



1.800.346.2368 OR 601.924.7744
 601.924.7325 FAX
 NAEMT.ORG

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Mark Hagemann
 Director, Office of Safety Systems, Directorate of Standards and Guidance
 Occupational Safety and Health Administration
 U.S. Department of Labor
 Washington, DC

Dear Director Hagemann –

The National Association of Emergency Medical Technicians (NAEMT) and its 90k EMS professional members appreciated the opportunity to publicly testify before OSHA about its proposed emergency response rule. We offer our post-hearing comments for the official record in response to OSHA’s request for an achievable timeline of possible standards to be met by suppliers of emergency medical services.

The table below offers NAEMT’s best effort to collaborate with OSHA on its proposed emergency response rule and also align with all potentially impacted EMS suppliers’ capacity to achieve and afford a legally binding mandate upon an under-resourced and funded community service.

NOTE: The proposed standards, where NAEMT has requested a modification of language or not included, have been identified as either an unfunded mandate; erroneous correlation between fire and EMS operations, training and challenges; incurrence of additional legal liability and burdensome prudence, an unrealistic timeline for implementation without regard for government budget cycles, or a discriminatory administrative burden upon an EMS delivery model, particularly the rural and volunteer services. For example, Fire Officer Training (I, II, and III) is not relevant to the operations or patient care executed by EMTs and paramedics. Fire Officer Training should not be mandated for the aspiring EMS manager. The EMS industry should determine the proper EMS management and leadership training.

Timeline	Requirement
12 months	<ul style="list-style-type: none"> • Team member and responder participation • Reporting safety & health concerns • MODIFY: Pre-Incident Planning to Hazard Vulnerability Incident Plan for On Scene Response • Incident Management System • Emergency Incident Operations • Set requirements for Post-Incident Analysis
36 months	<ul style="list-style-type: none"> • Train and provide PPE and other equipment to responders. • PPE hazard assessment • Ensure use of PPE • Ensure care & decon of PPE • Remove damaged/defective PPE from service Separate contaminated PPE • Development of ESO Risk Management Plans <p>NOTE: EMS follows plans set forth by the Authority Having Jurisdiction (AHJ)</p> <ul style="list-style-type: none"> • Standard Operating Procedures

	<ul style="list-style-type: none"> • Responder approved PPE must meet standards. • Provide properly fitting PPE and ensure proper use.
48 months	<ul style="list-style-type: none"> • Develop initial and follow-up training requirements. • Establish requirements for vehicle safety. • Inspection/removal from service, driver training, crew safety.
60 months	<ul style="list-style-type: none"> • MODIFY: Require detailed training requirements on NFPA standards <i>deemed necessary by AHJ.</i>
84 months	<ul style="list-style-type: none"> • Develop medical evaluation program and additional screening. • Develop medical surveillance for exposure to combustion products. • Develop process to evaluate personnel for fitness for duty annually. • MODIFY: Develop health & fitness programs to Provide health & fitness resources. • Establish minimum medical requirements and maintain medical records. • MODIFY: <i>Provide behavioral health and wellness resources</i>
120 months	<ul style="list-style-type: none"> • Come into compliance with facility requirements • Program Evaluation. • Evaluate ERP.

NAEMT commends OSHA for its efforts to update OSHA Rule 1910.156. Occupational safety and health must be an essential focus for public safety officers and emergency medical services clinicians. National EMS stakeholders and its partners have placed over a decade long concerted focus on workforce safety and wellness.

In collaboration with the EMS profession, NAEMT recommends that OSHA better understand the underlying issues specifically within EMS occupational safety and health rather than prematurely enact a proposed rule with potentially detrimental, crippling effects across EMS in the United States. We kindly ask that OSHA collaborate with **ALL** EMS stakeholders (not just public services), integrate the National Data Collection System through expansion and promotion of NEISS-Work, and establish an EMS occupational safety and health pilot program to capture best practices and lessons learned, and identify operational and economic challenges across a diverse subset of EMS agency delivery models before enacting any federal rule. Please see NAEMT's official written comment for further examples on how best to accomplish these collaborative efforts.

NAEMT appreciates your consideration and integration of our post-hearing comments. Please feel free to contact me to address any further questions, concerns or to discuss opportunities for further collaboration on EMS occupational safety and health.

Very Respectfully,



Christopher E. Way
NAEMT President