

**Council Members**

District 1: Stuart Graham  
District 2: Charlene McGriff  
District 3: Billy Mosteller, Vice Chair  
District 4: Jose Luis  
District 5: Steve Harper  
District 6: Bryant Neal, Secretary  
District 7: Brian Carnes, Chair



**Interim County Administrator**  
Steve Willis

**County Attorney**  
Ginny L. Merck-Dupont

**Clerk to Council**  
Sherrie Simpson

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**April 1, 2026**  
**1:00 PM**

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**LANCASTER COUNTY COUNCIL**  
COUNTY COUNCIL CHAMBERS, COUNTY ADMINISTRATION  
BUILDING, 101 NORTH MAIN STREET, LANCASTER, SC 29720

**MINUTES**

Council Members Present: Stuart Graham, Charlene McGriff, Billy Mosteller, Jose Luis, Steve Harper, Bryant Neal, and Brian Carnes (*who entered the meeting late at approximately 3:03 p.m. after the vote to approve the agenda and during the Departmental Presentations*).

Staff Members/Others Present: Steve Willis, Interim County Administrator; Ginny Merck-Dupont, County Attorney; Sherrie Simpson, Clerk to Council; Stephany Snowden, Deputy County Administrator; Sabrena Harris, Chief Financial Officer; Jamie Privuznak, Budget Director; the press; various elected officials; various Department Heads; various employees; and citizens.

A quorum of Lancaster County Council was present for the meeting. The following press were notified of the meeting by e-mail in accordance with the Freedom of Information Act: *The Lancaster News*, *Kershaw News Era*, *The Rock Hill Herald*, Cable News 2, Channel 9 and the local government channel. The agenda was posted in the lobby of the County Administration Building and also on the County website the required length of time. The PowerPoint presentation utilized during the meeting is attached to the written minutes in the Clerk to Council's office.

**Call to Order County Council Budget Workshop - Chair Brian Carnes**

Since Chairman Brian Carnes was absent, Vice Chair Billy Mosteller called the Lancaster County Council budget workshop to order at approximately 1:00 p.m.

**Welcome and Recognition - Chair Brian Carnes**

Vice Chair Billy Mosteller welcomed everyone to the meeting.

**Pledge of Allegiance and Invocation - Council Member Bryant Neal**

Bryant Neal led the Pledge of Allegiance to the American Flag and delivered the Invocation.

**Approval of the Agenda**

Charlene McGriff moved to approve the agenda. Seconded by Jose Luis. The motion to approve Passed by a vote of 6-0; Absent: Carnes.

## **Departmental Presentations and Discussion Items**

### **a. Opening Budget Remarks - Steve Willis**

Steve Willis thanked Council and staff for their participation in the budget preparation and their attendance of the workshop. Mr. Willis noted that the County would be affected by the increase in material costs. Steve Harper questioned if the departmental budget requests had been reviewed by the Administrator yet, and Mr. Willis explained that he had reviewed and vetted the requests. Jose Luis questioned if there would be a budget adjustment once the prices of oil and other materials decrease, and wanted staff to outline what requests were increased due to inflation to ensure that the requests for funding would be consistent with what is seen across the market. Sabrena Harris stated that it would be covered during the operating costs portion of the budget presentation.

### **b. Departmental Presentations:**

1. 1:30 p.m. - Van Wyck Fire Protection Fee Board - *Chief Timothy Roof / David Basri*
2. 1:38 p.m. - Fire Service - *Chief Greg Nicholson / Keith Wilson*
3. 1:46 p.m. - Lancaster County Firefighters - *Chief Greg Nicholson / Keith Wilson*
4. 1:54 p.m. - Indian Land Consolidated Fire District - *Chief Greg Nicholson*
5. 2:02 p.m. - Emergency Management - *Frangley Medina / Britt Blackmon / Chief Greg Nicholson*
6. 2:10 p.m. - EMS - *Clay Catoe / Demian Wilson*
7. 2:18 p.m. - Public Safety Communications / E-911 - *Robert Purser*
8. 2:26 - *BREAK*
9. 2:42 p.m. - Information Technology - *Scott Hernandez*
10. 2:50 p.m. - Council on Aging - *Jessica McGriff*
11. 2:58 p.m. - Stormwater - *Terrance Barr*
12. 3:06 p.m. - Airport - *Stephany Snowden*
13. 3:14 p.m. - Risk Management - *Ryan Whitaker*
14. 3:22 p.m. - Library - *Dr. April Williams*
15. 3:30 p.m. - Delinquent Tax - *Jennifer Page*
16. 3:38 p.m. - Circuit Court, Clerk of Court, Family Court - *Mike Watkins*
17. 3:46 p.m. - Soil and Water Conservation District - *Amanda Roberts*
18. 3:54 p.m. - Assessor - *Brad Carnes*
19. 4:02 p.m. - Communications and Marketing - *Jenna Woods*
20. 4:10 p.m. - *BREAK*
21. 4:18 p.m. - Treasurer - *Carrie Helms*
22. 4:26 p.m. - Finance / Non-Departmental / Debt - *Sabrena Harris*
23. 4:34 p.m. - Coroner - *Karla Knight / Jennifer Collins*
24. 4:42 p.m. - Parks and Recreation - *Chris Clouden*

Chief Roof presented the budget requests for Van Wyck Fire via the County's PowerPoint presentation. There was no discussion from Council.



Chief Nicholson presented the budget requests for the Fire Service via the County's PowerPoint presentation. Council and staff discussed grants and the fire service contract with the Town of Kershaw.

Chief Nicholson presented the budget requests for the Lancaster County Firefighters via the County's PowerPoint presentation. Council and staff discussed ISO ratings and inspections, Council's desire for Fire Service Agreements (FSA) throughout the County, fire districts, and the capital cost differences in the presentation.

Chief Nicholson presented the budget requests for the Indian Land Consolidated Fire District via the County's PowerPoint presentation. There was no discussion from Council.

Chief Nicholson presented the budget requests for Emergency Management via the County's PowerPoint presentation. There was no discussion from Council.

Council congratulated an Lancaster County Emergency Medical Technician (EMT) who won the State EMT of the Year award, and Clay Catoe, who won the EMS Director of the year award, and was also elected to be the incoming president-elect for the South Carolina EMS Association starting July 1, 2026. Clay Catoe highlighted the department's accomplishments over the last year and presented the budget requests for Emergency Medical Services (EMS) via the County's PowerPoint presentation. Mr. Catoe provided Council with handouts that outlined the department's funding budget and strategic funding requests. A copy of those handouts are attached as Schedule A to the minutes. Council and staff discussed schedule changes and differences in the budget request totals reflected in the PowerPoint presentation.

Robert Purser presented the budget requests for Public Safety Communications / E-911 via the County's PowerPoint presentation. Council and staff discussed the replacement schedules for the department's equipment.

Council took a break from the meeting at approximately 2:35 p.m., and resumed at approximately 2:50 p.m.

Scott Hernandez presented the budget requests for the Information Technology (IT) Department via the County's PowerPoint presentation. Council and staff discussed the need for new employees for cybersecurity, and also discussed Artificial Intelligence (AI) changes.

Jessica McGriff presented the budget requests for the Council on Aging via the County's PowerPoint presentation and highlighted the Lancaster Area Ride Share (LARS) program. Council and staff discussed the history of the LARS program.

Brian Carnes entered the Council meeting at approximately 3:03 p.m. and took over as Chair.

Terrance Barr presented the budget requests for the Stormwater Department via the County's PowerPoint presentation and staff explained the department's need for new office space and discussed their fund balance.

Stephany Snowden presented the budget requests for the Airport via the County's PowerPoint presentation. Ms. Snowden highlighted fuel sales at the airport for January–March, and also noted an increase of corporate jets flying into the airport. Steve Harper requested a breakdown

of how much the County received per gallon of fuel sold.

Ryan Whitaker presented the budget requests for the Risk Management Department via the County's PowerPoint presentation. There was no discussion from Council.

Dr. April Williams presented the budget requests for the Library via the County's PowerPoint presentation. Dr. Williams provided Council with a copy of a snapshot of statistics for Lancaster County created by the South Carolina State Library. The handout is attached as Schedule B to the minutes. Jose Luis thanked Dr. Williams for her work with the County libraries, but specifically the Del Webb Branch. There was no discussion from Council.

Jennifer Page presented the budget requests for the Delinquent Tax/Passports/Records Management Departments via the County's PowerPoint presentation. Council and staff discussed the digitization of documents found in archives.

Mike Watkins presented the budget requests for Circuit Court, Clerk of Court, and Family Court via the County's PowerPoint presentation. Mr. Watkins announced that a full-time judge position for the Sixth Circuit Court had been approved in the budget by the House, and is now going through the Senate for approval. The position would be housed in Lancaster County.

Amanda Roberts presented the budget requests for the Soil and Water Conservation District via the County's PowerPoint presentation. Ms. Roberts explained that there were several earthen dams that were reaching their end of life cycle. Ms. Roberts also explained that the Soil and Water Conservation District Board wanted her to be treated as a County employee when it pertains to salary increases, but Steve Willis stated that since they were not County employees, the County would not be giving them a raise, but rather increase the amount of funding for the Board.

Brad Carnes presented the budget requests for the Assessor's Office via the County's PowerPoint presentation. There was no discussion from Council.

Jenna Woods presented the budget requests for the Communications and Marketing Department via the County's PowerPoint presentation. Council and staff discussed gateway signage opportunities, advertising for the Historical Commission, the 250th Celebration, and the increase in social media and website engagements.

Council took a break from the meeting at approximately 4:06 p.m., and resumed at approximately 4:16 p.m.

Carrie Helms presented the budget requests for the Treasurer's Office via the County's PowerPoint presentation. Council and staff discussed a change in watercraft taxes.

Sabrena Harris presented the budget requests for Finance/Non-Departmental/Debts via the County's PowerPoint presentation. Council and staff discussed the request for funds for repainting the Finance office.

Karla Deese presented the budget requests for the Coroner's Office via the County's PowerPoint presentation. There was no discussion from Council. Jose Luis thanked Ms. Deese and her department for their work.



Chris Clouden presented the budget requests for the Parks and Recreation Department via the County's PowerPoint presentation. Council and staff discussed the use of impact fees for capital requests, recreation bonds, the fields at Walnut Creek, Farmer's Market, 250 Committee funding

**c. Discussion of Operating Budget and Personnel Updates - Steve Willis / Sabrena Harris / Jamie Privuznak**

Due to time constraints, this item was moved to the April 15, 2026, County Council budget workshop. Jose Luis requested the line item details at the next workshop.

**Adjournment**

Steve Harper moved to adjourn the workshop. Seconded by Jose Luis.

There being no further business to discuss, the budget workshop meeting adjourned at approximately 4:55 p.m.

