NEW YORK STATE OF OPPORTUNITY. Department of Health

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**HOWARD A. ZUCKER, M.D., J.D.**
Commissioner

**SALLY DRESLIN, M.S., R.N.**
Executive Deputy Commissioner

**TO:** **Basic Life Support First Response Services**
**FROM:** **Bureau of Emergency Medical Services**
**RE:** **Applying for a DOH EMS Agency Code**

Thank you for your agency's interest in obtaining an agency code as a Basic Life Support First Response (BLSFR) agency. This packet of information and policies should assist in understand the role of a BLSFR Service. The first step if not already taken, is to contact the local EMS system for information on participating as an EMS provider agency. (See attached list of Regional EMS Councils)

Once an agency is municipally authorized to provide BLSFR service on a *regular and ongoing basis*, the agency may submit the required documentation detailed below and the service will be issued an appropriate EMS Agency Code number.

Please review the policy statements referred to on page 2 of this packet; #06-04, #09-03, #02-05 and #08-02. These polices are very relevant to BLSFR service activities. The Department has additional polices at the following WEB site:

**https://www.health.ny.gov/professionals/ems/policy/policy.htm**

The submission of documentation for an Agency Code Number needs to contain the following:

- Evidence that the agency has municipal authority and is providing **"primary EMS on a regular and ongoing basis".** The agency must be publicly dispatched and providing emergency medical care as defined by Article 30 of Public Health Law. A current letter from the local municipality is required stating that the agency is authorized to respond to provide EMS and that the municipality assumes the responsibility for such response. The letter must also confirm that the agency is publicly dispatched and routinely responding as a part of the local EMS system. The letter must be provided by, and on the letterhead of, the City, Town, Village or Municipal District and must be signed by the executive officer (Mayor, Town Supervisor, chief executive, district chairman, etc.) *With the exception of university/college based EMS, the following entity types are not currently eligible for a DOH EMS agency ID; federal government, state government, industrial and private premises agencies and all entities not directly authorized under a local governing municipal authority.*
- A descriptive narrative of the BLS First Response activities provided. This should include the specifics of a response plan, method of dispatch and operating frequency, confirmation of adherence to State and Regional BLS protocols, number and type of response vehicles, equipment carried on response vehicles, and number of personnel with level of training of agency members.
- Identify the principal and alternate transporting ambulance service(s), by name and DOH agency code #, dispatched to the incidents to which the agency responds. Provide a copy of the written participation agreement(s) executed with these services. (*A municipal contract for ambulance service is not the same as and may not be substituted for the required EMS-PA agreement.*)

- Document the method of QA/QI for all patient care given by the agency and verify that a PCR/ePCR is completed for each patient contact. Many BLSFR agencies have found that local ambulance services will gladly include first responder agencies' QA/QI reviews with their own, or participation in a county or regional QA program is acceptable if one is available.

- Document the geography to which the agency responds, providing a description of the territory to which the agency is publicly dispatched. Use city, village, town, district, or other municipal boundaries. *If an agency is not publicly dispatched, or responds primarily within a private or industrial facility, the agency is not eligible for a DOH EMS agency ID number.* Agencies providing EMS in a College or University setting, with volunteer (unpaid) student members, are eligible but must provide a letter from the campus CEO/president authorizing the response and stating the administration assumes the liability for the EMS activities.

- Once the agency has completed the application package and included the required supporting documents (proofs of municipal authority, public dispatch and written participation agreement with an ambulance service), the agency will need to obtain a letter of endorsement from its Regional Emergency Medical Services Council (REMSCO). The REMSCO must indicate in writing that the agency's response plan has been reviewed and provide an endorsement for the BLSFR activities, affirming participation and integration in the local EMS system including QA/QI review.

A list of the items you need to document or enclose with your application is provided with this information packet. Please review the checklist provided.

NOTE: If the agency ONLY intends to provide Automatic External Defibrillation (AED) to the public and NO other routine public BLS medical response, then follow the instructions on the enclosed policy statement 09-03 entitled Public Access Defibrillation. PAD only participating services do not require an agency code number. Contact the appropriate Regional EMS Council for additional information regarding PAD.

If there are questions about completing this application, please feel free to contact the DOH Bureau of EMS Operations Section at 518-402-0996 ext-2.

**Please Note**: *Having an EMS Agency Code # issued to an agency may not entitle the service to receive training expenditures reimbursement, special funding or enrollment in a CME based recertification program.*

This application packet should contain:

- Cover Memo detailing application process
- BLSFR Agency Information Application / Update Form
- Application Checklist
- EMS Agency Personnel Roster and instructions (DOH-2828)
- EMS Agency Participation Agreement template (EMS-PA)
- Medical Director Verification form and instructions (DOH-4362)
- Statement of Municipal Authority template
- Regional EMS Councils Listing
- Notice to Agencies Seeking Funding for EMS Course Tuition DOH

policy statements 06-04, 09-03, 13-03, 08-02 should be reviewed in their entirety by applicants and may be found at the following URL:

**https://www.health.ny.gov/professionals/ems/policy/policy.htm**

# Eligibility for DOH Issued EMS Agency ID# as Basic Life Support First Response (BLSFR) Service

► BLSFR service must have the express written authority, issued by the local governing municipality having jurisdiction, to provide "Emergency Medical Services as defined by Article 30 of Public Health Law. The municipality needs to acknowledge it assumes the liability for authorizing such public safety EMS response. This document must be provided to the Department initially, and thereafter upon request or if authority is amended/updated.

► BLSFR responses must be on a regular and ongoing basis to all medical dispatches within designated response area, except that the local governing municipal jurisdiction may limit responses to priority 1 and 2 calls for which a reasonable assistance and positive impact to EMS response and care within the response area is effected. *Downgrading the operations of BLSFR activities to 2nd response and/or inconsistent occasional responses may be grounds for the Department to deactivate an EMS Agency ID #.*

► PCR or equivalent patient documentation must be done for each patient care contact, and the resulting documentation shared with the transporting ambulance service as well as used for QA/QI activities that insure appropriate care on an ongoing basis. ePCR submission is permissible, but if used the agency must receive REMSCO and DOH approval in accordance with DOH policy. *Copies of patient documentation may be requested by the Department for audit purposes to show regular and ongoing response and patient care.*

► Changes to chief operating officers or contact information & mailing addresses must be submitted promptly to the Department upon such change. Services must additionally respond to periodic agency updates promptly upon request.

► An EMS Participation Agreement, executed with the ambulance services that transport patients treated, should be reviewed periodically and re-executed if any significant changes occur, with a copy to DOH.

► Physician oversight of service's EMS activities and PAD status should be ongoing, and a new DOH-4362 form filed with the Department as needed, copy to the REMSCO, if the service's medical director changes.

► Service's DOH-2828 personnel roster should be periodically reviewed, and all active members, even if not certified, must be listed on the roster. This ensures eligibility for tuition in DOH approved certification classes. *The Department reserves the right to deny tuition funding, course reimbursement or CME program participation to personnel identifying with an EMS agency that are not correctly listed on the service's member roster currently on file with the Department. Vouchers for course funding will not be paid to services without a valid FEIN on file.*

► If a service receives any REMAC permissions for adjunct levels of care (ie: Epi Pen, Albuterol, Blood Glucometry), copies of the written approvals must be provided to the Department and the service's medical director must re-execute a new DOH-4362, also copied to the Department.

*Failure to establish and maintain these eligibility criteria may be grounds for the Department to deny application or suspend / deactivate an existing DOH issued EMS Agency ID #.*

# NOTICE TO AGENCIES SEEKING FUNDING FOR EMS COURSE TUITION

The following statement is made in the DOH Application Packet for Agency Code Number:

> *Having an EMS Agency Code # issued to your agency may not entitle your service for training expenditures reimbursement, special funding or eligibility into a Pilot Program.*

In DOH Policy Statement #09-06 Course Funding, the following excerpt details the provisions under which a DOH recognized EMS agency may be eligible for tuition reimbursement. The policy states in part: (Text in bold for added emphasis)

**STUDENT ELIGIBILITY**

1. Basic Life Support (BLS) Course reimbursement may only be requested and received for the tuition costs of eligible students. Course sponsors may receive reimbursement for those students that are members or employees of a volunteer agency, employees of a municipal emergency medical service, commercial service, hospital-based service or a Basic Life Support (BLS) First Response Service, which is recognized by DOH as providing EMS **and has an assigned EMS agency code**. Employees of Fire Department of New York (FDNY) are eligible for course reimbursement at reduced rates.

