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Sequence Number: 08-10-09
Rule ID(s): 4243
File Date: 08/07/2009
Effective Date: 11/05/2009

Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. TCA Section 4-5-205

Agency/Board/Commission:	Tennessee Department of Health
Division:	Division of Emergency Medical Services
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Revision Type (check all that apply):

- Amendment
 New
 Repeal

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables. Please enter only ONE Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1200-12-01	General Rules
Rule Number	Rule Title
1200-12-01-.01	Sanitation of Ambulance
1200-12-01-.02	Ambulance Safety, Design and Construction Standards
1200-12-01-.03	Emergency Medical Services Equipment and Supplies

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rulemaking Hearing Rules
of the
Tennessee Department of Health
Bureau of Health Licensure and Regulation
Division of Emergency Medical Services

Chapter 1200-12-1
General Rules

Amendments of Rules

Rule 1200-12-1-.01 Sanitation of Ambulance is amended by deleting the rule in its entirety and substituting instead the following language, so that, as amended, the new rule shall read:

- (1) All ambulances operating pursuant to the provisions of T.C.A. Chapter 140 of Title 68, must meet the following standards. For the purpose of this regulation, the word "sanitary" shall mean the absence of dirt, dust, stains, odors, rodents, vermin, or foreign substances.
- (2) Patient Compartment
 - (a) Floor must be sanitary.
 - (b) Cabinets or storage areas must be sanitary.
 - (c) All material covering seats, and in headliner must be sanitary.
 - (d) All equipment in patient compartment must be clean and in workable condition.
 - (e) Windows must be clean, unbroken, and in workable condition.
 - (f) All doors leading into passenger compartment must open properly, close tightly with all handles working.
 - (g) Compartment must be watertight and free of drafts.
 - (h) All equipment must be contained in such a manner as to be sanitary at all times.
 - (i) Oxygen if present, must be medical grade and cylinder contain at all times at least 500 PSI.
- (3) Drivers Compartment
 - (a) Must be sanitary.
 - (b) All doors must open properly and close tightly with all handles working.
 - (c) Windows and windshield must be clean and free of cracks.
 - (d) Rear view mirror must be free of cracks.
 - (e) Seat belts must be in place and in usable condition.
 - (f) Compartment must be watertight and free of drafts.

Authority: T.C.A. §§ 68-140-501, 68-140-504, and 68-140-507.

Rule 1200-12-1-.02 Ambulance Safety, Design and Construction Standards is amended by deleting the rule in its entirety and substituting instead the following language, so that, as amended, the rule shall read:

- (1) All ambulances operating pursuant to the provisions of Chapter 140 of Title 68, Tennessee Code Annotated, must meet the following standards.
 - (a) All lights must function properly and in accordance with applicable federal and state motor vehicle laws and regulations pursuant to T.C.A. § 55-9-402.
 - (b) All emergency lights must function in the way in which they were designed to function.
 - (c) Emergency audible warning devices must function in the way in which they were designed to function.
 - (d) Body must be free of dents and rust.
 - (e) Tires must have at least four thirty-seconds inch (4/32") tread.
 - (f) Braking system must function properly and safely.
 - (g) Steering system must function properly.
 - (h) All safety devices must function properly.
 - (i) All equipment in the patient compartment must be adequately secured.
 - (j) Oxygen tanks must bear a current static pressure date.
 - (k) Exhaust system must function to original standards.
 - (l) Patient compartment must be free of safety hazards.
 - (m) All ambulances (and invalid vehicles) shall have an operating odometer.
 - (n) The owner or operating agent of the ambulance shall subject the vehicle to a periodic mechanical safety inspection which shall be documented for the department.
 1. Periodic mechanical safety inspection shall mean an inspection conducted at least annually, or every thirty-thousand (30,000) miles after a vehicle registers two hundred thousand (200,000) miles, whichever first occurs. The inspector must attest that the vehicle is mechanically safe, roadworthy, and maintained to federal and state laws applicable for such vehicles.
 2. Mechanical safety inspections shall be conducted by a mechanic with factory training and certification from the original (motor vehicle) equipment manufacturer or the equivalent certification for Emergency Vehicle Technicians (EVT) or from the Institute for Automotive Service Excellence (ASE) Mechanics certification.