Respectfully Submitted:

*Lauren Hill*

Lauren Hill  
Deputy Clerk to Council

Approved by Council on April 27, 2026

*Bryant Neal*

Bryant Neal, Secretary

# LANCASTER COUNTY EMS

Schedule A



# Lancaster County EMS

| Number of Employees: |       | Strategic Priority: |
|----------------------|-------|---------------------|
| Full-time:           | 90.00 | Public Safety       |
| Part-time:           | 40.00 | High Performance    |

|              | 2025-2026 Budget  | Inc/Decr Amount  | 2026-2027 Request | % Chg from Prior Year |
|--------------|-------------------|------------------|-------------------|-----------------------|
| Personnel    | 9,107,815         | 3,109,920        | 12,217,735        | 34.15%                |
| Operating    | 1,378,047         | 346,620          | 1,724,667         | 25.15%                |
| Capital      | 973,880           | 583,918          | 1,557,798         | 59.96%                |
| <b>Total</b> | <b>11,459,742</b> | <b>4,040,458</b> | <b>15,500,200</b> | <b>35.26%</b>         |



| Highlights & Impact Data         |                                   |
|----------------------------------|-----------------------------------|
| Record Call Volume               | 20,397                            |
| Decrease in Response Time        | 11 Seconds                        |
| Increase in Collections          | 1.5%                              |
| DEA and State Regulation Changes | Drug/ Temp and Inventory Tracking |
| First Ever Paramedic Class       |                                   |



# Lancaster County EMS

|              | FY27 Requested    |
|--------------|-------------------|
| Personnel    | 12,217,735        |
| Operating    | 1,724,667         |
| Capital      | 1,557,798         |
| <b>Total</b> | <b>15,500,200</b> |

| Changes      | Amount (\$) | Strategic Alignment               | Justification                                                           |
|--------------|-------------|-----------------------------------|-------------------------------------------------------------------------|
| 2 Paramedics | 277,723     | High Performance<br>Public Safety | A new 12-hour unit to support increased call volume in Indian Land area |
| 2 EMTs       | 199,948     | High Performance<br>Public Safety | A new 12-hour unit to support increased call volume in Indian Land area |
| 2 Paramedics | 284,094     | High Performance<br>Public Safety | A new 12-hour unit to support increased call volume in Lancaster City   |
| 2 EMTs       | 203,798     | High Performance<br>Public Safety | A new 12-hour unit to support increased call volume in Lancaster City   |
| 5 Paramedics | 561,730     | High Performance<br>Public Safety | Schedule change from 24/48 to 24/72                                     |

\* Personnel budgets include across-the-board salary and fringe benefit increases; changes reflect only new items and other year-over-year adjustments. Request for new positions include fringe benefits and associated non-personnel expenses (i.e., travel, equipment, supplies, etc.).



# Lancaster County EMS

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| Personnel    | 12,217,735        |
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| Capital      | 1,557,798         |
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| Changes                | Amount (\$) | Strategic Alignment               | Justification                                             |
|------------------------|-------------|-----------------------------------|-----------------------------------------------------------|
| 4 EMTs                 | 347,762     | High Performance<br>Public Safety | Schedule change from 24/48 to 24/72                       |
| 5 Paramedics           | 534,974     | High Performance<br>Public Safety | EMS and Fire Services partnership as heard at COW Meeting |
| 1 Paramedic Instructor | 116,775     | High Performance<br>Public Safety | Grant funding will end in September 2026                  |
| 3 EMTs                 | 303,522     | High Performance<br>Public Safety | QRV Response Team unit                                    |

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# Lancaster County EMS

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| Changes             | Amount (\$) | Strategic Alignment               | Justification                         |
|---------------------|-------------|-----------------------------------|---------------------------------------|
| Body Cameras        | 88,560      | High Performance<br>Public Safety | Safety of crews and county protection |
| Supplies Postage    | 5,000       | High Performance                  | Increase in bills sent by mail        |
| Supplies Medical    | 146,198     | High Performance                  | Increased call volume                 |
| Supplies Clothing   | 15,700      | High Performance                  | Increased cost of uniforms            |
| Equipment - Capital | 200,000     | High Performance                  | Equipment replacement (Fund 11)       |

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# Lancaster County EMS

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| Changes                | Amount (\$) | Strategic Alignment | Justification                                                                             |
|------------------------|-------------|---------------------|-------------------------------------------------------------------------------------------|
| Equipment Capitalized  | 256,989     | Public Safety       | 2 new QRV Response Units for new response plan in Indian Land; 1 new generator at \$46.5K |
| Maintenance – Vehicles | 30,000      | High Performance    | More units to maintain includes 2 new QRV Response Units                                  |
| Contractual Services   | 43,250      | High Performance    | Medical Director increase                                                                 |
| Ambulance Replacements | 1,100,000   | Infrastructure      | 2 replacement ambulance purchases as part of annual replacement program (Fund 11)         |
| Ambulance Equipment    | 55,809      | Infrastructure      | EMS impact fee appropriation for in-service units in the defined service district         |
| Special Projects       | 44,674      | Infrastructure      | Floor replacement at Station 6 at \$6K, commercial kitchen build-out at \$38K             |

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# Lancaster County EMS

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| Fee Schedule                           | Current | New | Explanation                                             |
|----------------------------------------|---------|-----|---------------------------------------------------------|
| Standby Fee                            | 35      | 45  | Cost increase to have standby Paramedic at local events |
| Lift Assistance at Assisted Living Fee | -       | 150 | NEW fee request for annual fee schedule                 |



## MEMORANDUM

**To:** County Administration

**From:** Clay Catoe, EMS Director

**Date:** February 25, 2026 – Updated March 31, 2026

**Subject:** FY 2025/2026 Budget Update and Strategic Funding Requests – Lancaster County EMS

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Lancaster County EMS currently operates with 90 authorized FTEs across billing, custodial, and medical operations. At present, we have eight (8) FTE vacancies in addition to eight (8) employees who are out on FMLA, parental leave, or workers' compensation.

For the FY 2025/2026 budget year, EMS has an approved General Fund operating budget of \$11,048,124 and \$900,000 in Capital Improvement funding, for a total budget of \$11,948,124. Additionally, EMS was renewed for the second year of a two-year Federal Grant totaling nearly \$400,000, which authorizes one position. This grant also provided required one-time equipment purchases and funding to initiate the counties first in-house Paramedic program.

### Current Fiscal Year Updates

During the current fiscal year, EMS received approval for several one-time purchases, including:

- A medical vending machine (\$20,000)
- Quality review software
- Card entry systems for stations
- Roof repairs at EMS 8

Capital purchase orders have been issued for EMS units that may not be completed before June 30, 2026. The station card entry systems are pending installation through IT. All other authorized one-time purchases will be accounted for within the current fiscal year as approved.

### Operational Progress and Achievements

This year, EMS has made significant progress toward strengthening our service delivery and long-term sustainability:

- Reduced vacancy numbers through aggressive recruitment and improved salaries
- Began filling 9 new medic positions (mid-year approval)
- Increased collections by 1.5% over the previous year
- Added an Equipment Officer
- Purchased new EMS units
- Updated standing orders with new medical procedures
- Launched the counties first in-house Paramedic course through a Federally Awarded Grant
- Purchased 11 new cardiac monitors
- Initiated our 7th EMT Boot Camp

Despite record call volume and increased supply usage, EMS met all fiduciary requirements and remained within the approved budget.

## **Cost Control and Logistics Management**

To reduce operational costs, EMS implemented an enhanced inventory control process and reduced supplies distributed to fire service partners. We continue refining this system to further improve accountability and efficiency.

Logistics remains the largest controllable cost area outside of personnel; however, it is heavily influenced by call volume, medical directive changes, regulatory updates, and supply market fluctuations.

## **Medical Advancements and Supply Funding**

Healthcare is continually evolving. New recommendations from our Medical Director, new **DEA requirements** and newly approved state skills will require additional medications and devices to maintain evidence-based care and improve patient outcomes.

We are requesting increased funding for medical supplies due to:

- Rising supply costs
- Increased EMS call volume
- Increased usage by City and County Fire Departments
- Adding County Fire EMT Program

EMS provides all medical supplies and oxygen to county and city fire departments due to DEA and Board of Pharmacy licensing requirements. This centralized model ensures compliance and maintains consistent medical standards countywide but has lots of work.

## **QRV Expansion and Response Model Improvements**

Following a review of all surrounding counties, Lancaster is on an island. We need to move toward a different schedule to help keep staff rested and keep recruitment going. Moving to 24/72 may seem to be a lot, however when faced with no applications to fill openings, it is a major step. Every county we touch and those that touch them run alternate schedules. We are the last of 24/48 and recruiting and employee loss have begun to show. Other counties easily use more time off, less work and equal pay to entice staff to jump ship. We need to make this move now or face serious vacancies with increasing population. Adding QRV response to areas with extreme response times or back filling during high call volume will be important to maintain a basic level of coverage in many areas of the county.

As Lancaster County continues to grow, proactive expansion of services is essential before demand exceeds capacity. However, being able to recruit staff to fill those slots are just as important.

## **Capital Improvement Requests**

Our Capital Improvement Plan includes:

- Two new EMS units to support fleet reliability with cardiac monitors
- Additional QRVs to support proposed 12-hour response trucks and coverage of areas with units

These annual requests directly support Public Safety and operational readiness.

## **Workforce Challenges and Salary Requests**

EMS continues to face aggressive recruitment efforts from surrounding agencies, including:

- MUSC-Lancaster
- Kershaw County EMS
- Chester County EMS
- York County EMS



These agencies offer competitive salaries, alternative schedules with fewer workdays, and comparable or enhanced benefits packages. We have lost experienced personnel to Chester County, MUSC-Lancaster, retirement, and Medic in Charlotte.

While we have made progress improving full-time salaries, we must continue addressing compensation gaps and work life issues that attract or distract applications.

### **Part-Time Staff**

Last year, EMS requested a \$3/hour across-the-board increase for part-time staff. Although not approved, limited increases were granted. We are renewing this request. Without competitive part-time wages, we will continue struggling to recruit and retain this essential workforce segment. In the area of part-time staff, Lancaster ranks last in pay rates with surrounding counties.

### **Administrative Compression**

Administrative staff have not received the same structured increases afforded to field medics in recent years. As a result, many street medics now earn more than nearly all office staff who supervise them. This compaction issue must be addressed. Competition for top administrative staff is tough, and we need to keep our team together and not see them wearing another county uniform because of pay.

EMS has generated increased revenue this year that could assist in offsetting this imbalance with the PCG program. These are funds that EMS found and has done the work for Lancaster to access this additional funding source. We would like to see the work put in help pay for some of the requested salary increases.

Failure to remain competitive only strengthens surrounding agencies while weakening our own staffing stability. We must avoid becoming solely a training ground for neighboring systems.

### **Strategic Vision and Long-Term Planning**

Looking forward, EMS is evaluating:

- Accreditation
- Additional response stations in over utilized response areas
- Increased staffing levels based on population projections
- Priority dispatch implementation
- Additional chase QRVs
- Movement toward countywide EMT Fire Response

Each initiative requires investment but directly enhances service delivery, public safety, and operational excellence.

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All requests outlined above support Lancaster County's mission of Public Safety and High-Performance operations.

Thank you for your time and consideration. I would be glad to provide further clarification or detailed discussion on any item presented.

Respectfully,

Clay Catoe  
EMS Director  
Lancaster County EMS

## EMS Budget Request Overview

Based on changes within the county and several other different events that have happened, EMS has seen the need to restructure the budget request that was submitted in December 2025. Below is a list of highlighted items. These requests are separate from the line item increases due to cost increases and supply increases.