2. Advanced Life Support (ALS) course reimbursement is available for eligible students who are **members or employees of ALS volunteer ambulances or ALS First Response Services**, municipal services, or commercial and hospital-based services. Employees of Fire Department of New York (FDNY) are eligible for course reimbursement at reduced rates.

3. Students who are members of a private/corporate/industrial EMS service that does not routinely provide EMS in the public sector as a primary response (i.e., corporate property response teams and specialty teams and brigades that do not have municipal recognition and a primary EMS role) **are ineligible for state tuition reimbursement.**

4. Students who are members of a state or federal agency EMS system **are ineligible for state tuition reimbursement.**

To clarify this policy, agencies applying for a DOH EMS Agency Code Number should note that course tuition reimbursement **will not be paid** -

- For students that are not members/employees of an entity that has a valid DOH issued EMS Agency Code number *at the time of enrollment in the course.*
- To any service or individual identified as ineligible per DOH Policy #13-03.
- To ALS course enrollees if their membership is with a BLS service.

# REGIONAL EMS COUNCIL LISTING

| | |
|---|---|
| **Adirondack-Appalachian REMSCO**<br>Main Street, PO Box 212<br>Speculator, NY 12164<br>(518) 548-5911<br>Counties: Delaware, Fulton, Hamilton, Montgomery,<br>Otsego, Schoharie | **Nassau REMSCO**<br>131 Mineola Blvd., Suite 105<br>Mineola, NY 11501<br>(516) 542-0025<br>Counties: Nassau |
| **Big Lakes REMSCO**<br>PO Box 1062<br>Niagara University NY 14092<br>(716) 867-4650<br>Counties: Genesee, Niagara, Orleans | **North Country REMSCO**<br>120 Washington Street Suite 520<br>Watertown, NY 13601<br>(315) 379-3977<br>Counties: Jefferson, Lewis, St. Lawrence |
| **Central NY REMSCO**<br>Jefferson Tower - Suite LL1<br>50 Presidential Plaza<br>Syracuse, NY 13202<br>(315) 701-5707<br>Counties: Cayuga, Cortland, Onondaga, Oswego, Tompkins | **Regional EMS Council of NYC**<br>475 Riverside Drive - Suite 1929<br>New York, NY 10115<br>(212) 870-2301<br>Counties: Bronx, Kings, New York, Queens, Richmond |
| **Finger Lakes REMSCO**<br>63 Pulteney Street<br>Geneva, NY 14456<br>(315) 701-5707<br>Counties: Ontario, Seneca, Wayne, Yates | **Southern Tier REMSCO**<br>1058 West Church Street<br>Elmira, NY 14905-2029<br>(212) 870-2301<br>Counties: Chemung, Schuyler, Steuben |
| **Hudson-Mohawk REMSCO**<br>431 New Karner Road<br>Albany, NY 12205<br>(518) 464-5097<br>Counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady | **Southwestern REMSCO**<br>PO Box 544<br>Olean, NY 14760<br>(716) 485-6926<br>Counties: Allegany, Cattaraugus, Chautauqua |
| **Hudson Valley REMSCO**<br>33 Airport Center Drive<br>2nd floor, Suite 204<br>Newburgh, NY 12550<br>(845) 541-2249<br>Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster | **Suffolk REMSCO**<br>360 Yaphank Avenue<br>Suite 1B<br>Yaphank, NY 11980<br>(631) 853-5080<br>Counties: Suffolk |

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|---|---|
| **Mid-State REMSCO**<br>14 Foery Drive<br>Utica, NY 13501<br>(315) 865-8477<br>Counties: Herkimer, Madison, Oneida | **Susquehanna REMSCO**<br>62 Lusk Street<br>Johnson City, NY 13790<br>(607) 699-1367<br>Counties: Broome, Chenango, Tioga |
| **Monroe-Livingston REMSCO**<br>601 Elmwood Avenue, Box 655<br>Rochester, NY 14642<br>(585) 267-9987<br>Counties: Livingston, Monroe | **Westchester REMSCO**<br>4 Dana Road<br>Valhalla, NY 10595<br>(914) 813-4161<br>Counties: Westchester |
| **Mountain Lakes REMSCO**<br>37 Bay Road<br>2nd Floor, Suite 202<br>Queensbury, NY 12804<br>(518) 879-8503<br>Counties: Clinton, Essex, Franklin, Warren, Washington | **Wyoming-Erie REMSCO**<br>PO Box 216<br>Buffalo, NY 14225<br>(716) 253-4863<br>Counties: Erie, Wyoming |

# BLSFR APPLICATION FOR AGENCY CODE NUMBER CHECK LIST

- ☐ Completed and Signed BLSFR Agency Information Application / Update Form.
- ☐ A cover letter signed by the executive officer of your agency, and on your agency letterhead requesting the issuance of a DOH EMS Agency Code number.
- ☐ A letter from your municipality stating that your agency has authority to provide EMS as defined in Article 30 of Public Health Law, and that the municipality assumes the liability for your response.
- ☐ Proof of public dispatch to respond to EMS incidents, for the purpose of providing emergency medical care, within your service area, on a "regular and ongoing" basis.
- ☐ A description of the BLS First Response activities which you provide.
- ☐ A statement that the patient care provided by your agency complies with all state and regional protocols and that your agency will document all care rendered using Prehospital Care Reports.
- ☐ A description of the communications method and frequency used to dispatch your agency and communicate when necessary with local EMS / transporting services regarding patient information / location.
- ☐ The number and type of response vehicles used to provide your EMS response.
- ☐ A description of the equipment carried by your response vehicles / personnel to provide EMS.
- ☐ The number of personnel providing EMS detailed to show the number of personnel by level of care.
- ☐ Identification of the transporting ambulance service(s) by name and DOH agency code # which are dispatched to the EMS incidents to which you respond. (see EMS Participation Agreement)
- ☐ A copy of the written EMS participation agreement(s) with the ambulance service(s) dispatched to the EMS incidents to which you respond.
- ☐ Evidence of or copy of an agreement with an appropriate EMS agency indicating your agency participates in QA/QI activities. (May be with ambulance service or county / regional QA/QI program)
- ☐ A description, using municipal boundaries, and a map, of the geographical area served by your agency.
- ☐ If your agency provides Public Access Defibrillation (PAD) and has submitted a Notice of Intent (NOI form DOH-4135) to your Regional EMS Council, please include a copy of your NOI filing.
- ☐ If your agency will provide any level of care requiring mandatory oversight by a medical director (eg: EpiPen, Albuterol, Blood Glucometry or any adjunct BLS skills), please include a completed DOH-4362 Medical Director Verification form *and a copy of the written approval granted by your Regional EMS Council*. Your medical director must be a NYS licensed physician endorsed by your REMAC.
- ☐ All BLSFR agency ID applicants must obtain a letter of endorsement and support from the Regional Emergency Medical Services Council, identifying the applicant's integration of BLS first response with the local EMS system. The letter must specifically state that the REMSCO has reviewed the applicant's application and recommends issuance of an EMS Agency ID Number.

