

Southern Tier Regional Advanced Life Support Operations, Policies and Procedures

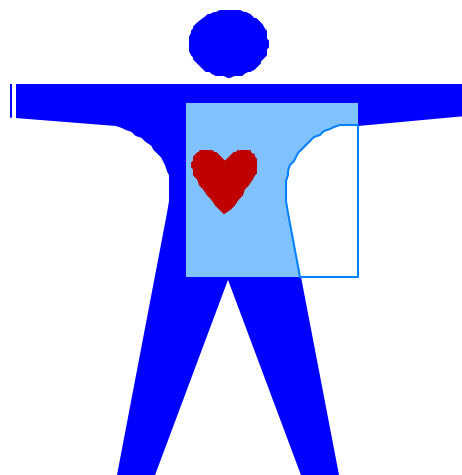


Table of Contents

Purpose:.....	1
1.1 Purpose	1
1.2 Description.....	1
1.3 Issuing Agency	1
1.4 Requirements for permits.....	1
2. Application Procedure and Probationary Permit	2
2.8 A Probationary Permit may be extended	3
3. Standard Permit and Issuance of Term	4
3.1 Issuance of Standard Permit.....	4
3.2 Term	4
3.3 Extension of Standard Permit	4
3.4 Renewal.....	4
4. Revocation of Permit.....	4
4.1 Grounds for revocation	4
4.2 Service Medical Director's authority to revoke	4
4.3 Unexpected departure of the Service Medical Director.....	4
5. ALS Service Requirements.....	5
5.01 Delivery of ALS patient care	5
5.02 Active participation in Council and STREMAC.....	5
5.03 Adherence to and enforcement of all applicable patient care protocols.....	5
5.04 Active participation in a service and regional QI program	5
5.05 Adherence to continuing educational requirements	5
5.06 Completion of other records.....	5
5.07 Provide documentation from service's insurance carrier.....	5
5.08 Provide documentation of appropriate and proper equipment	5
5.09 If the service is non-transporting.....	5
5.10 Provide a copy of the Service's DEA License.	6
6. If the service is providing ALS as EMT-I	6
6.1 ALS Service must be provided 24 hours per day, 365 days per year	6
6.2 Current, complete permit application.	6
Appendix	
Application Form	
Renewal Form	
Medical Director's Job Description and Letter of Intent	
Equipment List	

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Purpose:

To provide a mechanism for the authorization of ALS services within the Southern Tier Region and enable the Southern Tier Regional Emergency Medical Services Council (Council) and the Southern Tier Regional Emergency Medical Advisory Committee (STREMAC) to ensure that ALS is provided effectively within the regional system and is of the highest quality possible.

1. ALS Permits

1.1 Purpose: The purposes of the ALS permit process are as follows:

- a. To provide for formal authorization of the appropriate STREMAC approved, NYS Department of Health (Policy #95-1) defined, EMS Medical Director for the operation of an ALS service under the requirements for physician supervision of ALS services as specified by the Public Health Law, Articles 30 and 30A.
- b. To provide a means of coordinating provider service accountability to the STREMAC and the ALS service's medical director.
- c. To ensure a common standard of care among all ALS provider services in the Southern Tier Region.

1.2 Description: Permits may be issued for the operation of an ALS service of the following levels:

- a. Paramedic/Critical Care - service delivering care at the level of an EMT-CC or EMT-P as described in the New York Public Health Code.
- b. Intermediate - service delivering care at the level of an EMT-I as described in the New York Public Health Code.

1.3 Issuing Agency: Permits are issued jointly by the Council and the STREMAC.

1.4 Requirements for permits: No agency may operate at an ALS level without a valid Council and STREMAC issued ALS permit and STREMAC approved Service Medical Director. The Service's Medical Director must meet the requirements of the STREMAC Service Medical Director's Job Description (STREMAC approved 5/10/94) and complete the Letter of Intent for Service Medical Directors (STREMAC approved 5/10/94). The service's CEO must also complete the Letter of Intent for Service Medical Directors (STREMAC approved 5/10/94).

2. Application Procedure and Probationary Permit

- 2.1 Issuance of a Probationary Permit: Probationary Permits are issued to agencies providing evidence that they can meet the requirements listed under Part 5, ALS Service Requirements, and have met the requirements for permits, under 1.4 above.
- 2.15 A Probationary permit may be issued to a service for a term with or without stipulations as dictated by a majority vote of the STREMAC.
- 2.2 Application Eligibility: Any certified service approved to provide Emergency Medical Response under the New York State Public Health Law, may apply for an ALS permit at any level. New services not previously in operation at any level of care must complete the Certificate of Need process as specified by New York State Public Health Law.
- 2.3 Application Submission: An agency may apply for an ALS permit by submitting a completed ALS permit application to the Council. This application should be complete and contain the attached materials:
- a. Level of care desired
 - b. Area to be serviced by the ALS agency
 - c. Anticipated startup date
 - d. Current list of technicians and their certification information for the level of care desired
 - e. Description of the agency's ability to meet the requirements described in Part 5, ALS Service Requirements
 - f. Receiving institutions' CEO letter of approval of the service's operation
 - g. **Provide One of the following:**
 - (1) Copy of the New York State Ambulance Service Certificate obtained through a Certificate of Need Process of the Southern Tier Regional EMS Council