### Capital Items

4 QRV's (2 SUV's and 2 Pickup Trucks) (\$320,000)

2 EMS units (\$1,200,000)

Mini EMS Unit (\$95,000)

Generator for EMS 6 (\$47,000)

Finish EMS Kitchen Project started in 2021 (\$40,000)

**Total = \$1,714,500**

### Staffing Request

Paramedic Instructor (Convert of Grant Job) (\$75,000)

Certification Officer (\$70,000)

23 Street Medics (\$1,500,000)

Grant Position to FTE (\$70,000)

Adjust Admin Salaries due to compaction with street staff (\$30,000)

Adjust Billing Office Salaries due to extra workload (\$20,000)

**Total = \$1,765,000 (no holiday pay or benefits added)**

### Budget Request

Body Camera's (\$90,000)

**Total = \$90,000**



Transitioning from 24/48 to a 24/72 EMS Shift Schedule is not a new concept, but this is the first year I've been allowed to present the concept in Lancaster County. The change supports improved crew performance, staff wellbeing, operational efficiency, and long-term workforce retention when paired with proper implementation and staffing plans. This request represents a strategic investment in workforce stability, operational readiness and long-term planning. The transition is an investment in workforce challenges that threaten the sustainability of EMS operations both locally and nationally. National workforce data reinforces the urgency showing over 20,000 paramedics leave EMS annually, while only 17,000 new paramedics enter the field. The average EMS career lasts only eight (8) years, highlighting the severe retention challenges. Last year in South Carolina, more medics left the field than were certified.

Personnel working the 24/48 schedule work an average of 112 hours per pay period. In contrast, personnel working 24/72 and 12-hour shifts work 84 hours per pay period. This means that over one year our 24/48 employees work 728 hours more than their peers working 24/72 or 12-hour schedules to earn the same annual wage. In a 30-year career, they would have worked 21,840 more hours than their peers on 24/72 schedules. It would take the 24/72 medic 10 more years to work those extra hours.

#### **Key Benefits:**

##### **1. Improved fatigue management and safety**

- Longer recovery window (72 hours off) reduces cumulative fatigue and sleep deprivation, lowering the risk of on-duty errors and patient-safety incidents.
- Better-rested clinicians maintain higher situational awareness and decision-making capacity on shift.

##### **2. Enhanced physical and mental health**

- More consistent, longer rest periods support circadian recovery, reduced stress, and lower burnout rates.
- Additional off-time allows for better work-life balance, family time, and opportunities for mental health care.

##### **3. Increased staff retention and recruitment**

- A schedule offering longer consecutive days off is an attractive benefit for recruitment and improves morale, reducing turnover and the costs of hiring/training replacements.
- Higher job satisfaction supports institutional knowledge retention and team stability.

##### **4. Reduced overtime and payroll predictability**

- With fewer shifts required per employee to cover the same hours, there is potential to lower the need for unplanned overtime (if staffing levels are adjusted properly).
- Easier-to-predict scheduling can reduce last-minute call-ins and associated premium pay.

## **5. Improved continuity for off-shift activities**

- Longer off periods give staff predictable blocks for continuing education, required training, certifications, and non-work obligations without disrupting operational staffing.

## **6. Streamlined scheduling and better patient care**

- Improves continuity of patient care and reduces information loss between crews.
- Simplified schedule templates are easier to manage administratively.

## **7. Potential operational efficiencies**

- Consolidated staffing blocks can simplify rostering and allow targeted allocation of experienced crews for high-demand periods.
- Opportunity to redesign coverage models (peak/off-peak) with the additional off-time buffer.

## **Considerations and Mitigation Strategies**

- Staffing levels: Transition requires reviewing FTE counts to maintain 24/7 coverage without increasing individual workload.
- Overtime spikes during transition: A phased rollout and cross-training of reserves can prevent coverage gaps and costly overtime.
- Fatigue parity: Ensure shift length remains safe; pair schedule changes with fatigue-management training, sleep-hygiene guidance, and access to wellness resources.
- Labor - include adjustments for shift-based pay due to less overtime earnings.

## **Recommended Next Steps**

1. Begin planning for a transition of partial or full roll out of the new schedule.
2. Work on cost analysis of each schedule.
3. Coordinate with HR, and council on necessary policy changes before broad rollout.

**Conclusion** Shifting from a 24/48 to a 24/72 schedule can yield meaningful benefits in fatigue reduction, staff wellbeing, retention, and operational efficiency. Employees are facing chronic fatigue, poor work life balance, burnout and mental health issues. With careful staffing and stakeholder engagement, the change can be implemented with minimal disruption and measurable gains for both personnel and the organization.

Of the 46 counties in South Carolina, only 8 counties are left on the current 24/48 model. This year, some of those 8 are attempting to move schedules to the 24/72. Many counties who respond to less EMS calls for service than Lancaster have moved to this schedule. Paired with a more attractive schedule and nearly the same bring home pay, it makes it hard for an employee to turn down offers. Of the counties that have changed schedules, staffing issues have become less of an issue, call outs are much fewer, and workers' compensation injuries have been reduced. This is something we must consider now or face the continued loss of staff to other employers.



# THE EMS EXODUS: WHY CLINICIANS ARE LEAVING AND WHAT IT MEANS FOR PUBLIC HEALTH

Posted on [September 17, 2025](#) by [Kyla Woodward, Bianca Frogner, Davis Patterson](#)  
This entry is part 6 of 7 in the series [September 2025](#)

## The EMS Exodus: Why Clinicians Are Leaving and What It Means for Public Health

Kyla Woodward, PhD, RN; Bianca Frogner, PhD; Davis Patterson, PhD

[JPHMPDirect.com](#)

Across the United States, we rely on emergency medical services (EMS) practitioners to provide immediate assistance in medical emergencies and disasters as well as augment primary care and public health services. But these clinicians are leaving their jobs at higher rates every year. A new study in the *Journal of Public Health Management and Practice* "[Who is Leaving the Emergency Medical Services Workforce?](#)" looks at trends in leaving jobs (turnover) and which workers are more likely to leave jobs.

The study, by Dr. Kyla F. Woodward and colleagues at the University of Washington's Center for Health Workforce Studies and the TMF Health Quality Institute, analyzed data from the US Current Population Survey from 2018 to 2023. They found that the annual rate of EMS clinicians leaving their jobs rose from 16% in 2018 to 23% in 2023. That's nearly one in four EMS

professionals exiting the field each year. While the EMS workforce grew in size during this time period, the increased departure rates are cause for concern about the sustainability of the workforce.

One concerning finding is that EMS clinicians from racially and ethnically diverse backgrounds are leaving at disproportionately high rates compared to white EMS clinicians. Immigration status also played a role, as workers who were not US-born citizens were more likely to leave jobs than naturalized or US-born citizens.

Where do these professionals go? The study found a post-pandemic shift away from other hospital and public sector jobs, such as nonclinical roles in fire departments or public health, toward other health sector jobs. An increasing percentage left the workforce entirely. More EMS clinicians have been retiring, becoming unemployed, or leaving to pursue education. This suggests that many may be seeking better pay, career advancement, or relief from the intense stress of EMS work.

Another concerning trend is the growing number of EMS clinicians leaving their jobs in rural areas. Given that rural EMS systems often rely heavily on volunteers and already face staffing shortages, this trend could jeopardize emergency care access in underserved communities.

The reasons behind EMS turnover are complex, but recent studies point to several key drivers:<sup>1-4</sup>

- **Burnout and stress:** EMS clinicians face high workloads, exposure to trauma, and even workplace violence. These pressures intensified during the pandemic.
- **Lack of career pathways:** Many EMS professionals leave to pursue further education in other fields, often because there are limited opportunities for advancement within EMS itself.



- **Low pay:** EMS wages lag behind those of other healthcare professionals with similar training, especially for entry-level roles like emergency medical technicians.
- **Organizational challenges:** Poor team dynamics, inadequate resources, and lack of support contribute to dissatisfaction and attrition.



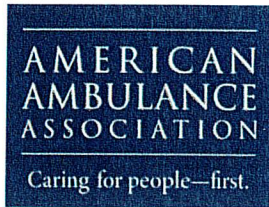
Read the Article in JPHMP

This study offers several policy recommendations for EMS agencies and other policy makers to stem the tide of EMS departures. First, EMS agencies will need to invest in a representative workforce by recruiting clinicians from all backgrounds and ensuring a supportive work environment, including appropriate responses to the violence and stress faced by EMS clinicians. Second, creating career ladders within the profession to management roles or expansion of programs in community paramedicine or mobile integrated healthcare can provide the advancement opportunities sought by EMS clinicians. Finally, reforming policy to support paid models in rural areas and allow EMS agencies to be reimbursed for community and preventive services could improve job satisfaction and financial sustainability in EMS.

EMS clinicians are more than just first responders—they are a critical part of our public health infrastructure. They provide care during pandemics, respond to the opioid crisis, and serve as a safety net in communities with limited healthcare access. If we don't act now to support and retain this workforce, we risk weakening our entire emergency response system. This study "[Who Is Leaving the Emergency Medical Services Workforce?](#)" is a wake-up call. It's time to listen to the voices of EMS

professionals, understand why they're leaving, and take meaningful steps to keep them in the field. Because when EMS clinicians leave, it's not just a workforce issue—it's a public health emergency.





# EMS Workforce Shortage

## Support Initiatives for the Hiring, Retention and Training of Paramedics and EMTs

### ***Extreme Shortage of Paramedics and EMTs***

- Our country's emergency medical services (EMS) system is facing crippling staffing challenges that threatens the provision of crucial emergency healthcare services.
- The crippling shortage of paramedics and emergency medical technicians (EMTs) is a long-term problem that has been building for over a decade but exacerbated more recently.
- Our pipeline for EMTs entering the health care profession has been stretched thin as our highly trained paramedics are being hired by hospitals to offset the nursing shortage.
- The 2024 Ambulance Employee Workforce Turnover Study by the American Ambulance Association (AAA) and Newton 360 - the most sweeping survey of its kind involving nearly 20,000 employees working at 258 EMS organizations — found that overall turnover among paramedics and EMTs ranges from 20 to 30 percent annually.
- The shortage is resulting in longer 9-1-1 response times for ambulances to reach patients in need of emergency ambulance services as well as an urgent interfacility ambulance transport to receive a higher level of care.

### ***Support the PARA-EMT Act***

- The Preserve Access to Rapid Ambulance Medical Treatment Act (H.R. 2220) "PARA-EMT" Act by Congresswoman Gluesenkamp Perez and Congressman Finstad would help address the paramedic and EMT shortage.
  - Provides funding (\$50 million) for the Office of the Assistance Secretary for Preparedness and Response (ASPR) for grants open to all ambulance service providers to fund paramedic and EMT recruitment and training, including employee education and peer-support programming to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders.
  - Reduces barriers that prevent veterans from becoming certified as paramedics/EMTs.
  - Request the Secretary of Labor (in coordination with the HHS Secretary) to conduct a study on the current and projected EMS workforce shortage and report their findings.

### **House Request**

- Please cosponsor the PARA-EMT Act (H.R. 2220) by contacting Amy Lindardt with Congresswoman Gluesenkamp Perez or Meagan Daly with Congressman Finstad.

### **House and Senate Request**

- Contact the leadership of the Senate and House Armed Services Committees respectively in support of conferees adopting the language (Section 715) in the Senate-passed version of the National Defense Authorization Act (S.2296) that would facilitate the transition of medics coming out of the Armed Services to become civilian health care professionals.

