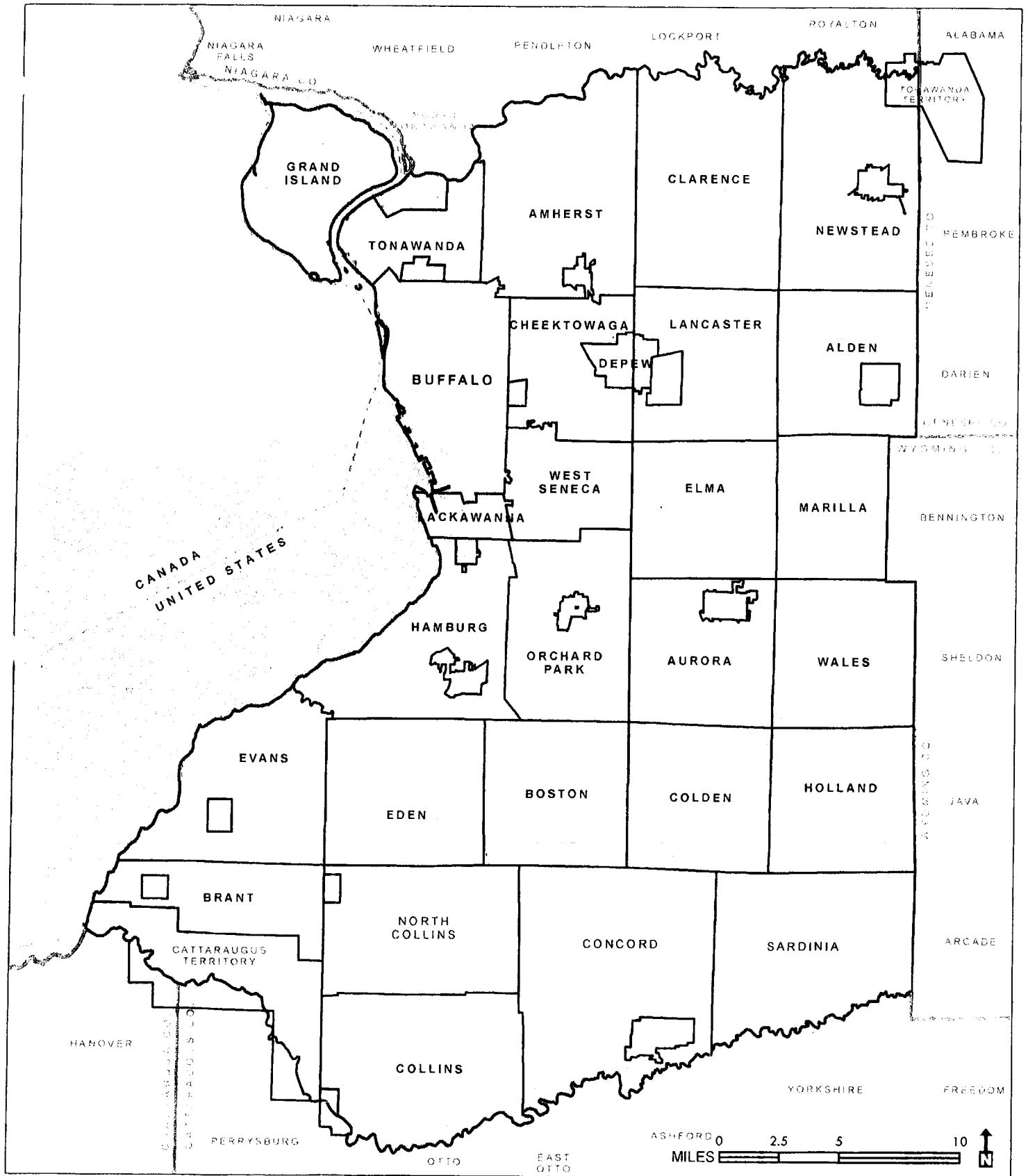
For DOH Use Only

Date Application Received _____

New Expiration Date _____

BEMS review and approval _____

Date _____



ERIE COUNTY, NY

Affirmation of Compliance

Affirmation of Compliance for Agency Recertification

If you are **adding new vehicle(s) to your fleet or removing vehicles**, please use:
DOH-1881 Affirmation of Compliance Submission Portal | Survey Builder (ny.gov)

Check one ☒ Ambulance Service ☐ ALS First Response Service

Current Operating Certificate Expiration Date

09 / 16 / 2025

Name of Service

Erie County EMS

NYS EMS Agency Code

6303

Address

500 Commerce Dr

City

Amherst

State

NY

ZIP

14228

Contact Person

Karyn Krytus

Email

Karyn.Krytus@erie.gov

Work Phone Number

716-858-6751

Additional Phone Number

716-393-7646

By completing and signing this affirmation, I certify that the vehicles listed are compliant with all requirements of the State EMS Code, Part 800. Title: CERTIFIED AMBULANCE SERVICES | New York Codes, Rules and Regulations (ny.gov)

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor Vehicles (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health Law, any deficiencies that result in violations being issued, are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate. I attest that I am an authorized officer of this NYS Certified EMS agency with authority to sign.

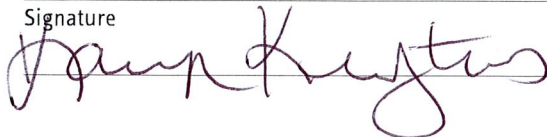
Name

Karyn Krytus

Title

Director of Ambulance Service

Signature



Date

4 / 7 / 2025

GREGORY M. GILL
Notary Public State of New York
Qualified in Erie County
My Commission Expires 11/16/25

FOR OFFICE USE ONLY

of stickers

Sent to

Date

Rep

Please indicate if you need new certification logos for the sides and rear of any vehicle(s).

	<input type="checkbox"/> Yes, # of stickers	<input checked="" type="checkbox"/> No	Page	2 of 2

Provide the following information for all EMS vehicles to be certified by this affirmation. A computer listing containing the required information is acceptable.

***All** ambulance vehicles are required by New York State Motor Vehicle and Traffic Law to possess a valid motor vehicle registration. If the vehicle(s) listed are not registered with NYS DMV, you must provide the statutory exemption.

****Such as: AMBULANCES – Type I, Type II, Type III, Helicopter, Boat, Fixed Wing Aircraft
EMERGENCY AMBULANCE SERVICE VEHICLE (EASV) – Agency Fire Car, Van, Truck; or Personal Car, Van, Truck
ALS FIRST RESPONSE VEHICLE (ALSFR) – Agency Fire Apparatus, Car, Van, Truck; or Personal Car, Van, Truck**

EMS Agency Personnel Roster

Agency Name Erie County Emergency Medical Services Agency Code 6303 Date Submitted 5/14/2025 Page 1 of 2

List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)				Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	First Aid
Abraham	Richard	355642	11 / 30 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Akromas	Nicholas	383210	10 / 31 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bernacki	Ethan	474326	07 / 31 / 2027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bernfeld	Zachary	494196	08 / 31 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colatosti III	Paul	312656	04 / 30 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooper	Tyler	439936	08 / 31 / 2027	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dalton	Kevin	232869	10 / 31 / 2027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gates	Joshua	343300	08 / 31 / 2027	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hughes	Mary Beth	086039	1 / 31 / 2027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
James	Emily	312706	11 / 30 / 2028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jerozal, IV	Bernard	409997	09 / 30 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jurek	Jason	303861	06 / 30 / 2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kruger Jr.	Wayne	359311	09 / 30 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Krytus	Karyn	237974	10 / 31 / 2028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Licht	Timothy	249090	11 / 30 / 2028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lightcap	Matthew	431300	09 / 30 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marzec	Brittany	440777	06 / 30 / 2027	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measer	David	186996	12 / 31 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Minich	Shaun	412717	10 / 31 / 2028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMS Agency Personnel Roster

Agency Name
Erie County EMS

Agency Code
6303

Date Submitted

Page 2 of

List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Monroe	David	385436	09 / 30 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morton	Logan	529933	10 / 31 / 2028	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navarro	Israel	490746	02 / 29 / 2028	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nucheren	Joseph	468511	02 / 28 / 2027	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohlson	Amanda	250097	09 / 30 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picart	Youzi	066836	11 / 30 / 2027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rattle	Elizabeth	314010	08 / 31 / 2027	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Richardson	Philip	319726	05 / 31 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rozell	Cory	437065	04 / 30 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabol	William	500108	11 / 30 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schrader	Sean	441155	06 / 30 / 2027	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sikorski	Nicholas	356872	05 / 31 / 2027	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stadler	Sara	358598	04 / 30 / 2027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stith	Joel	401263	09 / 30 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turner III	Donald	353623	10 / 31 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young	Kristopher	253439	10 / 31 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zaccarine	Taylor	447188	09 / 30 / 2028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

<input checked="" type="checkbox"/> Defibrillation / PAD	<input checked="" type="checkbox"/> Epi Autoinject	<input checked="" type="checkbox"/> Albuterol	<input checked="" type="checkbox"/> Blood Glucometry	<input checked="" type="checkbox"/> Naloxone
<input checked="" type="checkbox"/> CPAP	<input checked="" type="checkbox"/> Check and Inject	<input checked="" type="checkbox"/> 12 Lead	<input type="checkbox"/> Ambulance Transfusion Service (ATS)	
<input checked="" type="checkbox"/> EMT Level of Care	<input checked="" type="checkbox"/> AEMT Level of Care	<input checked="" type="checkbox"/> Critical Care Level of Care	<input checked="" type="checkbox"/> Paramedic Level of Care	<input checked="" type="checkbox"/> Controlled Substances (BNE License on File)

Agency Name Erie County EMS

Agency Code Number 6303 Agency Type: ☒ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO Mark Poloncarz
Name

Medical Director Kevin McGee
Name

251902
NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – 03C0817

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: 09/21/2025

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director 
Signature

4/2/2025
Date of Signature

Application and Approval for EMS Agency to Use e-PCR

BEFORE PURSUING ANY e-PCR SYSTEM, CONTACT YOUR REGIONAL EMS PROGRAM AGENCY TO NOTIFY OF YOUR INTENT.

The Program Agency can assist you with best practices on evaluating and choosing an e-PCR product. Once you've chosen a product, the Program Agency will guide you in applying for regional endorsement and NYSDOH approval to use e-PCR.

YOU MUST HAVE NYSDOH APPROVAL BEFORE IMPLEMENTING OR CHANGING YOUR e-PCR SYSTEM.

This Form Is: (Check One)

- ☐ An original application for the EMS Agency to convert from paper PCR to an e-PCR system.
☒ Updating information about the EMS Agency and its e-PCR system (already approved by NYSDOH).

EMS Agency

NYS Agency Code 6303 Agency Name/DBA Erie County EMS
e-PCR Coordinator Kenneth Peterson
Main Phone (716) 681-6070 Other Phone (716) 270-3506 E-mail kenneth.peterson@erie.gov

e-PCR Software Product

Vendor Name ESO
Software Product ES O NEMSIS Version 3.5.0
Vendor Home Office Address 11500 Alterra Pkwy Suite 100
City Austin State TX ZIP 78758
Primary Contact Lori Reynolds Title Account Manager
Main Phone (512) 885-0538 Other Phone () E-mail lori.reynolds@eso.com

Third Party Involvement (Complete only if a third party will manage the e-PCR system for the EMS Agency.)

Relationship to EMS Agency: ☐ Billing Company ☐ Region ☐ County ☐ Other EMS ☐ Other
Entity Name
Address
City State ZIP
Contact
Main Phone () Other Phone () E-mail

EMS Region(s)

Regional endorsement must be received from each NYS EMS Region in which the EMS Agency has Certificate of Need (CON) authority.
CIRCLE the Region in which the EMS Agency is home-based. Contact this Regional EMS Program Agency first for guidance.
CHECK all Regions in which the EMS Agency has CON authority. Notify and submit this form to the Program Agency of each.

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Adirondack-Appalachian | <input type="checkbox"/> Hudson-Mohawk | <input type="checkbox"/> Mountain Lakes | <input type="checkbox"/> Southern Tier | <input type="checkbox"/> Westchester |
| <input type="checkbox"/> Big Lakes | <input type="checkbox"/> Hudson Valley | <input type="checkbox"/> Nassau | <input type="checkbox"/> Southwestern | <input checked="" type="checkbox"/> Wyoming-Erie |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> Midstate | <input type="checkbox"/> North Country | <input type="checkbox"/> Suffolk | |
| <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Monroe-Livingston | <input type="checkbox"/> New York City | <input type="checkbox"/> Susquehanna | |

Continuity of Care Agreement

When transferring patient care to the hospital, the EMS crew must provide the receiving hospital staff with **BOTH VERBAL AND WRITTEN REPORTS – AT THE TIME OF PATIENT TRANSFER.**

- Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law . . . [when] responsible for patient care shall accurately complete a prehospital care report . . . and shall provide a copy to the hospital receiving the patient. [Part 800.15(b)(1)]

How will the EMS crew provide a **WRITTEN REPORT** to the receiving hospital **AT THE TIME OF PATIENT TRANSFER?**

- ☐ Print e-PCR (Before Leaving Hospital) ☐ e-Mail e-PCR (Before Leaving Hospital)
- ☐ Fax e-PCR (Before Leaving Hospital) ☒ Electronically Transfer e-PCR (Before Leaving Hospital)
- ☐ Provide Paper Summary with Patient; Then Fax/e-Mail/e-Transfer e-PCR within 4 Hours

Comments

Data Submission and Use Agreement

The EMS Agency is required to submit PCR data to the EMS Region and NYSDOH for use in quality improvement programs. The Agency may delegate management of its e-PCR system to a third-party; however, the Agency remains legally responsible for assuring the proper collection, use, protection, and confidentiality of data within the e-PCR system, as well as for the timely submission of data to the Region/NYSDOH.

- Services . . . certified pursuant to article thirty . . . shall submit detailed individual call reports. [Article 30 §3053]
- Information from the prehospital care reporting system . . . shall be kept confidential and shall not be released except to the department or pursuant to [a quality improvement program]. [Article 30 §3006(2)]

All signatories on this application:

1. Attest that their respective entities abide by all applicable Federal and State rules governing the collection, use, protection, confidentiality, and submission of electronic patient healthcare information;
2. Agree that their respective entities will assist each other in assuring the protection and confidentiality of any data exchanged between them; and
3. Understand that any data in the possession of their respective entities is to be used only for the lawful purposes allowed their entity.

"Go-Live" Agreement

NYSDOH APPROVAL (Page 3 of this Application) MUST BE RECEIVED PRIOR TO GOING-LIVE WITH ANY e-PCR SYSTEM.

CONSULT THE REGIONAL EMS PROGRAM AGENCY BEFORE CHOOSING A GO-LIVE DATE.

- Approval (and thereby, any go-live date) can be affected by many factors, which the EMS Agency should consider in consultation with the Program Agency.
- If the EMS Agency later encounters difficulties that will impact this date, the EMS Agency must contact the Program Agency immediately to amend this application.

EMS AGENCIES CONVERTING FROM PAPER TO e-PCR: By the go-live date, the EMS Agency must go-live with the described e-PCR system; at which time the Program Agency will no longer provide blank paper PCRs to, or accept completed paper PCRs from, the EMS Agency.

EMS AGENCIES CHANGING e-PCR SYSTEMS: By the go-live date, the EMS Agency must go-live with the new e-PCR system and discontinue use of the previous system.

By what date is the EMS Agency planning to go-live with the new e-PCR system? 3 / 5 / 2024

Affirmations

We, the undersigned, make application for this EMS Agency to implement and use the e-PCR system described to document and submit to the NYS Department of Health and its Regional EMS System partners (as required under Public Health Law) pre-hospital care data.

We affirm:

1. We have read, understand, and agree to all information contained in this application, including the "Continuity of Care Agreement," "Data Submission and Use Agreement" and "Go-Live Agreement";
2. We have authorization from the Governing Body of this EMS Agency to make such application;
3. We, the Governing Body, and this EMS Agency as a whole, understand and agree to abide by the stipulations outlined in this application, as well as all statutes, regulations, and policies pertaining to e-PCRs; and
4. Once this EMS Agency has converted to e-PCRs, it will no longer use (and will not return to using) paper PCRs in any of its operations.

EMS Agency Official (Authorized by the Governing Body to Commit the EMS Agency to this Agreement)

Name Gregory Gill Title Deputy Commissioner of EMS
Signature [Signature] Date 2/2/24

EMS Agency e-PCR Coordinator

Name Kenneth Peterson Title ALS Systems Coordinator
Signature [Signature] Date 2/2/2024

Third Party Representative (If Applicable)

Name _____ Title _____
Signature _____ Date _____

Regional Endorsement and NYSDOH Approval

If appropriately signed below, this EMS Agency has been endorsed by its EMS Region and approved by the Department to implement and use the e-PCR system described to document and submit to the NYS Department of Health and its Regional EMS System partners (as required under Public Health Law) pre-hospital care data. The Department reserves the right to amend or revoke this approval at any time, given due process to the EMS Agency.

