



# Nassau Regional Emergency Medical Services Council

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# Nassau Regional Emergency Medical Services Council



Policies	Ambulance Agencies Operating in Nassau County	Policy 15-02
	Reviewed: 8/05/2015	Approved: 11/4/2015
		Effective: 12/1/2015

All ambulance agencies operating in Nassau County that receive calls for service from a “PSAP” (Public Safety Answering Point) in Nassau are required to participate in the Nassau Regional EMS Council’s (REMSSCo) Quality Improvement (QI) activities. *All ambulance agencies that transport patients from a location in Nassau County to a location in Nassau County are also required to participate in the Nassau Regional EMS Council’s (REMSSCo) Quality Improvement (QI) activities.*

All of the above agencies, that utilize paper patient care report (PCR), are required to submit the “Research Copy” (yellow) to the Nassau REMSSCo office no later than the 10<sup>th</sup> of the following month. If an agency utilizes electronic PCR (ePCR) they are required to coordinate with the Nassau REMSSCo’s QI Coordinator to insure that he is provided a user identification and access code to enter the agency’s ePCR database in order to perform QI. ePCR agencies are required to upload their reports to the State bridge no later than the 10<sup>th</sup> of the following month.

Any agency seeking to operate in Nassau is required to comply with this policy in order to be authorized to operate. Any agency that is currently in operation that fails to conform to this policy will have their authority to operate in Nassau suspended until compliance is achieved.

# Nassau Regional Emergency Medical Services



<b>Policies</b>	<b>Change in EMS Response Matrix</b>	<b>15-01</b> (page 1 of 2)
	<b>Reviewed:</b>	<b>Approved: 6/10/2015</b>
		<b>Effective: 7/01/2015</b>

## Guidelines for approving a request from an agency to change their status in the EMS Response Matrix

### **Purpose:**

To ensure that the Region's needs for timely and appropriate emergency medical response are met.

### **Background:**

The county maintains a countywide response matrix identifying the designated response agency and the priority level of response for each "community." These lists are utilized by the county police 911 system and the county fire communications center. Based on State Law, the REMSCo will provide oversight and coordination of these lists and the response matrix.

### **Policy Guidelines:**

The EMS Systems committee is tasked by the REMSCo to review, coordinate and update the region's EMS response matrix. In that capacity, the EMS Systems Committee will review requests for EMS response matrix changes from agencies.

**Agency Requesting Change:** The process by which an agency can request a change to their current status in the EMS response matrix is as follows:

#### To respond ahead of other agency

- The requesting agency shall submit, in writing on agency letterhead, a letter to the REMSCo with the following information detailed:
  - Intent for change in status, whether it be for an upward or downward move in the response chart. In this, the agency is to correctly state what their **current** position is on both the 911 and FireCom response list.
  - Reasons supporting the request and identity of agency you are moving ahead of
  
- If upgrading status the following is also required:
  - Copies of the sustained measurable performance history of the agency, e.g. copies of 6 months of response times and dispatch information relative to call times (times of day, days of the week)
  - Current ALS/BLS active membership rosters (to exclude members personal information)
  - Copies of any DOH infractions against the department within the last 6 months prior to the request for change.

# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>Change in EMS Response Matrix</b>	<b>15-01</b> (page 2 of 2)
	<b>Reviewed:</b>	<b>Approved: 6/10/2015</b>
		<b>Effective: 7/01/2015</b>

## Committee Actions

The process by which the EMS Systems Committee will review an agency's requests for a change in their EMS Response Matrix Status is as follows:

- The Committee Chair will receive a dated copy of the agency's request packet from the REMSCo Chair.
- The Committee Chair shall review the contents of the packet to ensure it is complete in its information.
- The Chair shall convene a meeting, or at the next scheduled Committee meeting, place the agency's requests on the agenda for consideration.
- The Committee shall review the request based on the needs of the region including, but not limited to:
  - Agency's active membership
  - Regional volume
  - Performance history
  - Impact to Regional Response Times
- Upon the completion of the committee's detailed review of an agency's request, the chair shall forward a letter to the REMSCo chair indicating the approval / disapproval of the request. In the event of a Committee approval, it will be brought to the Council at the next regularly scheduled meeting and voted on as a seconded motion. Once voted on by the Council, a letter will be sent to the requesting agency with the final approval / disapproval.