Please Note: *If you are applying as a state agency, state authority, federal agency, or you are not dispatched by a Public Safety Answering Point (PSAP), or your response is to a private premises or industrial facility, then your agency is not eligible for a DOH BLSFR EMS agency ID number.*

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

# BLSFR Agency Information Application/Update Form

BLSFR Agency
Name _____ DOH Agency ID Number _____

DBA or Assumed Name (if any) _____

Physical Location / Address
City _____ State _____ Zip Code _____

Mailing Address
City _____ State _____ Zip Code _____

County _____

Response Area
Describe/list _____ ☐ Check if Fire/Ambulance District

Phone Numbers/Email
Business Phone _____ Fax _____ Email Address _____

FEIN***
Federal Employer ID Number _____

Emergency Phone Numbers
Direct 10 Digit Number _____ ☐ Check if Called Through 911

Chief Operations Officer
Name (Print) _____ Title (Print) _____

Day Phone _____ Cell / Pager _____ Email Address _____

Dispatching Agency
Name _____ ☐ Check if Self Dispatched

Dispatch Communications
Radio Frequency _____ FCC Call Sign _____

Number of Trained Providers
CPR/First Aid* _____ CFR _____ EMT _____ ALS** _____

Number of Members
Volunteer _____ Paid _____

Number of EMS Response Vehicles
Service Owned _____ Privately Owned _____

Transporting Ambulance Service
Primary Agency Code Number _____ Additional Agency Code Number _____ Additional Agency Code Number _____

Number of EMS Calls Annually****
Total Number of Calls Dispatched _____ Number of Calls with Patient Care Given _____

Person Completing This Form
Name (Please Print Legibly) _____ Title _____

Sigature _____ Date _____

* NOTE: AED trained personnel may ONLY provide defibrillation care with service that has filed notice per PHL 3000b.
** NOTE: ALS Certified personnel may ONLY provide care at BLS level when responding with BLSFR authorized service.
**** NOTE: Services not yet providing EMS – Please provide estimate of call volume based on info from local EMS dispatch.

**Services providing EMS: Provide call volume based on calls to which you were dispatched to provide EMS.**

**EMS calls: Indicate all EMS dispatches. Calls w/pt care: Do not include RMAs, No Pt Found, Standbys, Cancelled Calls.**

***** NOTE: Federal Employer ID Number must be provided for any service intending to apply for EMS training reimbursement from NYS DOH.**

**Return Completed Form to:** Attn: BLSFR Update – OPS
New York State Department of Health
Bureau of Emergency Medical Services
875 Central Avenue
Albany, New York 12206-1388 (518) 402-0996

**Do Not Write or Mark in Box Below**

| Application Received: | Check List Complete: | Date Reviewed: | Code Number: | BLSFR Agency: |
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# NEW YORK STATE DEPARTMENT OF HEALTH
# Emergency Medical Services Program

## EMS Agency Personnel Roster DOH-2828
General Instructions for Form Completion

The DOH-2828 form is used to individually identify and document all personnel affiliated with an EMS agency. This includes paid and volunteer members. The personnel roster is required for all agencies that have a NYS DOH issued EMS agency ID number. Certified agencies are required to complete a DOH-2828 with each biennial submission for certification renewal. Non certified (BLSFR) agencies are required to submit a completed DOH-2828 with an initial application for EMS agency ID number and with each subsequent Update filing as periodically requested by NYS DOH.

NOTE: An agency may substitute its own printed version of a DOH-2828 roster provided that all data fields contained on the DOH form are present and clearly legible on the agency's version of the form, and the printout is in alphabetical order.

| DOH-2828 field | Information required to complete |
|---|---|
| Agency Name | Legal name of agency and DBA if any |
| Agency Code | NYS DOH EMS Agency ID number issued to agency. If purpose of completing personnel roster is for an initial filing and no ID number has been issued to applicant by NYS DOH, leave this field blank. |
| Date Submitted | Date form was completed. Submitted data on form is presumed to be accurate as of this date. |
| Page ____of _____ | Indicate page number of current page and total number of roster pages being submitted. |
| Personnel name field | Insert Last name then first name of all active personnel in alphabetical order. Include all personnel that have any operational roll in emergency medical responses by your agency. Include all individuals with any level of medical training, even if not NYS certified (eg: First Aid trained, CPR trained, PAD trained). Also include all authorized drivers of emergency response vehicles. Do not include members / employees that are not "active status" or that only provide administration to your agency, even if they are NYS certified. (eg: social / inactive members, corporate officers or administrative officers, unless such members / employees also routinely participate in response and have active EMS operational duties or assignments.) |
| Date of Birth | In Month, Day, Year format (mm/dd/yy) provide member / employee date of birth |
| Certified First Responders | For each individual identified that is a Certified First Responder give six (6) digit DOH ID number and expiration date as listed on NYS DOH issued certification card. Individuals with ID numbers and no corresponding expiration date will be presumed to not be currently certified. |

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| Emergency Medical Technicians | For each individual identified that is a Certified Emergency Medical Technician give the six (6) digit DOH ID number and expiration date as listed on NYS DOH issued certification card. Individuals with ID numbers and no corresponding expiration date will be presumed to not be certified. In next set of boxes to the right check the single box that indicates the highest level of individual's certification.<br>B = Basic EMT, I = Intermediate, CC = Critical Care, P = Paramedic<br>Do not check more than one box. |
| Check Other Levels | For non-certified members only, indicate all additional levels of training. More than one box may be checked to indicate multiple levels of medical training.<br>CPR = Cardio Pulmonary Resuscitation, AED/PAD = Automatic External Defibrillation / Public Access Defibrillation,<br>First-Aid = Training program in emergency first aid completed.<br>For each indicated level, individual must have completed a nationally recognized training course (eg: American Heart Association or American Red Cross) and hold a valid recognition card issued to the individual. |

NOTES: For certified agencies, the total number of medically trained providers identified by level must match the number of providers reported on Department form DOH-206 in section 27.

For non-certified agencies (BLSFR), the total number of medically trained providers identified by level must match the number of providers reported on Department form BLSFR EMS Agency Update / Application line 15.

Certified agencies that obtain staffing, paid or non-paid, from other agencies or personnel staffing companies, must provide a personnel roster that includes all individuals authorized to provide medical care or operate NYS DOH recognized emergency vehicles (eg: Driver only status personnel). Such additional personnel may be listed on a totally separate roster if desired, but must be included in the totals listed on form DOH-206 section 27.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

# EMS Agency Personnel Roster

Agency Name _____ Agency Code _____ Date Submitted _____ Page _____ of _____

| List All Personnel Alphabetically | | DOB | DOH Certified Personnel | | Level of Certification (check one) | | | | | Check Other Levels | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Last name, | First name | MM/DD/YY | DOH issued ID number | Expires | CFR | EMT | AEMT | CC | P | CPR/AED | First Aid |
| | | / / | | / / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | / / | | / / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | / / | | / / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
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# NEW YORK STATE DEPARTMENT OF HEALTH
# Emergency Medical Services Program

## Medical Director Verification DOH-4362
General Instructions for Form Completion

The DOH-4362 form is used to document the physician medical director providing individual EMS agency medical direction in accordance with DOH Policy #03-07. The form also documents the specific level of patient care and/or adjunct BLS protocols authorized by a Regional Emergency Medical Advisory Committee (REMAC) per DOH Policy #95-01.

**A CFR/EMT/AEMT, as well as the EMS agency of which an individual is a member or employee, is in violation of Article 30 of Public Health Law (A30PHL) if rendering medical care that is subject to REMAC approval and medical direction without <u>first</u> receiving such approval and providing care under such medical direction.**

To Complete the DOH-4362 Medical Director Verification form:

Read the Notice to Service statement. Pay particular attention to the fact that an EMS service's level of care approval, or approval of a NYS licensed physician to provide medical direction to an EMS agency, must be received in writing from the REMAC having jurisdiction in the region in which an agency provides EMS. *The DOH-4362 form is not valid unless completed after first receiving a valid written REMAC approval and endorsement of the identified service medical director. The written approval does not need to be submitted with the form but must be produced upon request by NYS DOH.*

| DOH-4362 field | Information required to complete |
|---|---|
| Defib /PAD | Check this box if any personnel are authorized to provide defibrillation level care. Certified services may not use Public Access Defibrillation (PAD) to fulfill regulatory requirements. REMAC written approval is required to enable DEFIB level care for BLS members of ALS services. PAD filing by NOI (DOH-4135 Notice of Intent) is applicable for all non-certified agencies (BLSFR) providing defibrillation. |
| Epi Pen | Check this box if any personnel are authorized by the REMAC to provide Epinephrine by Auto Injector. A filing by NOI (DOH-4188 Notice of Intent to Possess and Use Epinephrine Auto Injector) is required by all certified and non-certified (BLSFR) services approving BLS providers. *This approval does not apply to ALS personnel.* |
| Albuterol | Check this box if any certified providers are authorized by the REMAC to provide Nebulized Albuterol. This level of care is subject to regional approvals and protocol for any BLS provider. *This approval does not apply to ALS personnel.* |

