

# 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 #.*