All changes to the EMS Response Matrix will be published and distributed by the Council to the REMSCo Executive Committee, NCPD Communications Bureau and FireCom.

# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>Fee Schedule</b>	<b>Policy 13-01.2</b>
	Reviewed:	Approved: 1/02/13
		Effective: 1/02/13

Schedule of fees is as follows:

Certificate of Need (CON) Includes Expansion of Operating Territory	\$2,550.00
Staffing Waiver	\$1,800.00
Transfer of Operating Authority	\$ 750.00

# Nassau Regional Emergency Medical Services Council



Policies	e-PCR Approval Process	Policy 12-03
		Approved: 3/07/12
		Effective: 3/07/12

**Purpose -** To establish a procedure for the application to use e-PCR for agency submission of PCR data in-lieu of using paper PCR.

## **Policy**

The following requirements must be met to receive e-PCR approval from the Nassau Regional EMS Council & the Nassau Regional Medical Advisory Committee.

1. Vendor must meet Gold NEMSIS standard or NYSDOH will not allow approval.
2. Agency letter of intent requesting move to e-PCRs must be submitted to Nassau Regional EMS Council naming the proposed vendor.
3. REMSCo user agreement must be appropriately completed & submitted (enclosed).
4. REMSCo vendor agreement must be appropriately completed & submitted (enclosed).
5. Sampling of approved data access must be available to REMSCo via Internet prior to approval.
  - a. Approved data access must be available to REMSCo by individual agency & region collectively prior to approval.
6. Sampling data QI reports or a viable report building system must be available to REMSCo by individual agency & region collectively prior to approval.
7. Upon completion of above requirements the Ambulance Agency must request a start date & approval from NYSDOH Contact is Steven Sonder phone at 518-402-0996 or email [sas05@health.stste.ny.us](mailto:sas05@health.stste.ny.us) proof of NYSDOH approval must be submitted to REMSCo prior to start of full use of e-PCRs.

If you have any questions or in need of assistance please contact Nassau Regional EMS Council QI Coordinator Frank Chester@ 516-542-0025 or email [fchester@veeb.org](mailto:fchester@veeb.org)



## Agency e-PCR Agreement

Date \_\_\_\_\_

Agency Name: \_\_\_\_\_

NYS DOH Agency Code: \_\_\_\_\_

E-PCR Agency Contact  
Name: \_\_\_\_\_

E-PCR Agency Contact Phone: \_\_\_\_\_

E-PCR Agency Contact E-Mail: \_\_\_\_\_

NYS DOH requires that all E-PCR agencies submit a written report to the Nassau Regional EMS Council (Agency e-PCR Report Form). By signing this form \_\_\_\_\_ ambulance agency agrees to provide the total number of e-PCRs generated year to date & the total number e-PCRs generated for the previous month. The above named agency agrees to send properly completed Nassau Regional EMS e-PCR report form by the 10th day of each month to the Nassau Regional EMS QI Coordinator. Failure to do so will result in revocation of Nassau Regional EMS Council permission to use e-PCR reporting system. **If this revocation occurs a corrective action plan as well as a reinstatement fee may be required prior to e-PCR permission being re-granted.**

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**Signature of Chief Executive Officer of Ambulance Agency**

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**Printed name of Chief Executive Officer of Ambulance Agency**

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**Date**



## Agency E-PCR Report

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

Agency Name: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Reporting for month of: \_\_\_\_\_

Number of e-PCR Forms Generated This Month: \_\_\_\_\_

Number of e-PCR Forms Generated Year to Date: \_\_\_\_\_

The New York State Department of Health requires that each e-PCR Agency submit a written report to the REMSCO with the above information by the 10<sup>th</sup> of each month.