## New EMS Response Model 2026

### **All 24/72**

#### **Rotations:**

##### 24/72 Hour Trucks

EMS 1 – EMS 2 – EMS 3 – EMS 4 – EMS 5- EMS 6 – EMS 7- EMS 8 – EMS 10

**Total = 72 Staff**

##### 24/72 Hour QRV's

|                   |                            |
|-------------------|----------------------------|
| QRV 7 base EMS 7  | Assistant Supervisor South |
| QRV 8 base EMS 10 | Assistant Supervisor North |
| QRV 10 base EMS 1 | Shift Supervisor           |

**Total = 12 Staff**

##### 12 Hour Trucks

|                   |         |
|-------------------|---------|
| EMS 18 base EMS 8 | 7am-7pm |
| EMS 11 base EMS 1 | 9am-9pm |
| EMS 9 base EMS 10 | 8am-8pm |

**Total = 12 Staff**

**Total staffing needed = 96**

**Current staffing = 73**

**Needed staffing= 23**

**\*\* Adds an additional 12 hour unit during peak hours**

**Avg Salary cost per new hire 24/48 without benefits = 67,443**

**Avg Salary cost per new hire 24/72 without benefits = 59,413**

**Adding staff for 12-hour trucks costs the same as adding staff to 24/72**

**(Many staff drive almost an hour or more to work here, only a few like 12-hour trucks)**



Hours per shift schedule for scheduled days. This includes no late calls, no training or mandatory days.

**24/48** **Days worked per year 122**

|                                |      |
|--------------------------------|------|
| Total hours scheduled per year | 2928 |
| Regular rate hours             | 2080 |
| Overtime hours                 | 848  |

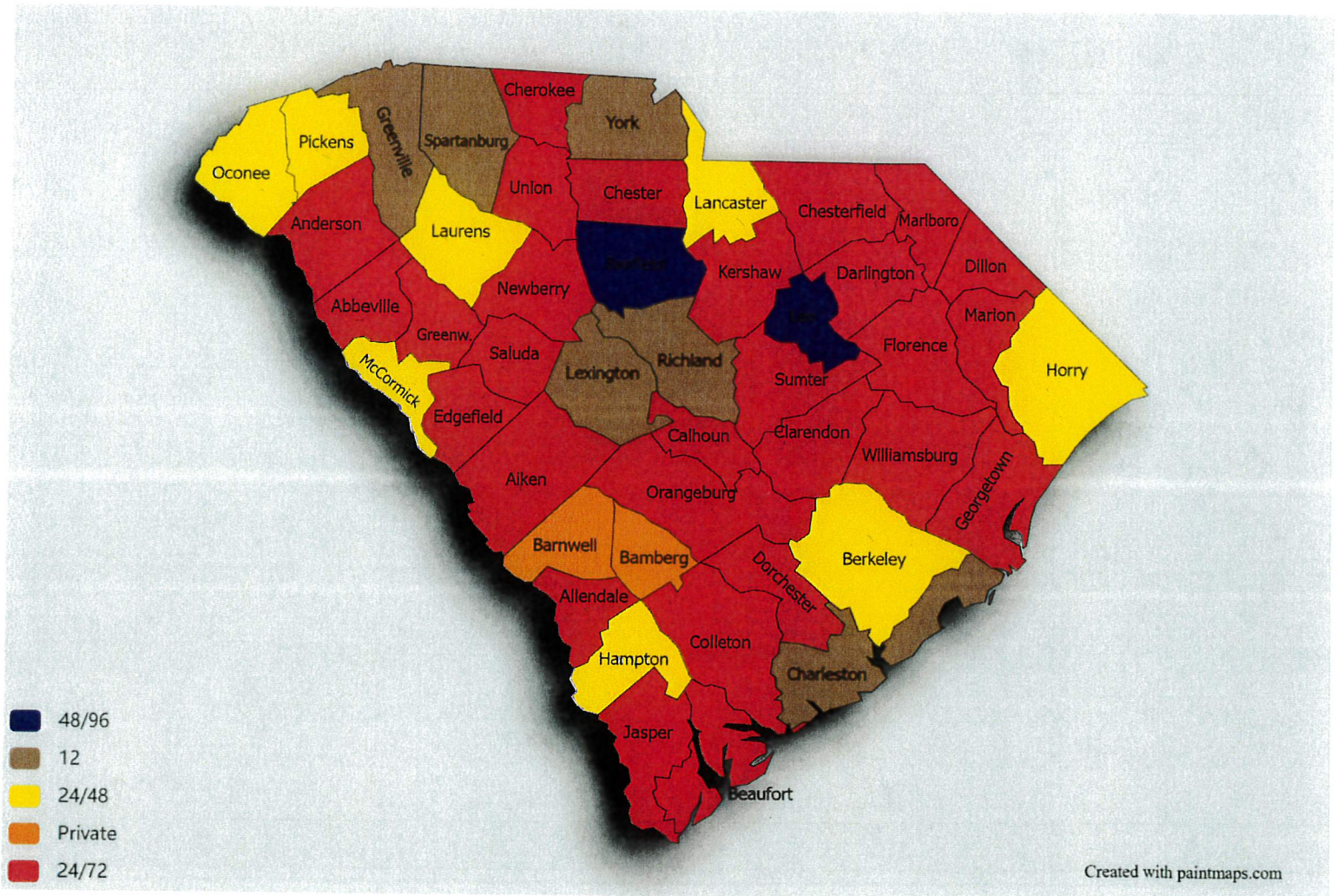
**24/72** **Days worked per year 92**

|                                |      |
|--------------------------------|------|
| Total hours scheduled per year | 2208 |
| Regular rate hours             | 2080 |
| Overtime hours                 | 128  |

**12-hour shift** **Days worked per year 182**

|                                |      |
|--------------------------------|------|
| Total hours scheduled per year | 2184 |
| Regular rate hours             | 2080 |
| Overtime hours                 | 104  |

Personnel working the **24/48** schedule work an average of **112 hours per pay period**. In contrast, personnel working **24/72** and **12-hour shifts** work **84 hours per pay period**. This means that **over one year our 24/48 employees work 728 hours more** than their peers working **24/72** or **12-hour** schedules to earn the same annual wage. In a **30-year career**, they would have worked **21,840 more hours than their peers on 24/72 schedules**. It would take the **24/72 medic 10 more years** to work those extra hours.





## Current EMS Response Model

Rotations:

### 24 Hour Trucks

EMS 1 – EMS 4 – EMS 5

EMS 3 – EMS 6 – EMS 7

EMS 2 – EMS 8 – EMS 9

**Total = 54 Staff**

### 24 Hour Trucks

QRV 10 base EMS 1

Shift Supervisor

QRV 9 base EMS 4

Paramedic/FTS/Assistant

QRV 14 base EMS 4

Basic Alternate Response Unit

**Total = 9 Staff**

### 12 Hour Trucks

EMS 18      7-7

EMS 11      9-9

**Total = 8 Staff**

**Total staffing needed = 71**

## 24/48 - All Personnel

| Supervisors - 24/48 |   |   |   |
|---------------------|---|---|---|
|                     | A | B | C |
| Captain             | 1 | 1 | 1 |
| Lt. / North         | 1 | 1 | 1 |
| Lt. / South         | 1 | 1 | 1 |
|                     |   |   | 3 |

| Rotation - 12 Hr |   |   |   |
|------------------|---|---|---|
|                  |   |   |   |
| EMS-11 / ALS     | 2 | 2 | 4 |
| EMS-18 / ALS     | 2 | 2 | 4 |

| Rotation - 24/48            |   |   |    |
|-----------------------------|---|---|----|
|                             | A | B | C  |
| EMS-1 / ALS                 | 2 | 2 | 2  |
| EMS-2 / ALS                 | 2 | 2 | 2  |
| EMS-3 / ALS                 | 2 | 2 | 2  |
| EMS-4 / ALS                 | 2 | 2 | 2  |
| EMS-5 / ALS                 | 2 | 2 | 2  |
| EMS-6 / ALS                 | 2 | 2 | 2  |
| EMS-7 / ALS                 | 2 | 2 | 2  |
| EMS-8 / ALS                 | 2 | 2 | 2  |
| EMS-9 / ALS                 | 2 | 2 | 2  |
| Total Operational Personnel |   |   | 71 |

| Schedule | Reg Hrs | O/T Hrs | Total Hrs |
|----------|---------|---------|-----------|
| 24/48    | 2080    | 832     | 2912      |



| Role - 12 Hr. | Count | Rate    | ShiftsPer14 | HoursPerShift | TotalHours | RegHours | OTHours | RegPay      | OTPay      | Annual      | Cost/Shift | OT/Shift | TotalCost    |
|---------------|-------|---------|-------------|---------------|------------|----------|---------|-------------|------------|-------------|------------|----------|--------------|
| Medic         | 4     | \$26.61 | 7           | 12            | 2190       | 2080     | 110     | \$55,348.80 | \$4,390.65 | \$59,739.45 | \$327.34   | \$24.06  | \$238,957.80 |
| Advanced      | 2     | \$23.21 | 7           | 12            | 2190       | 2080     | 110     | \$48,276.80 | \$3,829.65 | \$52,106.45 | \$285.51   | \$20.98  | \$104,212.90 |
| EMT           | 2     | \$20.21 | 7           | 12            | 2190       | 2080     | 110     | \$42,036.80 | \$3,334.65 | \$45,371.45 | \$248.61   | \$18.27  | \$90,742.90  |
|               | 0     | \$0.00  | 7           | 12            | 2190       | 2080     | 110     | \$0.00      | \$0.00     | \$0.00      | \$0.00     | \$0.00   | \$0.00       |
|               | 0     | \$0.00  | 7           | 12            | 2190       | 2080     | 110     | \$0.00      | \$0.00     | \$0.00      | \$0.00     | \$0.00   | \$0.00       |
|               | 0     | \$0.00  | 7           | 12            | 2190       | 2080     | 110     | \$0.00      | \$0.00     | \$0.00      | \$0.00     | \$0.00   | \$0.00       |
|               | 0     | \$0.00  | 7           | 12            | 2190       | 2080     | 110     | \$0.00      | \$0.00     | \$0.00      | \$0.00     | \$0.00   | \$0.00       |
|               | 0     | \$0.00  | 7           | 12            | 2190       | 2080     | 110     | \$0.00      | \$0.00     | \$0.00      | \$0.00     | \$0.00   | \$0.00       |

