#### **Driver Training Assessment: EMS Agency**

#### **Driver Training Assessment: Emergency Medical Services**

This collection of information is voluntary and will be used to document the laws, rules and regulations governing the driving of ambulances, including training and education requirements. The results of the study will be used to develop programs designed to improve emergency medical services. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is XXXX-XXXX. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

The National Highway Traffic Safety Administration (NHTSA) is interested in characterizing the current state of emergency vehicle operator training for <a href="mailto:ambulance">ambulance</a> operators across the United States. We are asking that one person from your EMS agency who is either in charge of or at least very familiar with ambulance operations at your agency complete this survey. In the following pages, you will be asked a variety of questions about the training provided to anyone who gets behind the wheel and operates an ambulance on the roadway for your agency.

The entire survey should take less than 15 minutes to complete.

Participation in the study is voluntary, and your responses will remain anonymous. Any reports will only include results at the group level.

Thank you for your assistance.

OMB Control No. 2127-XXXX Expiration Date XX/XX/XXXX

Driver Training Assessment	: EMS Agency
Demographics/Core	
* 1. Does your ag	ency operate ground ambulances?
Yes	
No (survey wi	rena)
	e does your agency operate?
State	select state

Driver Training Assessment: EMS Agency	
Demographics/Core - You	
* 3. Please rate your knowledge of ambulance operations at your agency.	
Extensive knowledge	
Moderate knowledge	
Limited knowledge	
No knowledge	

OMB Control No. 2127-XXXX Expiration Date XX/XX/XXXX

# **Driver Training Assessment: EMS Agency** Demographics/Core - You 4. What is your primary role at this agency or organization? Educator/Preceptor Administrator/Manager First-line Supervisor Patient Care Provider **Emergency Vehicle Operator** Other (please specify) 5. How many years have you been in this position?

OMB Control No. 2127-XXXX Expiration Date XX/XX/XXXX

### **Driver Training Assessment: EMS Agency**

### Demographics/Core - Your Agency

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	6. Which of the following best describes your EMS agency?
	☐ Hospital
	Fire Department
	Government, non-Fire Department, non-Hospital
	Tribal
	Private
	Association
	Other (please specify)
	7. What is the tax status of your agency?
	For profit
	Not-for-profit
	Government
	Unincorporated
	Other (please specify)
	8. Which of the following best describes the community in which your agency does most of its EMS work?
	Rural area (less than 2,500 people)
	Small town (2,500-24,999 people)
	Medium town (25,000-74,999 people)
	Large town (75,000-149,999 people)
	Mid-sized city (less than 500,000 people)
	Large city (500,000 or more people)

Driver Training Assessment: EMS Agency	
Demographics/Core - Your Agency	
9. What percentage of your agency is made up of volunteers (i.e., individuals who are not issued a W-2 form even if they receive some form of compensation other than wages)?	
0%- there are no volunteers	
Less than 25%	
26-50%	
51-75%	
76-100%	
On't know	
10. Approximately how many years has your agency been operating ambulances?  (If you don't know, enter "DK")	

### **Driver Training Assessment: EMS Agency** Demographics/Core - Your Agency 11. Check all of the following that describe the EMS and transport services provided by your agency. 911 response with transport capability 911 response without transport capability Air medical Hazmat Medical transport (convalescent) Paramedic intercept Rescue Specialty care transport Don't know 12. Which of the following best describes the calls to which your agency's ambulances respond? All are emergency calls Most are emergency calls About equal numbers of emergency calls and scheduled transports Most are scheduled transports All are scheduled transports Don't know

Driver Training Assessment: EMS Agency	
Demographics/Core - Your Agency	
13. How many of the following types of ambulances does your agency operate? (Enter whole numbers, or if you don't know enter "DK")	
Type 1 (Cab chassis furnished with a modular ambulance body)	
Type 2 (Long wheelbase van with integral cab body)	
Type 3 (Cutaway van/truck chassis with integrated modular ambulance body)	
Other (Please specify number)	

Driver Training Assessment: EMS Agency	
Demographics/Core - Fatigue Risk Management Plan	
14. Does your agency currently have a Fatigue Risk Management Plan (FRMP)?	
Yes	
○ No	
On't know	