Regional Endorsement

Region Name Wyoming/Erie
Program Agency Official Robert McCartin Title EMS Program Agency Director
Signature Robert McCartin Date 02/12/24

NYSDOH – Bureau of EMS and Trauma Systems Approval

Name Viktoriya Yatsiv Title Administrative Student Assistant
Signature [Signature] Date 03/12/2024

**Muni-CON Conversion Narrative Statement for
Erie County Emergency Medical Services
Advanced and Basic Life Support Ambulance
Transport**



**Prepared by
Erie County Health Department
Division of EMS**

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3. Public Need
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 - 4.1.6. Medical Direction
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8. Reference Documents

- 8.1. NYSDOH-EMS Policy 06-06
- 8.2. NYSDOH-EMS Policy 09-01
- 8.3. NYS Public Health Law-Article 30, Section 3008
- 8.4. “The Growing Role of Counties in EMS” (DiNapoli, 2024)
- 8.5. 2024 Update on the EMS Workforce Shortage: Where are the Emergency Medical Responders (SEMSCO, 2024)

1. Introduction

Erie County, situated in western New York State, encompasses a diverse landscape of urban, suburban, agricultural, and waterfront areas. This 1,042-square-mile region includes the City of Buffalo, New York State's second-largest city, alongside suburban communities with varied cultural and economic demographics. The county also features significant agricultural lands and frontage along Lake Erie and the Niagara River. Erie County comprises three cities, twenty-five towns, sixteen villages, and the Cattaraugus Indian Reservation. (“Your Government”, 2025)

Erie County is bordered on the north by Niagara County and the Tonawanda Territory. The Tonawanda Territory, Genesee County, and Wyoming County make up the eastern border. The southern end of Erie County is bordered by Cattaraugus County, the Seneca Nation Cattaraugus Territory and Chautauqua County. The western side is bordered by Lake Erie and the Niagara River which forms a natural border with Canada. A map of Erie County can be found as *Appendix 1*.

According to projected data from the U.S. Census Bureau, the 2024 population of Erie County is 950,602. (Census, 2025) The Visit Buffalo Niagara – the local tourist and visitors’ bureau – anticipates annual surges in traffic and tourism, reaching 16 million visitors per year. (Goodwin, accessed 2025) Erie County is governed by a County Executive, currently Mark Poloncarz, and an 11-member County Legislature, with each legislator representing approximately 82,000 residents. (“Your Government”, 2025)

In late 2022 and early 2023, Erie County officials and emergency medical service providers observed trends impacting residents' access to timely and effective pre-hospital medical care. Declining numbers of both paid and volunteer emergency medical service (EMS) personnel were noted at national, state, and local levels. Factors contributing to this shortage included the lingering effects of the COVID-19 pandemic, coupled with issues such as low wages, a tight labor market, an aging volunteer base, inadequate reimbursement rates, and changes to Medicare and Medicaid billing that significantly reduced agency revenue per emergency response. Consequently, EMS agencies, both volunteer and commercial, were compelled to develop innovative strategies to maximize coverage with their limited resources. EMS response times have increased substantially within Erie County, as reported by town public safety answering points (PSAPs) and as recorded by Erie County Medical Emergency Radio System (MERS) dispatchers. (*Appendix 16*)

According to a national study published by *Journal of the American Medical Association* (JAMA), “Emergency medical service units average 7 minutes from the time of a 911 call to arrival on scene. That median time increases to more than 14 minutes in rural settings, with nearly 1 of 10 encounters waiting almost a half hour for the arrival of EMS. Longer EMS response times have been associated with worse outcomes in trauma patients. In some, albeit rare, emergent conditions (e.g. cardiopulmonary arrest, severe

bleeding, and airway occlusion), even modest delays can be life threatening.” (Mell HK & PMC5831456., 2017 Oct 1)

On June 22, 2023, the Erie County Legislature identified this as a true public health emergency (DiNapoli, 2024) and issued a resolution (*Appendix 2*) to begin provision of municipal EMS services. The Erie County Department of Health – EMS Division then began the process of obtaining equipment, personnel, funding, and certifications necessary to be granted a Municipal Certificate of Need for Erie County from the New York State Department of Health (NYS DOH). The goal was to establish municipal EMS services in Erie County regions identified as lacking any existing EMS coverage or experiencing excessively delayed response times. (*Appendix 3*)

On September 19, 2023, NYSDOH granted Erie County a Municipal Operating Certificate. (*Appendix 4*) EMS Services began in a “pilot program” area on September 25, 2023. Since that time Erie County Emergency Medical Services (ECEMS) has responded to 2,000 calls for emergency medical assistance and 800 of those calls were transported to local hospital emergency departments. Currently, limited EMS response data are available to ECEMS as data are tracked by individual towns, fire controls and private companies, it is not readily shared with ECEMS.

Gregory Gill, Deputy Commissioner of Health-EMS, leads the ECEMS Ambulance Division. Karyn Krytus, Director of Ambulance Services, manages daily operations. A full organizational chart is attached as *Appendix 5*. A complete volume of our operational policies not listed in other parts of this document can be found in *Appendix 6*.

As the ECEMS operating certificate is approaching the two-year Muni-CON conversion deadline, the Erie County Legislature has revisited the need for ECEMS services within our community and stands by their initial resolution of public need (*Appendix 2*). As evidenced by the attached letter from Erie County Executive, Mark Poloncarz, (*Appendix 7*) the public need for additional EMS services in Erie County remains a public health crisis that Erie County must continue to address.

2. Description of Service and Proposed Service Area

2.1 Proposed Area of Service

The primary operating territory for ECEMS would continue to be Erie County, NY. (*Appendix 1*)

2.2 Level of Service

ECEMS will continue to provide the appropriate level of care, as is available, based on emergency medical dispatch criteria and protocols. Care levels of our response units are Basic Life Support (BLS), Advanced Life Support (ALS), and Paramedic level with Paramedic level emergency ambulance service vehicle (EASV) response available dependent on

scheduling availability. All ECEMS personnel are NYSDOH certified at EMT level or higher.

2.3 Hours of Operation

ECEMS operates paramedic ambulance service 24 hours a day, 365 days a year. Additional units added as scheduling allows and if requested for EMS education, drills and community events.

2.4 Service Locations

ECEMS units are stationed at 3 primary locations within Erie County, with plans to expand coverage locations as needs become identified.

Base of Operations- Erie County Department of Health-EMS
Administration Offices
500 Commerce Dr.
Amherst, NY 14228

Location 1- Colden Fire Department
8448 Gutekunst Rd.
Colden, NY 14033
- 1 paramedic level ambulance
- 1 paramedic level EASV

Location 2- Erie County Department of Public Works
8730 Delamater Rd.
Angola, NY 14006
- 2 EASV operated by ECEMS Operations
Director and Supervisor
- 4 paramedic level ambulances
- 1 paramedic level EASV

Location 3- Kenmore Mercy Hospital
2950 Elmwood Ave.
Buffalo, NY 14217
- 1 paramedic level ambulance
- 1 BLS level ambulance

2.5 Dispatch

ECEMS operates on UHF Frequency 463.100MHz as a primary dispatch channel. Erie County also uses 4 UHF tactical channels for medical operations on large incidents. The 4 MED Channels (458.175MHz Northern Erie County, 463.0875MHz Northern Erie County,

463.1125MHz Southeastern Erie County, 463.125MHz Southwestern ECEMS) are also used by all other EMS agencies in Western New York (WNY).

Erie County Medical Emergency 9-1-1 Communications Center (ECMERS) manages ECEMS dispatch. Erie County owns and operates the communications center; the addition of ECEMS will not have any impact on Erie County 9-1-1 system operations. The Dispatch policy is attached. (*Appendix 8*)

Erie County Emergency Services Communications is adding two more tower sites for ECEMS in the Towns of Evans and Aurora to enhance communications coverage. Upgrades are tentatively scheduled for completion by the end of 2025.

2.6 Vehicles and Equipment

Currently ECEMS uses the following vehicles:

- County-owned 2023 Ford Type III ambulance, radio identifier ECEMS 610. This vehicle is equipped ALS.
- County-owned 2023 Ford Type III ambulance, radio identifier ECEMS 611. This vehicle is equipped ALS.
- County-owned 2023 Chevrolet Type III ambulance, radio identifier ECEMS 612. This vehicle is equipped ALS.
- County-owned 2023 Chevrolet Type III ambulance, radio identifier ECEMS 613. This vehicle is equipped ALS.
- County-owned 2023 Chevrolet Type III ambulance, radio identifier ECEMS 614. This vehicle is equipped ALS.
- County-leased 2011 Chevrolet Type II ambulance, radio identifier ECEMS 142. This vehicle is equipped BLS but can be configured for ALS service with added equipment to WREMAC specifications.
- County-leased 2003 Ford Type III ambulance, radio identifier ECEMS 677. This vehicle is equipped ALS.
- County-owned 2017 Ford Explorer, radio identifier ECEMS Medic 1. This vehicle can be ALS equipped, currently used as a supervisor response vehicle only.
- County-owned 2016 Ford Explorer, radio identifier ECEMS Medic 2. This vehicle is in service and equipped ALS, primarily operated by the ECEMS supervisor.
- County-leased 2019 Chevy Tahoe, radio identifier ECEMS Medic 3. This vehicle is ALS equipped and staffed as the schedule allows for paramedic fly car requests.

- County-leased 2019 Chevy Tahoe, radio identifier ECEMS Medic 4. This vehicle is ALS equipped and staffed as the schedule allows for paramedic fly car requests.

Complete vehicle statistics are listed on NYSDOH Form 1881-pg 2, attached as *Appendix 9*.

Erie County will add vehicles and staffing as necessary to meet the public need presented to Erie County Legislature. All vehicles meet NYS part .800 requirements for vehicle condition and necessary equipment. ALS vehicles meet the requirements for medication and equipment as set forth by the WREMAC. A complete inventory of equipment and supplies carried can be found in *Appendix 10* and the list of items that require safe handling can be found in *Appendix 11*.

ECEMS has taken every possible step to protect our providers from injury. Our goal is to equip all our ambulances with state-of-the-art power stair chairs (that cause minimal strain while moving a patient up or down stairs and reduce risk of injury to EMS staff and patients) and power lift stretchers with auto-load systems in our vehicles to provide a significant decrease to the risk of back injuries. To relieve strain on our providers and to enhance patient health outcomes our care providers have access to the LUCAS mechanical CPR device at our Colden and Evans locations when responding to cardiac emergencies. Meticulous maintenance is performed according to manufacturers' specifications on the vehicles and the equipment. (*Appendix 12*)

Planned improvements to our equipment and services provided include the addition of ultrasound technology and I-Stat analysis of blood samples to enhance the capabilities of our providers. ECEMS is approved for the provision of community care paramedicine in NYS and plans to implement these services in the future as need and legislation allow.

Our ePCR program (ESO), electronically maintains ECEMS records of daily completion of the NYS part .800 inspection as well as the WREMAC required items for ALS care. The two newest ambulances added to our fleet currently record this on paper as we are in the process of purchasing "Tough Book" computers that will be compatible with ESO's platform. Narcotic change of custody records are recorded and maintained in our electronic "Narc Box" system. (*Appendix 11 Narcotic Policy*)

2.7 Funding

Funding for ECEMS falls under the Erie County municipal operating budget, as well as the billing revenue collected from services rendered. *Appendix 2* contains the Erie County Legislature commitment of funding.

Appendix 13 contains the 2023 and 2024 budget for ECEMS Ambulance Service and *Appendix 14* is the projected 2025 budget.

3. Public Need

“Public Need” is defined by NYSDOH EMS Policy Statement 06-06 as:

***“The demonstrated lack, reduced availability or an inadequate level of care in ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.”
(NYSDOH BEMS, 2006)***

At the time of ECEMS’ original application for a municipal operating certificate, Erie County, as well as much of NYS, had been experiencing alarming trends indicating a significant lack or delay of EMS resources. (DiNapoli, 2024) Since ECEMS went into service to fill the gaps in the system in September 2023, we have responded to more than 2,000 calls for medical assistance. (*Appendix 15*)

Our initial identification of regions with scarce EMS resources were based on lack of certified volunteers, no availability of advanced level care (due to lack of ALS providers) and inability of commercial services to enter into agreements with or respond to smaller rural communities (due to limited reimbursement and staffing shortages).

Our findings indicated that hospital turnaround times were a large part of the issue. Often EMS crews find themselves delayed for hours waiting for the hospital to assume care, which leaves many communities without EMS coverage during that period. The hospitals, however, are facing their own staffing and funding issues post-pandemic and are experiencing decreased admission capabilities, higher census numbers, and a significant backlog of patients in rooms waiting to be discharged or transferred to a facility with a higher level of care by ambulance. Despite ECEMS’ efforts to alleviate the strain on the very broken system, all these factors remain as true in 2025 as they were in 2023. (DiNapoli, 2024) (NYSDOH-SEMSCO,2024)

According to a recent report “2024 Update on the EMS Workforce Shortage: Where are the Emergency Medical Responders?” published by the NYSDOH SEMSCO (NYSDOH-SEMSCO, 2024), the reasons for the gaps in EMS services in NYS are:

- Increasing demand for services (aging communities, substance use disorders, behavioral health challenges and chronic illnesses)
- Low wages are not compensatory to the job being performed

- Paid services with very limited capacity to raise wages due to declining Medicare and Medicaid reimbursements that often do not even cover the cost of providing the service
- A decline in the number of new volunteers to replace the aging volunteer providers
- Significant delays at hospitals due to ED overcrowding

To help alleviate this, ECEMS has committed to increasing the number of trained providers in Erie County by increasing the availability of CFR, EMT and AEMT training courses throughout the county. ECEMS has also launched the first offering of its NYS certified paramedic training academy. Erie County has supported state and federal legislation to increase funding for EMS care and transport, with small inroads having been made, but no sustainable financial solutions have appeared. While the long-term challenges are being addressed, EMS still needs to be available to the Erie County residents. This is why continued ECEMS service is essential to meeting public need for Erie County residents and visitors.

Erie County is committed, to the best of its abilities, to mitigate any foreseeable detriment to the health and safety of all residents. Erie County recognized the need for a supplemental, municipal service to ensure timely and quality prehospital care in the hardest hit areas included in our pilot region of service. These communities often faced longer response times and limited resources, especially during peak call volumes and large-scale events. This program fills critical gaps, providing essential emergency care and improving patient outcomes where EMS resources were previously stretched thin. (NYSDOH-SEMSO, 2024)

Since the inception of ECEMS services we have responded to over 2,000 calls for EMS assistance both within our pilot program region and surprisingly, even more outside of that area. ECEMS has been requested to respond by nearly all communities located in Erie County due to the high EMS call volume and earlier mentioned stressors of the system. Approximately 40% of these requests are for life-threatening emergencies. From service start in October 2023 we have experienced an approximately 15% increase in call volume by year and to date in 2025 we have experienced more than a 150% increase in requests for service based on monthly data. (*Appendix 15*) Calls have had to be turned away by ECEMS mostly due to travel times, some as far as 40 miles from our service bases. (*Appendix 16*). This has caused us to reevaluate staffing, as well as add additional unit hours. While we are consistently available for emergent calls in our pilot region, the majority of service requests come from communities outside of that pilot area. Several requests have been made by local WNY hospitals indicating they were unable to establish ambulance or wheelchair transportation in a timely manner from their usual regional resources or mutual aid coverage. (*Data contained in Appendix 16 and 17*)

Constant resource allocation shifts, such as which areas are prioritized or how resources are distributed across different service areas, can lead to inefficiencies and uncertainty. This creates frustration across the system, as hospitals and EMS providers are unsure of when resources will be available.

As a result of this, ECEMS was contacted by Catholic Health System (CHS) administration for a solution to the need due to the critical nature of many of these transfers. Catholic Health is a regional hospital system that includes long-term care facilities. Currently, ECEMS does not have the equipment or personnel to enter into a contract for service with CHS. We did, however, enter into a staff and equipment leasing agreement with CHS to assist them in filling the gaps in their contracted providers' response.

To demonstrate community support that there is a "public need" for additional EMS services in Erie County, we respectfully submit 84 letters of community support in response to our letter of solicitation requested by the REMSO. Solicitation letters were sent by certified mail to 411 community members and organizations in and surrounding Erie County. We received 350 mail receipts of delivery, 20 were undeliverable and returned. (*See Appendix 18*)

4. Statement of Impact on:

4.1 Existing Individual EMS Agencies

4.1.1 Response Times

The implementation of 24/7 ambulance and ALS services in Southern Erie County has resulted in local fire, EMS and government representatives relaying significant improvement in response times compared to time periods before October 2023. (*Appendix 16 and Appendix 19*) By adding additional units to the system, we reduced the response times by simply being in the area, and we reduced the local volunteer and commercial service burden, allowing their response times to improve as well, benefiting the whole community.

In 2023, our operation offered one (1) ambulance at our Colden and Evans bases during the day with ALS fly car service during the evening. We responded 59 times within our pilot region and to the Towns of Hamburg and Evans when EMS resources were not available.

In 2024, in response to increased demand from various public safety agencies across Erie County, we added an additional ambulance to our Evans base of operations during peak hours. This strategic enhancement allowed us to better meet the community's needs. Over the course of 2024, ECEMS achieved an average

response time 9 minutes and 7 seconds from our primary areas of operation. (*Appendix 19*)

In 2025, ECEMS implemented scheduling adjustments to provide 24/7 ambulance coverage, with an ALS fly car available during peak hours when staffing allows. These enhancements reflect our continued commitment to meeting community needs.

