

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE OF NEW YORK CITY

**REQUIREMENTS FOR THE PROVISION OF  
ADVANCED LIFE SUPPORT LEVEL CARE**



*Est. 1974*

<b>SECTION I:</b>	<b>PARAMEDIC (EMTP) SERVICE REQUIREMENTS</b>
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**Revised February 2017**

## SECTION I

### **PARAMEDIC (EMTP) SERVICE REQUIREMENTS:**

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The position of REMAC is that the standard of care for the provision of advanced life support (ALS) is at the paramedic (EMTP) level.

#### **Definitions**

The following definitions are excerpted from Article 30 of the State of New York Public Health Law. For complete definitions, refer to Article 30.

*“Ambulance Service means an individual, partnership...engaged in providing emergency medical care and the **transportation** of sick or injured persons...to, from, or between general hospitals or other health care facilities.”*

*“Advanced Life Support First Response Service means an organization which provides advanced life support care, but **does not transport** patients.”*

#### **Requirements**

- 1) All Paramedic (EMTP) Services must be certified by the Bureau of Emergency Medical Services of the NYS DOH and operate in accordance with Article 30 of the Public Health Law and Title Ten of the State Emergency Medical Services Code, Part 800.
- 2) All Paramedic (EMTP) providers operating in the City of New York must be approved by the Regional Emergency Medical Advisory Committee (REMAC) of New York City as having met REMAC credentialing standards.
- 3) All Paramedic (EMTP) Services personnel must operate in accordance with REMAC of New York City approved policies and use REMAC of New York City approved protocols.
- 4) All Paramedic (EMTP) Services must receive on-line medical control from an On-Line Medical Control Facility approved by REMAC of New York City.
- 5) All Paramedic (EMTP) Services must file an initial statement and resubmit a statement *every two (2) years* signed by the Service CEO and On-Line Medical Control Facility CEO or designee reaffirming their operating agreements with REMAC of New York City. A new affirmation of agreement must be filed with REMAC within thirty (30) days if the CEO, governing body, or On-Line Medical Control Facility changes. *(Refer to sample agreement on page 18 of this document.)*
- 6) All Paramedic (EMTP) Services must have a Service Medical Director.
- 7) All Paramedic (EMTP) Services must maintain an accurate personnel roster of all paramedics authorized to provide patient care and forward the list upon request.

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- 8) All Paramedic (EMTP) Services must file an initial statement and resubmit a statement *every two (2) years* signed by the Service CEO and Service Medical Director reaffirming their operating agreements with REMAC of New York City. A new affirmation of agreement must be filed with REMAC within thirty (30) days if there is a change of CEO or Service Medical Director. (*Refer to sample agreement on page 17 of this document.*)

## **If the Paramedic (EMTP) Service is a First Response Service**

1. All Paramedic (EMTP) ***First Response Services*** must have written agreement(s) with one or more NYS DOH approved ambulance services within the proposed area of service which describe dispatch criteria and procedures, and which agree to transport any patients in the care of the Paramedic (EMTP) First Response Service and Paramedic (EMTP) First Response Service personnel to a hospital. Letters must be signed by Ambulance Service CEO or Representative of the Service's governing authority.

## SECTION II

### **REMAC ON-LINE MEDICAL CONTROL PHYSICIAN**

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#### **Requirements**

1. **On-Line Medical Control Physicians** credentialed by REMAC are to be the only patient care providers responsible for providing On-Line Medical Control. They must be available immediately in real time; at all times ALS service is provided in real time.
2. Must successfully complete the NYC REMAC On-Line Medical Control Course; written examination, and complete a minimum of one observation shift at a regionally approved On Line Medical Control Facility.
3. Must submit Board Certificate or Letter evidencing Board certification or eligibility (completed required amount of training in the area of their specialty) in Emergency Medicine, Internal Medicine, Surgery, Family Practice, or Pediatrics.

a) Exceptional Circumstances:

Emergency Medicine residents in their senior year of residency (PGY3 or PGY4) may fulfill REMAC requirements to become On-Line Medical Control Physicians if they meet the following conditions:

- (1) Have successfully completed the REMAC On-Line Medical Control Physician's Course
- (2) Have made their telemetry calls at a REMAC approved On-Line Medical Control Facility and submitted the appropriate telemetry observation form to the Office of the Council
- (3) Have their medical license and DEA numbers
- (4) Have submitted course documentation within a year of completion of their residency

**b) Tele Medicine Physician (Subcategory of the On-Line Medical Control Physician)**

- (1) A subcategory of BC/BE Physicians sanctioned by and working for a hospital or health system providing health services for patients with an established professional relationship with said hospital or health system. These physicians may authorize the use of approved NYS formulary medications/treatments within their scope of practice and the scope of practice of the Paramedic. The Tele Medicine Physician role is to coordinate with the Paramedic time sensitive in home urgent assessments that cannot be previously resolved over the phone between the patient and nurse/physician.
- (2) On Line Medical Control Physicians may serve a dual role but the Tele Medicine Physician can only provide services with established patients.
- (3) Required documentation/submission- Current CV, Current Copy of Board Certification or Letter evidencing Board Certification or eligibility, Current NYS License, and Current DEA Certificate
- (4) If not Board Certified in Emergency Medicine, he/she must successfully complete the following: Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS). If providing Pediatric only services, Pediatric Advanced Life Support (PALS) may be substituted for ACLS.

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- (5) Must successfully complete the NYC REMAC On-Line Medical Control Course, written examination, and complete a minimum of one observation shift at a regionally approved On Line Medical Control Facility.
  - (6) Must recertify every five (5) years by Written Examination.
  - (7) Tele Medicine Physicians are to document in the patient's system medical record any care provided, recommendations made, and orders given to EMS providers. These consultations are subject to health system's QA/PI processes.
4. If physician is not Board Certified in Emergency Medicine, he/she must successfully complete the following; Basic Cardiac Life Support (BCLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), and Pediatric Advanced Life Support (PALS) courses. BCLS, ACLS, PALS, and ATLS courses must be repeated within one (1) year of national guideline changes.
  5. Must submit New York State medical license and registration;
  6. Must submit valid U.S. Department of Justice Drug Enforcement Administration (DEA) registration to distribute or dispense controlled substances;
  7. Must submit current copy of curriculum vitae;
  8. Must submit, **if requested**, evidence of *involvement in at least three (3) of the following areas on a yearly basis*:
    - a) 20 Continuing Medical Education hours in emergency medicine or EMS-related activities in appropriate specialties;
    - b) 5 hours of prehospital teaching activities (e.g., CME, minimum of 3 hours of call review, QA/QI, etc.);
    - c) Active provision of emergency medical care;
    - d) Provision of On-Line Medical Control (minimum of one 8-hour shift per month);
  9. Participation in one (1) NYC REMAC Paramedic Challenge Examination per year
  10. Attendance at protocol updates as required;
  11. Must recertify every five (5) years by Written Examination.

## SECTION III

### **PARAMEDIC (EMTP) SERVICE MEDICAL DIRECTOR**

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**All Advanced Life Support (Paramedic Level) Agencies are required, as a condition of initial and/or continued REMAC NYC approval, to provide medical direction and oversight with a REMAC credentialed Agency Medical Director. To ensure adequate physician involvement and to maintain quality, agencies must maintain a ratio of one (1) REMAC credentialed EMS Medical Director for every 100 paramedics employed by or affiliated with that agency.**

#### **Definitions**

The following definition is excerpted from Article 30 of the State of New York Public Health Law. For complete definitions, refer to Article 30.

*“Advanced Life Support Care* means definitive acute medical care **provided under medical control**, by advanced emergency medical technicians within an advanced life support system.”