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| Blood Glucometry | Check this box if any BLS certified providers are authorized by the REMAC to conduct blood glucose level testing. EMS agency compliance with DOH Clinical Laboratory Limited Service Laboratory Registration (DOH-4081) process and DOH Policy #05-04 is mandatory for this approval. *This approval does not apply to ALS personnel.* |
| ALS Levels of Care | Check SINGLE highest level of care authorized by the REMAC if approved to provide Advanced Life Support. (Lower levels are automatically approved within guidelines or restrictions imposed by individual REMACs) |
| Controlled Substances | Check this box if service holds a valid and currently unexpired license to possess and administer controlled substances issued by NYS DOH Bureau of Narcotic Enforcement. *Federally issued DEA CS Licenses do not apply to EMS agencies.* |
| Name of EMS Service | Full legal name of EMS agency. If agency is DOH certified name should be same as listed on DOH-3414 or DOH-4005 certificate. |
| Agency Code Number | Enter NYS DOH issued EMS agency 4 digit code number. If number unknown, please contact NYS DOH Bureau of EMS for further instructions. |
| Service Type | Check only ONE box to indicate service type: Ambulance, Advanced Life Support First Response (ALSFR) or non-certified Basic Life Support First Response (BLSFR). |
| Name of Service CEO | Name of agency chief executive officer or chief of operations. |
| Service Medical Director | Name of NYS licensed physician approved by the REMAC to provide service level medical direction per DOH Policy #03-07. |
| NYS Physician's License | NYS Department of Education Physician's license number issued to service medical director. *License must be valid and not expired.* |
| CS License Number | NYS DOH Bureau of Narcotics Enforcement (BNE) issued controlled substances license number. Give last 4 digits of number that begins with 03c. *Federally issued DEA licenses do not apply to NYS EMS controlled substances licenses. Do not enter DEA ID #.* |
| CS License Expiration | Expiration date of current BNE issued CS license. (mm/dd/yyyy) |

Service medical director must read the affirmation at the bottom of the form and sign the statement of compliance. Signature of the medical director means that the physician assumes responsibility and medical oversight within the scope and intent of Article 30 of Public Health Law, NYCRR Part 800 and NYCRR Part 80 as applicable. A separate form must be completed and signed if service has more than one medical director.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

# Medical Director Verification

## Notice to Service

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

## Check all special regional approvals and the single highest level of care applicable to your agency

☐ Defibrillation / PAD (BLS Level Services)
☐ Epi Pen
☐ Albuterol
☐ Blood Glucometry
☐ Naloxone
(Epi / Albuterol / Blood Glucometry per regional protocol)

☐ Paramedic Level of Care
☐ Critical Care Level of Care
☐ AEMT Level of Care
☐ Controlled Substances (BNE License on file)

## EMS Agency (Please Type or Print Legibly)

Agency Name _____

Agency Code Number _____

Agency Type ☐ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO _____
Name

Medical Director _____
Name

_____
NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: _____

## Medical Director Affirmation of Compliance

*I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.*

*I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.*

*If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.*

Medical Director _____
Signature

_____
Date of Signature

# EMS Agency Participation Agreement

- **This document or an equivalent is required for all participating BLSFR agencies with DOH issued ID number –**

## Purpose:

In recognition that {Ambulance Service Name} (herein after referred to as XXX) is a duly authorized Ambulance Service, Certified by the New York State Department of Health (NYSDOH), and providing ambulance service to territory established under Article 30/30A of Public Health Law (A30 PHL), which includes in whole or in part the response area of {Non-transport BLSFR Service Name} (herein after referred to as ZZZ) in the {City, Town, Hamlet or District} of, {Name of County} County.
And also in recognition that {ZZZ} is a Basic Life Support First Response (BLSFR) agency specifically authorized by its governing municipality to provide EMS and having applied to NYSDOH for an EMS agency identity code;

The following agreement is hereby entered into for the purpose of ensuring rapid effective response, appropriate patient care and the delivery of persons in need of medical care to appropriate medical facilities, through the cooperative efforts of the organizations consenting to this agreement.

This agreement shall take effect upon the date of endorsement indicated below and shall be renewed annually by the Chief Operating Officers (COOs) of each organization. Alterations or amendments to this agreement may be made at any time by written consensus and re-execution of this agreement. No portion of this agreement shall hold precedence or preempt the authority of any valid contract for EMS or ambulance services executed between either party and any local governing municipality having jurisdiction.

## Terms of Agreement

### {XXX} and {ZZZ} shall:

- Provide for the identification of its prehospital certified members by badge, ID card, uniform or other visible identification to insure rapid recognition of certified responders and their authorized level of provider care and authorizing agency.
- Participate in QA/QI review of all responses for which a patient contact occurred. And further to resolve any identified patient care issues through training, remediation, discipline or protocol review as appropriate to insure continued effective patient care and compliance with state and regional patient care protocols.
- Participate with any Mutual Aid Response agency, dispatched or responding in place of either {XXX} or {ZZZ} due to the unavailability of either service, holding to the same participation standard and expectations stated in this agreement.
- Adhere to applicable state and regional policies, procedures and patient care protocols.
- Resolve member participation issues through cooperative discussion between the COOs of each organization promptly upon notice of any instance or circumstance which impairs the cooperative intent of this agreement or which compromises in any way the delivery of appropriate patient care.
- Provide notification in advance of training, drills and educational opportunities sponsored by either agency, at which members may obtain, renew or refresh EMS certification or rescue/responder skills.

### {XXX} shall:

- Respond whenever possible to any medical emergency, standby or other public need as determined by county 911 dispatch, and provide prehospital medical care and patient transport in fulfillment of its operating authority under Article 30/30A of Public Health Law (A30 PHL).
- Remain an active participant in the {Name of County} County Mutual Aid and MCI/Disaster Plan such that all Medical Emergencies shall be responded to either by {XXX} or another ambulance service providing Mutual Aid Response.
- Accept any patient presented for transport, to which {ZZZ} provides initial BLS care, to insure timely transport of such patient(s) to an appropriate Article 28 designated facility or hospital.
- Accept Prehospital Care Reports (PCRs) turned over to {XXX} by {ZZZ} that document the findings and care provided to patients(s) treated by {ZZZ}.
- Replenish such disposable medical items or supplies used by {ZZZ} on calls for which {XXX} was the transporting agency, the list of such replenishable items to be agreed upon in writing by the COOs of each organization.

**{ZZZ} shall:**

- Respond whenever possible to any medical emergency, standby or other public need as determined by county 911 dispatch, and provide prehospital medical care at the Basic Life Support (with Defibrillation or PAD) Level of care, within the {ZZZ} response area.
- Report to 911 dispatch the condition and number of patients found at any incident to facilitate the preparedness and appropriate response by {XXX} crews and responding vehicles.
- Not cease the provision of patient care and/or monitoring until such care is turned over to another qualified/certified care provider, once patient care has been initiated.
- Turn over for treatment and transport to {XXX} any patient to which {ZZZ} provides initial BLS (and/or Defib/PAD) prehospital care.
- Insure that the prehospital care provider in charge of patient care will at all times be the {ZZZ} responder with the highest level of certification on scene, until such time as {XXX} arrives at the incident and patient care is turned over to the {XXX} member responsible for the call.
- Participate in ICS / Unified Command for incidents requiring ongoing incident management.
- Adhere to NYS DOH Policies regarding BLSFR Agencies (#06-04) and Responsibilities of EMS Providers to coordinate EMS Resources (#98-05)
- Maintain a list of supplies, equipment and authorized response vehicles as identified in DOH Policy #06-04.

This Agreement is entered into this _____ Day of _____, 201__

Signed,

For {XXX}: _____ Chief Operating Officer

Printed Name: _____ Title: _____

For {ZZZ}: _____ Chief Operating Officer

Printed Name: _____ Title: _____

Witnessed: _____

Printed Name and Affiliation: _____

Copy Distribution shall be:

- 1 copy to each organization's records officer or Chief Operating Officer
- 1 copy to {Name of County} County 911 Dispatch Center
- 1 copy to {Name of County} County EMS Coordinator
- 1 copy to New York State Dept of Health,
  Attn: {ZZZ} BLSFR Service File

Note: An editable Microsoft Word version of the Agency Participation Agreement and the Municipal Authority Statement is attached to this PDF, and should be accessible in the upper-left pane, using Adobe Acrobat Reader.

