

RESPONSE TO QUESTIONS AND ISSUES COMPILED FROM THE EMERGENCY RESPONSE NOTICE OF PROPOSED RULEMAKING:

SCOPE:

(a)-5. OSHA is seeking input whether the agency should consider developing a separate rule for protecting workers involved in the clean-up of disaster sites, and associated recovery efforts? Commenters should provide substantiation for developing or not developing such a rule.

- **Comment:** There may be a need for this, but it should be separate from EMS.

EMERGENCY RESPONSE PROGRAM (ERP) DEVELOPMENT:

(e)-1. OSHA is considering adding to both paragraphs (e)(1) and (2) a requirement to permit employee representatives to be involved in the development and implementation of an ERP. OSHA is also considering adding to paragraph (e)(4) a requirement to allow employee representatives to participate in walkaround inspections, along with team members and responders. OSHA is seeking input on whether employee representative involvement should be added to paragraph (e).

- **Comment:** Yes, we believe employee participation will result in a better ERP.

RISK MANAGEMENT:

(f)-1. OSHA is seeking input on whether other activities or subjects should be added to the list of minimum requirements for the risk management plan.

- **Comment:** There is no need to add other subjects because the phrasing of “reasonably anticipated” covers these instances.

MEDICAL SCREENING AND SURVEILLANCE:

(g)-1. OSHA is seeking input and data on whether the proposed rule’s requirements for medical evaluations are an appropriate minimum screening for team members and responders. Should the minimum screening include more or fewer elements, and if so, what elements? Commenters should provide documentation and data supporting any additions or subtractions from the minimum medical screening. OSHA is also seeking additional data and information on the feasibility of the proposed medical evaluation and surveillance requirements for WEREs and Emergency Service Organizations (ESOs).

- **Comment:** Support the idea of the addition of definitions for “screening” and “health evaluation” being included in definitions section of the document.

(g)-2. OSHA is seeking input on whether an action level of 15 exposures to combustion products within a year to trigger medical surveillance consistent with National Fire Protection Association (NFPA) 1582 is too high, too low, or an appropriate threshold. OSHA is also considering action levels of 5, 10, or 30 exposures a year as alternatives and is seeking public input on what action level would be appropriate. Commenters should provide supporting documentation and data that would help with identifying an appropriate action level.

- **Comment:** “Regarding the evaluation criteria discussed, we concur with the following and believe there should be a distinct separation of fire-based providers and strictly EMS providers based on job task analysis and risk assessment,” Matt Tobia, a subcommittee member representing the IAFC, reported at a subcommittee meeting that a subgroup that discussed medical requirements considered those emergency responders whose job duties required them to enter an IDLH environment to be the responders subject to the full medical requirements (Document ID OSHA–2015–0019–0006, Tr. 108–111).

FACILITIES:

(j)-2. OSHA is seeking input on whether ESO facilities with sleeping areas should be protected by automatic sprinkler systems, as proposed in paragraph (j)(2)(ii).

- **Comment:** Agreed.

VEHICLES:

(l)-2. OSHA is seeking input on how compliance with (l)(2)(iii), where emergency vehicles are not moved until all passengers are seated and belted, would be achieved in situations where PPE must be donned enroute to an incident. Would the team members or responders stop enroute or wait until arrival at the scene to don their PPE?

- **Comment:** Responders should begin donning prior to leaving and completion of donning should happen on scene.

(l)-3. OSHA is seeking input on whether it should require that patients be restrained during transport to prevent an unrestrained patient from being thrown into a team member or responder in the event of a vehicle collision or an evasive driving maneuver.

- **Comment:** Absolutely yes, patients should be restrained in the back of the ambulance.

INCIDENT MANAGEMENT:

(o)-1. OSHA is seeking input about WERE and ESO current use of an Incident Management System (IMS), whether the National Incident Management System (NIMS) and National Response Framework were used as guidance for the IMS, and if there are any concerns with being compatible with NIMS.

- **Comment:** There are no issues with being compatible with NIMS.

STANDARD OPERATING PROCEDURES:

(q)-1. OSHA seeks input on whether the agency should include requirements for Standard Operating Procedures (SOPs) regarding protections against workplace violence for team members and responders, and for any data or documentation to support or refute potential requirements. OSHA notes that its regulatory agenda includes a separate rulemaking addressing workplace violence against health care workers. While OSHA has not published a proposed rule in that rulemaking, OSHA welcomes comments on whether violence against emergency responders should be addressed in a potential Emergency Response final rule in addition to that Workplace Violence rulemaking, instead of in that rulemaking, or primarily in that other rulemaking.