*Paramedic (EMTP) Service Medical Director* is a physician with primary responsibility for ensuring the quality of patient care provided. All ALS Services must have a Service Medical Director.

#### **Requirements**

1. Must be approved by REMAC of New York City as having met its credentialing requirements as an On-Line Medical Control Physician (*see Section II: REMAC On-Line Medical Control Physician*);
2. **In addition to being licensed to practice medicine in New York State, a REMAC credentialed EMS Agency Medical Director must fulfill at least one of the following categories:**
  - a. **Category A**

**Board Certified or Board Eligible in EMS Medicine by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM).**
  - b. **Category B**
    - i. **Successfully completed an acceptable, unaccredited fellowship in EMS**

**AND**

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- ii. Have completed a minimum of 24 months of EMS practice of at least 400 hours per year.

## c. Category C

- i. Board certification in Emergency Medicine, Internal Medicine, General Surgery, or Pediatrics by an American Board of Medical Specialties (ABMS) member Board.

## AND

- ii. Have completed a minimum of 48 months of EMS practice of at least 400 hours per year.

## d. Category D

- i. Have completed a minimum of 60 months of EMS practice of at least 400 hours per year.

## NOTES

### Definition of ‘EMS Practice’ as used in above categories:

- Physicians can have practiced EMS as Assistant Medical Director, Associate Medical Director, Medical Director, or within another leadership role of one or more EMS agencies with patient care responsibility; or as a direct provider of prehospital emergency care; or any combination of these roles.

### REMAC credentialing of a physician as an EMS Agency Medical Director must be renewed every 5 years. Maintenance of REMAC Certification as an Agency Medical Director requires that the physician:

1. Must be approved by REMAC of New York City as having met its credentialing requirements as an On-Line Medical Control Physician (see Section II: REMAC On-Line Medical Control Physician);
2. Attends four (4) REMAC committee or subcommittee meeting each year,

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3. Perform, and submit documentation to support the performance of one CME didactic event per year,
4. Submit to the REMAC a summary of your agency's quality improvement program and provide updates every 2 years,
5. Perform a medical case review (MCR) and provide or arrange for remediation for all prehospital providers who are under his/her authority at the time in which a patient care concern is identified,
6. Must submit evidence, if requested, of involvement in at least three (3) of the following areas within the past two (2) years, prior to appointment as Service Medical Director:
  - a. 50 Continuing Medical Education hours in emergency medicine or EMS-related activities in appropriate specialties;
  - b. 20 hours of prehospital teaching activities (e.g., CME, QA/QI, etc.);
  - c. Active provision of emergency medical care (Emergency Department, Trauma Team, etc.);
  - d. Provision of On-Line Medical Control (minimum of one 8-hour shift per quarter);
  - e. ALS ambulance observation (minimum of one 8-hour shift per quarter).

## Roles and Responsibilities

1. The Service Medical Director will be responsible for the overall quality of patient care provided by the service. S/he shall:
2. Ensure that appropriate standards and protocols are maintained through the provision of professional supervision and quality assurance activities. Quality assurance activities shall include the review of paramedic (EMTP) PCR/ACRs;
3. Ensure the provision of Continuing Medical Education for paramedic (EMTP) personnel. With regards to recertification of service paramedics, a REMAC physician is responsible for a paramedic candidate up to the third retest. At that point, the physician has the option to rescind any obligation for remediation;
4. Authorize the use and administration of controlled substances. S/he is therefore accountable for the proper use and administration of controlled substances and for the maintenance of a quality assurance plan and compliance with the Advanced Life Support Protocols approved by REMAC of New York City, as well as State and Federal standards regarding controlled substances.