3. Mechanical safety inspections shall be conducted in addition to the vehicle and equipment inspections by EMS Division personnel, following the procedures identified in the form or electronic records format adopted by the board.
 4. Records of the periodic mechanical safety inspection shall be submitted upon the initial permit application to the Division of Emergency Medical Services, and shall be maintained for as long as the chassis is actively licensed or permitted. Such records and supporting documents consisting of repair orders and routine maintenance shall be available and submitted for inspection by an authorized representative of the department.
 5. Upon observation of possible mechanical safety defects by an authorized representative of the department, or upon citation from a law enforcement agency, a vehicle shall be subject to unscheduled inspection to verify safe operation.
 6. Upon failure of an inspection, an ambulance shall be immediately removed from service until such deficiencies are corrected that may in any way impair the safe operation of the ambulance or vehicle.
- (o) No ambulance or invalid vehicle which is older than five (5) model years or with a certified odometer mileage in excess of two hundred thousand (200,000) miles shall be introduced into original use or upon transfer of ownership by an ambulance service operation. A vehicle shall not be eligible for a permit if the mileage cannot be attested, if the odometer has been shown to be replaced without documenting accrued mileage; or if the odometer was inoperative for any period of more than forty-five (45) days.
- (2) Design and Construction - Any vehicle permitted pursuant to Chapter 140 of Title 68 shall be maintained according to the standards and specifications that follow: Standards for Emergency Ambulance vehicles.
 - (3) General Vehicle Requirements
 - (a) The color of exterior surface shall be white.
 - (b) A single, solid ambulance (Omaha) orange stripe shall be displayed. This single uninterrupted band must be placed horizontally in line with the bottom of the vehicle and extend downward from the window line no less than six (6) inches and no more than fourteen (14) inches.
 - (c) The orange stripe must extend from the front grill to the rear tail light.
 - (d) Emblems and Markings. The vehicle shall display at least the following markings:
 1. The word Ambulance in mirror image, in blue block letters, on the front of the vehicle with "Star of Life" on either side of not less than four (4) inches in height.

2. The word Ambulance in blue block letters not less than six (6) inches in height placed on each side of vehicle. The "Star of Life" on each side of vehicle shall not be less than twelve (12) inches in height.
3. Rear of vehicle shall have the word Ambulance in blue block letters and "Star of Life" on each door (if single door, one on either side of word Ambulance.)
4. The vehicle roof shall have a "Star of Life" not less than thirty-two (32) inches in height.
5. Numbering used as vehicle call numbers may be placed on the sides, rear, and roof, not to exceed three numbers in any one location. Numerals shall be no larger than fourteen (14) inches in height. Allowable colors for numbering include Blue, Orange, Black, Gold, Green, and Red.
6. Each service shall identify its ambulances with lettering or a service trademark or emblem identifying the service.
 - (i) Service emblem shall be a business or corporate insignia or marking adopted by the service for identifying purposes, and may be representative of their corporate trademark, institutional affiliation, or governmental agency seal.
 - (ii) The service is prohibited from displaying any lettering or emblem which may falsely suggest an affiliation with a business or government, or profess an accreditation which the service has not attained or maintained.
 - (iii) Lettering or decals which serve a functional and useful purpose, such as identifying specialty care capability or special community programs, may be displayed in addition to the service name. No decals or service marks shall be displayed for advertising purposes of other than the ambulance service licensee.
 - (iv) The service emblem or lettering shall not be overprinted or superimposed over the Ambulance lettering or "Star of Life" emblems otherwise required by these rules.
 - (v) The service emblem or lettering shall not disrupt the orange stripe except for the front doors of the ambulance cab or rear doors.
 - (vi) The service emblem shall not be larger than twenty-five (25) inches by twenty-five (25) inches.
- (e) The emergency ambulance shall be equipped with flashing or oscillating warning lights on the front, sides, and rear of the vehicle, red in color, with a center-mounted white (clear) flashing light visible to the front. One or more amber flashing lights may be visible to the rear. Switching arrangements may provide either synchronized or alternating red warning lights on the front, sides, and rear of the vehicle. Warning lights shall meet

minimum photometric standards as described in KKK-A-1822E or its successor standard.