Driver Training Assessment: EMS Agency	
Demographics/Core - Fatigue Risk Management Plan	
15. Check all of the following that are features of your FRMP.	
We have a documented FRMP	
We have a detailed FRMP	
We have a documented statement of working hours	
We have limits on overtime hours	
We have a FRMP promotion and communications strategy	
We have processes for continuous evaluation and improvement (e.g. hazard ID, evaluation, and sources of data)	
We have a procedure for paid and volunteer staff to self-report fatigue	
We have a procedure for error/adverse incident or crash investigations where fatigue is suspected as a contributing factor	
Other (Please describe other features of your FRMP)	

## **Driver Training Assessment: EMS Agency** Demographics/Core - Driver Licensing Requirements \* 16. Indicate if your agency has the following driver licensing, certification, or endorsement requirements for ambulance operators by checking the appropriate boxes below. Standard operator class (regular driver's license) Commercial class (any form of CDL) Ambulance-specific license Ambulance-specific certificate Ambulance-specific endorsement Emergency response vehicle (EMS) specific license Emergency response vehicle (EMS) specific certificate Emergency response vehicle (EMS) specific endorsement None Don't know Other (please specify)

Driver Training Assessment: EMS Agency	
Demographics/Core - Driving History Check	
17. How often does your Agency review driving records of your ambulance operators? Check all that apply.	
Never	
As a condition or prerequisite to hiring/affiliation	
Based on agency/leadership determination that relevant information may be found	
Once per year	
More than once per year	
Don't know	
18. What events prevent an individual from being allowed to operate an ambulance? Check all that apply.	
Crash	
DUI/DWI	
Speeding Violation(s)	
Reckless Driving	
Other Moving Violation(s)	
Don't know	
Other (please specify)	

Driver Training Assessment: EMS Agency	
Driver Training	
* 19. Do ambulance operators at your agency complete emergency vehicle operator training?	
Yes, it's a requirement	
Yes, but it's <b>not</b> a requirement	
○ No	
On't know	

Driver Training Assessment: EMS Agency	
Driver Training - Your Role	
* 20. Please rate your knowledge of the ambulance operator training conducted at your agency.	
Extensive knowledge	
Moderate knowledge	
Limited knowledge	
No knowledge	

Driver Training Assessment: EMS Agency	
Driver Training - Program Description	
21. How structured is the driver training for ambulance operators?	
Formal/structured training with a defined curriculum	
Informal/unstructured training	
Oon't know	
22. Who developed your driver training program?	
Developed our own program for in-house use	
Use a program that was developed by someone else	
Don't know	

### **Driver Training Assessment: EMS Agency Driver Training - Program Description** 23. If applicable, please tell us the name of the training program your agency uses? 24. If the training program is based on any standards or best practices, check all that are applicable below. National Standard Curriculum-EVOC, 1995 Edition, U.S. Department of Transportation Department of Homeland Security (DHS) Driver Performance Best Practices U.S. Fire Administration (USFA)/FEMA Traffic Incident Management Systems, FA-330 U.S. Fire Administration/International Association of Fire Fighters (USFA/IAFF) Vehicle Safety Program National Safety Council Defensive Driving Course for Specialty Vehicles Volunteer Fire Insurance Service (VFIS) suggested curriculum and cone course None Don't know Other (please specify)

### **Driver Training Assessment: EMS Agency Driver Training - Program Description** 25. Which of the following best describes the ambulance operator training? Specific to Ambulances Specific by type of ambulance (Type 1,2, or 3) Based on fire or police emergency vehicles Don't know 26. Where do ambulance operators receive driver training instruction? Check all that apply. Classroom Behind-the-wheel on track or closed course Behind-the-wheel on live roadway Simulator Online/Internet Don't know

Driver Training Assessment: EMS Agency	
Driver Training - Program Description	
27. How many TOTAL hours is the ambulance operator training?	
28. How many hours of each of the following does the ambulance operator training include? If none, please enter 0.	
Classroom	
Behind-the-wheel closed course	
Behind-the-wheel live roadway	
Simulator training	
Online/Internet	

### **Driver Training Assessment: EMS Agency Driver Training - Training Administration** 29. Who conducts the driver training? Check all that apply. In-house employee or volunteer External instructor comes to our agency Instructor at another EMS agency Instructor at a private school/academy Instructor at a public school/academy Internet/Online instructor Don't know Other (please specify) 30. Which of the following qualifications/certifications do lead instructors have? Check all that apply. Emergency Vehicle Operator Course (EVOC) instructor (State certified) Emergency Vehicle Operator Course (EVOC) instructor (Other EMS Instructor (State certified) EMS Instructor (Other certified) Basic Driving Instructor (State certified) Basic Driving Instructor (Other certified) On-the-job experience Fire Instructor 1 None Don't know Other (please specify)