On Letterhead of Authorizing Municipality

Issuance date not more than 6 mo old

To: NYS Dept of Health
Bureau of Emergency Medical Services
Re: Statement of authority to provide public EMS

This is to serve notice that <*insert name of municipal authority*> has granted authority to <*insert name of public service entity*> to provide emergency medical care, as defined by Article 30 of NYS Public Health Law, to <*insert name of geography served*>. Response is on a regular and ongoing basis and is dispatched by <*insert name of public safety answering point (PSAP) / 911 center*>.

The <*insert name of municipal authority*> understands it assumes all liability, to the extent permissible by law, for granting operational authority for such EMS response within its jurisdiction, and requests the issuance by NYS Department of Health an EMS Agency ID code to <*insert name of public service entity*>.

Signed,

<*Executive Elected or Appointed Municipal Official*>
<*Full title: ie: Supervisor, Mayor, Chair of Commissioners, etc.*>

# Purpose of the Municipal Statement of EMS Authority

Each BLSFR agency must have a statement of operational authority on file with the Department from the most local governmental authority having jurisdiction for the geography served by the BLSFR agency. Such authority derives from the fact that New York is a "home rule" state and because public health law does not of itself grant any specific "operational authority". Therefore, the Department requires such local municipal authorities to document their express permission for public safety entities to respond to, and render, emergency medical care. The Department will not issue, or allow to remain issued, BLSFR EMS Agency ID's to entities that do not possess and maintain local municipal authority to provide EMS.

Note that statements of authority to provide public EMS may be issued to any public safety service entity that is publicly dispatched and provides EMS on a regular and ongoing basis. Such statements do not apply to entities that do not have a primary response role, but instead have a secondary response role or occasional response role. Also note that because the Department does not have jurisdiction to determine operational response, it is the local governing municipality that assumes all liability for granting operational response to provide EMS in the public environment. (Entities whose responses are limited to geography to which the general public does not have continuous unrestricted access are not eligible for DOH BLSFR recognition.)
A contract for services between a municipality and a public safety entity (eg: city, town or village with a fire company or department) may not substitute for this Municipal Statement of EMS Authority, unless the specific statements contained in such contract expressly obligate the public safety entity to provide EMS as defined by Article 30 of Public Health Law and are otherwise consistent with the purpose of the BEMS BLSFR EMS Agency Application..

The authorizing signature must be of the chief elected municipal officer (ie: Mayor, Supervisor, etc.), or in the instance of a duly authorized Fire District, the chairperson of its elected or appointed commissioners. Statements of authority must have been issued within the last 6 months at the time of submission to the Department.

There is an expectation that municipal jurisdictions granting EMS authority to any public safety entity shall require such entities to establish and maintain the eligibility criteria to be issued a DOH BLSFR EMS Agency ID, and rescind such authority should the public safety entity fail to meet or retain such eligibility criteria.

***The issuance of an EMS Agency ID code to any BLSFR entity is a stand alone administrative action that does not guarantee access to Department tuition funding, participation in Department approved continuing medical education (CME) certification programs or any other Department program.***

New York State
Department of Health
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:* 99-07

**No. 06 – 04**

**Date: May 22, 2006**

**Re: BLS-FR Services Information**



The following policy for Basic Life Support First Response (BLS-FR) agencies was developed by the Bureau of Emergency Medical Services (BEMS), in cooperation with the New York State EMS Council's EMS Systems committee. This policy is intended to provide guidance to the managers of agencies that provide BLS first response service to their community. While BLS-FR services are not defined or regulated by Public Health Law, it is vitally important that BLS-FR agencies are integrated into the local EMS systems.

## Purpose

The overall intent of providing BLSFR is to ensure adequate, or where possible enhance, the delivery of emergency medical care to the community. This may include, but not be limited to the following:

- Improve overall response times to medical emergencies;
- The delivery of quality prehospital patient care;
- Provide additional BLS treatments such as Public Access Defibrillation (PAD);
- Provide personnel support to transporting agencies by supplementing availability of drivers and care providers;
- Increase availability of personnel for large scale incidents, and
- Improve public awareness of EMS issues in the community and the value of personnel trained in First Aid, CPR and PAD

## NYS EMS Agency Code

In order for a BLS-FR agency participating in a local EMS system to obtain an agency code number, the agency needs to provide documentation indicating the following:

- Support from the Executive of the municipality (village, city, town, county) for the territory covered. This may be a mayor, supervisor, board of commissioners or the chairman of a fire district and must be documented in writing.

**AND**

- Document being publicly dispatched and providing *primary EMS response on a regular and ongoing basis to public emergency medical needs*, as defined by 3001(l) of the Public Health Law.

## EMS System Participation

The following information must be documented by the BLSFR agency as part of its participation in the local EMS system:

- Description of response plan, including territory served,
- Method of dispatch / activation / radio communications resources used,
- Adherence to state and regional BLS patient treatment protocols,
- A written participation agreement with transporting service(s) to include, but not limited to:
    - Appropriate transfer of patient to insure continuity of care;
    - ***Agreement with the local ambulance service to transport patients received from the BLSFR agency;***
    - Appropriate, timely documentation of patient care (i.e. PCR or equivalent, see NYS-EMS Policy 02-05);
    - Participation in unified incident command;
    - Participation in QA/QI activities;
    - Adherence to State and Regional BLS Treatment protocols, and
    - Management of supply, resupply/retrieval of medical equipment and supplies used, and
- Identify resources to be used:
    - Number and type of vehicle(s);
    - Number and level of EMS certification of the personnel, and
    - Medical equipment and supplies used to deliver patient care. (i.e.: equipment, and supplies such as identified in Part 800.26) coordinated with the transporting ambulance service.

Agencies making application to NYS DOH for recognition as a BLS-FR agency will be required to submit proof of local EMS system participation to their Regional Emergency Medical Services Council for evaluation and written endorsement.

## Operations

Operational issues for BLS-FR agencies to consider should include, but not be limited to:

- Written Standard Operating Policies-Guidelines (SOPs / SOGs) that ensure use of state / regional BLS treatment protocols;

- Policies to insure the use of appropriately trained personnel to render patient care. Appropriately trained personnel include Certified First Responder, Emergency Medical Technician[1], Nationally recognized First Aid and/or CPR and Public Access Defibrillation (PAD);

---

[1] Personnel certified at Advanced EMT levels may **NOT** render care beyond the scope of practice of an EMT when providing care for a BLS-FR service. Defibrillation may only be provided by agencies with either PAD authority or BLS-Defibrillation authority as granted by a Regional Emergency Medical Advisory Committee.

- Policies that insure patient care rendered is by the individuals with the highest present level of EMS training/certification;
- Documentation of patient care rendered and secure storage of medical records;
- Training and Continuing Education;
- Policies regarding infection control, confidentiality, liability, minors, psychiatric patients, mandatory reporting of child abuse or Methamphetamine Laboratories, refusal of medical aid (RMA) and other special situations;
- Mutual Aid / MCI / Haz-Mat planning;
- Periodic review and renewal of participation agreements with transporting agency(s);
- Communications method used to talk to both dispatch and the arriving ambulance to report patient status and scene information. Such communications needs to include ability to contact medical control if required;

- A detailed list of equipment provided by the BLSFR agency. All equipment needs to be compatible with the equipment and vehicles used by the ambulance service(s). The attached list from Part 800.26 is a reasonable reference for developing an equipment list; and
- Incident management training / National Incident Management System (NIMS) Compliance.

**Defibrillation**

BLSFR agencies are encouraged to provide defibrillation by being a Public Access provider. Contact your Regional EMS Council or the Bureau of EMS for current information on providing PAD or see DOH Policy Statement #06-03, Public Access Defibrillation.