## SECTION IV

### ON-LINE MEDICAL CONTROL FACILITY

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#### Initial Requirements

- 1) All services providing ALS level care must receive On-Line Medical Control from an On-Line Medical Control Facility approved by REMAC of New York City.
- 2) Each On-Line Medical Control Facility must submit all required documentation (*Refer to page 12*).
- 3) Each On-Line Medical Control Facility must designate a Physician-In-Charge responsible for assuring compliance with REMAC of New York City policies and protocols.
- 4) Written policies and procedures, consistent with regional standards, must be in place regarding the following:
  - a) Provision of on-line medical control: staffing and physician availability;
  - b) Quality assurance/improvement activities;
  - c) Communications failure;
  - d) Equipment maintenance;
  - e) Communications and bio-telemetry capabilities;
  - f) Logging and/or recording of **all** on-line medical control calls (*Refer to 'Minimum Record-Keeping Requirements', page 10*);
  - g) Refusal of Medical Aid (RMA)/Against Medical Advice (AMA);
  - h) Advanced Directives (e.g., DNR, Determination of Death);
  - i) Controlled substances - utilization, tracking and a quality assurance plan; and
  - j) Transportation decisions.
- 5) All On-Line Medical Control Facilities must file a written statement with REMAC within thirty (30) days if the CEO or Physician-In-Charge changes.

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## **Recertification Requirements**

1. On-Line Medical Control Facilities must recertify every three (3) years. An application will be mailed to facilities needing to recertify and a brief, focused reaudit will be conducted. The recertification package will include (but not limited to):
  - a) Site visit
  - b) List of physicians with certification numbers and expiration dates
  - c) Medical Director curriculum vitae
  - d) Evidence of protocol update when necessary
  - e) Equipment listing
  - f) Quality Assurance process plan
  - g) Tracking plan for narcotics
  - h) Refusal of Medical Assistance (RMA) process plan

## **On Line Medical Control Facility**

### **Minimum Record Keeping Requirements**

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- 1) All On-Line Medical Control Facilities must keep a log of all calls received by On-Line Medical Control Physicians from prehospital personnel regarding the immediate care, treatment and transport of a patient.
- 2) Logs must either be written, audio or electronic in nature. If Log is maintained by audio means, it must be supported by a written record referencing tape contents (e.g., date, On-Line Medical Control Physician).
- 3) Manual/written/electronic logs are to be saved for a minimum of seven (7) years with accompanying physician schedules. It is recommended that older records be archived and kept indefinitely.
- 4) Manual/written logs are to be bound and page-numbered. Each page must be dated and document the On-Line Medical Control Physician on duty, with his/her signature.
- 5) Any interruptions in the availability of on-line medical control must be documented in the logbook.
- 6) All occurrences of failed on-line medical control communication must be documented in compliance with Service protocols.
- 7) For each call, the following minimum information must be available for retrieval upon request:
  - a) a patient identifier
  - b) PCR/ACR number
  - c) time and date call received by On-Line Medical Control Facility
  - d) type of call (presumptive diagnosis as presented to physician by pre-hospital care providers)
  - e) all medical orders, including dosages of all medications prescribed
  - f) vital signs and EKG interpretation(s)
  - g) patient disposition
  - h) physician providing on-line medical control:
    - name
    - REMAC On-Line Medical Control Number; and
  - i) service name:
    - unit number
    - EMT #s, names, and level of certification.

## **Communications Equipment Capabilities Guidelines**

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Communications capabilities for ALS on-line medical control must include the following:

1. Recording tool
  - a. manual (written log), **and**
  - b. mechanical (tape/digital)
  
2. Two-way voice communication
  
3. Policy regarding communications/equipment failure.

## **Initial On-Line Medical Control Facility**

### **Required Documentation**

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The following documentation is to be submitted by the applicant:

- 1) Letter of Intent from CEO of facility, including a list of all ALS services receiving or intending to receive on-line medical control from the facility (if none, state so).
- 2) Name and job description of Physician-In-Charge;
- 3) Written policies and procedures, on facility letterhead and signed;
- 4) Copy of On-Line Medical Control Physicians schedule for most recent past month;
- 5) List of all On-Line Medical Control Physicians and their REMAC Medical Control Numbers;