### **Driver Training Assessment: EMS Agency Driver Training - Training Content** \* 31. Indicate if your agency's ambulance operator training includes the following topics by checking the appropriate boxes below. Driving Procedures (vehicle handling, safe speed, changing lanes, passing, intersections, turning, right of way, parking, navigation, etc.) Special Circumstance Driving Procedures (near miss recovery, inclement weather, use of lights and sirens, using back-up spotter, accident avoidance methods, close calls) Communication Responsibilities **Traffic Incident Management** Emergency Scene/Accident Vehicle Staging Vehicle Readiness Managing Fatigue **Distraction Management** None Don't know Other (please specify)

Driver Training Assessment: EMS Agency
Driver Training - Training Criterion and Evaluation
* 32. Which of the following tests must an operator pass before driving an ambulance?
Written test
Oriving test
Both Written and Driving Test
None
On't know

Driver Training Assessment: EMS Agency	
Driver Training - Training Criterion and Evaluation	
33. Who determines the minimum scores needed to pass the tests? Check all that apply.	
Our Agency	
State	
Insurance Agency	
Don't know	
Other (please specify)	

### **Driver Training Assessment: EMS Agency Driver Training - Training Criterion and Evaluation** 34. Are volunteer ambulance operators in your agency trained to the same standard as non-volunteers? Yes No (please tell us how they differ below) Not applicable (no volunteers) Don't know If you checked "No" above, please explain: 35. How have you evaluated the effectiveness of your ambulance operator driver training program? Check all that apply. Monitor crash rates, response times, etc. Survey trainee satisfaction Formal in-house review Independent evaluation Never evaluated Don't know

Driver Training Assessment: EMS Agency
Driver Training - Refresher Training
36. How often do ambulance operators at your agency complete refresher driver training?
Every 6 months
Every year
Every 18 months
Every 2 years
Never
On't Know
Other (Please specify how often)

# **Driver Training Assessment: EMS Agency Driver Training - Refresher Training** 37. How many years has it been since your ambulance operator training was revised? (Enter whole numbers, or if you don't know enter "DK") 38. If someone has a crash while driving an ambulance, does your agency require remedial operator training? Yes On a case-by-case basis No Don't know

Driver Training Assessment: EMS Agency
Driver Training - Check Rides
* 39. Does your agency conduct "check rides" (senior staff member rides along to determine if ambulance operator is fit to drive)?
Yes
O No
On't know

## **Driver Training Assessment: EMS Agency Check Rides** 40. What is evaluated as part of the check ride? Check all that apply. Driving Procedures (vehicle handling, safe speed, changing lanes, passing, intersections, turning, right of way, parking, navigation, etc.) Special Circumstance Driving Procedures (near miss recovery, inclement weather, use of lights and sirens, using back-up spotter, accident avoidance methods, close calls) Communication Responsibilities Traffic Incident Management **Emergency Scene/Accident Vehicle Staging** Vehicle Readiness Managing Fatigue **Distraction Management** None Don't Know Other (please specify)

Driver Training Assessment: EMS Agency
Driver Training - Materials for Upload
41. Do you have a driver training manual or other driving related materials for ambulance operators to reference?  Check all that apply.
Yes, our agency provides materials
Yes, the external training program provides materials
Yes, the State provides materials
☐ No
Don't know

#### **Driver Training Assessment: EMS Agency**

#### **Training Material Upload Link**

If you have electronic driver training materials that you are willing to share, please upload them by clicking on the link below. You may also cut and paste the link into a new browser window.

#### Upload files here:

https://www.dropbox.com/request/UQOsjRikzxpZTvBZYreO

If you have paper-based materials that you are willing to share, please e-mail Dr. Kristopher Korbelak at <a href="mailto:DunlapInbox@gmail.com">DunlapInbox@gmail.com</a>. We will be happy to arrange for and cover the cost of the shipping of any material that may be of use to the project.

After you have finished uploading materials, please click Done below.

NHTSA Form 1318