**Additional Resources**

Additional resource information may be found at the NYS DOH web site.

www.health.state.ny.us/nysdoh/ems/main.htm

**800.26 EMERGENCY AMBULANCE SERVICE VEHICLE EQUIPMENT REQUIREMENTS**

The governing authority of any ambulance service, which, as a part of its response system, utilizes emergency ambulance service vehicles, other than an ambulance to bring personnel and equipment to the scene, must have policies in effect for equipment, staffing, individual authorization, dispatch and response criteria and appropriate insurance.

(a) A waiver of the equipment for emergency ambulance service vehicles may be considered when the service provides an acceptable plan to the Department demonstrating how appropriate staff, equipment and vehicles will respond to a call for emergency medical assistance. The Regional EMS Councils will be solicited for comment.

(b) Any emergency ambulance service vehicle shall be equipped and supplied with emergency care equipment consisting of:

(1) 12 sterile 4 inches x 4 inches gauze pads;

(2) adhesive tape, three rolls assorted sizes;

(3) six rolls conforming gauge bandage, assorted sizes;

(4) two universal dressings, minimum 10 inches x 30 inches;

(5) six 5 inches x 9 inches (minimum size) sterile dressings or equivalent;

(6) one pair of bandage shears;

(7) six triangular bandages;

(8) sterile normal saline in plastic container (1/2 liter minimum) within the manufacturer's expiration date;

(9) one air occlusive dressing;

(10) one liquid glucose or equivalent;

(11) disposable sterile burn sheet;

(12) sterile obstetric [O.B.] kit;

(13) blood pressure sphygmomanometers cuff in adult and pediatric sizes and stethoscope;

(14) three rigid extrication collars capable of limiting movement of the cervical spine. These collars shall include small, medium and large adult sizes; and

(15) carrying case for essential equipment and supplies.

(c) Oxygen and resuscitation equipment consisting of:

(1) portable oxygen with a minimum 350 liter capacity with pressure gauge, regulator and flow meter medical "D" size or larger. The oxygen cylinder must contain a minimum of 1000 pounds per square inch.

(2) manually operated self-refilling bag valve mask ventilation devices in pediatric and adult sizes with a system capable of operating with oxygen enrichment and clear adult, and clear pediatric size masks with air cushion;

(3) four individually wrapped or boxed oropharyngeal airways in a range of sizes

for pediatric and adult patients;

(4) two each: disposable non-rebreather oxygen masks, and disposable nasal cannula individually wrapped;

(5) portable suction equipment capable, according to the manufacturer's specifications, of producing a vacuum of over 300 mmHg when the suction tube is clamped and including two plastic large bore rigid pharyngeal suction tips, individually wrapped; and

(6) pen light or flashlight.

(d) A two-way voice communications enabling direct communication with the agency dispatcher and the responding ambulance vehicle on frequencies other than citizens band.

(e) Safety equipment consisting of:

(1) six flares or three U.S. Department of Transportation approved reflective road triangles;

(2) one battery lantern in operable condition; and

(3) one Underwriters' Laboratory rated five-pound ABC fire extinguisher or any extinguisher having a UL rating of 10BC.

(f) Extrication equipment consisting of:

(1) one short backboard or equivalent capable of immobilizing the cervical spine of a [sitting] seated patient. The short backboard shall have at least two 2 inches x 9 foot long web straps with fasteners unless straps are affixed to the device; and

(2) one blanket.

New York State
Department of Health
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supersedes/Updates: 85-01, 96-01, 02-05*

**No. 12 - 02**

**Date: 1/23/2012**

**Re: Prehospital Care Reports (PCRs)**



Documentation is an essential part of all prehospital medical care. It must include, but not be limited to the documentation of the event or incident, the medical condition, treatment provided and the patient's medical history. The primary purpose of the Patient Care Report (PCR) is to document all care and pertinent patient information as well as serving as a data collection tool.

Article 30, section 3053 of the Public Health Law requires all certified EMS agencies to submit PCR/ePCRs to the Department. The completion of a PCR is a requirement for all certified EMS providers in accordance with Title 10 NYCRR Part 800.15. This also includes all of the electronic PCR (ePCR) programs. While Basic Life Support – First Response (BLS-FR) agencies are not specifically required to submit PCR/ePCR data, their participation in the EMS system, quality assurance and data collection are critical to system management and patient care. All BLS-FR agencies are encouraged to submit EMS data through the Regional Program Agencies.

The documentation included on the PCR/e-PCR provides vital information, which is necessary for continued care at the hospital. As part of transferring the patient to the Emergency Department Staff ***the agency must provide an appropriate medical record that includes the demographic, event/incident, assessment findings and treatment details upon delivery of the patient.***

## PCR/ePCR Use:

A PCR/ePCR should be completed each time the EMS agency is dispatched for any type response. This includes (but is not limited to):

- Patients transported to any location,
- Patients who refuse care and/or transport,
- Patients treated by one agency and transported by another,
- Calls where no patient contact is made, such as
  - Calls cancelled before reaching the scene
  - Calls where no patient is located
  - When dispatched for a stand by
  - Events

If an agency is dispatched to a stand-by and while there they treat a patient, two PCRs should be completed. One as a record of the event and one for the patient care provided.

## Information Entry:

All information written on the paper PCR should be legible and printed in blue or black ink.

Any member of the crew may enter information on the PCR/ePCR. The individual indicated as "**In Charge**" should be the person who provided or directed the care to the patient. There is no requirement that the person in charge be certified as the highest level of care present. However the individual indicated as in charge is responsible for the care provided and documented. The provider listed as "**In Charge**" must be at least an EMT. If any advanced life support care was provided to the patient, the provider listed as "**In Charge**" must be an advanced EMT at the level appropriate for the care provided.

A complete PCR/e-PCR must include the fields required by the New York State Data Dictionary. The complete data dictionary can be found at the following URL:

**http://www.health.ny.gov/nysdoh/ems/electronic_data_submission.htm**

## Distribution of Paper PCRs:

**Pink (Hospital Patient Record) Copy:**

- **Ambulance Service:** Leave the "pink" copy at the hospital prior to the agency leaving the hospital. In instances where this is not possible, all attempts should be made to provide the completed document to the receiving hospital as soon as reasonably possible. However, the ambulance crew must provide an appropriate medical record that includes the demographic, event/incident, assessment findings and treatment details upon delivery of the patient to the receiving facility.

- **Advanced Life Support First Response (ALS FR) Agency:** If no representative of the ALS agency will be accompanying the patient to the hospital, the transporting agency must be provided with an appropriate medical record that includes the demographic, event/incident, assessment findings and treatment details, if possible prior to leaving the scene. If an ALS provider is accompanying the patient than they must provide the completed medical record to the receiving facility prior to leaving (as above).

- **Basic Life Support First Response (BLS FR) Agency:** Same as for ALS FR Agency.

**Yellow (Research) Copy:**

- **Ambulance Service:** Yellow copy shall be submitted by the service to the Regional EMS Program Agency as designated by the Department. PCRs shall be submitted at least monthly, or more often if so indicated by the program agency.

- **Advanced Life Support First Response (ALS FR) Agency:** Yellow copy shall be submitted by the service to the Regional EMS Program Agency as designated by the Department. PCRs shall be submitted at least monthly, or more often if so indicated by the program agency.
- **Basic Life Support First Response (BLS FR) Agency:** While not required by statute, the yellow copy shall be submitted by the service to the Regional EMS Program Agency

as designated by the Department. PCRs shall be submitted at least monthly, or more often if so indicated by the program agency

**White (Agency) Copy:**

- **All Agencies:** The original white copy should be retained in a secure location at the service's permanent office as designated to the Department for the following time periods:

**NOTE:** Federal Law (HIPPA) requires that medical records be retained for **Six Years.** If the call involves the treatment of persons under age 18, the PCR must be retained for three years after the child reaches age 18.

**Electronic PCRs (ePCR):**

- EMS services are required to leave a paper copy or transfer the electronic PCR information to the hospital prior to the EMS service leaving the hospital. This document must minimally include, patient demographics, presenting problem, assessment findings, vital signs, and treatment rendered.

- Failure to leave patient information with the emergency department upon the delivery of the patient may compromise medical treatment and interrupt the continuity of patient care.