As a result of the expanded hours of operation, we have seen a notable increase in call volume and our average response time for the first quarter of 2025 is 9 minutes and 20 seconds. Our projected response times for the next 12 months are expected to remain below the national average of 14 minutes, in line with our current averages for 2025. (Mell HK, M. S., & PMC5831456., P. (2017 Oct 1))

Due to a complete unavailability of closer emergency resources at times, ECEMS has responded beyond our designated pilot region, including incidents in the Village of Depew, Town of Lancaster, and Town of Alden. While ECEMS does not refuse any emergent request for service, we ensure all other available resources have been exhausted before responding, especially when we may be stationed more than 40 miles away from the incident location. (*Appendix 16*)

4.1.2 Staffing and Level of Care

ECEMS provides the appropriate level of care—Basic Life Support (BLS), Advanced Life Support (ALS), or Paramedic—for each ambulance response based on dispatch criteria. EASV responses are exclusively staffed at the paramedic level to ensure the highest quality of care in those situations.

ECEMS' presence and operations appear to have had no significant impact on the staffing levels or care capabilities of other EMS agencies that have been reported to us. (*outlined in Appendix 20*) A small number of our employees did resign from commercial agencies to join ECEMS. However, the same percentage remain employed by local commercial agencies and an equal number remain active providers with their volunteer ambulance services. In addition, ECEMS does not have a non-compete clause for our providers, allowing them to practice at multiple agencies to serve the community's needs.

Recognizing the broader need for a strong and sustainable EMS workforce in Erie County, ECEMS is actively contributing to

provider education and workforce development. We are committed to expanding access to certification programs at both the BLS and ALS levels. Additionally, ECEMS launched its own paramedic academy in January 2025, and maintains an active schedule of EMS training.

4.1.3 Call Volume

ECEMS call volume for the past 12 months (4/1/2024 - 3/31/2025) stands at 1,946 calls for EMS assistance, resulting in 1,063 patients being transported to a hospital. We are projecting a 15% increase in EMS call volume for 2025, which would bring the expected number of calls to approximately 2,238. (*Appendix 15*)

The breakdown by year and the type of call to which ECEMS has responded can be found in *Appendix 17*.

Our service fills a critical gap by responding to emergency calls to which other agencies are unable to respond in a timely manner. We ensure patients, who might otherwise lack timely or any care, receive assistance. This targeted approach avoids impacting other services' call volumes while significantly benefiting the community through improved health outcomes and saved lives due to our reliable availability.

4.1.4 Mutual Aid

Currently, every call ECEMS receives is a mutual aid request. The Public Safety Answering Point (PSAP) where the emergency originates reaches out to ECEMS only after the primary provider and existing mutual aid agencies have been requested and are unable to respond. As a result, the request for our response can be delayed until all other mutual aid resources are exhausted.

ECEMS believes that greater involvement in local Mutual Aid Plans will significantly improve emergency response times by allowing for earlier dispatch. Our goal is to address the delays that occur when agencies are contacted one after another and no immediate responders are available, ensuring residents wait less time for ambulance or ALS (Advanced Life Support) providers during emergencies. Currently, the Erie County Attorney's Office and commissioners of volunteer agencies in our pilot region are reviewing several mutual-aid and ALS intercept agreements to achieve this. We currently have one signed mutual-aid agreement with Orchard Park EMS.

ECEMS actively demonstrates leadership and fosters collaboration within the Erie County emergency response network. Our representative currently:

- Facilitates the Erie County Emergency Services Advisory Board
- Holds seats on the Mercy Hospital of Buffalo/WNY EMS Coalition
- Participates in the WEREMS REMS Council and the SEMSCO

Furthermore, ECEMS actively participates in the County of Erie Mutual-Aid plan (Appendix 21) and serves as a key partner in numerous emergency response plans across Erie County, including collaborations with the Buffalo Niagara International Airport and the United States Post Office.

4.1.5 Quality Assurance

ECEMS operates in full compliance with the New York State EMS Collaborative Protocols and adheres to regional standards set forth by the Western Regional Medical Advisory Committee (WREMAC). (*See Appendix 22*) Under the clinical oversight of our regional medical director Dr. Kevin McGee, we maintain a strong focus on provider excellence through 100% chart review, ongoing continuing education, and regular clinical training opportunities.

To support our commitment to quality and meeting NYS policy, ECEMS utilizes ESO as our electronic patient care reporting (e-PCR) platform. This system allows us to track comprehensive data for response statistics, clinical quality initiatives, and billing quality assurance. Our internal Continuous Quality Improvement (CQI) Program is detailed in *Appendix 23*.

ECEMS maintains meticulous records of medication and narcotic inventory to meet NYS and federal regulations for dispensing and storage. (*See Appendix 24 & Appendix 11*)

ECEMS closely monitors our employees for Medicare exclusion from billing and maintains monthly printouts.

ECEMS does not anticipate any negative impact on service quality because of our continued provision of EMS services in Erie County. On the contrary, our collaborative efforts and emphasis on

clinical excellence will continue to drive quality outcomes across the system.

4.1.6 Medical Direction

In accordance with WREMAC guidelines, point-of-destination medical control is required for all EMS operations in Erie County. ECEMS operates fully within these parameters, and our service does not alter the overall volume of patients arriving at emergency departments. As such, no impact—positive or negative—is expected on medical direction within the county because of ECEMS activity.

Dr. Kevin McGee serves as the medical director for ECEMS. In addition to this role, Dr. McGee is the regional medical director for the Erie County Department of Health and an assistant clinical professor at the University at Buffalo's Jacobs School of Medicine. He has confirmed that his role with ECEMS does not pose any significant additional burden or impact on his overall responsibilities.

4.1.7 Protocols

ECEMS strictly adheres to the New York State Collaborative Protocols, in alignment with regional policies adopted by the Western Regional Medical Advisory Committee (WREMAC). Our agency actively participates in WREMAC meetings and is prepared to engage in any anticipated updates to state protocols, as requested by the committee.

At this time, ECEMS does not influence or impact regional protocols, but remains committed to full compliance and constructive participation in the ongoing development of EMS standards across the region.

4.1.8 Ability and Quality of Existing Services

Established with the primary goal of enhancing the capability and quality of emergency medical services in Erie County, ECEMS strategically provides coverage to areas with the greatest need for ambulances and paramedic-level care. By adding essential resources, ECEMS significantly improves the overall service capacity and quality, enabling existing providers to serve a greater number of residents.

ECEMS actively participates in and hosts training programs and emergency response drills in collaboration with other agencies.

Our team regularly provides training and skills review sessions focused on ALS practices and assist procedures, and ambulance equipment operation.

We have partnered with a wide range of organizations, including volunteer fire companies and departments such as Angola, Boston EMS, Colden, Chaffee/Sardinia, Evans Center, East Concord, Farnham, North Evans, Springville, West Falls, as well as the Hamburg High School EMT class.

ECEMS recently launched an EMS Speaker Series open to all EMS providers in Erie County, offering CME credits applicable toward NYS recertification. This complements our ongoing offerings of original, recertification, and instructor-level AHA courses, as well as PHTLS, all of which are required certifications under WREMAC guidelines.

Through these initiatives, ECEMS promotes Clinical Quality Improvement (CQI) within our own organization and across the wider EMS community.

Our agency does not anticipate any negative impact on existing EMS providers in Erie County. Instead, our presence is intended to support and enhance the overall delivery of emergency medical care throughout the region.

4.1.9 Financial Impact

ECEMS is funded through tax revenues received by the County of Erie, which are allocated annually as part of the Erie County Budget. To help offset the financial burden on county taxpayers, ECEMS has entered into an agreement with Multimed Billing Services Inc., a third-party billing company. Through this agreement, ECEMS is able to recover costs for ambulance services via insurance providers, private payors, Medicaid, and Medicare.

While there is a theoretical possibility of a negative financial impact on existing EMS agencies, this outcome is not anticipated. Under the New York State EMS Cost Recovery Act, volunteer fire and EMS agencies that elect to bill for services must have a contractual agreement with an ALS (Advanced Life Support) service provider.

ECEMS is currently in the process of negotiating recovery rates with the participating fire departments, ensuring that all agreements comply with regulatory requirements and promote a fair and sustainable reimbursement model. (NY Senate, 2025)

4.2 Impact on the EMS System within Erie County

4.2.1 Description

The EMS system within Erie County is a well-established network of volunteer and commercial agencies. Staffing models vary and include paid professionals, volunteers, and hybrid arrangements. The system's reach and flexibility are a testament to its adaptability, although certain areas have struggled with adequate EMS coverage.

The EMS coverage map highlights the commercial agency zones and identifies a designated pilot program region. (*Appendix 3*) This area, flagged by county leadership, is experiencing an increased public safety and health risk due to inadequate EMS availability.

The addition of ECEMS as an EMS provider in the Erie County EMS system has correlated with a significant 15% surge in call volume, reflecting growing public engagement with our services. Notably, our positive impact is underscored by letters of support received from a diverse range of stakeholders across Erie County, including fire departments, EMS agencies, hospitals, nursing homes, and municipalities. We received no negative feedback in response to our letters of solicitation.

The Erie County EMS System includes numerous agencies, departments, and hospitals. Below is a list of ambulance services (paid and volunteer) ALSFR and BLSFR agencies, along with hospitals. A list of long-term, adult care and residential care facilities can be found in *Appendix 25*.

ECEMS is expected to offer crucial support by easing system-wide strain, delivering Advanced Life Support (ALS) services and enhancing coverage in underserved areas.

Ambulance Services

- American Medical Response (GMR)
- Big Tree Emergency Medical Services
- Boston Emergency Squad (Volunteer)
- Eden Emergency Squad
- ECEMS
- Gowanda Ambulance Service
- Lancaster Volunteer Ambulance Corps
- Mercy EMS
- Orchard Park Fire District EMS

- Seneca EMS
- Twin City Ambulance

Volunteer Fire Department Ambulances

- Village of Angola (BLS)
- Alden EMS (BLS)
- Armor VFC (ALS)
- Blossom VFC (BLS)
- Clarence Center VFC (BLS)
- Clarence Fire District #1 (BLS)
- Colden Fire District (Paramedic)
- East Amherst VFD (ALS)
- East Concord VFD (BLS)
- East Seneca VFC (Paramedic)
- Elma VFC (Paramedic)
- Evans Center VFC (BLS)
- Farnham VFC (BLS)
- Hamburg VFD (ALS)
- Highland Hose VFD (BLS)
- Holland Fire District #1 (Paramedic)
- Jamison Road VFC (ALS)
- Lake Erie Beach VFC (BLS)
- Lake Shore VFC (Paramedic)
- Lake View Volunteer Fire District (Paramedic)
- Marilla VFC (ALS)
- Memorial VFC of Chaffee-Sardinia (ALS)
- Newstead VFC (BLS)
- Newton Abbott VFC (BLS)
- North Amherst VFC (BLS)
- Reserve Hose Company- volunteer (BLS)
- Scranton VFC (ALS)
- South Line Fire District #10 (Volunteer)
- South Wales VFC (BLS)
- Spring Brook VFD (BLS)
- Springville VFC (BLS)
- Swormville VFC (BLS)
- Wales Center VFC (Paramedic)
- West Falls VFC (Paramedic)
- Union VFC (ALS)
- Vigilant VFC (BLS)
- Woodlawn VFC (BLS)

ALSFR Advanced Life Support First Response Service

- Erie County Emergency Services Division of EMS
- Grand Island Fire Company (Volunteer)
- South Line Fire District #10 (Volunteer)
- City of Tonawanda Fire Department
- Town of Tonawanda Paramedics

Basic Life Support First Response Service (VFD)

- Akron VFC
- Bellevue VFC
- Boston VFC
- Bowmansville VFA
- City of Buffalo Fire Department
- Cleveland Hill VHC
- Collins Center VFC
- Collins VFC #1
- Crittenden VFD
- Daemen College
- Doyle VFD
- East Aurora VFD
- Eggertsville VFD
- Ellicott Creek VFD
- Forks VHC
- Getzville VFC
- Harris Hill VFC
- Hy-View VFC
- Kenmore VFD
- City of Lackawanna Fire Department
- Lancaster VFD
- Main-Transit VFD
- Millgrove VFD
- Morton's Corners VFD
- North Bailey VFC
- Orchard Park VFD
- Patchin VFA
- Pine Hill VHC
- Rescue VHC # 1
- Seneca Hose VFC
- Sloan Active VHC
- Snyder VFD

- Town Line VFD
- Twin District VFC
- U-Crest VFC
- Winchester VFD
- Williamsville VFD

Hospitals

- Bertrand Chaffee Hospital
- Brylin Hospital
- Buffalo General Medical Center
- Erie County Medical Center
- John R. Oishei Children's Hospital
- Kenmore Mercy Hospital
- Mercy Ambulatory Care Center- Mercy Orchard Park Division
- Mercy Hospital of Buffalo
- Millard Fillmore Suburban Hospital
- Roswell Park Memorial Cancer Institute
- Sisters of Charity Hospital
- Sisters of Charity Hospital-St. Joseph Campus
- Veterans' Administration Medical Center – Buffalo

4.2.2 Actual and Projected Call Volume for previous and next 12 months

For the 12-month period, 4/1/2024 - 3/31/2025, ECEMS has responded to 1,946 calls for EMS assistance, resulting in 1,063 patients being transported to the hospital. We are projecting a 15% increase in EMS call volume for 2025, which would bring the expected number of calls for the next 12 months to approximately 2,238. (*Appendix 15*)

4.2.3 Communications System Interface

ECEMS is dispatched by Erie County MERS control 911-call center. Erie County owns and operates the communications center; the addition of ECEMS will not have any impact on operations of the Erie County 9-1-1 system. Dispatch policy attached as *Appendix 8*.

ECEMS operates on UHF Frequency 463.100MHz as a primary dispatch channel. Erie County MERS also uses 4 different UHF

tactical channels for medical operations on large incidents. The 4 MED Channels (458.175MHz Northern Erie County, 463.0875MHz Northern Erie County, 463.1125MHz Southeastern Erie County, 463.125MHz Southwestern ECEMS) are also used by all other EMS Agencies in WNY.

Erie County Emergency Services Communications is adding two tower sites for ECEMS in the Towns of Evans and Aurora to enhance communications coverage. The tentative completion of these upgrades is by the end of 2025.

4.2.4 Medical Direction and Control

In accordance with WREMAC guidelines, point-of-destination medical control is required for all EMS operations in Erie County. ECEMS operates fully within these parameters, and there is no additional impact on receiving facilities.

4.2.5 Patient Care within the Community

The addition of ECEMS as an advanced life support (ALS) provider has positively impacted the community by extending ALS care to previously underserved areas. Our addition of BLS 12 lead EKG transmission capability and LUCAS devices has improved the healthcare outcomes of cardiac event patients we have cared for. Early recognition of certain types of heart attack (STEMI) that benefit from cardiac angioplasty within 90 minutes of recognition has been proven to save lives (AHA, 2024). Correctly performed, high quality compressions in the performance of CPR have been identified by the AHA as the cornerstone of cardiac arrest survival; the LUCAS device provides compressions with robotic precision. (AHA, 2024) The additional availability of ALS services in the community has increased the positive outcomes experienced by patients in the region. These positive outcomes are reflected in the letters of support we have received. (*Appendix 18*) Planned improvements to our provision of patient care include adding ultrasound and I-STAT technology to our care protocols as well as future development of a community paramedicine program to meet the public need.

4.2.6 Participation and Mutual Aid agreements

Operating as an Erie County agency, ECEMS follows the guidelines presented in the County of Erie EMS Mutual Aid Plan and NYSDOH EMS Policy (*Appendix 21*). This document details the agreements for reciprocal aid established between neighboring

EMS agencies, enabling the sharing of staff and resources during both everyday incidents and large-scale emergencies. Currently, the Erie County Attorney's office and commissioner's offices of several pilot area volunteer agencies are reviewing mutual-aid and ALS intercept agreements. We have attached the Mutual-aid agreement that was recently reached between Orchard Park EMS and Erie County EMS.

At the request of the Catholic Health System in Erie County, which includes Mercy Hospital of Buffalo, Mercy Ambulatory Care Center–Orchard Park, Sisters of Charity Hospital, Sisters of Charity Hospital–St. Joseph Campus, and Kenmore Mercy Hospital, ECEMS has entered an equipment and staff leasing agreement to help alleviate the extensive delays in their patient transfers and discharges currently impacting the entire EMS system.

These delays have frequently led to the rescheduling of critical testing, surgeries, and procedures. In addition, patient discharge delays to both nursing homes and private residences have contributed to prolonged ED holds for ambulance crews, further compounding the systemwide strain.

By creating this agreement with Catholic Health, ECEMS has been able to initiate services that would not have otherwise been feasible providing critical support during a time of significant need.

4.2.7 Recruitment and Retention of EMS personnel

Erie County currently employs 28 staff, solely involved in the ambulance division. Seven employees are employed through a staff leasing agreement with Catholic Health Systems, with two of our agencies' paramedics primarily performing educational and support functions. These positions include EMT, AEMT, Paramedic, Supervising Paramedic, and Director of Ambulance Services. ECEMS recruits EMTs, AEMTs, and paramedics through continuous recruitment on the Erie County Civil Service Opportunities webpage ([Job Opportunities | Civil Service Opportunities](#)). Interested parties apply online and become ranked for hire by their application and resume through the civil service process.