## SECTION V

### ALS STAFFING POLICY

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#### **POLICY FOR THE STAFFING OF PREHOSPITAL ADVANCED LIFE SUPPORT RESPONSES AT THE LEVEL OF ADVANCED EMERGENCY MEDICAL TECHNICIAN - CRITICAL CARE (EMT-CC) OR ADVANCED EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC (EMTP)**

**Issued: June 1996**

**NOTE: THIS POLICY APPLIES TO ALL ADVANCED LIFE SUPPORT PERSONNEL AND ADVANCED LIFE SUPPORT RESPONSE VEHICLES OPERATING WITHIN THE NEW YORK CITY REGION PROVIDING PREHOSPITAL ADVANCED LIFE SUPPORT CARE.**

**NOTHING WITHIN THIS POLICY SHALL BE CONSTRUED TO IMPLY THAT AN INDIVIDUAL ADVANCED EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC (EMTP) OR ADVANCED EMERGENCY MEDICAL TECHNICIAN - CRITICAL CARE TRAINED, EQUIPPED, AND CREDENTIALLED TO PROVIDE THAT LEVEL OF CARE SHOULD WITHHOLD SUCH CARE WHEN INDICATED, EVEN IF THE SECOND RESCUER OR TRANSPORTING ADVANCED LIFE SUPPORT RESPONSE UNIT HAS NOT YET ARRIVED AT THE SCENE.**

#### **1. Transporting Advanced Life Support Response Units**

Prehospital advanced life support responses provided by transporting advanced life support units (ambulances) dispatched to medical emergencies solely via the 911 emergency response system, and those under contract to be dispatched to medical emergencies via the 911 emergency response system, will be staffed by a minimum of two (2) individuals, both of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in advanced emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

Prehospital advanced life support responses provided by transporting advanced life support units (ambulances) dispatched to medical emergencies by means other than the 911 emergency response system, including those dispatched to medical emergencies via the 911 emergency response system under mutual aid or other similar type of agreement, will be staffed by a minimum of two (2) individuals, at least one (1) of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in advanced emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City. At a minimum, the other must be certified by the New York State Department of Health at the level of Emergency Medical Technician (EMT), following successful completion of course work in basic

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emergency medical technology at the EMT level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

## 2. Non-Transporting Advanced Life Support Response Units

Prehospital advanced life support responses provided by non-transporting advanced life support units (advanced life support first response units) dispatched to medical emergencies solely via the 911 emergency response system, and those under contract to be dispatched to medical emergencies via the 911 emergency response system, will be staffed by a minimum of two (2) individuals, both of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in advanced emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

Prehospital advanced life support responses provided by non-transporting advanced life support units (advanced life support first response units) dispatched to medical emergencies by means other than the 911 emergency response system, including those dispatched to medical emergencies via the 911 emergency response system under mutual aid or other similar type of agreement, will be staffed by a minimum of two (2) individuals, at least one (1) of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City. At a minimum, the other must be certified by the New York State Department of Health at the level of Emergency Medical Technician (EMT), following successful completion of course work in basic emergency medical technology at the EMT level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

## 3. Volunteer Advanced Life Support Response Units

Prehospital advanced life support responses provided by volunteer Advanced Life Support response units dispatched to medical emergencies by means other than the 911 emergency response system, including those dispatched to medical emergencies via the 911 emergency response system under mutual aid or other similar type of agreement, will be staffed by a minimum of two (2) individuals, at least one (1) of whom must be certified by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City at the level of Advanced Emergency Medical Technician - Paramedic (EMTP), following successful completion of course work in advanced emergency medical technology at the Paramedic level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City whenever such an individual is available. If such an individual is unavailable, this requirement may be met by an individual certified at the level of Advanced Emergency Medical Technician-Critical Care (EMT-CC), following successful completion of course work in advanced emergency medical technology at the critical care level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City. At a minimum, the other must be certified by the New York State Department of Health at the level of Emergency Medical Technician (EMT), following successful completion of course work in basic emergency medical technology at the EMT level approved by the New York State Department of Health and the Regional Emergency Medical Advisory Committee of New York City.

