

BLSFR Application Packet – REMSCO Checklist to Determine Eligibility for Endorsement and Recommendation to NYSDOH

Note that while applying for BLSFR recognition is not a “CON Action” per se, the Department values the understanding that each region has of its own EMS systems. The purpose of requiring applicants to submit to such review is to validate that each applicant is legitimately providing public EMS response as an approved and integrated component of the local EMS system. Because the evaluation is from a “system” perspective, DOH recommends that a council’s CON or Transportation Committee, familiar with local system issues, conduct the review of the application. The committee may then present a seconded motion to endorse the applicant to the general council, that in turn votes (with a majority hopefully) to approve and endorse.

The following items are mostly taken from the actual application sent to BLSFR services seeking recognition.

- Completed and Signed BLSFR Agency Information Application / Update Form. No blank fields.
- A cover letter signed and dated by the executive officer of the applying agency, and on the agency letterhead requesting the issuance of a DOH EMS Agency Code number. (Not more than 6 mo old)
- A letter from the executive officer of the most local governing municipality having jurisdiction, stating that the agency has authority to provide “Emergency Medical Services” as defined in Article 30 of Public Health Law. It is this entity that needs to acknowledge it assumes all liability for authorizing such public safety EMS response. (Note that vague statements of authority, or fire organizations substituting “rescue” for EMS is inappropriate. Document not more than 6 mo old.)
- Proof of public dispatch to respond to EMS incidents, for the purpose of providing emergency medical care, within the applicant’s service area, on a “regular and ongoing” basis. Applicants that identify only going to MVAs or mutual aid or when called to assist, are not eligible. This is 2nd response, not First Response!
- A descriptive narrative of the BLS First Response activities that the applicant intends to provide.
- A statement that the patient care provided by the agency complies with all State and Regional BLS patient care protocols.
- A description of the communications method and frequency used to dispatch the agency and communicate when necessary with local EMS / transporting services regarding patient information / location.
- The number and type of response vehicles used to provide the EMS response.
- A description of the equipment carried by the agency response vehicles / personnel to provide EMS.
- The number of personnel providing EMS detailed to show the number of personnel by level of care. (Copy of completed DOH-2828 Personnel Roster, that lists all active agency members.)
- Identification of the transporting ambulance service(s) by name and DOH agency code # that are dispatched to the EMS incidents to which the agency responds.

REMSCO Checklist to Determine Eligibility for Endorsement and Recommendation to NYSDOH

Page 2

- A copy of the written EMS participation agreement(s) with the ambulance service(s) dispatched to the EMS incidents to which the agency responds. Note that a municipal contract for EMS may not substitute for the EMS-PA document as such contracts represent a 3rd party agreement and typically do not establish a direct relationship between the BLSFR entity and the ambulance service that will provide patient transports.
- Evidence of, or copy of an agreement with, an appropriate EMS agency indicating how the agency participates in QA/QI activities. (May be with ambulance service or county / regional QA/QI program. Note that Patient Care Reports are mandated for all patient care rendered. Feel free to ask the applicant how patient care documentation will be managed and kept confidential, but serve the purposes intended.)
- A description, using municipal boundaries, or a map, of the geographical area served by the agency.
- If the BLSFR activities are for a volunteer college or university medical team, the letter from the local municipal authority may be waived, but instead a letter from the campus CEO or executive officer must indicate authority for the BLSFR operations and identify the administration's contact person overseeing all EMS activities. This statement of authority must also clearly state assumption of liability for all EMS care provided. Note that Educational Institution entities must be mostly comprised of matriculated students, not employees, although such EMS teams are expected to have appropriate faculty, campus security or healthcare professionals' oversight.
- If the agency has a defibrillator, a copy of an executed and regionally submitted PAD NOI must be included with the application. (DOH-4135.)
- If the agency provides any BLS "Adjunct" levels of care, such as Epi Pen, Albuterol or Blood Glucometry, the service must have a service medical director approved by the region as well as specific written REMAC approvals for such adjunct levels of care. A DOH-4362 form, Medical Director Verification must be executed and be part of the application. Note that for Epi Pen the appropriate DOH-4188 must be submitted. Blood Glucometry approved services also need to possess or apply for a CLEA Waiver from NYSDOH.
- If the agency provides any care above basic "first aid", determine if appropriate physician medical oversight is in place and if your REMAC recognizes the authority of the physician service medical director. (See DOH Policy #11-03)

Please Note: If the agency is not publicly dispatched, or responds primarily to private property / premises or within an industrial facility, then the agency is not eligible for a DOH EMS agency ID number. DOH EMS BLSFR Agency ID #'s are for publicly dispatched, publicly responding, services that are fully integrated with a local EMS system. State and Federal Agencies are not eligible and should be referred directly to DOH EMS Central Office.