Two Additional 12 hour EMS Units - Requires 8 Personnel

| Role - 24/48   | Count | Rate    | RegHours | OTHours | RegPay      | OTPay       | Annual      | Cost/Shift | OT/Shift | TotalCost      |
|----------------|-------|---------|----------|---------|-------------|-------------|-------------|------------|----------|----------------|
| Supervisor     | 3     | \$27.31 | 2080     | 832     | \$56,804.80 | \$34,082.88 | \$90,887.68 | \$746.82   | \$280.06 | \$272,663.04   |
| Assistant Sup  | 6     | \$25.54 | 2080     | 832     | \$53,123.20 | \$31,873.92 | \$84,997.12 | \$698.42   | \$261.91 | \$509,982.72   |
| Field Training | 6     | \$24.25 | 2080     | 832     | \$50,440.00 | \$30,264.00 | \$80,704.00 | \$663.14   | \$248.68 | \$484,224.00   |
| Medic          | 24    | \$23.23 | 2080     | 832     | \$48,318.40 | \$28,991.04 | \$77,309.44 | \$635.25   | \$238.22 | \$1,855,426.56 |
| Advanced       | 6     | \$18.77 | 2080     | 832     | \$39,041.60 | \$23,424.96 | \$62,466.56 | \$513.28   | \$192.48 | \$374,799.36   |
| EMT            | 18    | \$15.37 | 2080     | 832     | \$31,969.60 | \$19,181.76 | \$51,151.36 | \$420.31   | \$157.62 | \$920,724.48   |
|                | 0     | \$0.00  | 2080     | 832     | \$0.00      | \$0.00      | \$0.00      | \$0.00     | \$0.00   | \$0.00         |
|                | 0     | \$0.00  | 2080     | 832     | \$0.00      | \$0.00      | \$0.00      | \$0.00     | \$0.00   | \$0.00         |
|                | 0     | \$0.00  | 2080     | 832     | \$0.00      | \$0.00      | \$0.00      | \$0.00     | \$0.00   | \$0.00         |
|                | 0     | \$0.00  | 2080     | 832     | \$0.00      | \$0.00      | \$0.00      | \$0.00     | \$0.00   | \$0.00         |

EMS Stations 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 In Addition to Supervisors & Assistants - Requires 63 Personnel on a 24/48 Rotation

| Schedule    | Total Cost     |
|-------------|----------------|
| 24-72       | \$0.00         |
| 24-48       | \$4,417,820.16 |
| 12hr 223    | \$433,913.60   |
| Grand Total | \$4,851,733.76 |

|                                       |
|---------------------------------------|
| Total Personnel Needed - 71 Positions |
|---------------------------------------|

## New EMS Response Model 2026

**All 24/72**

### **Rotations:**

#### **24/72 Hour Trucks**

EMS 1 – EMS 2 – EMS 3 – EMS 4 – EMS 5- EMS 6 – EMS 7- EMS 8 – EMS 10

**Total = 72 Staff**

#### **24/72 Hour QRV's**

QVR 7 base EMS 7                      Assistant Supervisor South

QVR 8 base EMS 10                     Assistant Supervisor North

QVR 10 base EMS 1                     Shift Supervisor

**Total = 12 Staff**

#### **12 Hour Trucks**

EMS 18 base EMS 8                    7am-7pm

EMS 11 base EMS 1                    9am-9pm

EMS 9 base EMS 10                    8am-8pm

**Total = 12 Staff**

**Total staffing needed =        96**

**Current staffing =                73**

**Needed staffing=                 23**

**\*\* Adds an additional 12-hour unit during peak hours**



## 24/72 - All Personnel

|                     |   |   |   |   |   |
|---------------------|---|---|---|---|---|
| Supervisors - 24/48 | A | B | C | D |   |
| Captain             | 1 | 1 | 1 | 1 | 4 |
| Lt. / North         | 1 | 1 | 1 | 1 | 4 |
| Lt. / South         | 1 | 1 | 1 | 1 | 4 |

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Rotation - 24/72 | A | B | C | D |   |
| EMS-1 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-2 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-3 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-4 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-5 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-6 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-7 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-8 / ALS      | 2 | 2 | 2 | 2 | 8 |
| EMS-10 / ALS     | 2 | 2 | 2 | 2 | 8 |

|                  |   |   |  |  |   |
|------------------|---|---|--|--|---|
| Rotation - 12 Hr |   |   |  |  |   |
| EMS-09 / ALS     | 2 | 2 |  |  | 4 |
| EMS-11 / ALS     | 2 | 2 |  |  | 4 |
| EMS-18 / ALS     | 2 | 2 |  |  | 4 |

|                             |    |
|-----------------------------|----|
| Total Operational Personnel | 96 |
|-----------------------------|----|

|          |         |         |           |
|----------|---------|---------|-----------|
| Schedule | Reg Hrs | O/T Hrs | Total Hrs |
| 24/48    | 2080    | 832     | 2912      |
| 24/72    | 2080    | 128     | 2208      |







## Sumter EMS 24/72

| Certification    | Hrly. Rate    | Year W/O<br>Extra OT |
|------------------|---------------|----------------------|
| EMT              | \$15.50       | \$44,826.00          |
| Advance EMT      | \$18.50       | \$53,502.00          |
| Paramedic        | \$21.00       | \$60,732.00          |
| Asst. Supervisor |               |                      |
| Shift Supervisor | <b>Salary</b> | \$76,000.00          |

12/hr mandatory OT every 40 days/10 Shifts

## Lee Co. EMS 48/96

| Certification    | Hrly. Rate     | Year W/O<br>Extra OT |
|------------------|----------------|----------------------|
| EMT              | <b>\$12.27</b> | <b>\$42,989.68</b>   |
| Advance EMT      | <b>\$15.58</b> | <b>\$54,592.32</b>   |
| Paramedic        |                | <b>\$68,779.12</b>   |
| Asst. Supervisor | <b>\$20.03</b> | <b>\$70,180.72</b>   |
| Shift Supervisor | <b>\$20.56</b> | <b>\$72,042.24</b>   |

## Darco EMS 24/72

| Certification         | Hrly. Rate | Year W/O<br>Extra OT |
|-----------------------|------------|----------------------|
| EMT                   | \$17.11    | \$49,801.00          |
| Advance EMT           | \$17.45    | \$50,820.00          |
| Paramedic             | \$23.52    | \$68,492.00          |
| Asst.Shift Supervisor | \$24.76    | \$72,105.00          |
| Shift Supervisor      | \$26.00    | \$75,720.00          |

12/hr mandatory OT every 40 days/10 Shifts

## Chester County 24/72

| Certification         | Hrly. Rate | Year W/O<br>Extra OT |
|-----------------------|------------|----------------------|
| EMT                   | \$20.03    |                      |
| Advance EMT           | ??         |                      |
| Paramedic             | \$25.32    |                      |
| Asst.Shift Supervisor | \$28.33    |                      |
| Shift Supervisor      | ??         |                      |

24/hr mandatory OT

## Kershaw EMS 24/72

| Certification         | Hrly. Rate | Year W/O<br>Extra OT |
|-----------------------|------------|----------------------|
| EMT                   | \$17.57    | \$50,364.00          |
| Advance EMT           | \$21.33    | \$61,142.00          |
| Paramedic             | \$24.45    | \$70,945.00          |
| Asst.Shift Supervisor | \$27.68    | \$79,344.00          |
| Shift Supervisor      | \$28.78    | \$82,497.00          |

12/hr mandatory OT every 40 days/10 Shifts

## New EMS Response Model 2026

### **Partial 24/72**

#### **Rotations:**

##### **24 Hour Trucks**

EMS 5 – EMS 6 – EMS 7

**Total = 18 Staff**

##### **24/72 Trucks**

EMS 1 – EMS 2 – EMS 3

EMS 4 – EMS 8 – EMS 9

**Total = 48 Staff**

##### **24 Hour Trucks**

QRV 7 base EMS 7

**Assistant Supervisor South**

QRV 8 base EMS 10

**Assistant Supervisor North**

QRV 10 base EMS 1

**Shift Supervisor**

**Total = 12 Staff**

##### **12 Hour Trucks**

EMS 18

EMS 11

**Total = 86 Staff**

**Current Staff = 73**

**Needed Staff = 13**

**This adds no additional units to the current county response model.**



### Modified 24/48 & 24/72 - 87 Personnel

|                     |   |   |   |   |
|---------------------|---|---|---|---|
| Supervisors - 24/48 | A | B | C |   |
| Captain             | 1 | 1 | 1 | 3 |
| Lt. / North         | 1 | 1 | 1 | 3 |
| Lt. / South         | 1 | 1 | 1 | 3 |

|                  |   |   |   |   |
|------------------|---|---|---|---|
| Rotation - 24/48 | A | B | C |   |
| EMS-5 / ALS      | 2 | 2 | 2 | 6 |
| EMS-6 / ALS      | 2 | 2 | 2 | 6 |
| EMS-7 / ALS      | 2 | 2 | 2 | 6 |

|                  |   |   |  |   |
|------------------|---|---|--|---|
| Rotation - 12 Hr |   |   |  |   |
| EMS-11 / ALS     | 2 | 2 |  | 4 |
| EMS-14 / ALS     | 2 | 2 |  | 4 |
| EMS-18 / ALS     | 2 | 2 |  | 4 |

|                             |   |   |   |   |    |
|-----------------------------|---|---|---|---|----|
| Rotation - 24/72            | A | B | C | D |    |
| EMS-1 / ALS                 | 2 | 2 | 2 | 2 | 8  |
| EMS-2 / ALS                 | 2 | 2 | 2 | 2 | 8  |
| EMS-3 / ALS                 | 2 | 2 | 2 | 2 | 8  |
| EMS-4 / ALS                 | 2 | 2 | 2 | 2 | 8  |
| EMS-8 / ALS                 | 2 | 2 | 2 | 2 | 8  |
| EMS-9 / ALS                 | 2 | 2 | 2 | 2 | 8  |
| Total Operational Personnel |   |   |   |   | 87 |

|          |         |         |           |
|----------|---------|---------|-----------|
| Schedule | Reg Hrs | O/T Hrs | Total Hrs |
| 24/48    | 2080    | 832     | 2912      |
| 24/72    | 2080    | 128     | 2208      |







|                     |    |         |      |     |             |            |             |          |         |                |
|---------------------|----|---------|------|-----|-------------|------------|-------------|----------|---------|----------------|
| Field Training Spec | 6  | \$31.53 | 2080 | 128 | \$65,582.40 | \$5,053.76 | \$71,636.16 | \$654.21 | \$55.29 | \$429,816.96   |
| Medic               | 18 | \$30.20 | 2080 | 128 | \$62,816.00 | \$5,798.40 | \$68,614.40 | \$626.62 | \$52.95 | \$1,235,059.20 |
| Advanced            | 0  | \$24.40 | 2080 | 128 | \$50,752.00 | \$4,684.80 | \$55,436.80 | \$506.27 | \$42.78 | \$0.00         |
| EMT                 | 24 | \$19.98 | 2080 | 128 | \$41,558.40 | \$3,836.16 | \$45,394.56 | \$414.56 | \$35.03 | \$1,089,469.44 |
|                     | 0  | \$0.00  | 2080 | 128 | \$0.00      | \$0.00     | \$0.00      | \$0.00   | \$0.00  | \$0.00         |
|                     | 0  | \$0.00  | 2080 | 128 | \$0.00      | \$0.00     | \$0.00      | \$0.00   | \$0.00  | \$0.00         |
|                     | 0  | \$0.00  | 2080 | 128 | \$0.00      | \$0.00     | \$0.00      | \$0.00   | \$0.00  | \$0.00         |
|                     | 0  | \$0.00  | 2080 | 128 | \$0.00      | \$0.00     | \$0.00      | \$0.00   | \$0.00  | \$0.00         |

EMS Stations 1 / 2 / 3 / 4 / 8 / 9 - Requires 48 Personnel on a 24/72 Rotation

Based on the current hour rate on the 24/48 schedule, we have a current issue of salary compaction. I have listed the current salaries based just on the hours these positions are **scheduled** that include **scheduled overtime** add **holiday time**. This does not count for any mandatory training or late EMS calls before shift change which adds to these totals.

|                           |          |
|---------------------------|----------|
| EMS Supervisor            | \$96,578 |
| EMS Assistant Supervisor  | \$89,482 |
| Field Training Specialist | \$87,392 |
| Paramedic                 | \$80,984 |
| Advanced EMT              | \$65,202 |
| EMT                       | \$53,160 |

|                    |           |
|--------------------|-----------|
| Director           | \$105,125 |
| Deputy Director    | \$94,500  |
| Operations Manager | \$88,108  |
| Training Director  | \$80,683  |
| Special Operations | \$68,910  |
| Training Assistant | \$65,873  |
| Equipment Officer  | \$64,480  |
| Compliance Officer | \$60,860  |
| Recruiter          | \$56,472  |
| Office Manager     | \$46,939  |
| Billing Specialist | \$38,646  |
| Billing Specialist | \$38,188  |
| Billing Specialist | \$37,710  |



## How much does an Ems Director make in South Carolina?

As of Feb 16, 2026, the average annual pay for an Ems Director in South Carolina is \$108,107 a year.