**SECTION VI**

**ALS EQUIPMENT LISTS**

**NOTE: THIS LIST IS AN EXAMPLE AND NOT COMPLETE. ALS (and BLS) units must have all equipment, medications and supplies necessary to provide care per the NYC REMAC Protocols**

<b>AIRWAY/VENTILATION EQUIPMENT</b>	
Laryngoscope with Miller (straight) or McIntosh (curved) Blades	<b>Pediatric:</b> #0, #1, #2 – Straight Blade Preferred <b>Adult:</b> #3 & #4
Endotracheal Tubes & Stylets & Suction Adapters (Alternate advanced airways – optional)	<b>Pediatric:</b> 3.0 – 7.0 (cuffed & uncuffed) <b>Adult:</b> 7.0 – 8.5 <b>[2 of each size required]</b>
<del>Meconium Aspirator Adapter</del>	
Water Soluble Lubricant	
Magill Forceps	<b>Pediatric &amp; Adult</b>
Kelly Clamp	
<del>Needle Cricothyrotomy Equipment</del>	
Tension Pneumothorax Equipment (Needle Thoracotomy)	
Suction Catheter/Nasogastric Tubes	<b>Pediatric:</b> 6 – 8 – 10 - 12 French, <b>Adult:</b> 18 French
Capnography for ET	
<i>Pulse Oximeter - Optional</i>	
<b>Blood Drawing/IV Access/Syringes</b>	
Sharps Container	
Syringes	Required: 1 cc, 10 cc & 20 cc Optional: 3 cc & 5 cc
Antibiotic Swabs/Ointment	
Blood Drawing Tubes	
IV Catheters	<b>Pediatric:</b> Butterfly, 20 – 22 – 24 Gauge <b>Adult:</b> 14 – 22 Gauge
Adult Intraosseous Needles	
Pediatric Intraosseous Needles	<b>Pediatric:</b> 15 – 18 Gauge
Needles	<b>Adult:</b> 18 – 25 Gauge
IV Set Ups:	<ul style="list-style-type: none"> <li>▪ Macro</li> <li>▪ Micro</li> <li>▪ Extension Sets</li> </ul>
Saline Lock	
Venous Constricting Bands	
Pressure Infusion Device	
<i>Vacutainers &amp; Safety Needles - Optional</i>	
<b>EKG Monitor/Defibrillation Equipment</b>	
<ul style="list-style-type: none"> <li>▪ Manual 12 Lead Monitor, Capable of Defibrillation, Synchronized Cardioversion and Pacing. Must have capability for Pediatric Cardioversion down to 5 Joules</li> <li>▪ Monitor Cables</li> <li>▪ Electrodes</li> <li>▪ EKG Paper</li> </ul>	<ul style="list-style-type: none"> <li>▪ Defibrillation Pads</li> <li>▪ Defibrillation/Pacing Pads</li> <li>▪ Spare EKG Batteries</li> <li>▪ Multifunctional Cable</li> <li>▪ Electrode Gel</li> <li>▪ <i>Calipers, OPTIONAL</i></li> </ul>
<b>Other Equipment</b>	
Broselow Tape	
<i>Glucometer, OPTIONAL</i>	

## **SECTION VII**

### **SAMPLE LETTERS OF AGREEMENT**

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The following documents should be used as a guide in the formation of required agreements for an Advanced Life Support (ALS) service:

- Sample agreement between Service Medical Director and ALS Service Providing Paramedic (EMTP) Level Care.
- Sample Agreement between On-Line Medical Control Facility and Ambulance Service Providing Paramedic (EMTP) Level Care.