- **Comment:** We would support having requirements, however this could be covered in Risk Assessment and SOP sections.

CONSENSUS STANDARDS:

OSHA is seeking input on the potential impacts of incorporating by reference of various NFPA standards, and how equivalency or consistency could be achieved if the NFPA standards were not incorporated by reference.

- **Comment:** They should look to all industry participants that have standards rather than looking to one body.
 - Examples: CAAS, CAMTS, CFAI, NEMSMA, NAAMTA

PROFILE OF AFFECTED INDUSTRIES:

OSHA is seeking input on whether this is an appropriate approach to estimating the number of affected responders. The agency welcomes additional data or information on how volunteer responders are treated regarding OSHA protections in State Plan states. [same as (a)-2]

OSHA is seeking information on additional or alternate data sources that would allow the agency to better estimate the universe of EMS providers.

- **6/13/2024:** Our best estimate of number of volunteers is 2,522. This number was obtained by counting the staff for the agencies that identify as volunteer agencies with our office. A volunteer agency is one that does not charge for its services.
- **Response to paragraph three:**

The EMS workforce universe needs to be assessed utilizing several layers of data. The number of people licensed is only one component.

Licensees as of 6/1/2024:

User Primary License Level total
Specialist/AEMT 301
Medical First Responder 5,487
Paramedic 9,322
Emergency Medical Technician 14,127
Total: 29,237

Whether or not these licensees are affiliated with an EMS agency is another component. In Michigan, we can use our licensing platform to assess this information.

As of 4/2024, in Michigan:

Affiliations	Medical First Responder	Emergency Medical Technician	Specialist/AEMT	Paramedic
No Affiliated Services	1,615	5,924	94	2,857
One Affiliated Service	3,675	6,599	144	5,338
Two Affiliated Services	231	1,226	45	909
Three or More Affiliated Services	16	241	19	227
Level Totals	5,537	13,990	302	9,331

Finally, utilizing the EMS data system, we can assess the number of active license numbers associated with records inside the Michigan EMS Information System (MI EMSIS).

From 1/1/2024 to 4/30/2024, the number of licensees appearing in at least ONE record in MI EMSIS is as follows.

License Level	Reporting
MFR	2338
EMT	6380
AEMT	149
Paramedic	5208

No one singular component can give a picture of the entire universe, all resources available must be utilized.

COSTS OF COMPLIANCE:

OSHA made an initial assumption that EMS providers at smaller ESOs would have lower levels of certification and therefore require less training time but seeking comment and data on this assumption.

- **Comment: Michigan requires continuing education based on license level, not ESO size.**

ECONOMIC FEASIBILITY:

There has been no economic feasibility threshold established for public entities equivalent to the ten-percent profits threshold for private entities. OSHA is seeking comment on what economic feasibility threshold would reasonably apply to the public sector.

OSHA is also seeking comments, information, and data on the economic feasibility of compliance for public organizations.

- **Comment: We also recognize there needs to be a standard for economic feasibility. Inflationary and other economic indicators should be considered.**

MISCELLANEOUS:

OSHA recognizes that organizations such as the National Wildfire Coordinating Group (NWCG) develop standards applicable to their member organizations, and other organizations who perform wildland firefighting services.

OSHA seeks input on whether standards such as those developed by NWCG should be

considered equivalent to various provisions in the proposed rule; particularly those related to policies and procedures, personal protective equipment, and medical evaluation and surveillance requirements. Are there standards for other “specialty or non-structural” types of firefighting that OSHA should consider? Commenters should provide supporting data, documents, and side-by-side comparison.

- **Comment:** There are existing programs. Agencies are creating performance-based objectives. Screening process that’s less stringent could be done annually.

TIMELINE FOR COMPLIANCE:

OSHA is open to considering alternative compliance dates for the proposed standard and seeks input on what reasonable implementation periods would be for specific provisions and why. The agency is also interested if extended compliance timelines would be particularly helpful to small and/or volunteer organizations as a way of mitigating the impact of the rulemaking.

- **Comment:** Until the final rules are published, it is difficult to establish a timeline for compliance period. There will be agencies that have to hire and develop. Five years would be a reasonable for implementation. Just risk reduction alone could take three years.