Our division has an overall positive impact on the EMS community in Erie County regarding recruitment of EMS providers. Out of the 28 current employees, 32% of them came from a non-EMS career before getting hired by our agency. This

means that there are 9 additional EMS providers who are providing services in Erie County now because of our existence that previously were not. An unfortunate negative outcome on the EMS community in our region from the creation of ECEMS is that 11 of our employees (39%) resigned from a commercial transporting EMS service to join our service. However, 10 of our employees (36%) are still working for another commercial transporting EMS service with many of them working multiple shifts for that service weekly. Ten of our employees (36%) were working for a volunteer transporting EMS agency prior to employment with us and none of them resigned their volunteer service after employment. While our initial creation may have negatively impacted other EMS commercial services staff retention rates, the region gained 9 new providers because of the opportunities offered at ECEMS. Volunteer agencies and non-transporting services staffing levels were not affected by the operations of ECEMS. A table depicting this data can be found in *Appendix 20*.

Erie County continues to positively impact the recruitment of new AEMTs and paramedics by offering EMT, AEMT, and paramedic training courses throughout the region.

ECEMS recognizes that investing in our regional EMS providers—by enhancing access to continuing education, supporting provider wellness, and establishing standards for safer workplaces—contributes to building a stronger, more sustainable workforce.

4.3 Community Impact from the Time of the Muni-Con Declaration

ECEMS began servicing Southern Erie County in September, 2023. Since that time, we have become an integral part of the communities within and surrounding our pilot region. Our division participates in regional EMS and fire drill exercises, hazardous drill standbys, auto extrication drills, and EMS trainings. Our service has become a staple in many communities, providing education in high school health classes, senior centers, local libraries, preschools and elementary schools. ECEMS has provided ambulances and personnel to attend career day activities, stand-by at local events such as fireworks displays, community festivals and local school sporting events. Many of our team members are Erie County certified preceptors and assist the companies we respond with in the clinical portion of EMS experience and provide opportunities for them to become proficient in their skills. Our team's positive impact on the communities they serve is demonstrated in the letters of support we

received, including praise and thanks for a successful cardiac arrest resuscitation from the president and CEO of TX RX Systems located in the Town of Evans. ECEMS also received the honor of being named Catholic Health Systems “EMS Agency of the Year” as well as the award for “Excellence in Patient Care at their 2023 awards ceremony. These testaments clearly justify the value of provision of services by ECEMS.

The direct impact upon the community is increased access to EMS services, availability of ALS level care, decreased wait times for help to arrive, and ultimately, better health outcomes. There have been no negative impacts on the community.

5. Operations

ECEMS began operating in September 2023 to address critical shortages in pre-hospital medical transport within Erie County, particularly within rural areas.

At this time, ECEMS has been contacted by nearly every community within Erie County expressing concern over their EMS availability and response times. We are working diligently to expand services as equipment and personnel become available through collaborative efforts with the Erie County Legislature.

Finally, in support of our application we would like to reference Article 30, section 3008.7(b) of NYS Public Health Law that states: “In the case of an application for certification pursuant to this subdivision, for a municipal advanced life support or municipal ambulance service, to serve the area within the municipality, where the proposed service meets or exceeds the appropriate training, staffing and equipment standards, there shall be a strong presumption in favor of approving this application.” Throughout this document, ECEMS has demonstrated that there is sufficient evidence to convert our current municipal CON to a permanent CON. (NY Senate, 2025)

6. Acronyms

AEMT- Advanced Emergency Medical Technician
AHA- American Heart Association
ALS- Advanced Life Support
ALSFR- Advanced Life Support First Response
BLS- Basic Life Support
BLSFR- Basic Life Support First Response
CFR- Certified First Responder
CHS- Catholic Health System
CME- Continuing Medical Education
CQI- Clinical Quality Improvement
DOH- Department of Health
EASV- Emergency Ambulance Service Vehicles
ECEMS- Erie County Emergency Medical Services
EMT- Emergency Medical Technician
JAMA- Journal of the American Medical Association
MERS- Erie County Medical Emergency Radio System
MUNI-CON- Municipal Certificate of Need
PHTLS- Pre-Hospital Trauma Life Support
PSAP- Public Safety Answering Point (Dispatch)
QA-Quality Assurance
QI- Quality Improvement
REMSCO- Regional Emergency Medical Services Council
SEMSCO- State Emergency Medical Services Council
SSM- System Status Management
STEMI- S-T Elevation Myocardial Infarction
SUNY ECC- State University of New York- Erie Community College
VFC-Volunteer Fire Company
VFD- Volunteer Fire Department
VHC- Volunteer Hose Company
WEREMSCO- Wyoming and Erie Regional Emergency Medical Services Council
WNY- Western New York
WREMAC- Western Regional Emergency Medical Advisory Council

7. Appendix

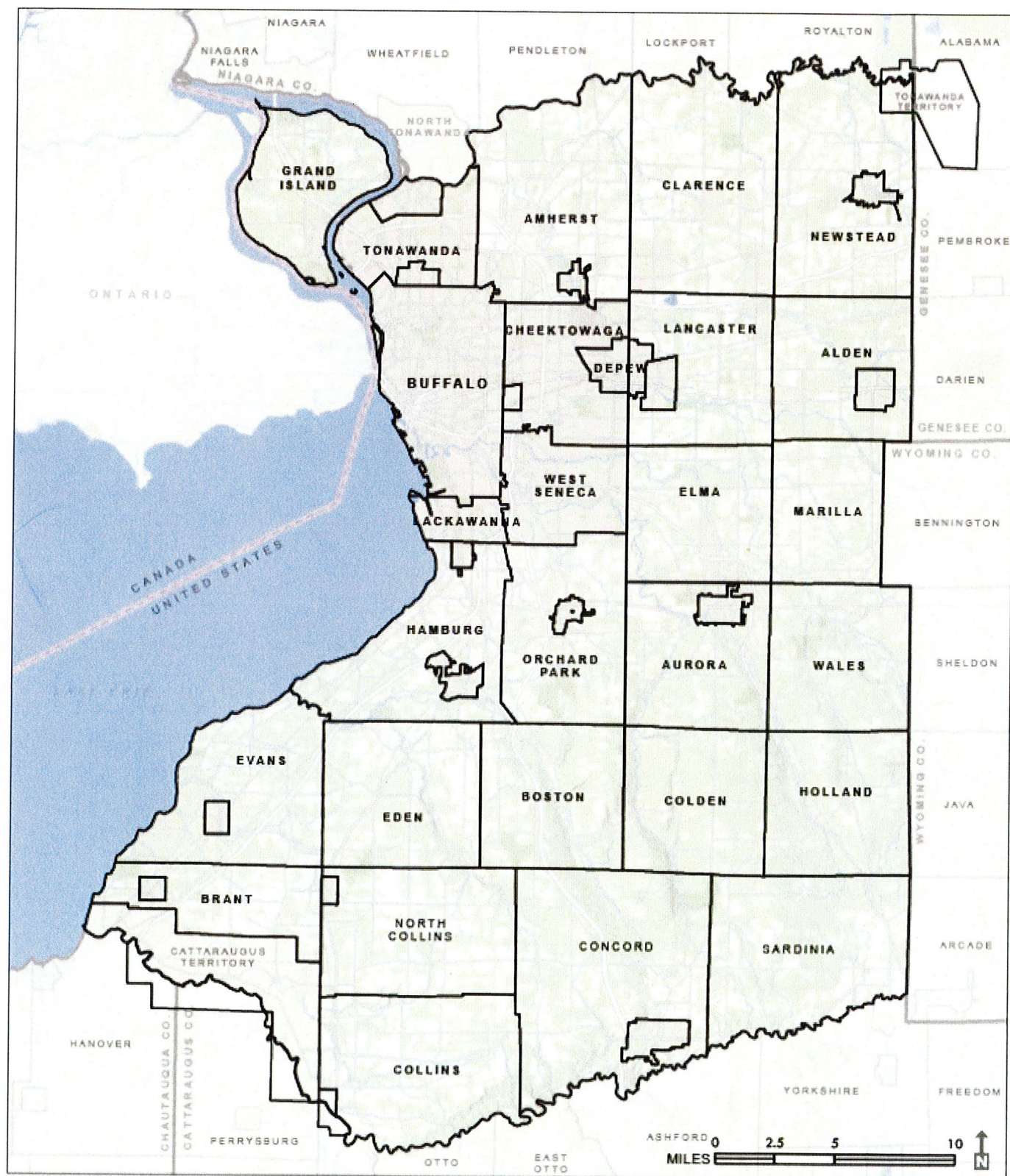
1. Map of operating territory- Erie County
2. Erie County Legislative resolution- Reference: COMM.12E-5(2023)
3. Initial pilot region identified as lacking in EMS resources
4. NYSDOH operating certificate, lab and controlled substance licenses
5. ECEMS organizational chart
6. ECEMS policies
7. Letter of support from Erie County Executive, Mark Poloncarz
8. Dispatch response policy
9. Vehicle Data-NYSDOH form 1881 pg. 2
10. List of standard equipment with NYS and WREMAC requirements
11. Equipment that requires safe handling (secure storage)
12. ECEMS policies 23-08, 23-09, and NYSDOH policy 02-11
13. 2023 and 2024 Budget
14. 2025 actual and projected budget
15. Call statistics
16. Raw data 2023-2025 1st quarter
17. Call statistics by nature
18. Sample letter sent to users of the Erie County EMS system, lists of to whom letters were sent, respondents, return to sender, and certified mail receipts.
19. Response times past 12 months
20. Staff list (DOH form 2828) and data
21. Erie County Mutual Aid plan, NYSDOH Policy 12-06
22. WREMAC compliance of ECEMS providers
23. ECEMS CQI and HIPPA policies
24. Narcotics compliance documentation
25. Lists of nursing homes, adult residences and developmentally disabled group residences in Erie County.

8. References

- Census, B. U. (2025). *U.S. Census Bureau QuickFacts: Erie County, New York (2025)*. Retrieved from U.S. Census Bureau QuickFacts: Erie County, New York (2025)
- DiNapoli, T. P. (2024). *The Growing Role of Counties in Emergency Medical Services*. Albany, NY: New York State Comptroller.
- Goodwin, R. (accessed 2025). *Buffalo's Tourism*. Retrieved from Buffalo Niagara Tourism: <https://www.visitbuffaloniagara.com/about/contact/>
- Mell HK, M. S., & PMC5831456., P. (2017 Oct 1). Emergency Medical Services Response Times in Rural, Suburban, and Urban Areas. *JAMA Surg*, 152(10):983-984.
- NYDOH BEMS. (2006). *Policy Statement 06-06*. Retrieved from NYSDOH BEMS Policy: <https://www.health.ny.gov/professionals/ems/pdf/06-06.pdf>
- NYS Senate. (2025). *EMS Cost Recovery Act*. Retrieved from New York Senate: <https://www.nysenate.gov/issues/ems-cost-recovery-act>
- NYSDOH-SEMSCO. (2024). *2024 Update on the EMS Workforce Shortage: Where are the Emergency Medical Responders?* Albany, NY: NYSDOH.
- Senate, N. (2025). *Section 3008 Applications for determinations of public need- Public Health (PBH) Chapter 45 Article 30*. Retrieved from New York Senate: <https://www.nysenate.gov/legislation/laws/PBH/3008>
- Vis. (202). Retrieved from Visit Buffalo Niagara: <https://www.visitbuffaloniagara.com/about/contact/>
- "Your Government" (2025). Retrieved from erie.gov: <https://www4.erie.gov/your-government>
- American Heart Association (AHA) (2024) <https://www.heart.org/>

9. Reference and Guidance Document Attachments

1. DiNapoli, T. P. (2024). *The Growing Role of Counties in Emergency Medical Services*. Albany, NY: New York State Comptroller.
2. NYSDOH-SEMSCO. (2024). *2024 Update on the EMS Workforce Shortage: Where are the Emergency Medical Responders?* Albany, NY: NYSDOH.
3. NYDOH BEMS. (2006). *Policy Statement 06-06*. Retrieved from NYSDOH BEMS Policy: <https://www.health.ny.gov/professionals/ems/pdf/06-06.pdf>
4. NYDOH BEMS. (2009). *Policy Statement 09-01*. Retrieved from NYSDOH BEMS Policy: [09-01 albany.pdf](https://www.health.ny.gov/professionals/ems/pdf/09-01_albany.pdf)
5. NYDOH BEMS. (2006). *Policy Statement 06-06, appendix 2 (Application checklist)*. Retrieved from NYSDOH BEMS Policy: <https://www.health.ny.gov/professionals/ems/pdf/06-06.pdf>
6. Senate, N. (2025). *Section 3008 Applications for determinations of public need- Public Health (PBH) Chapter 45 Article 30*. Retrieved from New York Senate: <https://www.nysenate.gov/legislation/laws/PBH/3008>



ERIE COUNTY, NY

STATE OF NEW YORK

LEGISLATURE OF ERIE COUNTY CLERK'S OFFICE

BUFFALO, N.Y., June 22, 2023

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY, that at the **13th** Session of the Legislature of Erie County, held in the Legislative Chambers, in the City of Buffalo, on the **22nd** day of **June, 2023 A.D.**, a Resolution was adopted, of which the following is a true copy:

WHEREAS, Erie County, like many communities across New York, is experiencing a movement where there's a significant reduction in certified ambulance personnel and volunteers to staff and respond in ambulances resulting in longer wait times for ambulances and delay in care; and

WHEREAS, the lack of available ambulances in designated areas have led to an increase in mutual aid requests with other surrounding agencies in order to provide some level of care, however this is not a sustainable solution to the areas with inadequate coverage; and

WHEREAS, the Erie County Executive and Legislature worked to address this need by allocating funding on April 27, 2023, to establish a municipal ambulance service to pay for the necessary costs of personnel, equipment, supplies, and location; and

WHEREAS, Erie County will be the "safety net" ambulance service and be available to assist the volunteer and commercial ambulance services across Erie County when needed; and

WHEREAS, Erie County seeking to apply to New York State for a Municipal Certificate of Need (Muni-CON) – Ambulance (Transport) that is required to operate a municipal ambulance service as stated in New York State Public Health Law Article 30 to transport throughout all of Erie County.

NOW, THEREFORE, BE IT

RESOLVED, that the Erie County Legislature hereby authorizes Erie County to apply for a Muni-CON as defined by New York State Public Health Law Article 30, Section 3005; and be it further

RESOLVED, that this resolution takes effect immediately upon passage by the Erie County Legislature; and be it further

RESOLVED, the Clerk of the Legislature shall forward certified copies of this Resolution to the County Executive, the Commissioner of Emergency Services and Homeland Security, the Department of Law, the New York State Department of Health, the New York State Emergency Medical Services Council, and the Commissioner of Health.

REFERENCE: **COMM. 12E-5 (2023)**

ATTEST



ROBERT M. GRABER
Clerk of the Legislature of Erie County

ERIE COUNTY'S PROPOSED SAFETY NET COVERAGE

PROPOSED SAFETY NET COVERAGE

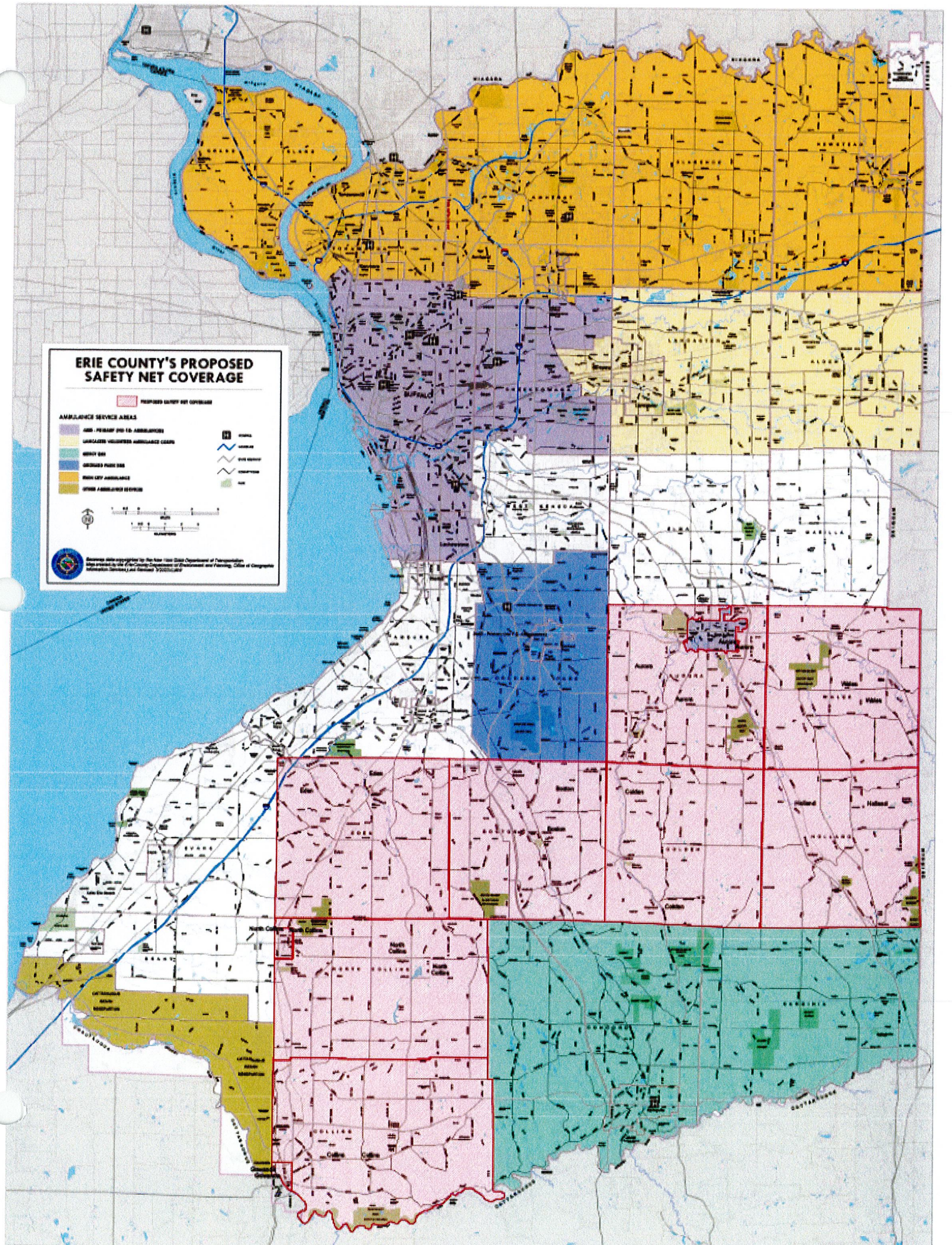
AMBULANCE SERVICE AREAS

- ADULT - PERMANENT RESIDENTS
- UNINSURED VOLUNTEER AMBULANCE COVERS
- ADULTS 65+
- ADULTS 65+ AND
- ADULTS 65+ AND
- ADULTS 65+ AND
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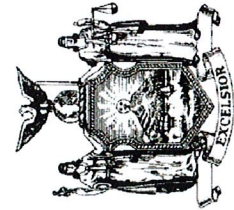
Agency Code Number: 6303

Issued: 9/19/2023

Expires: 9/16/2025

NEW YORK STATE DEPARTMENT OF HEALTH

Ambulance Service Certificate



Erie County EMS



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*

PRIMARY TERRITORY:
Erie County, NY

A handwritten signature in black ink, reading "Ryan Greenbaum".