OR

 - (2) Copy of the New York State Ambulance Certificate issued prior to January 1, 1976 (consistent with the description in Article 30, Section 3009.1)
- OR**
- (3) New York State Ambulance Service Certificate with the following documentation:
 - (a) Documented absence, reduced availability or an inadequate level of care {as evidenced by an inability of current ambulance service(s) to meet STREMAC determined standards of patients care - including but not limited to response times, adherence to patient care protocols and items 5.1 - 5.9 of this document} in the geographic area identified in the certificate of operation.
 - (b) Document the impact of the new ambulance service on the existing EMS system.

- (c) Provide letters of support attesting to items 2.3,g, 3a,b of this document from the following:
 - (i) All existing EMS agencies operating in or contiguous with the geographic area identified in the operating certificate
 - (ii) County EMS organizations contiguous with county in which the geographic area of the operating certificate is located
 - (iii) CEOs of municipalities in which the geographic area of the certificate of operation is located AND contiguous with
 - (iv) Regional Council and Regional Medical Director in which the service operates or may operate in if the service exists in or serves areas outside of the counties of Steuben, Schuyler or Chemung.

- 2.4 Review of Application: The Council (Systems Committee) will review the application for completeness. The completed application will be forwarded to the STREMAC. The STREMAC will review the application and assess the agency's ability to meet the requirements specified in Part 5, ALS Service Requirements. A recommendation will be made to the Council for approval of the permit. Any decision of the STREMAC may be appealed to the SEMAC.

- 2.5 Approval: Final approval of the permit will be made by the Council. No permit may be issued without STREMAC approval. A probationary permit will be issued upon approval of both the STREMAC and the Council, except as outlined in 4.2.

- 2.6 Initial term: A probationary permit is issued for a period of one year; at the end of the one year period, the STREMAC will review the agency's adherence to the requirements in Section 5. The STREMAC will then make recommendation to the Council concerning whether or not to issue a standard permit (see Section 3).

- 2.7 Entry into effect: All ALS services operating within the Southern Tier EMS Region must have a valid probationary or standard ALS permit by June 1, 1998.

- 2.8 A Probationary Permit may be extended for a period of ninety days from its expiration date by either an affirmative vote of the STREMAC or by written notification by the Regional Medical Director.

- 3. Standard Permit and Issuance of Term:
 - 3.1 Issuance of Standard Permit: Agencies having satisfactorily completed the one year probationary period as described in Part 2 will be issued a Standard Permit. Renewal of standard permits for agencies will occur according to a schedule determined by the STREMAC.

 - 3.2 Term: The standard permit will expire 24 months after it was initially issued.

- 3.3 A Standard Permit may be extended for a period of ninety days from its expiration date by either an affirmative vote of the STREMAC or by written notification by the Regional Medical Director.
 - 3.4 Renewal: Each agency's permit will be considered for review and renewal by the STREMAC and the Council upon resubmission of an updated letter of intent (Section 2.3), no later than four months prior to the permit's expiration date.
4. Revocation of Permit:
 - 4.1 Grounds for revocation: Any agency may have its permit for a specific level of care revoked for failure to meet the requirements of Part 3.3 or Part 5, by the STREMAC, the Council, or the Regional Medical Director. A Probationary permit may then be issued to a service for a term with or without stipulations as dictated by a majority vote of the STREMAC.
 - 4.2 Service Medical Director's authority to revoke: In accordance with New York State Law, the Service Medical Director may at any time withdraw his authorization to provide supervision from any service for any reason with or without concurrent approval of the Council or the STREMAC. The ALS permit shall be revoked until the service obtains a new Service Medical Director and provides a new completed Medical Director Letter of Intent (STREMAC approved 5/10/94) to the Regional Medical Director. Once received, the permit may be reissued by the Regional Medical Director as a probationary permit only.
 - 4.3 In the event of the unexpected departure of the Service Medical Director, all ALS standing orders are suspended, and any ALS care must be provided with on-line Medical Control, only for a period not to exceed 72 hours. Seventy-two hours after the unexpected departure of the Service Medical Director, the ALS permit shall be revoked until the service obtains a new Service Medical Director and provides a new completed Medical Director Letter of Intent (STREMAC approved 5/10/94) to the Regional Medical Director. Once received, the permit may be reissued by the Regional Medical Director as a probationary permit only.
 5. ALS Service Requirements: For permit issuance and retention, each ALS service must meet the following requirements:
 - 5.01 Delivery of ALS patient care in accordance with all current requirements outlined in the New York State Public Health Code and Regulations, including but not limited to Articles 30 and 30A, Parts 80 and 800, and Regional and State EMS Protocols.
 - 5.02 Active participation in Council and STREMAC through representation to each of these organizations.
 - 5.03 Adherence to and enforcement of all applicable patient care protocols established by the STREMAC.