Just in case you need a simple salary calculator, that works out to be approximately \$51.97 an hour. This is the equivalent of \$2,078/week or \$9,008/month. While ZipRecruiter is seeing salaries as high as \$171,672 and as low as \$31,550, the majority of Ems Director salaries currently range between \$78,400 (25th percentile) to \$126,200 (75th percentile) with top earners (90th percentile) making \$151,720 annually in South Carolina. The average pay range for an Ems Director varies greatly (by as much as 47800), which suggests there may be many opportunities for advancement and increased pay based on skill level, location and years of experience.

South Carolina ranks number 50 out of 50 states nationwide for Ems Director salaries. To estimate the most accurate annual salary range for Ems Director jobs, ZipRecruiter continuously scans its database of millions of active jobs published locally throughout America.

Find your next high paying job as an [Ems Director](#) on ZipRecruiter today.

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## What are Top 10 Highest Paying Cities for Ems Director Jobs in South Carolina

We've identified 10 cities where the typical salary for an Ems Director job is above the average in South Carolina in South Carolina. Topping the list is Chester, , with Spartanburg, and Florence, close behind in the second and third positions. Florence, beats the average in South Carolina by \$4,518 (4.2%), and Chester, furthers that trend with another \$9,124 (8.4%) above the \$108,107 average. With these 10 cities paying on average above the average for South Carolina, the opportunities for economic advancement by changing locations as an Ems Director appears to be exceedingly fruitful.

Finally, another factor to consider is the average salary for these top 10 cities varies very little at 6% between Chester, and Greenville, , reinforcing the limited potential for much wage advancement. The possibility of a lower cost of living may be the best factor to use when considering location and salary for an Ems Director role.

| City             | Annual Salary | Monthly Pay | Weekly Pay | Hourly Wage |
|------------------|---------------|-------------|------------|-------------|
| Chester          | \$117,231     | \$9,769     | \$2,254    | \$56.36     |
| Spartanburg      | \$113,825     | \$9,485     | \$2,188    | \$54.72     |
| Florence         | \$112,625     | \$9,385     | \$2,165    | \$54.15     |
| Greer            | \$112,015     | \$9,334     | \$2,154    | \$53.85     |
| Orangeburg       | \$111,712     | \$9,309     | \$2,148    | \$53.71     |
| Bennettsville    | \$111,674     | \$9,306     | \$2,147    | \$53.69     |
| Mount Pleasant   | \$111,353     | \$9,279     | \$2,141    | \$53.54     |
| North Charleston | \$111,141     | \$9,261     | \$2,137    | \$53.43     |
| Richland County  | \$145,635     | \$9,136     | \$2,108    | \$52.71     |
| Greenville       | \$109,544     | \$9,128     | \$2,106    | \$52.67     |

#### Ems Director Salary Comparison by Location

##### Nationwide

United States

\$116,501

##### South Carolina

South Carolina

\$108,107



# Call Volume Broken Down by Fire District

| Fire District | 2025  | 2024   | 2023  | 2022  | 2021  | 2020  | 2019  | 2018  | 2017  | 2016  | 2015  | 2014  |
|---------------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Antioch       | 1600  | 1136   | 1028  | 1130  | 1343  | 1159  | 1155  | 1144  | 1292  | 1052  | 1011  | 896   |
| Belltown      | 302   | 282    | 207   | 213   | 232   | 215   | 200   | 134   | 175   | 157   | 196   | 198   |
| Buford        | 627   | 625    | 519   | 533   | 551   | 498   | 515   | 481   | 376   | 426   | 450   | 389   |
| Camp Creek    | 620   | 496    | 520   | 693   | 625   | 649   | 678   | 392   | 417   | 393   | 360   | 315   |
| Charlotte Rd  | 759   | 587    | 449   | 509   | 539   | 508   | 516   | 517   | 393   | 369   | 389   | 340   |
| Elgin         | 614   | 453    | 426   | 514   | 721   | 521   | 540   | 423   | 464   | 406   | 473   | 437   |
| Flat Creek    | 359   | 272    | 242   | 264   | 282   | 274   | 302   | 247   | 235   | 287   | 199   | 177   |
| Gooches       | 1186  | 1119   | 1146  | 1500  | 1469  | 1539  | 1282  | 1228  | 1300  | 1399  | 1341  | 1428  |
| Heath Springs | 1048  | 844    | 885   | 768   | 831   | 887   | 964   | 939   | 899   | 776   | 647   | 584   |
| Indian Land   | 3456  | 2828   | 2675  | 2431  | 2410  | 2231  | 2540  | 2157  | 1885  | 1672  | 1476  | 1170  |
| Kershaw       | 1451  | 1376   | 1321  | 1310  | 1490  | 1379  | 1452  | 1349  | 1153  | 1134  | 1270  | 1209  |
| McDonald Gr   | 901   | 813    | 780   | 585   | 893   | 908   | 908   | 816   | 589   | 669   | 690   | 667   |
| Pleasant V    | 1512  | 936    | 1277  | 1343  | 1387  | 1124  | 1192  | 964   | 782   | 767   | 758   | 632   |
| Rich Hill     | 196   | 159    | 163   | 142   | 251   | 224   | 229   | 132   | 124   | 172   | 175   | 133   |
| Riverside     | 252   | 258    | 300   | 318   | 332   | 291   | 326   | 218   | 293   | 332   | 303   | 341   |
| Shiloh Zion   | 672   | 549    | 514   | 538   | 618   | 574   | 637   | 414   | 510   | 556   | 575   | 547   |
| Tradesville   | 169   | 143    | 154   | 167   | 180   | 160   | 141   | 124   | 109   | 123   | 123   | 121   |
| Unity         | 92    | 92     | 61    | 86    | 88    | 133   | 130   | 68    | 96    | 77    | 67    | 91    |
| City Fire     | 3333  | 2742   | 2570  | 2827  | 2985  | 2741  | 3018  | 2637  | 2663  | 2760  | 2789  | 2706  |
| MUSC-L        | 23    | 32     | 42    | 47    | 55    | 57    | 52    | 66    |       |       |       |       |
| Out of County | 83    | 95     | 47    | 47    | 74    | 43    | 36    | 108   |       |       |       |       |
| Total Volume  | 20397 | 19,813 | 19470 | 19221 | 19846 | 18108 | 18322 | 16260 | 15628 | 15164 | 14877 | 14125 |

Average Response Time For All Calls

Highlighted

Increase Calls Over Previous Year





Call Volume Broken Down By EMS Unit

|                              |      |     |     |     |      |     |      |     |     |     |     |     |     |
|------------------------------|------|-----|-----|-----|------|-----|------|-----|-----|-----|-----|-----|-----|
| QRV 9 - North End Supervisor | 264  | 137 | 111 | 178 | 230  | 288 | 343  | 307 | 196 | 228 | 180 | 203 | 407 |
| QRV10 - HQ Supervisor        | 1149 | 861 | 776 | 807 | 1047 | 988 | 1119 | 820 | 915 | 856 | 870 | 739 | 471 |
| QRV 8 - South End Supervisor | 4    | 4   | 6   | 5   | 4    | 0   | 0    | 0   | 1   | 1   | 0   | 0   | 0   |

|                                |              |                                             |                 |                                            |
|--------------------------------|--------------|---------------------------------------------|-----------------|--------------------------------------------|
| Allied Waste                   | \$10,000     |                                             | 10-7-153-520-25 | Medical Waste Disposal                     |
| Rural Garbage                  | \$ 720.00    | Annually - payable quarterly                | 10-7-153-600-00 | Trash pickup at South End Stations         |
| Active Waste                   | \$ 1,400.00  | 56.48 monthly x 2 ( both stations )         | 10-7-153-600-00 | Trash pickup at NorthEnd Stations          |
| Infection Control              | \$ 50,000.00 |                                             | 10-7-153-520-25 | Gloves, shots, testing for staff, training |
| License                        | \$3,500      | CLA, Incinerator, Board of Pharmacy, DEA    | 10-7-153-520-25 | Required                                   |
| COVID PAPRS Filter             | \$10,000     | PAPR Filters are expiring this year         |                 |                                            |
| Total Requested                | \$87,200     |                                             |                 | No Change                                  |
| NAAC Re-Cert for 4             | \$3,500      | Online @ early bird price of \$835.00       | 10-7-153-530-00 | Biller Recertification                     |
| HIPPA Certification            | \$1,500      | Class for Deputy Director for Certification | 10-7-153-530-00 | Required Class                             |
| Mid Carolina AHEC              | \$3,000      | PO at the FY start                          | 10-7-153-530-00 | CPR/ACLS Cards for Fire and EMS            |
| American Ambulance Association | \$4,000      | Subscription Cost Increase                  | 10-7-153-530-00 | National EMS Updates, Buying Power         |
| Paramedic Class                | \$15,000     | 4 students                                  | 10-7-153-530-00 | New Students                               |
| Advanced Class                 | \$2,000      | 2 students at \$1,000 each                  | 10-7-153-530-00 | New Students                               |
| Bootcamp                       | \$7,500      | 5 students at \$1,500 each                  | 10-7-153-530-00 | New Employees                              |
| National Recerts               | \$1,600      | 50 employees at \$32 each                   | 10-7-153-530-00 | Required by State                          |
| EMS Classes                    | \$10,000     | Anatomy, Tactical and Online                | 10-7-153-530-00 | Required for Recertification               |
| Background Checks              | \$2,000      | Checks for 50 staff                         | 10-7-153-530-00 | Required by State, fingerprints            |
| Standing order Update          | \$2,500      | Book for each staff and unit                | 10-7-153-530-00 | Updated every other year                   |