Emergency Medical Services Program

A handwritten signature in black ink, reading "L. J. McCallister, MD".

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

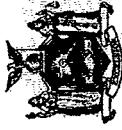
THIS CERTIFICATE IS NOT TRANSFERABLE

Keep conspicuously posted

DOH-3414 (8/91)

No. 38062

NEW YORK STATE DEPARTMENT OF HEALTH
CONTROLLED SUBSTANCE LICENSE



Legal Name or Operator:
ERIE COUNTY EMS

ERIE COUNTY EMS
500 COMMERCE DR
AMHERST, NY 14228

Licensed Location:
ERIE COUNTY EMS
500 COMMERCE DR
AMHERST, NY 14228

Class: 03C
INSTITUTIONAL DISPENSER
LIMITED (EMS)

Schedule:
II-III IV V

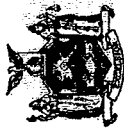
HAS GIVEN SATISFACTORY EVIDENCE THAT ALL QUALIFICATIONS AS REQUIRED BY ARTICLE 33 OF THE PUBLIC HEALTH LAW
AND PART 80 OF THE ADMINISTRATIVE RULES AND REGULATIONS HAVE BEEN MET AND IS HEREBY GRANTED A LICENSE TO
ENGAGE IN CONTROLLED SUBSTANCE ACTIVITY IN THE STATE OF NEW YORK IN THE CLASSIFICATION STATED ABOVE.

LICENSE #: 03C0817
EFFECTIVE: Sep 22 2023
EXPIRES: Sep 21 2025

JAMES V. McDONALD, M.D., M.P.H.
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE

NEW YORK STATE DEPARTMENT OF HEALTH
CONTROLLED SUBSTANCE LICENSE



Legal Name or Operator:
ERIE COUNTY EMS

Licensed Location:
ERIE COUNTY EMS
500 COMMERCE DR
AMHERST, NY 14228

ERIE COUNTY EMS
500 COMMERCE DR
AMHERST, NY 14228

Class: 03C
INSTITUTIONAL DISPENSER
LIMITED (EMS)

Schedule:
II-III IV V

HAS GIVEN SATISFACTORY EVIDENCE THAT ALL QUALIFICATIONS AS REQUIRED BY ARTICLE 33 OF THE PUBLIC HEALTH LAW AND PART 80 OF THE ADMINISTRATIVE RULES AND REGULATIONS HAVE BEEN MET AND IS HEREBY GRANTED A LICENSE TO ENGAGE IN CONTROLLED SUBSTANCE ACTIVITY IN THE STATE OF NEW YORK IN THE CLASSIFICATION STATED ABOVE.

LICENSE #: 03C0817
EFFECTIVE: Sep 22 2023
EXPIRES: Sep 21 2025


JAMES V. McDONALD, M.D., M.P.H.
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE



MEMORANDUM

To: The Honorable Mark Poloncarz
Erie County Executive

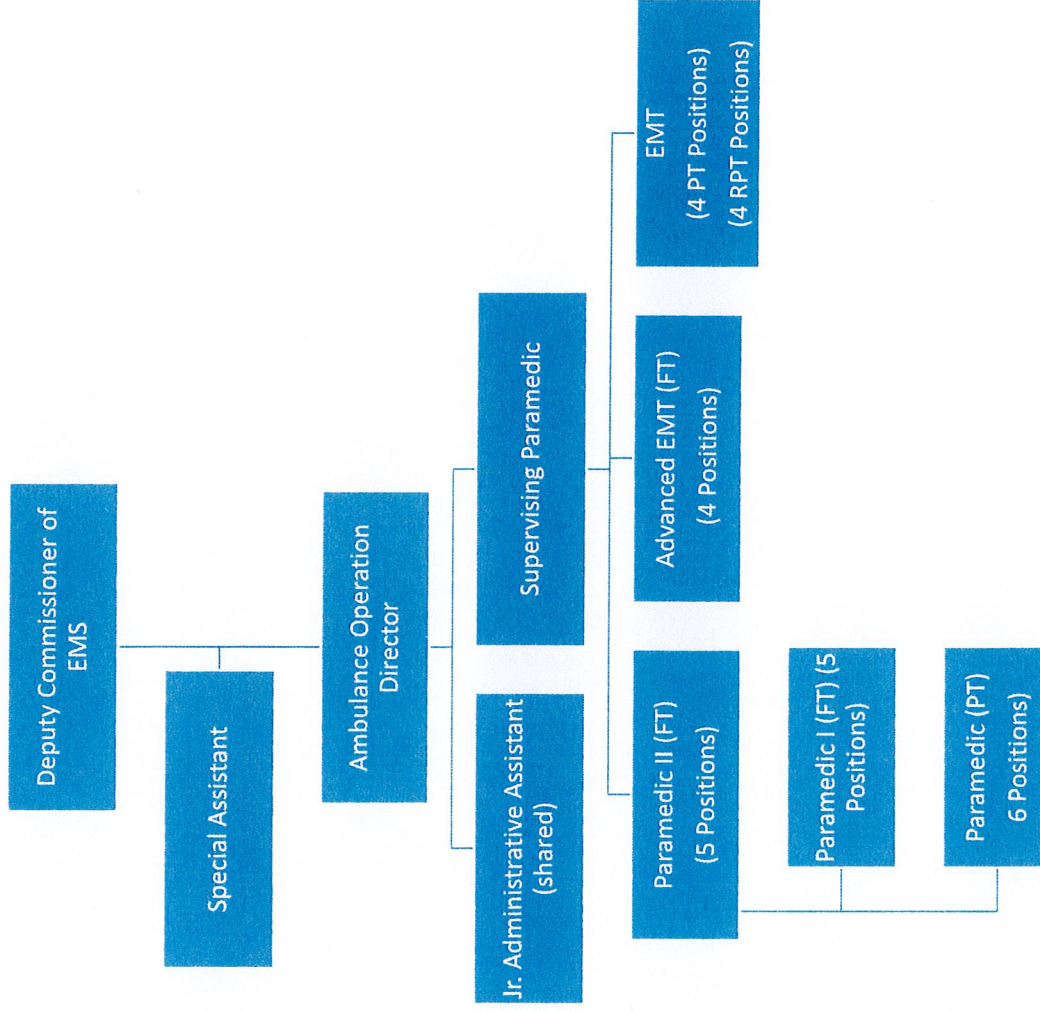
From: Michael O'Brien, MD, FACEP, FAEMS 
Chair, Western Regional Emergency Medical Advisory Committee

Date: 22 June 2023

Re: Erie County EMS Controlled Substance License

On behalf of the entire WREMAC, I am pleased to issue this letter of support to Erie County EMS in their pursuit of a new Controlled Substance license. Your application and supporting materials were found to be in substantial compliance with WREMAC policy and was approved for support at its regular meeting on Wednesday, June 21st, 2023.

Ambulance Service – 12/16/24



Erie County Emergency Medical Services (ECEMS)



Vehicle Operations

Revised: 08/18/2023

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Section 1: Purpose

To establish a system for the safe operation of Erie County Emergency Medical Services response vehicles.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service must have and enforce a written policy which describes the authorized practices for driving Emergency Medical Services response vehicles by their members or employees.

Section 2: Scope

This policy applies to every authorized Erie County Emergency Medical Services driver and/or certified care provider.

Section 3: Driver Status Qualifications

Qualifications

- Must have a valid New York State Driver License.
- Must possess an Emergency Medical Technician certification issued by the New York State Department of Health.
- Must complete an Emergency Vehicle Operations Class (EVOC) or equivalent.

DMV Checks/Revocation

- The Department of Risk and Insurance Services reserves the right to make periodic Department of Motor Vehicle checks to ensure that all Erie County vehicle operators or authorized drivers have a valid driver's license and that their driving record does not pose a serious risk to the public and Erie County.
- Any employee authorized to drive a Erie County vehicle shall have their authority revoked if the County becomes aware, or a Department of Motor Vehicles check indicates any of the following:
 - a) An expired or suspended license, or
 - b) A charge or conviction of driving while intoxicated, impaired or under the influence of a controlled substance, or
 - c) More than two (2) at-fault accidents within the last 12 months, or
 - d) A history of accidents, whether or not deemed at-fault, while driving Erie County vehicles which resulted in property damage or bodily harm.

Section 4: Safety Standards

Seat Belt Use

- The driver and all passengers in any Erie County Emergency Medical Services vehicle shall wear seat belts when the vehicle is in gear and/or motion. The driver is responsible for ensuring that all passengers are seated and properly secured prior to movement.
- A Erie County Emergency Medical Services care technician who is providing direct patient care inside an ambulance, shall be permitted to release the seat belt(s) temporarily while the vehicle is in gear and/or motion – ONLY IF IT IS NECESSARY TO PROVIDE PATIENT CARE. When the procedure or care is complete, the patient care technician shall refasten the seat belt(s).
- All patients carried, moved or transported by stretcher shall have all stretcher safety belts and harness straps applied; this includes:
 - a) Shoulder Straps;
 - b) Upper Torso Belt;
 - c) Waist Belt;
 - d) Leg Belts.

*****Patients shall not be positioned or restrained prone (face down) at any point during movement or transport.***

Safety Vests

- While taking part in any on-duty operation on or near any roadway, street or highway, including but not limited to calls and stand-bys, all Erie County Emergency Medical Services employees shall wear an Agency provided, ANSI-compliant, reflective, high-visibility vest or jacket.

Cellular Device Use

- Cellular device use and/or texting is prohibited while operating a Erie County Emergency Medical Services vehicle. The driver shall not use a cellular device while the vehicle is in gear and/or in motion.

****Exception: The driver may use a cellular device for the sole purpose of communicating regarding an emergency situation or while in the performance of their official duties in accordance with New York State Vehicle & Traffic Law 1225c.***

Smoking

- Smoking is not permitted in any Erie County Emergency Medical Services vehicle.

Section 5: Vehicle Operations

Erie County Emergency Medical Services response vehicles shall be operated in a manner that provides for due regard and the safety of all persons and property. Safe arrival and patient welfare shall always have priority over unnecessary speed or hazardous driving practices while enroute to an incident or to the hospital.

Getting Enroute

- When a Erie County Emergency Medical Services vehicle is dispatched to a call or post location, crews shall be enroute within ninety (90) seconds regardless of the nature of the call. The crew shall immediately notify dispatch if a problem arises that will delay the response.

Non-Emergency Operation Mode

- The following rules shall apply to the operation of Erie County Emergency Medical Services vehicles engaged in non-emergency operation mode:
 - a) Non-emergency mode shall be defined as a normal traffic response requiring no emergency lights or siren. Operations considered non-emergency shall be made using headlights only. Light bars, beacons, corner flashers, grill flashers and sirens shall not be used. During non-emergency response mode, the response vehicle is not authorized to use any emergency vehicle privileges set forth in the New York State Vehicle & Traffic Law;
 - b) Operators shall adhere to the New York State Vehicle and Traffic Law;
 - c) Operators shall drive with due regard to the safety of others;
 - d) Operators shall drive in a defensive manner and reduce speed when visibility is limited and/or road conditions are poor.

Emergency Operation Mode

- The following rules shall apply to the operation of Erie County Emergency Medical Services vehicles engaged in emergency operation mode:

- a) Emergency Operations Mode shall be defined as an Emergency Medical Services vehicle using emergency lights and sirens. Emergency headlights and emergency lights shall be illuminated and the siren on while the vehicle is in motion. Emergency operations are authorized at a scene when it is necessary to protect the safety of Emergency Medical Services personnel, patients or the public;
- b) Emergency Operations Mode is authorized only to responses deemed by dispatch protocol to be an emergency in nature. Emergency operations are only authorized when the dispatch call type justifies an emergency response;
- c) Operators shall adhere to the New York State Vehicle and Traffic law;
- d) Erie County Emergency Medical Services response vehicles shall not exceed the posted speed limits by more than ten (10) miles per hour;
- e) Operators shall use due regard to the safety of others;
- f) Operators shall drive in a defensive manner and reduce speed when visibility is limited and/or road conditions are poor;
- g) When a Erie County Emergency Medical Services response vehicle approaches a red light, stop sign, stopped school bus or a non-controlled railroad crossing, the vehicle must come to a complete stop;
- h) The driver of a Erie County Emergency Medical Services response vehicle must account for all lanes of traffic prior to proceeding through an intersection and should treat each lane of traffic as a separate intersection;
- i) When a Erie County Emergency Medical Services response vehicle uses the median (turning lane) or an oncoming traffic lane to approach intersections, they must come to a complete stop before proceeding through the intersection with caution;
- j) When traffic conditions require a Erie County Emergency Medical Services response vehicle to travel in the oncoming traffic lanes, the maximum speed is twenty (20) miles per hour;
- k) The use of escorts and convoys is discouraged. Erie County Emergency Medical Services vehicles should maintain a minimum distance of 300 – 400 feet when traveling in emergency mode in ideal conditions. This distance should be increased when conditions are limited;

- I) The Emergency Medical Technician in charge of patient care, following assessment of the patient, shall be responsible for determining the response type enroute to the hospital.

Ambulance Reverse/Backing Operations

- The following rules shall apply to the operation of Erie County Medical Services ambulances engaged in reverse/operations:
 - a) Reverse/Backing operations should be avoided whenever possible and shall only be used when no other alternative exists;
 - b) The driver of any Erie County Emergency Medical Services ambulance shall request and use a spotter when available. When two employees are assigned to an ambulance, the non-driver shall act as the spotter;
 - c) Reverse/Backing operations of an ambulance shall not be performed until the following have been complete:
 1. The unit has come to a complete stop;
 2. A spotter is in place eight (8) to ten (10) feet to the left rear of the vehicle;
 3. Eye contact has been made with the spotter through the left-hand side rear view mirror;
 4. Voice or hand communication have been established with the spotter;
 5. When a spotter is not available, the operator shall park the ambulance, get out and walk around the unit to survey the backing area.
 - d) A spotter is not mandatory for the following:
 1. At a hospital while the non-driver is performing patient care and no other alternative exists;
 2. Any other Erie County Emergency Medical Services vehicle that is not designated as an ambulance.

Section 6: Motor Vehicle Accident/Damage

Motor Vehicle Accident

- Motor vehicle accidents involving Erie County Emergency Medical Services vehicles shall be immediately reported to dispatch, the Supervisor-on-Duty and the Director of Ambulance Services. Law enforcement and any additional resources needed shall be requested to the scene (I.E: Fire, EMS, Hazmat). Dispatch shall be notified of the exact location, unit number, number of vehicles involved, number of patient's and status of injuries. The Erie County

Emergency Services vehicle involved shall remain out of service until an investigation has been conducted.

- If a motor vehicle accident occurs outside of Erie County, local law enforcement shall be summoned to the scene. If a motor vehicle accident occurs within the boundaries of Erie County, the Erie County Sheriff's Department shall be summoned to the scene. Erie County employees shall cooperate with law enforcement agencies investigating the incident.
- Erie County employees shall document any injuries as required.
- The driver of an Erie County Emergency Medical Services vehicle that was involved in a motor vehicle accident, shall complete a written accident report and submit that report to the Supervisor-on-Duty. A separate written incident report shall be submitted by all others Erie County employees involved.
- The Director of Ambulance Services shall notify and forward an auto accident report and police report, as designated, to the Director of the Risk and Insurance Services Department, along with any police accident report and corresponding information, within forty-eight (48) hours.