- 5.04 Active participation in a service and regional QI program as evidenced by a letter from its Area QI Coordinator attesting to the service's representation at not less than 75% of its Area QI committee's meetings and submission of required reports to its Area QI Coordinator. (STREMS Form # 906)
 - 5.05 Adherence to the standards for technicians' continuing educational requirements established by the Service Medical Director and/or the STREMAC as evidenced by a letter (STREMS Form # 906) signed by both the Service's Medical Director and the Regional Medical Director.
 - 5.06 Completion of other records as required by the Service or Regional Medical Director.
 - 5.07 Provide documentation from service's insurance carrier acknowledging intent to provide ALS.
 - 5.08 Provide documentation of appropriate and proper equipment (Appendix A), adequately maintained as evidenced by a letter (STREMS Form # 906) signed by both the Service's Chief Executive Officer and the Service's Medical Director.
 - 5.09 If the service is non-transporting, provide documentation of all potential transporting agencies' support and willingness to transport patients treated by the service.
 - 5.10 Provide a copy of the service's DEA License.
- 6. If the service is providing ALS as EMT-I, policies and procedures, as well as letters of agreement, must be in place to ensure appropriate interface with ALS agencies providing EMT-CC or EMT-P where available.
 - 6.1 ALS Service must be provided 24 hours per day, 365 days per year. If an agency is unable to provide care 24 hours per day, 365 days per year, attach an agreement from another agency, agreeing to provide the care when the agency is unable to. Should the agreement change either in form or content, a copy must be forwarded to the Regional Medical Director not less than 10 days prior to the effective date of the change(s). If the 24 hour coverage is not provided according to the requirements of 6.1 of this document, the ALS permit is revoked, ALS service is suspended and the service must reapply for a new probationary permit.
 - 6.2 Current, complete permit application.

*Approved 11/11/97 by STREMAC, 11/20/97 by STREMS Council
 Amended, Section 2.3.g. Approved 3/10/98 by STREMAC, 3/19/98 by STREMS Council
 Amended, Sections 2.15, 4.1, Approved 10/08/02 by STREMAC, 11/13/02 by STREMS Council*

ALS RENEWAL APPLICATION

Name of Agency _____

Address _____

Phone _____ Fax _____

Agency CEO Name _____ Phone _____

Address _____

Signature _____ Date _____

Current level of care provided: EMT-I EMT-CC/P

Agency's current NYS Certification (attach copy)

Agency's current DEA License (attach copy)

Completed STREMS Form # 906

Agency Profile

Total Number of Providers _____

Total Number of Members Certified at

CFR only _____ EMT only _____ EMT-I only _____

CFR-D only _____ EMT-D only _____ EMT-CC/P only _____

Attach provider list and certification numbers

List any changes in receiving institutions from previous application.

Attached Service Medical Director's signed Letter of Agreement

LETTER OF INTENT FOR SERVICE MEDICAL DIRECTORS

I, _____ [print], M.D./D.O., have agreed to serve as the Service Medical Director of the _____ [agency name] EMS agency [hereinafter referred to as "the agency"] within the Southern Tier Regional EMS system. This establishes that my medical license will be the license through which off-line medical care provided by the agency will be rendered in conformity with the providers' New York State certification.

In doing so, I acknowledge my understanding with the Southern Tier Regional EMS Council's and the Southern Tier Regional Emergency Medical Advisory Committee's EMS protocols and policies and will require the agency personnel to adhere to these protocols and policies for the out of hospital care of patients.

I will expect prehospital care reports (PCRs) to be readily available to me and that these will be detailed, accurate records of the care provided by the agency's personnel.

I will serve as a medical resource for continuing education and will actively participate in the Southern Tier Regional EMS system's Quality Improvement program. I have read and accept the Job description of the Southern Tier Regional EMS system's Service Medical Director, and meet its requirements and accept its duties and responsibilities.

Service Medical Director

EMS Agency Representative

Signed _____

Signed _____

Address:

Address:

Date _____

Date _____

SERVICE MEDICAL DIRECTOR
JOB DESCRIPTION

Requirements:

1. Licensed to practice medicine in New York State.
2. Completed a Basic and Advanced Cardiac Life Support course.
3. Commitment to prehospital emergency care and to Southern Tier Regional emergency Medical Services system.

Duties and Responsibilities:

1. Is considered a non-voting members of the Southern Tier Regional Emergency Medical Advisory Committee.
2. Advise the prehospital agencies on medical aspects of out of hospital care.
3. Participate in the regional Quality Improvement program.
4. Assist in the development and implementation of EMS treatment protocols.
5. Participate in provider training and evaluation.
6. Accept the responsibility for the care provided by EMS providers within the service.
7. Understand that providers rendering care in an off-line medical control situation, do so as an extension of the Service Medical Director's license to practice medicine.