## **SAMPLE Agreement Between Service Medical Director and ALS Service**

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Service Medical Director (name) will be responsible for the overall quality of patient care provided by the service. S/he (name) shall:

- 1) Ensure that appropriate REMAC of New York City standards and protocols are maintained through the provision of professional supervision and quality assurance activities. Quality assurance activities shall include the review of paramedic (EMTP) PCR/ACRs;
- 2) Ensure the provision of Continuing Medical Education for paramedic (EMTP) personnel;
- 3) Authorize the use and administration of controlled substances. S/he is therefore accountable for the proper use and administration of controlled substances and for the maintenance of a quality assurance plan and compliance with the Advanced Life Support Protocols approved by REMAC of New York City, as well as State and Federal standards regarding controlled substances.
- 4) Agree to participate on the ALS Committee of REMAC.

Ambulance Service (name) will be responsible for:

- 1) Hiring qualified paramedics who are certified by both New York State and REMAC of New York City;
- 2) Ensuring that paramedic (EMTP) personnel operate under REMAC of New York City ALS Protocols at all times;
- 3) Ensuring that ambulance equipment and supplies are maintained in accordance with Article 30 of the Public Health Law of the State of New York and the State EMS Code, Part 800;
- 4) Providing PCR/ACRs to the Service Medical Director for review;
- 5) Providing adequate time for Continuing Medical Education for paramedic (EMTP) personnel;
- 6) Maintaining appropriate records of controlled substances in accordance with current regulations;
- 7) Maintaining adequate communications equipment to ensure access to on-line medical control.
- 8) To have in place an agency quality improvement program as set forth in Article 30, Section 3006, and to participate in regional quality improvement activities including, but not limited to the submission of ACR/PCR copies for regional QI activities, if requested.

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Signature of Service Medical Director

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Signature of Service CEO

**SAMPLE Agreement Between  
On-Line Medical Control Facility and ALS Ambulance Service**

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On-Line Medical Control Facility (name) will be responsible for:

- 1) Providing on-line medical control;
- 2) Providing professional supervision for quality assurance activities to ensure that REMAC of New York City standards and protocols are maintained;
- 3) Maintaining appropriate records of all on-line medical control contacts;
- 4) Maintaining adequate communications equipment to ensure on-line medical control.
- 5) Comply with REMAC protocols, policies and procedures pertaining to the provision of On-Line Medical Control.

Ambulance Service (name) will be responsible for:

- 1) Hiring qualified paramedics who are certified by both New York State and REMAC of New York City;
- 2) Ensuring that paramedic (EMTP) personnel operate under REMAC of New York City ALS Protocols at all times;
- 3) Ensuring that ambulance equipment and supplies are maintained in accordance with Article 30 of the Public Health Law of the State of New York and the State EMS Code, Part 800;
- 4) Providing adequate time for Continuing Medical Education for paramedic (EMTP) personnel;
- 5) Maintaining appropriate records of controlled substances in accordance with current regulations;
- 6) Maintaining adequate communications equipment to ensure access to on-line medical control.
- 7) To have in place an agency quality improvement program as set forth in Article 30, Section 3006, and to participate in regional quality improvement activities including, but not limited to the submission of ACR/PCR copies for regional QI activities, if requested.

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Signature of CEO of Medical Control Facility

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Signature of Service CEO

## **SECTION VIII**

### **APPLICATION FORMS**

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#### **Application forms:**

- **Application for the Provision of Advanced Life Support (ALS) Level Care**
  
- **Personnel Roster**

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## Application for the Provision of Advanced Life Support (ALS) Level Care (v05162017)

Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Medical Director <input type="checkbox"/> Change of CEO/Ownership	
Name of Service:	NYS DOH Agency Code:
Primary Base / Garage: (Physical address)	Mailing Address: (If Different)
City, State and Zip Code:	City, State and Zip Code:
Business Telephone Number: (For Administrative Matters):	Emergency Dispatch Telephone Number: (The number used by the public):
Service Type (Check only one): <input type="checkbox"/> Advanced Life Support Ambulance Service <input type="checkbox"/> Advanced Life Support First Response Service	
Ownership (Check only one): <input type="checkbox"/> Proprietary <input type="checkbox"/> Hospital Based <input type="checkbox"/> Volunteer <input type="checkbox"/> Municipal/Government <input type="checkbox"/> Other: _____	
EMS Personnel on staff:      _____ # Paramedics      _____ # EMTs	
<b>Agency Staff Information:</b>	
<b>Chief Operating Officer</b> (Captain, Operations Manager, etc):	
Name: _____ Address: _____	
Day-Time Phone #: _____ Title: _____	
Fax # _____ Email: _____	
_____	
<b>Quality Improvement Coordinator:</b>	
Name: _____ Address: _____	
Day-Time Phone #: _____ Title: _____	
Fax # _____ Email: _____	
_____	
<b>Agency Medical Director:</b> <i>(Must be a REMAC Credentialed On-Line Medical Control Physician)</i>	
Name: _____, MD / DO    Day-Time Phone # _____	
Address: _____ Evening Phone # _____	
City, State, Zip: _____ Fax # _____	
REMAC OLMCP #: _____ Expires: _____ Email: _____	
_____	
<b>On-Line Medical Control Facility:</b> <i>(Must be approved by REMAC)</i>	
Name: _____	
Address: _____ City, State, Zip: _____	

**Submit completed application, along with a check/money order in the amount of \$1000. to The Regional EMS Council of NYC, 475 Riverside Drive, Suite 1929, New York, NY 10115.**



# THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

## AFFIRMATION

I, \_\_\_\_\_, Chief Executive Officer/Designee of the ambulance service /advanced life support first response service identified on the first page of this application, and I, \_\_\_\_\_, medical director of the ambulance service/advanced life support first response service identified on the first page of this application have read, understand and agree to abide by the following terms and conditions set forth by the Regional Emergency Medical Advisory Committee (REMAC) of New York City for the provision of Advanced Life Support:

- The service and its personnel shall operate under the standards and prehospital care protocols set forth by REMAC, and shall participate in appropriate regional activities.
- To comply with Article 30 of the New York State Public Health Law, Title 10 Part 80 regarding controlled substances, and Part 800 of the New York State EMS Code.
- To file a renewal application with REMAC for the provision of ALS level care every two (2) years, or whenever the Chief Executive Officer/Designee or Medical Director of the service changes.
- To utilize a Prehospital Care Report (PCR) or Ambulance Call Report (ACR) approved by the New York State Department of Health, and if the service does not transport the patient, to provide a copy to the transporting agency to be included with the patient's medical record and for quality improvement purposes.
- To have in place an agency quality improvement program as set forth in Article 30, Section 3006, and to participate in regional quality improvement activities including, but not limited to the submission of ACR/PCR copies for regional QI activities, if requested.
- To provide qualified EMT-Paramedic personnel who are certified by the New York State Department of Health and by REMAC to provide ALS level care.
- To provide adequate time for continuing medical education for prehospital care personnel.
- To have On-Line Medical Control from a REMAC approved facility available at all times which the service operates ALS level care units, and notify REMAC of any change in on-line medical control facility or availability.
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In addition, we certify that all information contained in this application and attachments are true and correct to the best of our knowledge.

\_\_\_\_\_  
Signature of CEO/Designee

\_\_\_\_\_  
Signature of Medical Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Required Attachments:

- Ambulance Service Certificate or Advanced Life Support First Response Service Certificate from the New York State Department of Health.
- Copy of agreement between the service and its Medical Director.
- Copy of Medical Director's Curriculum Vitae (CV)
- Copy of agreement between the service and its On-Line Medical Control Facility.
- Copy of agreements with transporting ambulance services (ALS First Response Services only)
- Current personnel roster

**Submit Application Package to:** Regional Emergency Medical Services Council of New York City  
475 Riverside Drive, Suite 1929  
New York, NY 10115 (ATTN: Marie Diglio)