Vehicle Damage

- All vehicle damage shall be reported to the Supervisor-on-Duty. The employee reporting the damage and all other employees involved shall submit an incident report. The Supervisor-on-Duty shall conduct an investigation.

Drug Testing

- Post-accident drug and alcohol testing shall be conducted after an accident on employees operating any vehicle on behalf of the County, whose performance could have contributed to the accident, as established by the Department of Risk and Insurance Services in consultation with the Human Resources Department. Such testing is mandatory in the case of an injury accident. All testing is to be conducted as soon as practicable post-accident, but generally no more than four (4) hours post-accident.
- The drugs that will be subject to this testing are Marijuana, Cocaine, Amphetamines, Opiates (including heroin) and Phencyclidine (PCP).
- Refusal to submit to an alcohol or illegal drug test may result in disciplinary action.

References

The New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems Policy Statement 00-13 - The Operation of Emergency Medical Services Vehicles

New York State Vehicle & Traffic Law – 100-b, 101, 114-b, 115-c, 1104, 1225-c

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

Appendix A

The New York State Vehicle & Traffic Law states the following:

- 100-b. Ambulance - Every motor vehicle designed, appropriately equipped and used for the purpose of carrying sick or injured persons by a person entity registered or certified as an ambulance service by the department of health.
- 101. Authorized Emergency Vehicle – Every ambulance, police vehicle or bicycle, correction vehicle, fire vehicle, civil defense emergency vehicle, emergency ambulance service vehicle, blood delivery vehicle, county emergency medical services vehicle, environmental emergency response vehicle, sanitation patrol vehicle, hazardous materials emergency vehicle and ordnance disposal vehicle of the armed forces of the United States.
- 114-b. Emergency Operations – The operation, or parking, of an authorized emergency vehicle, when such vehicle is engaged in transporting a sick or injured person, transporting prisoners, delivering blood or blood products in a situation involving an imminent health risk, pursuing an actual or suspected violator of the law, or responding to, or working or assisting at the scene of an accident, disaster, police call, alarm of fire, actual or potential release of hazardous materials or other emergency. Emergency operation shall not include returning from such service.
- 115-c. An emergency ambulance service vehicle shall be defined as an appropriately equipped motor vehicle owned or operated by an ambulance service as defined in section three thousand one of the public health law and used for the purpose of transporting emergency medical personnel and equipment to sick or injured persons.
- 1104. Authorized Emergency Vehicles –
 - a) The driver of an authorized emergency vehicle, when involved in an emergency operation, may exercise the privileges set forth in this section, but subject to the conditions herein stated.
 - b) The driver of an authorized emergency vehicle may:

1. Stop, stand or park irrespective of the provisions of this title;
 2. Proceed past a steady red signal, a flashing red signal or a stop sign, but only after slowing down as may be necessary for safe operations;
 3. Exceed the maximum speed limits so long as he does not endanger life or property;
 4. Disregard the regulations governing directions of movement or turning in specified directions.
- c) Except for an authorized emergency vehicle operated as a police vehicle, the exemptions herein granted to an authorized emergency vehicle shall apply only when audible signals are sounded from any said vehicle while in motion by bell, horn, siren, electronic device or exhaust whistle as may be reasonably necessary, and when the vehicle is equipped with at least one lighted lamp so that from any direction, under normal atmospheric conditions from a distance of five hundred feet from such vehicle, at least one red light will be displayed and visible.
- 1225-c. Subdivision two of this section shall not apply to (a) the use of a mobile telephone for the sole purpose of communicating with any of the following regarding an emergency situation: an emergency response operator; a hospital, physician's office or health clinic; an ambulance company or corps; a fire department, district or company; or a police department, (b) any of the following persons while in the performance of their official duties: a police officer or peace officer; a member of a fire department, district or company; or the operator of an authorized emergency vehicle as defined in section one hundred one.



Erie County Emergency Medical Services

Policy & Procedure

Policy: Seat Belt Use & Restraint Devices

Policy Number: 23-02

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for seat belt use and restraint devices.

The use of seat belts and other safety restraint devices significantly reduces the chance of death or injury during a motor vehicle collision.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees, patients and passengers.

Section 3: Policy

Seat Belt Use

- The driver and all passengers in any Erie County Emergency Medical Services vehicle shall wear seat belts when the vehicle is in gear and/or motion. The driver is responsible for ensuring that all passengers are seated and properly secured prior to movement.
- A Erie County Emergency Medical Services care technician who is providing direct patient care inside an ambulance, shall be permitted to release the seat belt(s) temporarily while the vehicle is in gear and/or motion – ONLY IF IT IS NECESSARY TO PROVIDE PATIENT CARE. When the procedure or care is complete, the patient care technician shall refasten the seat belt(s). Examples of necessary care include:
 - a) Cardiopulmonary resuscitation ("CPR");
 - b) Artificial ventilations;
 - c) Medication administration;
 - d) Reassessment or treatment of unstable patients.

Stretcher Harness Straps

- All patients carried, moved or transported by stretcher shall have all stretcher safety belts and harness straps applied; this includes:
 - a) Shoulder Straps;
 - b) Upper Torso Belt;
 - c) Waist Belt;
 - d) Leg Belts.
- Stretcher harness straps shall always be used in accordance with manufacturer recommendations.
- *****Patients shall not be positioned or restrained prone (face down) at any point during movement or transport.***

Pediatrics

- The Agency provided Emergency Child Restraint System or similar shall be the preferred method to secure and transport pediatric patients on the stretcher.
- A child's own safety seat - when appropriate, available, and intact – may be used to restrain a child during transport. If the child is a passenger, the device shall be belted to an ambulance seat located in the patient compartment area. If the child is the patient, the seat shall be secured onto the stretcher and the child belted in the child safety seat.
- It is not permissible or safe to have a parent or caregiver hold a child in his or her arms or lap. The child and the parent/ caregiver should each be restrained appropriately.

References

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 08-04 - Passenger Restraint in Emergency Response Vehicles

New York State Basic Life Support ("BLS") Adult and Pediatric Protocols



Erie County Emergency Medical Services

Policy & Procedure

Policy: Safety Vests

Policy Number: 23-03

Effective Date:

8/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish safety standards for Erie County Emergency Medical Services employees exposed to public vehicular traffic.

New York State Department of Health requires that every Emergency Medical Services agency develop policies and procedures that require the use of high-visibility/retro-reflective safety apparel while working on, or near local, state or interstate roadways.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees.

Section 3: Definitions

ANSI – American National Standards Institute

High-Visibility/Retro-Reflective Safety Apparel means personal protective safety clothing that is intended to provide conspicuity during both daytime and nighttime usage, and that meets the Performance Class 2 or 3 requirements of the ANSI/ ISEA 107.

Section 4: Policy

While taking part in any on-duty operation on or near any roadway, street or highway, including but not limited to calls and stand-bys, all Erie County Emergency Medical Services employees shall wear an Agency provided, ANSI-compliant, high-visibility/retro-reflective safety vest or jacket.

References

ANSI/ISEA 107

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement: 08-06 - Federal Worker Visibility Act



Erie County Emergency Medical Services

Policy & Procedure

Policy: Cellular Device Use

Policy Number: 23-04

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for the use of cellular devices while on duty.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees.

Section 3: Definitions

Cellular Device is a telecommunication device that uses radio waves over a networked area (cells) and is served through a cell site or base station at a fixed location, enabling calls to transmit wirelessly over a wide range, to a fixed landline or via the Internet.

Use means the act or practice of employing a cellular device, the fact or state of being used, and/or a method or manner of employing or making application of a cellular device.

Section 4: Policy

Vehicle Operations

- Cellular device use and/or texting is prohibited while operating a Erie County Emergency Medical Services vehicle. The driver shall not use a cellular device while the vehicle is in gear and/or in motion.

Exception: The driver may use a cellular device for the sole purpose of communicating regarding an emergency situation or while in the performance of their official duties in accordance with New York State Vehicle & Traffic Law 1225c.

- Employees who are charged with traffic violations resulting from the use of a cellular device while operating a Erie County Emergency Services vehicle, shall be solely responsible for all liabilities that result from such actions.

Personal Cellular Devices

- Personal cellular devices are permitted to be carried while on duty.
- Personal cellular devices shall remain silenced and/or kept in vibration mode at all times.
- Personal use of a cellular device is prohibited while on an emergency call. An emergency call starts at the moment the unit is dispatched and ends when the unit is available again.
- Erie County shall not be liable for the loss, damage or theft of personal cellular devices brought into the workplace.

Agency Issued Cellular Device

- Erie County shall issue each Erie County Emergency Medical Services vehicle with an Agency cellular device. Such devices shall be used for Agency business only. Phone logs will be audited regularly to ensure no unauthorized use has occurred.
- The following are examples of authorized use:
 - a) Medical Control consultation;
 - b) Hospital notification;
 - c) Reporting abuse or crimes;
 - d) Communication with the incident dispatch point or other public safety answering points ("PSAP");
 - e) Communication with fire, law enforcement or other Emergency Medical Services personnel;
 - f) Communication with Supervision or Management.
- Hands-free equipment shall be provided with Agency issued cellular devices to facilitate the provisions of this policy.
- The Agency issued cellular device shall also serve as a backup or redundant capability to the 2-way radio communications system.
- Employees in possession of an Agency issued cellular device are expected to protect the equipment from loss, damage or theft.

References

New York State Vehicle & Traffic Law 1225c

New York State Department of Health Bureau of Emergency Medical Services & Trauma
Systems Policy Statement 98-02 - Radio Communications Systems for EMS Services

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services



Erie County Emergency Medical Services

Policy & Procedure

Policy: Smoking

Policy Number: 23-05

Effective Date:

08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To provide a safe and healthy work environment for employees, patients, volunteers and visitors.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees.

Section 3: Definitions

Smoking means inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette, electronic cigarette ("e-cigarette"), little cigar, pipe, water pipe or hookah, herbal cigarette, non-tobacco smoking product (e.g., marijuana or non-tobacco shisha), or any similar form of lighted object or device designed for people to use to inhale smoke.

Electronic Cigarette ("e-cigarette") means a battery-operated device that heats a liquid, gel, herb or other substance and produces vapor for people to inhale.

Section 4: Policy

Erie County Facilities

- Smoking in the workplace is prohibited except in those outdoor locations that have been specifically designated as smoking areas. This prohibition includes restrooms, storerooms, garages, apparatus bays, supply closets, vestibules, hallways, entrance ways and other such areas. Lighters, matches, or other incendiary devices should not be used within fifty (50) feet of a County building and/or premises.

Erie County EMS Vehicles

- Smoking is not permitted in any Erie County Emergency Medical Services vehicle.
- Smoking is not permitted within twenty (20) feet of any compressed cylinder including oxygen.

References

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 2000-07 - No Smoking Policy

Occupational Safety and Health Administration ("OSHA") standard 29 CFR 1910.101b



Erie County Emergency Medical Services

Policy & Procedure

Policy: Service Animals

Policy Number: 23-06

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To provide information and guidance regarding service animals.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees.

Sections 3: Definitions

Disability – A person who has a physical or mental impairment that substantially limits one or more major life activities.

Service Animal is a dog that is individually trained to do work or perform tasks for a person with a disability.

ADA – Americans with Disabilities Act ("ADA").

Section 4: Identifying a Service Animal

Service animals may include dogs of any size or breed.

Service animals may or may not have a service animal vest.

Erie County Emergency Medical Services providers may ask the following types of questions when presented with a service animal:

- "Is this a service animal?"
- "Is the service animal required because of a disability?"

Erie County Emergency Medical Services providers may not ask about the nature or extent of the patient's disability except as it relates to patient care or request documentation to prove that a patient's dog has been trained, licensed or certified.

In addition, Erie County Emergency Medical Services providers may not ask that the service animal demonstrate its ability to perform the work or task.

Dogs that provide comfort, therapy or emotional support do not qualify as service animals under ADA.

Section 5: Patient/Service Animal Transport

When transporting a patient with a service animal, every effort should be made to do so in a safe manner for the patient, the providers and the service animal. If possible, the service animal should be secured in some manner in order to prevent injury to the providers and the animal during transport.

Safe transport may include:

- Crates, cages, specialty carriers;
- Seatbelts or passenger restraints using a specialized harness or seat belt attachments;
- In certain situations it may not be possible for the animal to be transported with the patient. In that case, every effort should be made to ensure safe care and transportation of the animal by alternative means (animal control personnel, family members, etc);
- Erie County Emergency Medical Services providers should notify the receiving facility of the presence of a service animal accompanying the patient.

If the service animal is a potential threat to health or safety of anyone involved in the response, the service animal may be excluded from transport.

References

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 07-01 Service Animals

The Americans with Disabilities Act



Erie County Emergency Medical Services

Policy & Procedure

Policy: Patient Riders

Policy Number: 23-07

Effective Date:

08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for patient riders.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees.

Section 3: Definitions

Patient Rider means a family member, care giver, friend, acquaintance or service animal, other than the patient, traveling in the ambulance during transport.

Service Animal is a dog that is individually trained to do work or perform tasks for a person with a disability.

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Sections 4: Policy

Patient riders are not permitted to ride in the ambulance during transport except for one (1) or more of the following circumstances:

- Parent, guardian or other family member accompanying a minor child, unless determined it will hinder patient care (i.e. parent is uncontrollably upset);
- Support staff, Health Care Proxy ("HCP"), or Power of Attorney ("POA");
- Language translator;

- Service animal.

Patient riders shall not interfere with patient care.

Patient riders shall wear seatbelts when the vehicle is in gear and/or motion.

Section 5: Documentation

Document the patient rider's name and the reason(s) for allowing the rider in the Patient Care Report ("PCR").

If a parent, guardian or family member is denied the right to accompany a minor child, the reason(s) shall be thoroughly documented in the Patient Care Report ("PCR").

References

The Americans with Disabilities Act



Erie County Emergency Medical Services

Policy & Procedure

Policy: Reporting Abuse & Maltreatment

Policy Number: 23-10

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish procedures for reporting abuse, maltreatment and domestic violence.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees.

Section 3: Definitions

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Section 4: Patient, Adult & Elder Abuse/Maltreatment

Reporting Procedures

- Notify law enforcement if a suspected crime has occurred;
- Notify hospital staff of your concerns and your intent to report to Adult Protective Services;
- An oral report may be made to New York Adult Protective Service:
 - a) New York State Adult Protective Services Abuse hotline: 1(844) 697-3505;
 - b) Abuse reports to Adult Protective Services may be made Monday through Friday between 08:30am and 08:00pm.

- Document observations thoroughly and objectively on the Patient Care Report (“PCR”).

Section 5: Child Abuse/Maltreatment

Emergency Medical Technicians are Mandated Reporters and are required under New York State Social Services Law to report cases of suspected child abuse/maltreatment.

Reporting Procedures

- Notify law enforcement if a suspected crime has occurred;
- Notify hospital staff of your concerns and your intent to report. Notifying hospital staff is not sufficient to meet the obligation of reporting;
- Notify the Supervisor-on-Duty;
- An immediate oral report shall be made to:
 - a) New York State Child Abuse and Maltreatment Register hotline: 1 (800) 635-1522;
 - b) This hotline number is for mandated reporters only and should not be shared with the general public.
- All oral reports must be followed up with a written report within forty-eight (48) hours using Form DSS-2221-A, “Report of Suspected Child Abuse or Maltreatment”. (See attachment);
- If multiple Emergency Medical Technicians (“EMT”) are on scene from the same agency, it is only necessary for one EMT to complete the reporting process;
- Document observations thoroughly and objectively on the Patient Care Report (“PCR”);
- Erie County Emergency Medical Services shall retain a copy of the PCR and completed DSS-2221-A form.

Immunity from Liability

- Immunity from liability for reporting cases of suspected child abuse or maltreatment is provided to those individuals required to report such cases under § 419 of Social Services Law so long as the individual was acting in, “good faith”.