- (f) Communications and Warning Devices shall include a two-way radio with State designated emergency medical telecommunications frequencies and an audible warning and public address system.

- 1. Two-way Radio (Mobile).

Mobile radio equipment shall include VHF capabilities at a minimum, as established in Rule 1200-12-1-.08 (EMS Telecommunications), or means of alternative compliance as established in Rule 1200-12-1-.08. Radio control functions for the VHF and dispatch radio shall be accessible to the vehicle operator. The medical communication radio (or radio controls) shall be available in the patient compartment and comply with the respective regional frequency use plans and radio standards as published in the State EMS Telecommunications Plan.

- 2. Audible Warning and Public Address System

A combination electronic siren with integral public address system and radio amplification shall be provided. Control functions shall provide public address, radio, manual, wail and yelp selections with remote siren control from the driver's position.

- 3. A mechanical siren or air horn shall be permissible as additional equipment.

- (g) Patient compartment dimensions shall provide at a minimum:

- 1. Inside height of at least 60 inches, floor to ceiling.
- 2. Inside length from compartment divider to rear door of at least 116 inches.

- (h) Ambulance Vehicles. All ground ambulances placed in service or obtaining an initial permit with a service in the State of Tennessee shall be manufactured according to the Federal "Star of Life" KKK-A-1822 specification applicable on the date of manufacture. All ambulances must be maintained in accordance with the standards specified in effect upon their date of manufacture. Copies of applicable versions of the specifications are available at cost upon request from the Division office.

- (4) Special Vehicle Requirements.

Vehicles used exclusively for the provision of neonatal intensive care and transportation between medical facilities shall conform with the following standards for design and construction.

- (a) Exterior surfaces, emblems, and markings shall conform to specifications enumerated under subparagraph (3)(i), Federal Specification Ambulance-Emergency Medical Care Vehicle.
- (b) Additional markings, legends, or logos may be used to identify the provider and purpose for special vehicles, except that no letter shall exceed six

inches in height. Legends such as "Neonatal Intensive and Critical Care Transport" may be substituted for the word "Ambulance" in exterior markings.

- (c) Warning lights and siren shall be furnished in accordance with Federal Specification-Ambulance 3.14.6, except that side flood lights shall not be required.
- (d) Vehicle crashworthiness shall be assured with roll-cage construction, evidenced by compliance with the Ambulance Manufacturer's Division Standards of the Truck Body and Equipment Association or comparable construction under written statement and performance bond by the manufacturer.
- (e) Doors shall provide access to the rear and curb-side of the patient compartment. Where the vertical lift distance of the patient loading area exceeds 28 inches, a ramp or electrical/hydraulic lift shall be furnished to facilitate patient loading.
- (f) Environmental systems on the unit shall meet heating/air conditioning standards as specified in Federal Specifications Ambulance.
- (g) Vehicle electrical systems shall be provided to furnish 110 volt AC power sufficient to sustain 3,000 watts at 60 cycles. The unit shall be equipped with a back-up power system sufficient to operate patient care equipment in the event of failure of the main power system. The 110 volt system shall incorporate a ground fault interrupter device for protection against electrical hazards.
- (h) Patient compartment shall be so designed to provide the following:
 - 1. One transport incubator configured to allow observation from at least two sides of the patient which shall be capable of being secured in the vehicle.
 - 2. An open bed warmer to allow various stabilization procedures.
 - 3. Compartments for appropriate storage of materials such as culture media and medications.
 - 4. Fixtures to ensure proper hand cleansing during a transport.
 - 5. Illumination at the primary patient care area of at least 75 foot candles.
 - 6. Safety features, to include:
 - (i) Cabinet corners and latches, sculpted, padded, or recessed to prevent undue injury during sudden deceleration.
 - (ii) Safety devices shall include:
 - (l) A grab rail or hand strap, secured according to Federal Motor Vehicle Safety Standards for safety restraints.