- All electronic patient records should be completed and closed prior to the end of the shift during which the patient was treated. There should be no access to patient records on personally owned computers. Agencies should have policies restricting the use of personally owned computers for completing ePCRs.

## Confidentiality & Disclosure of PCRs/Personal Healthcare Information:

Maintaining confidentiality is an essential part of all health care, including prehospital care. The confidentiality of personal health information (PHI) is covered by numerous state and federal statutes, Polices, Rules and Regulations, including the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and 10 NYCRR.

**Title 10 NYCRR Part 800.15:**

*Every person certified at any level pursuant to these regulations shall:*

*(a) At all times maintain the confidentiality of information about the names, treatment, and conditions of patients treated except:*

*(1) A prehospital care report shall be completed for each patient treated when acting as part of an organized prehospital emergency medical service, and a copy shall be provided to the hospital receiving the patient and to the authorized agent of the department for use in the State's quality assurance program;*

**Title 10 NYCRR Part 800.21:**

*An ambulance/ALS-FR service shall:*

*(l) maintain a record of each ambulance call…*

**Health Insurance Portability & Accountability Act of 1996 (HIPAA):**

Federal Law (HIPAA) requires all healthcare providers to have a written policy on protecting Personal Health Information (PHI), including PCRs.

Such a policy should include (but not be limited to):

- Indicate that requests from patients for PCR/ePCR copies be in writing;
- That the agency will maintain a copy of the written request with the original PCR/ePCR;
- Maintaining the confidentiality of the information contained on a PCR/ePCR as well as the actual PCR/ePCR;
- Conducting security training for all employees/members in proper security procedures to protect personal health information; and
- Documenting security training of employees/members.

Providing PCR/ePCR copies to the receiving hospital, other providers giving care in a tiered system and to the EMS program agency for QI does not constitute a violation of the HIPAA regulations. For additional agency specific questions regarding HIPAA agencies should contact their legal counsel and/or the U.S. Department of Health and Human Services.

**Other PCR/ePCR Disclosures:**

The PCR/ePCR may also serve as a document called upon in legal proceedings relating to a person or an incident. No EMS agency is obligated to provide a copy of the PCR/ePCR simply at the request of a law enforcement or other agency. If a copy of the PCR/ePCR is being requested as part of an official investigation the requestor must produce either a subpoena, from a court having competent jurisdiction, or a signed release from the patient. PCR/ePCR must be made available for inspection to properly identified employees of the NYS Department of Health.

A person may request a copy of a PCR/ePCR completed for themselves as the patient or the parent or legal guardian of a patient may obtain a copy of a PCR/ePCR completed for that patient. In cases where the patient is now deceased the person who is the court appointed legal representative of the patient's estate may request a copy of the PCR/ePCR.

An agency may provide a copy of a PCR/ePCR to those entities that represent that agency either for the purpose of collection of fees from the patient or their insurance carrier or as part of any legal proceedings relating to the agency. In such situations those representative are also responsible for protecting the personal health information contained within the document.

## Disposition Codes:

All hospitals in New York State have a three digit code indicting the hospital. In addition the name of the hospital must be indicated.

| Non Hospital Disposition Codes | Meaning | Example (See Note) |
|---|---|---|
| 001 | Nursing Home | Any nursing home, rehabilitation center, respite home or extended care facility not listed with a hospital disposition code. |
| 002 | Other Medical Facility | Includes outpatient and specialty clinics, doctor's offices, diagnostic and testing facilities. |
| 003 | Residence | When a patient is transported to a private residence. |
| 004 | Treated By This Unit & Transported By Another Unit | In a multi tiered response system this disposition would be used by any BLS FR or ALS FR agency. This code would also be used if one ambulance service provides ALS interface for another ambulance. It would not be used by multiple vehicles from the same agency i.e. two ambulances are dispatched to the same call. |
| 005 | Refused Medical Aid and Or Transport | Any time contact is made and a person is evaluated, to include such procedures as vital signs being taken, or any treatment is provided. The documentation included on the PCR **must** indicate that the patient was advised of the need for care and the patient was **competent** to make an **informed refusal** of such care. |
| 006 | Call Cancelled | Any time a call is canceled prior to the arrival of the EMS agency this disposition code should be used. When possible the crew should document what other agency canceled the response or the reason for the cancellation. |
| 007 | Stand By Only (No Patient) | Used if a service is dispatched for a call such as to stand by during a fire or other incident. If any person is treated at the scene an additional PCR should be completed for them. |
| 008 | No Patient Found | If a service arrives at a scene and there is no one there with any complaint or injury, this code should be used. This would include being dispatched to a motor vehicle crash at which there are no persons who require any evaluation or care to. Document completely under **Comments** |
| 010 | Other | Any instance not indicated or explained above. This might include a lift assistance call for a person who has fallen. Document completely under **Comments** |

NOTE: It is impossible to include every possible scenario an effort is made to provide guidance on many common occurrences.

New York State
Department of Health
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:* 98-10, 06-03, 07-04

**No. 09-03**

**Date: March 6, 2009**

**Re: Public Access Defibrillation**



The purpose of this policy is to assist a person, firm, organization or other entity in understanding the notification process for operating an automated external defibrillator pursuant to a collaborative agreement under the provisions of Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation. A Public Access Defibrillation (PAD) program is designed to encourage greater acquisition, deployment and use of automatic external defibrillators (AED) in communities around the state in an effort to reduce the numbers of deaths associated with sudden cardiac arrest. Since the enabling legislation's inception, there have been 4,889 PAD programs established, with over 156,167 people trained and 21,692 AED machines in public sites across the state. This program has been successful in saving many lives all across New York State.

At present, the following facilities or organizations must have trained providers and an AED on site:

- Public schools (§ 1 of the Education Law);
- State owned public buildings (Title 9 of Executive Law Subtitle G§ 303.1);
- Health clubs with a membership of greater than 500 people (General Business Law § 627-A);
- Public gathering locations (PHL § 225–5(b)), and
- Public surf beaches with lifeguards (PHL § 225–5(c)).

To be authorized to use an AED under this statute an individual or organization needs to make specific notification of intent to establish a PAD program to the appropriate Regional Emergency Medical Services Council (REMSCO) and the New York State Department of Health (DOH).

***There are no approvals or certifications required.***

## Public Access Defibrillation Program Requirements

### Original Notification Process

To be authorized to have a PAD program and utilize an AED, the following steps must be completed:

- Identify a New York State licensed physician or New York State based hospital knowledgeable and experienced in emergency cardiac care to serve as Emergency Health Care Provider (EHCP) to participate in a collaborative agreement;

- Select an AED that is in compliance with the Article 30, section 3000-B (1)(A). The AED must be programmed to the current Emergency Cardiovascular Care (ECC) Guidelines, capable of defibrillating both adult and pediatric patients. Please check the shaded box on the Notice of Intent to Provide PAD (DOH-4135) if the machine is approved for pediatric use;

- Select and use a SEMAC/DOH approved PAD training course for AED users. At present, the 12 approved programs are as follows:

American Heart Association
American Red Cross
American Safety & Health Institute
Emergency Care and Safety Institute
Emergency First Response
Emergency Services Institute
EMS Safety Service, Inc
Emergency University
Medic First Aid International
National Safety Council
REMSCO of NYC, Inc
State University of NY
Wilderness Medical Associates

- Develop with the EHCP, a written collaborative agreement which shall include, but not be limited to the following items:

  - Written practice protocols for the use of the AED;
  - Written policies and procedures which include;
    - Training requirements for AED users;
    - A process for the immediate notification of EMS by calling of 911;
    - A process for identification of the location of the AED units;
    - A process for routine inspection of the AED unit(s) as well as regular maintenance and which meet or exceed manufacturers recommendations;
    - Incident documentation requirements, and
    - Participation in a regionally approved quality improvement program.

- Provide written notice to the 911 and/or the community equivalent ambulance dispatch entity of the availability of AED service at the organization's location;

- File the Notice of Intent (NOI) to Provide PAD (DOH 4135) and a signed Collaborative Agreement with the appropriate Regional Emergency Medical Services Council (REMSCO), and

- File a new NOI and Collaborative Agreement with the REMSCO if the EHCP changes.