Failure to Report

- § 420 Of the Social Services Law states:
 - a) Any person, official or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.
 - b) Any person, official or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

LDSS-2221A Form

LDSS-2221A (Rev. 05/2020) FRONT NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT				REPORT DATE / / TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		CASE ID _____		CALL ID _____	
				LOCAL CASE # _____		LOCAL DIST/AGENCY _____			

SUBJECTS OF REPORT										
Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birthday or Age mo/day/yr	Race code	Ethnicity (Ck only if hispanic/latino)	Relation code	Role code	Lang code
1.							<input type="checkbox"/>			
2.							<input type="checkbox"/>			
3.							<input type="checkbox"/>			
4.							<input type="checkbox"/>			
5.							<input type="checkbox"/>			
6.							<input type="checkbox"/>			
7.							<input type="checkbox"/>			

☐ MORE

List addresses and telephone numbers (using line numbers from above)	(Area code) Telephone No. () -
	() -
	() -

BASIS OF SUSPICIONS		
Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".		
<input type="checkbox"/> DOA/fatality <input type="checkbox"/> Fractures <input type="checkbox"/> Internal injuries (e.g., subdural hematoma) <input type="checkbox"/> Lacerations/bruises/verru <input type="checkbox"/> Burns/scalding <input type="checkbox"/> Excessive corporal punishment <input type="checkbox"/> Child's drug/alcohol use <input type="checkbox"/> Sex Trafficking	<input type="checkbox"/> Poisoning/noxious substances <input type="checkbox"/> Choking/twisting/shaking <input type="checkbox"/> Lack of medical care <input type="checkbox"/> Malnutrition/failure to thrive <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Inadequate guardianship <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Swelling/dislocation/sprains <input type="checkbox"/> Educational neglect <input type="checkbox"/> Emotional neglect <input type="checkbox"/> Inadequate food/clothing/shelter <input type="checkbox"/> Lack of supervision <input type="checkbox"/> Abandonment <input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)
 MO _____
 DAY _____
 YR _____
 Time ☐ AM ☐ PM

☐ Additional sheet attached with more explanation.
 ☐ The Mandated Reporter Requests Finding of Investigation
 ☐ Yes ☐ No

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME	(Area Code) TELEPHONE No. () -	NAME	(Area Code) TELEPHONE No. () -		
ADDRESS		ADDRESS			
EMAIL ADDRESS		EMAIL ADDRESS			
AGENCY/INSTITUTION		AGENCY/INSTITUTION			

RELATIONSHIP						
Med. exam/coroner	Physician	Hosp. staff	Law enforcement	Neighbor	Relative	Instit. staff
Social services Public health Mental health School staff Other (specify) _____						

For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD X _____	(AREA CODE) TELEPHONE NO. () -
	Actions taken or About to be taken: <input type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization		<input type="checkbox"/> Removal/keeping <input type="checkbox"/> Returning home <input type="checkbox"/> Notify medical examiner/coroner <input type="checkbox"/> Notified DA	
	SIGNATURE OF PERSON MAKING THIS REPORT: X _____		TITLE _____	

DATE SUBMITTED mo day yr. / /
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TO ACCESS A COPY OF THE LDSS-2221A FORM: Via Internet: https://ocfs.ny.gov/main/documents/forms_keyword.asp OR

TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications, from the site above, fill it out and send to: **OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834.** If you have difficulty accessing this form from either site, you can call the **Forms Order Line at 518-473-0971.** Leave a detailed message including your name, address, city, state, the form number you need, the quantity and a phone number in case we need to contact you.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS (Choose One)		ROLE CODE (Choose One)	LANGUAGE CODE (Choose One)	
AA: Black or African-American AL: Alaskan Native AS: Asian NA: Native American PI: Native Hawaiian/Pacific Islander WH: White XX: Other UNK: Unknown	(Check Only If Hispanic/ Latino)	AU: Aunt/Uncle CH: Child GP: Grandparent FM: Other family member FP: Foster parent DC: Daycare provider	XX: Other PA: Parent PS: Parent substitute UH: Unrelated home member UK: Unknown	AB: Abused child MA: Maltreated child AS: Alleged subject (perpetrator) NO: No role UK: Unknown	CH: Chinese CR: Creole EN: English FR: French GR: German HI: Hindi HW: Hebrew IT: Italian JP: Japanese	KR: Korean MU: Multiple PL: Polish RS: Russian SI: Sign SP: Spanish VT: Vietnamese XX: Other
IAB REPORTS ONLY						
		AR: Administrator CW: Child care worker DO: Director/operator	IN: Instit. non-prof IP: Instit. pers/vol. PI: Psychiatric staff			

Abstract of Sections from Article 6, Title 6, Social Services Law

Section 412. Definitions

1. **Definition of Child Abuse,** (see also N.Y.S. Family Court Act Section 1012(e))

An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:

- 1) inflicts or allows to be inflicted upon the child serious physical injury, or
- 2) creates or allows to be created a substantial risk of physical injury, or
- 3) commits sexual abuse against the child or allows sexual abuse to be committed.

2. **Definition of Child Maltreatment,** (see also N.Y.S. Family Court Act, Section 1012(f))

A "maltreated child" is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

- 1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
- 2) in providing the child with proper supervision or guardianship; or
- 3) by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
- 4) by misusing a drug or drugs; or
- 5) by misusing alcoholic beverages to the extent that he loses self-control of his actions; or
- 6) by any other acts of a similarly serious nature requiring the aid of the Family Court; or
- 7) by abandoning the child.

Section 415. Reporting Procedure. Reports of suspected child abuse or maltreatment shall be made immediately by telephone and in writing within 48 hours after such oral report.

Submit the written paper copy of the LDSS-2221A form originally signed to: the Local County Department of Social Services (LDSS) where the abused/maltreated child resides.

To locate your Local Department of Social Services, visit this site <https://ocfs.state.ny.us/main/localdss.asp>.

Residential institutional abuse reports: Call 1-855-373-2122 or go online to: <https://www.justicecenter.ny.gov/>

**NYS CHILD ABUSE AND MALTREATMENT REGISTER: 1-800-635-1522 (FOR MANDATED REPORTERS ONLY)
1-800-342-3720 (FOR PUBLIC CALLERS)**

Section 419. Immunity from Liability. Pursuant to section 419 of the Social Services Law, any person, official, or institution participating in good faith in the making of a report of suspected child abuse or maltreatment, the taking of photographs, or the removal or keeping of a child pursuant to the relevant provisions of the Social Services Law shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official, or institution required to report cases of child abuse or maltreatment shall be presumed, provided such person, official or institution was acting in discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.

Section 420. Penalties for Failure to Report.

1. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.
2. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

STAPLE TO LDSS-2221A (IF NEEDED)

**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE / /	CASE ID	CALL ID
TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING

THIS REPORT: _____

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.	(If known, give time/date of alleged incident)
	MO DAY YR Time : <input type="checkbox"/> AM <input type="checkbox"/> PM

Section 6: Domestic Violence

Reporting Procedure

- Notify law enforcement if a suspected crime has occurred;
- Notify hospital staff of your concerns;
- Emergency Medical Services providers may attempt to provide the patient with domestic violence assistance resources:
 - a) New York State Domestic & Sexual Violence hotline: 1(800) 942-6906;
 - b) New York State Domestic & Sexual Violence text line: 1(844) 997-2121;
 - c) National Domestic Violence hotline: 1(800) 787-7233;
 - d) National Domestic Violence TTY: 1(800) 787-3224.
- Document observations thoroughly and objectively on the Patient Care Report ("PCR").

References

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 02-01 Requirement to report instances of suspected child abuse or maltreatment

New York State Basic Life Support ("BLS") Adult and Pediatric Protocols

New York State Collaborative Advanced Life Support ("ALS") Adult and Pediatric Patient Care Protocols

New York State Office for the Prevention of Domestic Violence



Erie County Emergency Medical Services

Policy & Procedure

Policy: Reportable Incidents

Policy Number: 23-11

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To outline reportable incidents as defined by the New York State Department of Health ("NYSDOH") 10 NYCRR of Part 800 – Emergency Medical Services.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services employees.

Section 3: Reportable Incidents

The following incidents shall be immediately reported to a supervisor:

- A patient dies, is injured or otherwise harmed due to actions of commission or omission by a member of Erie County Emergency Medical Services;
- An Emergency Medical Services response vehicle operated by the service is involved in a motor vehicle crash in which a patient, member of the crew or other person is killed or injured to the extent requiring hospitalization or care by a physician;
- Any member of the ambulance service is killed or injured to the extent requiring hospitalization or care by a physician while on duty;
- Patient care equipment fails while in use, causing patient harm;
- It is alleged that any member of the ambulance service has responded to an incident or treated a patient while under the influence of alcohol or drugs while on duty.

Section 4: Notifications

Erie County Emergency Medical Services shall notify the NYSDOH by telephone no later than the following business day and in writing within five (5) business days of the incident.

The Director of Ambulance Services and/or delegate shall notify and forward all incident documentation to Erie County's Director of Risk and Insurances Services Department.

Section 5: Records

Erie County Emergency Medical Services shall maintain a record of all unexpected authorized Emergency Medical Services response vehicle failures and patient care equipment failures that could have resulted in harm to a patient and the corrective action taken. A copy of this record shall be submitted to the NYSDOH with the Agency's biennial recertification application.

References

New York State Department of Health 10 NYCCR of Part 800 – Emergency Medical Services



Erie County Emergency Medical Services

Policy & Procedure

Policy: Patient Cannot Be Located

Policy Number: 23-12

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish procedures for when a patient cannot be located.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy for when a patient cannot be located.

Section 2: Scope

This policy applies to all authorized Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Section 4: Policy

The following procedures shall apply if a patient cannot be located:

- Dispatch Notification:
 - a) Update dispatch that the patient cannot be located;
 - b) Verify the address;
 - c) Try a call back number.

- Perform a reasonable search of the area and/or residence. Consider forcible entry if access cannot be gained into a structure;
- Consider questioning any bystanders or neighbors that may have been on scene;
- If no patient can be found, update dispatch that no patient has been found and return to service;
- Document pertinent facts of the situation in the Patient Care Report (“PCR”).

References

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures



Erie County Emergency Medical Services

Policy & Procedure

Policy: Forcible Entry

Policy Number: 23-13

Effective Date:

08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish procedures for the use of forcible entry.

Erie County Emergency Medical Services responders may be faced with a situation where the ambulance has been called to a residence and no one appears to be present in the home or the patient is believed to be alone and is medically unable to unlock a door or verbally respond. In those situations, Erie County Emergency Medical Services responders may consider using forcible entry into the structure.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy when entry cannot be gained to the scene of an incident.

Section 2: Scope

This policy applies to all authorized Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Forcible Entry means entering a structure by using force to open a door or window.

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Section 4: Policy

Forcible Entry procedures shall include the following:

- If there is no answer at the residence, contact dispatch to verify the address and to have dispatch try a call back number;
- If the call back number is ineffective, determine if there is a key holder that is able to respond to the incident (i.e. neighbor, family member, etc.);
- If there is no available key holder, Erie County Emergency Medical Services personnel shall, without endangering themselves, try to open all doors and windows;
- If there are no unlocked openings to the structure and an emergency situation exists, or available information suggests that an emergency situation exists, Erie County Emergency Medical Services personnel shall consider using forcible entry into the structure.
- If forcible entry is necessary, Erie County Emergency Medical Services personnel shall:
 - a) Request and wait for law enforcement before entering the structure, unless an immediate life threat has been determined;
 - b) Request the fire department as needed;
 - c) Notify the Supervisor-on-Duty;
 - d) Use extreme caution for personal safety and wear protective clothing for all forcible entry efforts (i.e. breaking windows, etc);
 - e) Make every attempt to minimize damage to the structure. However, reasonable efforts to gain access should be made regardless of damage estimations;
 - f) Loudly and consistently announce “Paramedics” or “EMS” prior to entry and before turning any corner while in the residence (It is preferred that law enforcement make entry first);
 - g) If a patient cannot be located, visually inspect each room of the residence;
 - h) Document pertinent facts of the situation in the Patient Care Report (“PCR”).
- Unsecured structures shall be turned over to law enforcement.

References

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures



Erie County Emergency Medical Services

Policy & Procedure

Policy: Refusal of Medical Attention

Policy Number: 23-14

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for situations where patients refuse medical treatment and/or transportation.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy concerning patient refusals.

Section 2: Scope

This policy applies to all authorized Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Guardian means is a person who has been court appointed to care for another person, and make decisions on their behalf.

Emancipated Minor means a person who is under eighteen (18) years of age but who has been married, has entered military service, has a child or is pregnant or has been previously declared by a court or an administrative agency to be emancipated.

Implied Consent means that a reasonable and medically capable adult would allow appropriate medical treatment and/or transport under similar conditions.

Medical Control means a physician that provides instruction via radio or telephone to an Emergency Medical Services provider.

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Section 4: Criteria for Refusal

A patient may give consent or refuse medical treatment and/or transportation if they meet the following criteria:

- Any person who is eighteen (18) years of age or older, or is an emancipated minor, or is the parent or guardian of a child;
- The patient is alert and oriented with person, place, time and event;
- The patient is not intoxicated (drugs or alcohol), and appears to possess the capacity to make informed decisions;
- The patient, parent or guardian understands the risks involved and the consequences of refusal of treatment and/or transportation;
- The patient is not a danger to themselves or others;
- The patient does not have abnormal vital signs.

Section 5: Informed Refusal

Emergency Medical Services providers have the responsibility to provide informed consent for refusal. The following shall apply for informed consent:

- The risk of refusal of evaluation, stabilization and transport should be described to the patient;
- The patient, parent or guardian shall be informed that Emergency Medical Services personnel lack the diagnostic tools present in an Emergency Department, and may be unable to fully access the illness/injury and may be unable to determine the potential risks to the patient;
- Providers should educate the patient, parent or guardian to call back or go to the Emergency Room immediately if the illness/injury worsens or changes;
- Advise patient, parent or guardian to contact the patient's primary care physician.

Section 6: Implied Consent

A patient, who is evaluated and found to have any one of the following conditions shall be considered incapable of making medical decisions regarding care and/or transport and should be transported to the closest appropriate medical facility under implied consent:

- Altered mental status from any cause;
- Age less than eighteen (18) unless an emancipated minor or with legal guardian consent;
- Attempted suicide, danger to self or other, or verbalizing suicidal intent;
- Acting in an irrational manner, to the extent that a reasonable person would believe that the capacity to make medical decisions is impaired;
- Unable to verbalize (or otherwise adequately demonstrate) an understanding of the illness and/or risks of refusing care;
- Unable to verbalize (or otherwise adequately demonstrate) rational reasons for refusing care despite the risks;
- No legal guardian available (in person or by telephone) to determine transport decisions.

Section 7: Medical Control

Medical Control shall be contacted in the following situations:

- The patient does not appear to possess the capacity to make informed decisions;
- The patient is a danger to themselves and/or others;
- The patient appears to be intoxicated with drugs or alcohol;
- The patient has sustained a head injury or a loss of consciousness;
- The patient has signs and/or symptoms that require or required Advanced Life Support ("ALS") care (i.e. hypoglycemia);
- The patient is under eighteen (18) years of age and there is no legal parent or guardian;
- The patient may have been the victim of abuse, neglect, or an unsafe home environment;
- Inability to ambulate or care for self at home;

- The patient has abnormal vital signs.

Section 8: Law Enforcement Involvement

- If the patient does not appear to possess capacity to make an informed decision and is a danger to him/herself or others, the patient shall be transported.
- Police should be called to assist if the patient resists transport.

Section 9: Documentation

- The patient, parent or guardian should sign a Refusal or Evaluation, Treatment & Transport Form.
- If the patient, parent or guardian refuses to sign the refusal form, document any witnesses on scene (i.e. family member, law enforcement officer, or bystander).
- A Patient Care Report ("PCR") shall be completed and include the following:
 - a) Vital signs and a physical examination, including general appearance and mental status;
 - b) Any treatment given and the patient's response to that treatment;
 - c) Specifically what the patient is refusing;
 - d) If police were contacted, agency, time, badge number (as appropriate);
 - e) Components of informed refusal including risks of refusal and how the patient indicated understanding the risks;
 - f) The risk of refusal of evaluation/stabilization/transport should be described to the patient.

References

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 99-09 - Patient Care and Consent for Minors

New York State Collaborative Advanced Life Support ("ALS") Adult and Pediatric Patient Care
Protocols

Western Regional Emergency Medical Advisory Committee Policy 1907-1 Refusal or Evaluation,
Treatment, & Transport



Erie County Emergency Medical Services

Policy & Procedure

Policy: Out of Area Transports

Policy Number: 23-15

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish procedures for **OUT OF AREA** transports.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy for when a patient seeks transport outside of the area in which the service ordinarily transports.

Section 2: Scope

This policy applies to all authorized Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Medical Control means a physician that provides instruction via radio or telephone to an Emergency Medical Services provider.

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Section 4: Policy

Patient transport destinations shall be determined in accordance with the guidance provided by the Western Regional Medical Advisory Committee - Policy # 2018-2 Destination Determinations.

Erie County Emergency Medical Services shall consider hospitals located in the following counties as an **IN AREA** transport:

- Erie County;
- Niagara County;
- Wyoming County;
- Cattaraugus County;
- Chautauqua County;

Consult with the Supervisor-on-Duty and Medical Control for patients that seek transport to an **OUT OF AREA** hospital (i.e. Strong Memorial Hospital, Rochester General Hospital).

*****Exception: Transports to Strong Memorial Hospital for a Left Ventricular Assist Device ("LVAD") problem.***

If an **OUT OF AREA** transport is necessary, document the reason for the transport in the Patient Care Report ("PCR").

References

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures

Western Regional Emergency Medical Advisory Committee Policy 2018-2 Destination Determinations



Erie County Emergency Medical Services

Policy & Procedure

Policy: Hospital Diversion Requests

Policy Number: 23-16

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for hospital diversion requests.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy concerning hospital diversion requests.

Section 2: Scope

This policy applies to all authorized Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Hospital Diversion means a temporary status for a health care facility, where its administration informs Emergency Medical Services ("EMS") that a hospital is full or has exceeded patient load capacity.

Divert means to redirect or change course.

Medical Control means a physician that provides instruction via radio or telephone to an Emergency Medical Services provider.