|                         |                  |                                                           |                 |                                |                                               |
|-------------------------|------------------|-----------------------------------------------------------|-----------------|--------------------------------|-----------------------------------------------|
| Instructor Materials    | \$7,500          | First Responder, ACLS, BLS, EVOC, AMLS, PHTLS             | 10-7-153-530-00 |                                | Con Ed for instructors to teach               |
| Outside Training        | \$25,000         | Conferences, Off Site Trainings, Meetings                 | 10-7-153-530-00 |                                | Advanced training                             |
| <b>Fire Fighters</b>    | \$6,500          | Adding Fire Fighters to Classes                           | 10-7-153-530-00 |                                | Fire Fighters ( Indain Land and County Fire ) |
| Dues                    | \$5,500          | Various professional organizations for staff              | 10-7-153-530-00 |                                | Info on changes/rules medical info            |
| <b>Training Request</b> | <b>\$120,000</b> |                                                           |                 |                                | <b>No Change</b>                              |
| Staples                 | \$ 9,000.00      | based on totals from last FY of \$8036.43                 | 10-7-153-540-00 | office supplies                | Office Supplies                               |
| Various Orders          | \$41,000         | Amazon, Walmart, Sams, Etc                                | 10-7-153-540-00 | Supplies                       |                                               |
| <b>Total Request</b>    | <b>\$50,000</b>  |                                                           |                 |                                | <b>No Change</b>                              |
| Postage/Envelopes       | \$22,500         | Do it Printing and postage, increase due to call increase | 10-7-153-541-00 | based on last FY call increase |                                               |
| <b>Total Request</b>    | <b>\$22,500</b>  |                                                           |                 |                                | <b>Increase</b>                               |
| Linde Gas               | \$105,000        | <b>Increase 3-31-26 of 10K</b>                            | 10-7-153-541-10 |                                | Oxygen                                        |
| Mo Med supplies         | \$10,000         | Saline flush contract                                     | 10-7-153-541-10 | Contract July 2028             | Medical Supplies on Contract                  |
| Bountree                | \$300,000        |                                                           | 10-7-153-541-10 |                                | Medical Supplies                              |
| Medline                 | \$ 12,000.00     |                                                           | 10-7-153-541-10 |                                | Medical Supplies                              |
| Henry Shien             | \$ 4,500.00      |                                                           | 10-7-153-541-10 |                                | Medical Supplies                              |
| Other Medical           | \$ 30,000.00     |                                                           | 10-7-153-541-10 |                                | Medical Supplies                              |
| <b>Total Request</b>    | <b>\$475,000</b> |                                                           |                 |                                | <b>Increase</b>                               |

|                 |    |            |  |                 |  |  |                                 |
|-----------------|----|------------|--|-----------------|--|--|---------------------------------|
| Clothing        | \$ | 70,000.00  |  |                 |  |  | Price Increases                 |
| Total Requested |    | \$70,000   |  |                 |  |  | Increase                        |
| Laundry         | \$ | 3,000.00   |  |                 |  |  |                                 |
|                 |    |            |  | 10-7-153-543-00 |  |  |                                 |
| Total Requested |    | \$3,000    |  |                 |  |  | No Change                       |
| Equip General   |    | \$40,000   |  |                 |  |  |                                 |
|                 |    |            |  | 10-7-153-551-00 |  |  |                                 |
| Total Requested | \$ | 40,000.00  |  |                 |  |  | No Change                       |
| Equipment       | \$ | 50,000.00  |  |                 |  |  |                                 |
|                 |    |            |  | 10-7-153-560-00 |  |  |                                 |
| Total Requested | \$ | 50,000.00  |  |                 |  |  | No Change                       |
| Utilities       | \$ | 84,500.00  |  |                 |  |  |                                 |
|                 |    |            |  | 10-7-153-570-00 |  |  |                                 |
| Total Requested |    |            |  |                 |  |  | Pending IT                      |
| Phone           | \$ | 76,500.00  |  |                 |  |  |                                 |
|                 |    |            |  | 10-7-153-571-00 |  |  |                                 |
| Total Requested |    |            |  |                 |  |  | Pending IT                      |
| Vehicles Repair | \$ | 165,000.00 |  |                 |  |  | More units to keep up           |
|                 |    |            |  | 10-7-153-590-00 |  |  |                                 |
| Total Requested | \$ | 175,000.00 |  |                 |  |  | Increase                        |
| Fuel            | \$ | 170,000.00 |  |                 |  |  | More miles due to call increase |
|                 |    |            |  | 10-7-153-590-05 |  |  |                                 |
| Total Requested |    | \$170,000  |  |                 |  |  | Increase                        |



|                      |    |            |                                             |                 |               |                                        |
|----------------------|----|------------|---------------------------------------------|-----------------|---------------|----------------------------------------|
| Fire Extinguisher    | \$ | 400.00     |                                             | 10-7-153-591-00 |               | Fire Ext for stations and EMS units    |
| Rollins Pest Control | \$ | 300.00     |                                             | 10-7-153-591-00 |               | Pest Spraying at all Stations          |
| Repairs/Parts        | \$ | 14,700.00  |                                             | 10-7-153-591-00 |               | More items to keep up with             |
| Total Requested      |    | \$20,000   |                                             |                 |               | Increase                               |
| Biomedical Alt       |    | \$8,800    | More County AED's and Cardiac Monitors      | 10-7-153-593-00 |               | PM for all County AED's                |
| Stryker Procure      | \$ | 120,000.00 |                                             | 10-7-153-593-00 | renew in 2024 | Items off warranty and price increase  |
| Total Requested      |    | \$130,000  |                                             |                 |               | Increase                               |
| Baron Weather        |    | \$5,400    | MCI Unit Weather Data                       |                 |               |                                        |
| Directv              | \$ | 2,500.00   | Cost Increase over previous year            | 10-7-153-600-00 |               | TV for EMS 8, nothing else available   |
| Active 911           |    | \$1,700    | New Staff                                   | 10-7-153-600-00 |               | Emergency Call Back                    |
| Linburger Solutions  |    | \$3,750    | Temp Control Monitoring Units               | 10-7-153-600-00 |               | Unit Temp Control                      |
| Halo                 |    | \$29,520   | Body Cameras                                | 10-7-153-600-00 |               | Body Camera's                          |
| Schedule 2           |    | \$3,200    | Drug Control Software                       | 10-7-153-600-00 |               | Narcotic Control/Inventory             |
| Huly                 |    | \$20,000   | New requested product last year, annule fee | 10-7-153-600-00 |               | New Requested Product for streamlining |
| Dr. Gardner          | \$ | 10,000.00  |                                             | 10-7-153-600-00 |               | Medical Control                        |
| Dr. Bouknight        | \$ | 15,000.00  | Price increase due to workload              | 10-7-153-600-00 |               | Medical Control                        |
| Lancaster News       | \$ | 58.00      | Subscription renewal                        | 10-7-153-600-00 |               | Billing Need for Estates               |

|                         |             |           |                                   |                 |  |                                  |
|-------------------------|-------------|-----------|-----------------------------------|-----------------|--|----------------------------------|
| Sonitrol                |             | \$3,500   |                                   | 10-7-153-600-00 |  | Card Sytem at 3 stations         |
| Waystar                 | \$ 6,300.00 |           | increase of 1,000 3-31-26         | 10-7-153-600-00 |  | Billing Software - searches      |
| Total Request           |             | \$100,938 |                                   |                 |  | Increase                         |
| Advanced Video          |             | \$2,500   | Camera System for HQ              | 10-7-153-605-88 |  |                                  |
| IOPs 360 - Brad Goodman |             | \$8,400   | Scheduling Software               | 10-7-153-605-88 |  |                                  |
| ESO                     |             | \$45,000  | EPRC Software for Patient Reports | 10-7-153-605-88 |  | EPICR Increase                   |
| Lexis Nexis             |             | \$3,000   |                                   | 10-7-153-605-88 |  |                                  |
| Tritech                 |             | \$13,400  | Increase of 800 3-31-26           | 10-7-153-605-88 |  |                                  |
| Total Requested         |             | \$75,000  |                                   |                 |  | Increase                         |
| NFP Property/Casualty   |             | \$7,000   | Cost Increase over previous year  | 10-7-153-650-01 |  | Insurance for Medical Control    |
| Total Requested         |             | \$8,000   |                                   |                 |  | Increase                         |
| Advertising             | \$ 1,500.00 |           |                                   | 10-7-153-670-00 |  | PIO, Job Fairs, Conference Items |
| Total Requested         | \$ 1,500.00 |           |                                   |                 |  | No Change                        |
| Copier                  | \$ 8,000.00 |           | Bill Volume Increase              |                 |  | Copies and Rental                |
| Total Requested         |             |           |                                   | 10-7-153-750-00 |  | Pending IT                       |



On February 5, 2026, the Drug Enforcement Administration (DEA) published a long-awaited [Final Rule](#) implementing the Protecting Patient Access to Emergency Medications Act of 2017 (PPAEMA). The rule amends multiple provisions of Title 21 of the Code of Federal Regulations to formally align DEA regulations with statutory changes enacted nearly a decade ago. The rule will go into effect on March 9, 2026.

READ THE FULL PWW|AG ARTICLE ON THE NEW DEA RULES [HERE](#)

The Final Rule revises registration, security, storage, delivery, recordkeeping, and administration requirements for EMS agencies that handle controlled substances. While the DEA largely adopted its 2020 Notice of Proposed Rulemaking, it incorporated several targeted revisions in response to extensive EMS stakeholder input, most notably refining the definition of “stationhouse,” clarifying recordkeeping expectations, and tailoring security requirements to reflect real-world, field-based EMS operations.

### **Why This Matters**

Although PPAEMA has been federal law since 2017, many of its provisions have not been fully implemented through DEA regulations. This Final Rule closes that gap and establishes clear, enforceable federal standards for EMS agencies that possess or administer Schedule II–V controlled substances.

### **Key Takeaways for EMS Agencies**

#### 1. New DEA Registration Category for EMS

The rule formally establishes “Emergency Medical Services Agency” as its own DEA registrant category. EMS agencies may obtain a single registration per state (rather than separate registrations for each station or base), subject to standard DEA registration and renewal requirements. Hospital-based EMS agencies may continue operating under the hospital's DEA registration if the registration covers EMS activities.

#### 2. Clarified Use of Stationhouses and Designated Locations

The DEA revised the definition of “stationhouse” to better reflect how EMS agencies operate today. A stationhouse must be an enclosed structure on the agency’s premises that is actively and primarily used by the EMS agency, but it need not house an EMS vehicle or be used exclusively for emergency response. Controlled substances may be delivered from a registered location to a designated, unregistered stationhouse following DEA notification, without triggering “distribution” liability.

### 3. Security Requirements Tailored to Field Operations

The rule clarifies where and how controlled substances may be stored, including registered locations, designated locations, and EMS vehicles. Vehicles must be secured when unattended outside enclosed locations, but the rule recognizes operational realities by allowing medications to be carried on-person or in jump bags during active emergency response.

### 4. Recordkeeping Expectations with Operational Flexibility

The DEA imposes EMS-specific recordkeeping requirements covering receipt, administration, transfer, and disposal of controlled substances. While these requirements are detailed, the rule allows flexibility in format, including electronic systems, and acknowledges that existing EMS clinical and quality-assurance documentation systems may be used as part of a compliant framework.

### 5. Administration Outside Physical Presence of a Medical Director

Consistent with PPAEMA, EMS professionals may administer Schedule II–V controlled substances outside the medical director's physical presence, provided the activity is authorized by state law and conducted pursuant to valid standing or verbal orders.

### 6. Hospital Restocking and Special Exceptions

The rule expressly allows EMS agencies to receive controlled substances from hospitals for restocking after emergency responses and creates limited exceptions to facilitate operations during shortages, public health emergencies, or mass casualty events. Notably, for those EMS



agencies operating under the DEA registration of a hospital, the DEA clarified that ambulances are not limited to restocking only from their affiliated hospital. Restocking can be done at any hospital with proper recordkeeping in place, and this specifically includes hospital-based ambulances restocking at a hospital other than their own. "Designated locations" of an EMS agency must notify the registered location of their EMS agency within 72 hours of receiving controlled substances from a hospital for the purpose of restocking an EMS vehicle following an emergency response.