- (II) Safety belts shall be provided at all attendant seats.
 - (III) Safety restraint devices for infants for use when the vehicle is in motion.
 - (i) Patient care equipment shall include the means to provide and monitor mechanical ventilation, and an oxygen system with sufficient capacity to deliver a minimum continuous flow of 8 liters per minute for at least four hours. The installed oxygen system shall be capable of delivering specific monitored blended oxygen concentrations.
- (5) A licensed ambulance provider may operate a temporary ambulance upon a written acknowledgment from the Department's representative under the following conditions:
- (a) A vehicle used to replace a permitted ambulance, when the permitted vehicle has been removed from service for repair or maintenance, when such temporary vehicle is not owned or normally operated by the service; or
 - (b) A vehicle acquired to replace a permitted ambulance, with conversion of title to the service or its agent, following the submission to the Division of vehicle information and the appropriate fee, shall be allowed to operate up to fifteen (15) days pending inspection by the department.
 - (c) Each provider shall assure compliance with all rules applicable to the operation of the vehicle as follows:
 - 1. The replacement vehicle shall comply with all design, construction, equipment and safety standards as promulgated under paragraphs (1) (2) and (3).
 - 2. Insurance coverage obtained by rider or policy revision shall be in evidence pursuant to rule 1200- 12-1-.07.
 - 3. The provider must immediately notify the Division of Emergency Medical Services in writing when the unit is placed in service, submitting information to include:
 - (i) the license and vehicle identification numbers of the substitute or replacement vehicle, and
 - (ii) the permit number of the unit for which the replacement is substituted.
 - 4. Non-standard radio equipment may be authorized for temporary use in vehicles provided such authorization is requested in writing before placing the vehicle is placed in service. The request should include a reasonable, projected time period over which the non-standard equipment is expected to be used, and the basic capabilities of such equipment.
 - (d) Vehicles added to an existing fleet, requiring evidence of additional supplies and equipment to extend service, shall not be operated under temporary authorizations, but may be operated under a letter of approval

filed by the Division's authorized representative following payment of fees to the Division's principal office, and evidence of satisfactory inspection by the authorized representative, pending the issuance of a permit.

- (e) A letter of approval from a Division representative shall not be substituted for a vehicle permit for any period exceeding ninety (90) days.
- (6) Upon inspection, any vehicle deemed unacceptable and failing an inspection shall be immediately removed from service until approved for return to service by the Division's authorized representative.

Authority: T.C.A. §§ 68-140-504, 68-140-506, 68-140-507, and 68-140-526.

Rule 1200-12-1-.03 Emergency Medical Services Equipment and Supplies is amended by repealing the language of subitem (3)(a)3.(iii)(II) in its entirety, and substituting instead the following language, so that, as amended, the rule shall read:

- (II) Cuffed sizes in the adult range, one of each size 6.5 to 8.5 millimeters. (6.5, 7.0, 7.5, 8.0, and 8.5 mm)

Authority: T.C.A. §§ 68-140-504, 68-140-506, and 68-140-507.

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Charles M. Alderson, MD	X				
David Baxter	X				
Tim Bell	X				
Susan M. Breeden	X				
Robert L. Byrd	X				
Jeffrey L. Davis	X				
Julie A. Dunn, MD				X	
Larry Q. Griffin	X				
Kevin Mitchell	X				
Dennis W. Parker	X				
Lawrence Potter	X				
James E. Ross, RN	X				
Jackie W. Wilkerson	X				

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Emergency Medical Services (board/commission/ other authority) on 06/19/2007 (mm/dd/yyyy), and is in compliance with the provisions of TCA 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 04/30/07

Notice published in the Tennessee Administrative Register on: 05/15/07

Rulemaking Hearing(s) Conducted on: (add more dates). 06/19/07

Date: April 27, 2009

Signature: Lucille F. Bond

Name of Officer: Lucille F. Bond, Esq.