**Reporting a PAD AED Use**
In the event that the PAD program uses the AED to defibrillate a person, the program must report the incident to the appropriate REMSCO. The REMSCO may request additional information regarding the incident, but the PAD must report, at a minimum, the following information:

- Provide written notification of AED usage to the REMSCO within 48 hours of the incident;
- The name of the PAD program;
- Location of the incident;
- The date and time of the incident;
- The age and gender of the patient;
- Estimated time from arrest to CPR and the 1st AED shock;
- The number of shocks administered to the patient:
- The name of the EMS agency that responded, and
- The hospital to which the patient was transported.

A copy of the usage report should also be provided to the EHCP.

## Regional EMS Council Responsibility in Public Access Defibrillation

Each REMSCO is responsible for receiving and maintaining notification and utilization documentation. The REMSCOs must develop and implement the following policies and procedures:

- Insure that a copy of each new or updated Notice of Intent (DOH 4135) is forwarded to the Bureau of EMS;
- Maintain a copy of the Notice of Intent and the Collaborative Agreement;
- Collect utilization documentation and information;
- Provide detailed quarterly reports to the DOH on PAD programs in the region, and
- Develop Quality Assurance participation, data submission and documentation requirements for participating organizations.

**Data Collection Requirements**
REMSCO quality improvement programs are encouraged to use the data elements from the Utstein Guidelines for Prehospital Cardiac Arrest Research (Cumming RO, Chamberlain DA, Abramson NS, et al, Circulation 1991; 84:960-975).

The following minimum data set is to be developed and collected as a part of the regional PAD QI process. A copy of the data set is to be provided by each region to the DOH Bureau of EMS quarterly:

- Name of organization providing PAD;
- Date of incident;
- Time of Incident;
- Patient age;
- Patient gender;
- Estimated time from arrest to 1st AED shock;
- Estimated Time from arrest to CPR;
- Number of shocks administered to the patient;
- Transport ambulance service, and
- Patient outcome at incident site (remained unresponsive, became responsive, etc).

## Ambulance and ALS First Response Services

Ambulance or ALSFR services may not participate in PAD programs for emergency response. Certified EMS agencies must apply for authority to equip and utilize AEDs through their local Regional Emergency Medical Advisory Committee (REMAC).

Please note that the Prehospital Care Report (PCR) has a check box for EMS providers to indicate that a patient has been defibrillated prior to EMS arrival by a community or by-stander PAD provider. Documenting this information is required so that the DOH may monitor the effectiveness of these community based programs

## Attachments

1. Notice of Intent to Provide Public Access Defibrillation
2. Regional EMS Council Listing

New York State Department of Health

Bureau of Emergency Medical Services

# Notice of Intent to Provide Public Access Defibrillation

Original Notification ☐ Update ☐

## Entity Providing PAD

| | |
|---|---|
| Name of Organization | ( ) Telephone Number |
| Name of Primary Contact Person | E-Mail Address |
| Address<br>City State Zip | ( ) Fax Number |

## Type of Entity (please check the appropriate boxes)

| | | | | | |
|---|---|---|---|---|---|
| | Business | | Fire Department/District | | Private School |
| | Construction Company | | Police Department | | College/University |
| | Health Club/ Gym | | Local Municipal Government | | Physician's Office |
| | Recreational Facility | | County Government | | Dental Office or Clinic |
| | Industrial Setting | | State Government | | Adult Care Facility |
| | Retail Setting | | Public Utilities | | Mental Health Office or Clinic |
| | Transportation Hub | | Public School K – 6 | | Other Medical Facility (specify) |
| | Restaurant | | Public School 6 - 12 | | Other (specify) |

## PAD Training Program (Indicate the training program chosen. Only the approved programs may be used. Please see Policy Statement 09-03 [http://www.health.state.ny.us/nysdoh/ems/policy/09-03.htm])

| |
|---|
| |

## Automated External Defibrillator

| | | | | |
|---|---|---|---|---|
| Manufacturer of AED Unit | Model of AED Pediatric Capable | Is the AED Pediatric Capable? ☐ Yes ☐ No | Number of Trained PAD Providers | Number of AEDs |

## Emergency Health Care Provider

| | |
|---|---|
| Name of Emergency Health Care Provider (Hospital or Physician) | Telephone Number |
| Address<br>City State Zip | ( ) Fax Number |

## Name of Ambulance Service and 911 Dispatch Center

| | |
|---|---|
| Name of Ambulance Service and Contact Person | Telephone Number |
| Name of 911 Dispatch Center and Contact Person | County |

## Authorization Names and Signatures

| | |
|---|---|
| CEO or Designee (Please print) | Signature Date |
| Physician or Hospital Representative (Please print) | Signature Date |

 ***Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area***

# REGIONAL EMS COUNCIL LISTING

| | |
|---|---|
| **Adirondack-Appalachian REMSCO**<br>Main Street, PO Box 212<br>Speculator, NY 12164<br>(518) 548-5911<br>Counties: Delaware, Fulton, Hamilton, Montgomery,<br>Otsego, Schoharie | **Nassau REMSCO**<br>131 Mineola Blvd., Suite 105<br>Mineola, NY 11501<br>(516) 542-0025<br>Counties: Nassau |
| **Big Lakes REMSCO**<br>PO Box 1062<br>Niagara University NY 14092<br>(716) 867-4650<br>Counties: Genesee, Niagara, Orleans | **North Country REMSCO**<br>120 Washington Street Suite 520<br>Watertown, NY 13601<br>(315) 379-3977<br>Counties: Jefferson, Lewis, St. Lawrence |
| **Central NY REMSCO**<br>Jefferson Tower - Suite LL1<br>50 Presidential Plaza<br>Syracuse, NY 13202<br>(315) 701-5707<br>Counties: Cayuga, Cortland, Onondaga, Oswego, Tompkins | **Regional EMS Council of NYC**<br>475 Riverside Drive - Suite 1929<br>New York, NY 10115<br>(212) 870-2301<br>Counties: Bronx, Kings, New York, Queens, Richmond |
| **Finger Lakes REMSCO**<br>63 Pulteney Street<br>Geneva, NY 14456<br>(315) 701-5707<br>Counties: Ontario, Seneca, Wayne, Yates | **Southern Tier REMSCO**<br>1058 West Church Street<br>Elmira, NY 14905-2029<br>(212) 870-2301<br>Counties: Chemung, Schuyler, Steuben |
| **Hudson-Mohawk REMSCO**<br>431 New Karner Road<br>Albany, NY 12205<br>(518) 464-5097<br>Counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady | **Southwestern REMSCO**<br>PO Box 544<br>Olean, NY 14760<br>(716) 485-6926<br>Counties: Allegany, Cattaraugus, Chautauqua |
| **Hudson Valley REMSCO**<br>33 Airport Center Drive<br>2nd floor, Suite 204<br>Newburgh, NY 12550<br>(845) 541-2249<br>Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster | **Suffolk REMSCO**<br>360 Yaphank Avenue<br>Suite 1B<br>Yaphank, NY 11980<br>(631) 853-5080<br>Counties: Suffolk |

| | |
|---|---|
| **Mid-State REMSCO**<br>14 Foery Drive<br>Utica, NY 13501<br>(315) 865-8477<br>Counties: Herkimer, Madison, Oneida | **Susquehanna REMSCO**<br>62 Lusk Street<br>Johnson City, NY 13790<br>(607) 699-1367<br>Counties: Broome, Chenango, Tioga |
| **Monroe-Livingston REMSCO**<br>601 Elmwood Avenue, Box 655<br>Rochester, NY 14642<br>(585) 267-9987<br>Counties: Livingston, Monroe | **Westchester REMSCO**<br>4 Dana Road<br>Valhalla, NY 10595<br>(914) 813-4161<br>Counties: Westchester |
| **Mountain Lakes REMSCO**<br>37 Bay Road<br>2nd Floor, Suite 202<br>Queensbury, NY 12804<br>(518) 879-8503<br>Counties: Clinton, Essex, Franklin, Warren, Washington | **Wyoming-Erie REMSCO**<br>PO Box 216<br>Buffalo, NY 14225<br>(716) 253-4863<br>Counties: Erie, Wyoming |