## **Next Steps**

EMS agencies should:

- Review their current DEA registration status and operational model;
- Confirm whether they are registered independently or operating under a hospital registration;
- Assess stationhouse designations, vehicle security practices, and recordkeeping systems; and
- Begin planning for implementation to ensure compliance when the rule takes effect.

# What the New DEA PPAEMA Rule Means for EMS Agencies and How to Stay Compliant

The Drug Enforcement Administration's final rule implementing the Protecting Patient Access to Emergency Medications Act (PPAEMA) marks a turning point in how EMS agencies manage and document controlled substances.

For decades, EMS agencies operated in a regulatory environment that was functional but imperfect. Controlled substances were often handled under the DEA registration of a hospital, pharmacy, or medical director. While this approach allowed EMS agencies to deliver critical medications in the field, it left gaps in regulatory clarity and accountability.

The new DEA PPAEMA EMS registration rule changes that. For the first time, EMS agencies are formally recognized as DEA registrants in their own right. This designation brings long-needed clarity, but it also introduces direct responsibility for controlled substance compliance, documentation, and chain-of-custody tracking.

For EMS leaders, the PPAEMA isn't just a regulatory technicality. It fundamentally changes how controlled substances must be tracked, documented, and reported. Understanding the implications of this rule, and how to comply with it, is essential for protecting your agency, your personnel, and your patients.

## Why the DEA Created a New EMS Registration Category

The Protecting Patient Access to Emergency Medications Act was passed to address a longstanding disconnect between how EMS agencies operate and how DEA regulations were originally structured.



Traditional DEA regulations were written primarily for fixed facilities such as hospitals, clinics, and pharmacies. EMS agencies, by contrast, operate in highly mobile environments. Controlled substances move across vehicles, stations, shifts, and personnel on a daily basis. This mobility created compliance challenges. When controlled substances were registered under a hospital or physician's DEA registration, questions could arise about who ultimately bore responsibility for documentation, reconciliation, and compliance. While many agencies developed strong internal processes, the regulatory framework did not always reflect operational reality.

The new PPAEMA rule resolves that ambiguity. EMS agencies can now obtain their own DEA registration, giving them clear authority, and clear responsibility, for managing controlled substances. This change aligns federal regulations with how EMS actually functions and ensures that accountability follows the organization that directly controls the medications. But with that clarity comes increased expectations.

## What the New DEA EMS Rule Requires

Under the new PPAEMA rule that takes effect March 9<sup>th</sup> 2026, EMS agencies must maintain complete and accurate records documenting the lifecycle of every controlled substance.

The PPAEMA includes documentation of:

- Receipt and acquisition of controlled substances
- Storage and inventory tracking
- Transfers between locations or vehicles
- Administration to patients
- Partial waste and destruction
- Inventory reconciliation and auditing

**Most importantly, these records must be “readily retrievable.”**

This phrase carries specific weight in DEA PPAEMA compliance. It means that documentation must be accessible quickly and completely during an audit or inspection. Agencies must be able to demonstrate chain-of-custody continuity and inventory accuracy without relying on fragmented or incomplete records. The expectation is not simply that documentation exists,

but that it is complete, accurate, and easily accessible. “From the DEA’s perspective, the most important thing isn’t whether an agency made a mistake, it’s whether they can demonstrate a complete chain of custody. If you can’t produce controlled substance records immediately, that’s when a routine inspection becomes a serious problem.” said retired DEA Special Agent Dennis Wichern, in a recent interview with LogRx Founder, Clive Savacool.

## Increased Accountability for EMS Agencies

With EMS agencies now recognized as DEA registrants, the responsibility for compliance rests squarely with the agency itself. This means EMS leadership must ensure their organization can demonstrate:

- Full chain-of-custody documentation for all controlled substances
- Accurate and timely inventory tracking
- Complete documentation of administration, waste, and destruction
- Reliable audit-ready reporting

The PPAEMA requirements apply regardless of agency size. Whether managing a handful of vehicles or a large fleet across multiple stations, the expectation is the same: controlled substances must be tracked from acquisition through final disposition. This increased accountability protects both patients and providers. It creates transparency, reduces ambiguity, and ensures controlled substances are handled safely and appropriately. “The new EMS registration rule makes EMS agencies fully accountable for controlled substance tracking, and that changes everything.” said Wichern.

## Why Manual Controlled Substance Tracking Creates Risk

Many EMS agencies still rely on paper narcotics logs, spreadsheets, or hybrid documentation systems. While these methods may feel familiar, they introduce inherent risks under the new PPAEMA regulatory framework.



Manual tracking systems rely heavily on human consistency and accuracy. Handwritten entries can be incomplete, illegible, or delayed. Paper records can be lost, damaged, or stored across multiple locations. Spreadsheets may lack audit trails or standardized workflows. These gaps often remain invisible until documentation is needed, such as during an audit, discrepancy investigation, or internal review. At that point, reconstructing chain-of-custody history becomes time-consuming and stressful.

Importantly, most documentation gaps do not arise from misconduct. They arise from the practical challenges of managing complex workflows in fast-paced emergency environments. But regardless of intent, incomplete documentation creates compliance risk.

The new DEA PPAEMA EMS rule makes it more important than ever for agencies to maintain reliable, consistent, and accessible controlled substance records.

## DEA Audits and the Importance of Audit-Ready Documentation

DEA audits are designed to verify compliance with controlled substance regulations. Investigators typically review inventory records, chain-of-custody documentation, acquisition forms, and destruction records.

Agencies that maintain complete, well-organized records can demonstrate compliance efficiently and confidently.

Agencies with fragmented or incomplete documentation often face prolonged reviews, increased administrative burden, and potential compliance findings.

Audit readiness is no longer something agencies prepare for occasionally. Under the new rule, it must be built into daily operations.

**Maintaining accurate, continuous documentation protects your agency, your staff, and your license to operate.**

# The Role of Technology in Modern EMS Controlled Substance Compliance

As regulatory expectations evolve such as the PPAEMA, so must the tools used to meet them. Digital EMS narcotics tracking systems provide a reliable way to maintain complete chain-of-custody documentation while reducing administrative burden. Instead of relying on paper logs or disconnected systems, digital tracking creates a continuous, time-stamped record of controlled substance activity.

This improves:

- Inventory accuracy
- Chain-of-custody visibility
- Audit readiness
- Documentation consistency
- Operational efficiency

When documentation is integrated into daily workflow, compliance becomes a natural byproduct of operations, not an after-the-fact administrative challenge. The reality is that the PPAEMA legislation is actually a good thing, with advocacy from groups like the [National Association of Emergency Medical Physicians \(NAEMSP\)](#) and the [American College of Emergency Physicians \(ACEP\)](#), this legislation cemented the role of EMS in the world of first responders in their ability to carry controlled substances and a wide variety of narcotics. Other organizations, such as the [American Ambulance Association \(AAA\)](#) and other state level associations like the [California Ambulance Association \(CAA\)](#) have positive impacts on EMS providers and their ability to provide services to their communities.

## Building a Compliance-Ready Controlled Substance Program

The new DEA PPAEMA EMS registration rule provides an opportunity for agencies to strengthen their controlled substance tracking programs.



Compliance readiness begins with clear, consistent documentation processes supported by reliable tracking systems. Agencies should ensure they can quickly produce complete records documenting the acquisition, movement, administration, and destruction of controlled substances. Chain-of-custody continuity must be maintained across shifts, vehicles, and personnel. Leadership visibility is also essential. Administrators must be able to monitor inventory, identify discrepancies, and generate reports without relying on manual reconciliation. After all, your staff is only going to take something as serious as you do!

By strengthening documentation systems now, agencies can meet regulatory requirements confidently and avoid compliance risks. Risks that exist regardless of the PPAEMA rules.

# LANCASTER COUNTY LIBRARY SYSTEM

at a Glance

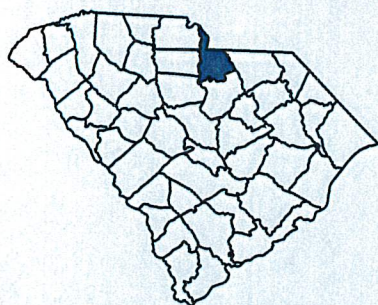
## Schedule B



Lancaster County Library  
Discover. Connect. Inspire.

Population of  
Service Area:

**96,016**

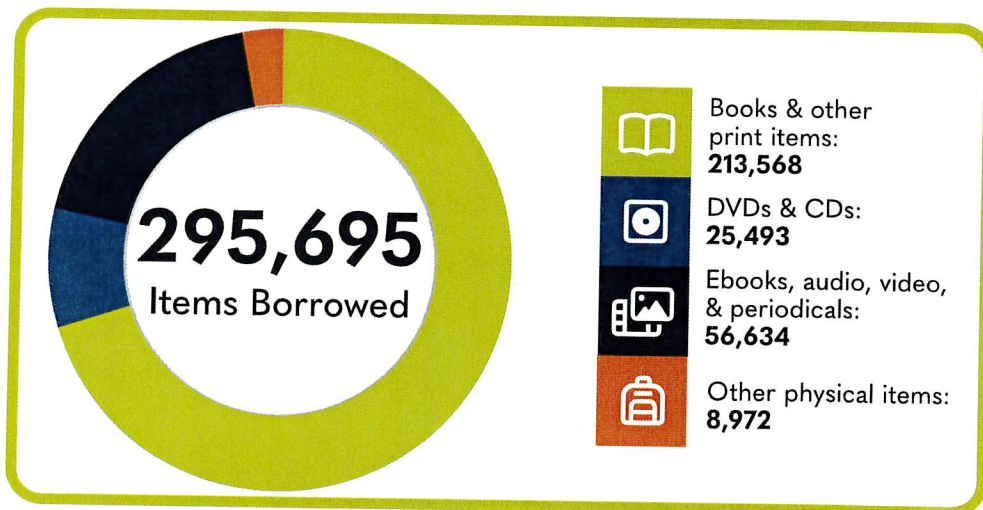
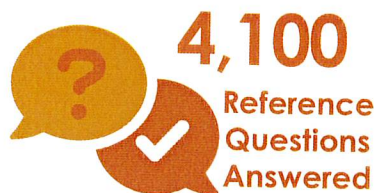
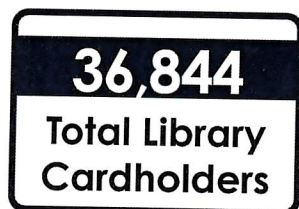
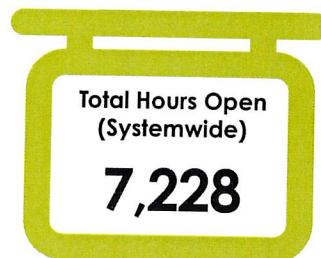


The Lancaster County  
Library System has  
**3 locations:**

Del Webb (Indian Land)

Kershaw

Lancaster



Data gathered by the South Carolina State Library from the 2025 Public Libraries Survey, the 2020 Decennial Census, and the 2019 ACS 5 Year Estimates Subject Tables. U.S. Census Bureau, U.S. Department of Commerce.