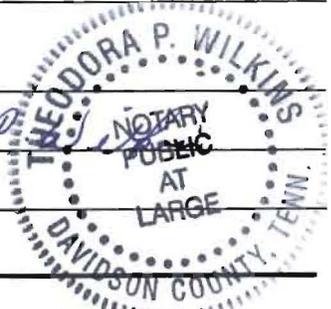
Assistant General Counsel

Title of Officer: Tennessee Department of Health

Subscribed and sworn to before me on: 4/27/2009

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/7/2011



RECEIVED
2009 AUG -7 AM 10: 12
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All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr.
 Attorney General and Reporter

8-3-09

Date

Department of State Use Only

Filed with the Department of State on:

8/7/09

Effective on:

1/15/09

Tre Hargett

Tre Hargett
Secretary of State

RECEIVED
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SECRETARY OF STATE
PUBLICATIONS

Public Hearing Comments

1. The Director of the White County EMS urged the Board to define the word "stains" as found in Rule 1200-12-.01(1).

Regulatory Flexibility Addendum

- (1) The proposed rules do not overlap, duplicate, or conflict with other federal, state, or local government rules.
- (2) The proposed rules exhibit clarity, conciseness, and lack of ambiguity.
- (3) The proposed rules are not written with special consideration for the flexible compliance and/or requirements because the licensing boards have, as their primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulations. The rule is written to provide clarification of standards for ambulance sanitation, ambulance design and construction, and emergency medical services equipment and supplies.
- (4) The compliance requirements throughout the proposed rules are as “user-friendly” as possible while still allowing the division to achieve its mandated mission in licensing and regulating emergency medical services. There is sufficient notice between the rulemaking hearing and the final promulgation of these rules to allow services and providers to come into compliance with the proposed rules.
- (5) Compliance requirements are not consolidated or simplified for small businesses in the proposed rules for the protection of the health, safety and welfare of Tennesseans.
- (6) The standards required in the proposed rules are very basic and do not necessitate the establishment of performance standards for small businesses.
- (7) There are no unnecessary entry barriers or other effects in the proposed rules that would stifle entrepreneurial activity or curb innovation.

Statement of Economic Impact to Small Businesses

1. Name of Board, Committee, or Council;
Tennessee Emergency Medical Services Board
2. Rulemaking hearing date: June 19, 2007
Amendments to Rule 1200-12-01-.01 Sanitation of Ambulance
Amendments to Rule 1200-12-01-.02 Ambulance Safety Standards
Amendments to Rule 1200-12-01-.03 Emergency Medical Services Equipment and Supplies
3. Types of Small businesses that will be directly affected by the proposed rules:
Ambulance Services
4. Types of small businesses that will bear the cost of the proposed rules:
Ambulance Services
5. Types of small businesses that will directly benefit from the proposed rules:
Ambulance vehicles sales and service
6. Description of how small business will be adversely impacted by the proposed rules:
For some services, this rule may require additional maintenance screening or inspection costs for vehicles with excessive chassis age or mileage. The services may need to replace fleet vehicles at earlier intervals than may have been the previous practice.
7. Alternatives to the proposed rule that will accomplish the same objective but are less burdensome, and why they are not being proposed:
The methods indicated in these rules, after review by a committee of the Board, were considered to be worth the additional expense to protect the citizens who require ambulance services.
8. Comparison of the proposed rule with federal or state counterparts:
This rule is similar to those restricting the use of school bus chassis that may be older models or which have logged excessive mileage or federal "Vehicle-In-Use" standards that apply to commercial vehicles.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A)** A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

Rule 1200-12-01-.01 – Sanitation of Ambulance is amended to set general standards for the sanitation and cleanliness of ambulances.

Rule 1200-12-01-.02 – Ambulance Safety Standards has been updated to specify certain mechanical inspection schedules and standards for older vehicles, to modify marking requirements, and to incorporate newer inspection and reference standards where appropriate. The old rule did not include the above.