Section 4: Hospital Diversion Requests

A hospital may notify Erie County Emergency Medical Services of a temporary inability to provide care and request that ambulances divert patients to an alternate hospital facility. The following shall apply for hospital diversion requests:

- A request to divert to another facility may be honored by Erie County Emergency Medical Services providers if the patient is stable, the patient has consented to the alternative transport facility and the EMS system allows (i.e. mass casualty incident, inclement weather, natural disaster, etc);
- If the patient's condition is unstable and the hospital requesting diversion is the closest appropriate hospital, Erie County Emergency Medical Services providers should notify the hospital of the patient's condition and advise the hospital to expect the patient's arrival;
- If the patient demands transport to a facility on diversion, Erie County Medical Services providers should notify the hospital of the patient's demand and advise the hospital to expect the patient's arrival;
- This policy refers specifically to hospital diversion requests. Medical Control should be contacted for questions regarding protocol, appropriate patient transport destinations and/or uncertain situations.

References

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 06-01 Emergency Patient Destinations and Hospital Diversion



Erie County Emergency Medical Services

Policy & Procedure

Policy: Care of Minors

Policy Number: 23-17

Effective Date:

08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for the treatment, transport and care of minors.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy concerning the treatment, transport and care of minors.

Section 2: Scope

This policy applies to all authorized Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Guardian means is a person who has been court appointed to care for another person, and make decisions on their behalf.

Minor in New York State, is defined as a person who is under eighteen (18) year of age.

Emancipated Minor means a person who is under eighteen (18) years of age but who has been married, has entered military service, has a child or is pregnant or has been previously declared by a court or an administrative agency to be emancipated.

Informed Consent means permission granted in the knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits.

Implied Consent means that a reasonable and medically capable adult, parent or guardian would allow appropriate medical treatment and/or transport under similar conditions.

Medical Control means a physician that provides instruction via radio or telephone to an Emergency Medical Services provider.

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Section 4: Consent to Treatment/Transportation

- An individual who is legally a minor cannot give effective legal/informed consent to treatment and transportation.
- Patient's under eighteen (18) year of age must have consent provided by a parent or guardian unless consent is implied or a potential life threat exists. Life threatening conditions shall be treated and transported without delay.
- Erie County Emergency Medical Services providers shall attempt to contact a parent or guardian for consent (i.e. in person or by telephone). If providers are unable to make contact with a parent or guardian, consent shall be considered implied and point of destination Medical Control should be contacted.
- Emancipated minors may give effective legal/informed consent to treatment and transportation.
- Consent is implied for the following:
 - a) A potential life threatening condition or emergency exists;
 - b) No legal guardian available (in person or by telephone) to determine a treatment/transport decision;
 - c) A minor patient is in custody of law enforcement or Child Protective Services.
- Any parent, guardian or other family member requesting to accompany a minor child in the ambulance shall be allowed to do so, unless determined it will hinder patient care (i.e. parent is uncontrollably upset). If a parent, guardian or family member is denied the right to accompany a child, the reason(s) shall be thoroughly documented in the Patient Care Report ("PCR").
- Medical Control may be contacted for uncertain situations.

Section 5: Consent to Refusal of Treatment

- An individual who is legally a minor cannot give effective legal/informed consent to treatment and therefore, cannot legally refuse treatment.
- Patients under eighteen (18) years of age must have consent or refusal of treatment provided by a parent or guardian.
- Emancipated minors may give effective legal/informed consent to refuse medical attention.
- Medical Control may be contacted for uncertain situations.

References

New York State Department of Health 10 NYCCR Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 99-09 - Patient Care and Consent of Minors

New York State Basic Life Support (“BLS”) Adult and Pediatric Protocols

New York State Collaborative Advanced Life Support (“ALS”) Adult and Pediatric Patient Care
Protocols

Western Regional Emergency Medical Advisory Committee Policy 1907-1 Refusal or Evaluation,
Treatment, & Transport



Erie County Emergency Medical Services

Policy & Procedure

Policy: Care of Patients with Psychiatric Problems

Policy Number: 23-18

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for the treatment and transportation of patients with psychiatric problems.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy for treating and transporting patients with psychiatric problems.

Section 2: Scope

This policy applies to all authorized Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Psychiatric Problem shall be defined as a patient experiencing emotional or behavioral distress that poses a danger to themselves and/or others.

Soft Restraint means towels, triangular bandages, or commercial medical restraints.

Medical Control means a physician that provides instruction via radio or telephone to an Emergency Medical Services provider.

Patient Care Report means a document used to summarize the facts and events of an Emergency Medical Services incident and includes, type of emergency, response information, patient demographics, patient history and treatments provided.

Section 4: Scene Assessment

The following procedures shall apply if confronted with a patient presenting with a psychiatric problem:

- Asses the scene for safety. If the scene is determined to be unsafe, retreat to a safe location;
- Update dispatch and request law enforcement to the scene for assistance;
- If the scene is not safe, wait for law enforcement to secure the scene before encountering the patient;
- Once patient contact has been made, perform an assessment and consider medical causes for the abnormal behavior (i.e. hypoglycemia, hypoxia, hypoperfusion, excited delirium);
- Consider the possibility of a behavioral/developmental disability such as autism spectrum disorder or mental health conditions;
- Utilize verbal de-escalation techniques (interpersonal communication skills):
 - a) Remain empathetic;
 - b) Actively listen;
 - c) Maintain a safe, physical distance;
 - d) Be mindful of non-verbal communication;
 - e) Do not rush the individual in crisis.
- If verbal de-escalation is not successful or not possible, consider the use of soft restraints.

Section 5: Soft Restraint Use

Soft Restraint Use Criteria

- Patients who demonstrate potentially violent behavior, regardless of underlying etiology.
- Patients who present a danger to emergency responders, the public and/or themselves.
- Restraint in behavioral emergencies is only to be utilized for situations in which environmental modification and verbal de-escalation is not successful or not possible.
- Restraints Use May Be Ordered By:



Erie County Emergency Medical Services

Policy & Procedure

Policy: Unattended Death

Policy Number: 23-19

Effective Date: 08/18/2023

Approved By: Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Section 1: Purpose

To establish guidelines for Erie County Emergency Medical Services providers confronted with an unattended death.

New York State Department of Health 10 NYCRR of Part 800 – Emergency Medical Services, requires that every New York State ambulance or Advanced Life Support First Response service have and enforce a written policy for Emergency Medical Services providers confronted with an unattended obvious death.

Section 2: Scope

This policy applies to all Erie County Emergency Medical Services certified care providers.

Section 3: Definitions

Medical Control means a physician that provides instruction via radio or telephone to an Emergency Medical Services provider.

Section 5: Policy

Once death has been determined in accordance with the New York State Basic Life Support ("BLS") or Advanced Life Support ("ALS") Adult and Pediatric and Patient Care Protocols, the following shall apply if confronted with an unattended death:

On Scene

- Update dispatch and request law enforcement to the scene.

- Remain on scene with the deceased until law enforcement arrives on location. Erie County Emergency Medical Services providers shall cooperate with law enforcement agencies investigating the scene.
- If cardiac arrest resuscitation efforts have been terminated, do not remove endotracheal tubes, airway management devices or intravenous (“IV”)/intraosseous (“IO”) tubing.
- The patient may be covered and, if allowed by law enforcement, may be moved to an adjacent private location (i.e. moved back onto a bed or sofa). If there is any concern for suspicious activity or that a crime has occurred, the patient should not be disturbed.
- Law enforcement will be responsible for notifying the Coroner’s Office.
- Medical Control may be contacted for uncertain situations.

During Transport

- If cardiac arrest care is initiated at any point during transport, Erie County Emergency Medical Services providers shall continue care until reaching the receiving hospital.

References

New York State Department of Health 10 NYCCR of Part 800 – Emergency Medical Services

New York State Department of Health Bureau of Emergency Medical Services & Trauma Systems
Policy Statement 95-09 Developing EMS Agency Policies and Procedures

New York State Collaborative Advanced Life Support (“ALS”) Adult and Pediatric Patient Care
Protocols

New York State Basic Life Support (“BLS”) Adult and Pediatric Protocols

Erie County Emergency Medical Services



Exposure Control Plan 23-20

Karyn Krytus, Director of Ambulance Services; Gregory Gill, Deputy Commissioner of Health and Emergency Medical Services

Effective Date: 08/18/2023

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Section 1: Purpose

To provide a safe work environment for all Erie County Emergency Medical Services employees, patients and others by limiting exposure to infectious disease.

The Occupational Safety and Health Administrations ("OSHA") standard 29 *CFR* 1910.1030, "Bloodborne Pathogens", enacted the following exposure control plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Section 2: Scope

All Erie County Emergency Medical Services personnel shall follow the exposure requirements and reporting obligations as outlined in the Erie County Emergency Medical Services Exposure Control Plan.

Section 3: Definitions

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic micororganisms that are present in human blood and can cause disease in humans. These pathogens include, but not limited to, hepatitis B virus ("HBV") and human immunodeficiency virus ("HIV").

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Sharps with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Section 4: Exposure Determination

Erie County Emergency Medical Services has determined that all employees who work in the following job classification are at risk of occupational exposure to bloodborne pathogens or other potentially infectious materials ("OPIM").

- Paramedic
- EMT – Critical Care
- Advanced Emergency Medical Technician
- Emergency Medical Technician Basic

Section 5: Exposure Control Plan

Erie County Emergency Medical Services Exposure Control Plan shall include the following:

- Methods to determine and assess employee exposure to bloodborne pathogens;
- Exposure control methods of compliance:
 1. Universal precautions;
 2. Engineering Controls & Work Practices;
 3. Personal protective equipment;
 4. Housekeeping;
- Hepatitis B Vaccination;
- Post-exposure evaluation;
- Training and Recordkeeping;
- Procedures for evaluating circumstances surrounding exposure incidents.

Section 6: Methods of Compliance

Universal Precautions

- All Erie County Emergency Medical Services employees shall utilize universal precautions

Engineering Controls and Work Practices

- Engineering controls and work practices controls shall be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used by Erie County Emergency Medical Services are listed below:
 - a) Luer lock needle-less injection systems;
 - b) Sharps with engineered sharps injury protections;
 - c) Protective self-sheathing intravenous ("IV") catheters;
 - d) Puncture resistant sharps containers;
 - e) Training on proper handling of sharps.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is likelihood of occupational exposure.
- Erie County Emergency Medical Services shall annually review its engineering controls and work practices to identify the need for changes or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure. The review and update shall also:
 - a) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
 - b) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Personal Protective Equipment (“PPE”)

- Erie County Emergency Medical Services provides PPE to each employee at no cost to the employee.
- The types of PPE available to the employees are:
 - a) Gloves (hypoallergenic and powderless);
 - b) Eye protection;
 - c) Gowns;
 - d) N95 masks;
 - e) Surgical masks;
 - f) Goggles;
 - g) Ear plugs.
- PPE is located on each Erie County Emergency Medical Services vehicle and headquarters located at 500 Commerce Dr Amherst NY, 14226.
- Erie County Emergency Medical Services employees who use PPE shall observe the following precautions:
 - a) Wear gloves anytime there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces;
 - b) Replace gloves if contaminated, torn or punctured;
 - c) Remove PPE after it becomes contaminated. Garments and gowns shall be removed in such a way that avoids contact with the outer surface. Contaminated PPE shall be disposed of in a red biohazard bag or an approved biohazardous waste receptacle;
 - d) Wash hands after removing gloves or other PPE. If hand washing is unavailable, use antimicrobial hand rinse after removing gloves or other PPE;
 - e) Never wash or decontaminate disposable gloves for reuse.

Housekeeping

- Decontaminate work surfaces with an appropriate disinfectant after completion procedures, immediately when overtly contaminated or after any spill of blood or other OPIM.

- Regular waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.
- Contaminated sharps shall be discarded immediately or as soon as possible after use. Contaminated sharps shall be placed in sharps containers that is closable, puncture-resistant, leak proof on the sides and bottom and appropriately labeled or color-coded.
- Sharps containers shall be inspected and maintained or replaced by field staff when necessary to prevent overfilling. Full or used sharps containers shall be sealed and placed in the designated arear so that they may be disposed of. Stericycle, by contract, shall collected the sharps disposal containers every two (2) weeks.
- Contaminated bed pans, urinals and emesis basins shall be disposed of as soon as possible after use.
- Broken glassware that may be contaminated shall only be picked up using mechanical means, such as a brush and dustpan. Never pick up with hands even if gloves are worn.

Laundry

- Erie County Emergency Medical Services shall launder contaminated uniforms, boots, sheets, blankets, pillow cases and towels.
- Laundering shall take place at headquarters located at 500 Commerce Dr Amherst NY, 14226.
- If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
- The following requirements shall be met while handling contaminated laundry:
 - a) Handle contaminated laundry as little as possible;
 - b) Place contaminated laundry in a leak-proof, labeled or color-coded bag or container prior to transport (i.e. biohazardous red bag);
 - c) Wear appropriate PPE when handling contaminated laundry.

Labels

- The following labeling methods shall be used at Erie County Emergency Medical Services:

Labeled Equipment

Contaminated laundry
Sharps containers
Any blood or OPIM

Label Type

Red bags with bio-hazard label
Red biohazard/sharps label
Red bags with bio-hazard label

Section 7: Hepatitis B Vaccination

Erie County Emergency Medical Services shall provide training to employees on hepatitis B vaccination. The training shall address safety, benefits, efficiency, methods of administration and availability of the hepatitis vaccination.

The hepatitis B vaccination series is available, at no cost, to all employees identified in the exposure determination section of this plan. The hepatitis B vaccination shall be made available after the employee has received the training required and within 10 working days of initial assignment.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series;
- Antibody testing reveals that the employee is immune;
- Medical evaluation shows that vaccination is contraindicated.

Vaccination shall be provided by:

Jesse E. Nash Health Center operated by Erie
County Department of Health
608 William St
Buffalo, NY 14206

Section 8: Tuberculosis PPD Testing

Tuberculosis ("TB") is caused by a bacteria that primarily attacks the lungs. TB is spread through the air from one person to another. TB bacteria are put into the air when a person with active TB coughs, sneezes, or speaks. People nearby can breathe in this bacteria and become infected. TB can be fatal without proper treatment.

TB screening is required for all Erie County Emergency Medical Services employees and shall be performed with an approved test. A purified protein derivative (PPD) skin test is the method of choice for TB screening. TB screening shall be conducted upon hire and on an annual basis.

TB screening will be provided by:

Jesse E. Nash Health Center operated by Erie
County Department of Health
608 William St
Buffalo, NY 14206

Section 9: Post Exposure Evaluation & Follow Up

In the event of an exposure incident, the exposed employee shall immediately contact the Supervisor-on-Duty. If there is no Supervisor-on-Duty, the exposed employee shall contact the Director of Ambulance Services.

An immediate confidential medical evaluation and follow-up will be conducted at the exposed employee's hospital of choice.

After initial first aid has been rendered (would cleaning, eye flushing or mucous membrane irrigation), the following actions shall be taken:

- Document the route of exposure and how the exposure occurred.
- Identify and document the source individual, unless Erie County Emergency Medical Services can establish that identification is infeasible or prohibited by state or local law.
- Obtain consent and make arrangements to have the source individual tested to determine HIV, hepatitis C and hepatitis B infectivity. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. If the source individual is already known to be HIV, hepatitis C and/or hepatitis B positive, new testing need not be performed.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested,

such testing shall be done as soon as feasible.

Section 10: Information Provided to the Healthcare Professional

The Erie County Emergency Medical Services shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

The Erie County Emergency Medical Services shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided with the following information:

- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- If available, results of the source individual's blood testing;
- Relevant employee medical records, including vaccination status.

Erie County Emergency Medical Services shall, within fifteen (15) days of evaluation, provide to the exposed employee a copy of the evaluating health care professional's written opinion.

Section 11: Exposure Incident Evaluation

Erie County Shall review the circumstances of all exposure incidents to determine:

- The engineering controls in use at the time;
- If work practices were followed;
- A description of the device being used;
- Protective equipment or clothing that was used at the time of the exposure;
- Location of the incident;
- Procedure performed at the time of the incident;
- Employee training.

Erie County shall record all percutaneous injuries which result from contaminated sharps in a *Sharps Injury Log*.

If revisions to the Exposure Control Plan are necessary, Erie County shall ensure that the appropriate changes are made.

Section 12: Training

Erie County Emergency Medical Services shall provide, at no cost, initial and annual training to all employees identified in the exposure determination section of this plan.

The training program shall cover the following elements:

- A copy and explanation of the standard;
- A copy and explanation of Erie County Emergency Medical Services Exposure Control Plan;
- Methods to recognize exposure tasks and other activities that may involve exposure to blood and OPIM;
- Modes of transmission;
- Use and limitations of Engineering Controls, Work Practices and PPE;
- An explanation of the basis for PPE selection;
- An explanation of the types, uses, locations, removal, handling, decontamination and disposal of PPE;
- Information on the hepatitis B vaccination, including information on its effectiveness, safety, benefits and method of administration;
- Procedures and persons to contact for blood and OPIM emergencies;
- Post-exposure evaluation and follow-up procedures;
- An explanation of the signs, labels and/or color-coding;
- An opportunity for interactive questions and answers with the person conducting the training session.

Recordkeeping

- Training records shall be completed for each employee. Erie County Emergency Medical Services shall keep training records for at least three (3) years.
- The training records shall include:
 - a) The dates of the training sessions;