Rule 1200-12-01-.03 – Emergency Medical Services Equipment and Supplies specifies the equipment and supplies that shall be maintained on an ambulance to render appropriate care to an injured or ill patient. The devices and supply items are stipulated by the level of care, termed to be basic or advanced life support that may be provided in accordance with nationally accepted guidelines of the American College of Emergency Physicians, American Academy of Pediatrics and federal Medicare requirements. Changes to the rule include modifications to the supplies for airway management. The old rule did not include the above.

- (B)** A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

Rules for standards of emergency medical vehicles and equipment and the inspection of ambulances and services thereto are authorized pursuant to Tenn. Code Ann. §§ 68-140-504, 68-1450-505, 68-140-506, and 68-140-507. The State law and regulations are in concurrence with the federal Medicare program requirements as published in CMS—Pub 60AB; regarding definitions of ambulance services as identified in the ambulance fee schedule final rule, published in the February 27, 2002, Federal Register, pages 9100 through 9135.

- (C)** Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The changes to the rule will ultimately affect the emergency medical care to the general public as more than 1,200 ambulances in 160 ambulance services maintain their vehicles, equipment and supplies. Representatives of ambulance services and emergency medical personnel most directly affected by the rule participated in the process of refining the equipment standards in the meetings of the Clinical Issues Committee of the Emergency Medical Services Board. Most of the agencies supported the adoption of the rules as approved by the Board.

- (D)** Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

No opinions of the attorney general or judicial ruling have been identified that affect the amended rules.

- (E)** An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

The amendments to this rule have no effect upon the state revenues and expenditures. Expenditures to local ambulance services are dependent upon their existing status and age of their vehicles. The majority of ambulances and services already manage mechanical and fleet preventative management. The amendments to airway management devices actually reduce the inventory requirements for oversize endotracheal tubes.

- (F)** Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

1. Joseph B. Phillips, Director, Division of Emergency Medical Services, Tennessee Department of Health
2. Richard F. Land, Director of Ambulance Service Licensure and Regulation, Regulations Manager for the Division of Emergency Medical Services, Tennessee Department of Health
3. Lucille F. Bond, Assistant General Counsel, OGC, Tennessee Department of Health

(G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Joseph B. Phillips, Director, Division of Emergency Medical Services
Lucille F. Bond, Assistant General Counsel

(H) Office address and telephone number of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Joseph B. Phillips, Division of Emergency Medical Services, 227 French Landing, Suite 301, Nashville, TN 37243 (615) 741-2544

(I) Any additional information relevant to the rule proposed for continuation that the committee requests.

None.

Richard Land - Re: Rule making Comments on Rule 1200-12-1-01

From: Richard Land
To: Ron Bennet
Subject: Re: Rule making Comments on Rule 1200-12-1-01
CC: Joe Phillips

Ron Bennett, Director
White County EMS

We will add your recommendations on amending this rule to the comments submitted for the rule making hearing, scheduled for June 19. Comments from the rule making hearing will be presented to the EMS Board on June 27.

We appreciate your concern and we understand how stains on a floor would present a lack of confidence in the sanitation of the ambulance patient compartment.

Thank you for your attention and consideration of this matter.

Sincerely,

Richard F. Land

>>> "Ron Bennet" <ronben@blomand.net> 6/8/2007 8:27 AM >>>
RICHARD WOULD LIKE Rule 1200-12-.01 Sanitation of Ambulance is amended by repealing the rule in its entirety and substituting instead the following language, so that as amended the new rule shall read:

(1) All ambulances operating pursuant to the provisions of T.C.A. Chapter 140 of Title 68 must meet the following standards. For the purpose of this regulation, the word "sanitary" shall mean the absence of dirt, dust, STAINS, odors, rodents, vermin, or foreign substances.

STAINS Needs to be defined wheels from cots make stains on floor. You may have been made aware of this from other sources, talked to T.A.S.A. and the Upper Cumberland and they feel like I do.

THANKS RON BENNETT