Report can be sent via fax, e-mail, or regular mail.

e-mail to [fchester@veeb.org](mailto:fchester@veeb.org)

Fax: 516-542-0049 attention F. Chester

Regular Mail: Nassau Regional EMS Council  
2201 Hempstead Turnpike, Bin 78  
East Meadow, NY, 11554-1859

Questions: 516-542-0025 from 8:30AM till 3:30PM M-F





## **e-PCR Software Vendor Agreement**

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

Software Vendor:\_\_\_\_\_

Affiliated Ambulance Agency Name:

\_\_\_\_\_

Agency Code:\_\_\_\_\_

Effective dates of software agreement\_\_\_\_\_

Software Vendor Contact Name:\_\_\_\_\_

Software Vendor Contact Phone:\_\_\_\_\_

Software Vendor Contact E-Mail:\_\_\_\_\_

Vendor Support Contact 24/7 Phone:\_\_\_\_\_

Vendor Support E-mail:\_\_\_\_\_

As a NYSDOH Nassau Regional EMS Council E-PCR approved vendor we agree to the following:

1. Provide online access to the Nassau Regional EMS Council for individual regional users data.
2. Provide online access to the Nassau Regional EMS Council for system wide Regional user data collectively.
3. Consolidate multi user Nassau Regional data & forward to NYDOH in an approved format at intervals required by NYSDOH.
4. Construct additional reasonable Quality Improvement reports as requested by the Nassau Regional EMS QI Coordinator at no charge.

5. Provide 24-hour 7-day a week software support response within 30 minutes.
6. Failure to maintain the above requirements will result in revocation of Nassau Regional EMS Council permission for use of the above named e-PCR vendor software.
7. **If revocation occurs a corrective action plan as well as a reinstatement fee may be required prior to e-PCR permission being re-granted.**

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Authorized Signature e-PCR software vendor

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Printed name of signatory

Print title

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Nassau Regional EMS Authorized Signature

Print title

Nassau Regional EMS QI Coordinator 24/7 contact information:

Office: 516-542-0025 from 8:30AM till 3:30PM M-F

QI Cell 24/7 516-313-2768

e-mail to [fchester@veeb.org](mailto:fchester@veeb.org)

Fax: 516-542-0049

Address: Nassau Regional EMS Council

2201 Hempstead Turnpike, 4th Fl, Box78

East Meadow, NY, 11554

**For REMSCO Office use only**

Verified signature & title: \_\_\_\_\_ Date: \_\_\_\_\_

REMAC approval date: \_\_\_\_\_

REMSCO approval date: \_\_\_\_\_

# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>EMS Support Operations at Hazardous Materials Incidents</b>	<b>Policy 09-02</b> Page 1 of 8
	Supersedes:	Approved: 2/4/2009
		Effective: 4/1/2009

## GENERAL OVERVIEW

This policy addresses the role of Emergency Medical Services personnel responding to the scene of a Hazardous Materials (Haz Mat) release, potential release, or threat to life safety for the purpose of providing medical support and rehabilitation to the Hazardous Materials Branch. EMS response to hazardous materials incidents shall comply with current ICS structure as outlined in the Nassau County Limited Area Disaster Plan. At all incidents requiring A, B or C levels of Personal Protective Equipment where the Unified Command has established a Hazardous Materials Branch, a Haz Mat Medical Support unit must be established by credentialed EMS Haz Mat Treatment Teams.

The Haz Mat Branch Director shall assign a Haz Mat Medical Support Supervisor. When possible, the Haz Mat Medical Supervisor should be from a credentialed Haz Mat Treatment Team and trained to the advanced life support level. The Haz Mat Medical Supervisor shall coordinate for the pre-entry assessment, medical care, and post-entry assessment of all Haz Mat response personnel (mitigation teams and decontamination staff). In addition, the Haz Mat Medical Supervisor shall maintain communications with the Medical Branch on the potential signs and symptoms and adverse effects of agent exposure for appropriate care of other emergency services personnel and civilian victims.

## SCOPE

This policy outlines the roles and responsibilities of all EMS personnel at a hazardous materials incident within the Nassau County Region. All responders should be familiar with standards identified in OSHA 29 CFR 1910.120, NFPA 472, and NFPA 473.

## DEFINITIONS

Support Zone (Cold Zone) – Clean area outside “Contamination Reduction Zone” where equipment and rescue personnel are staged to receive, triage, and treat decontaminated patients.

Casualty Collection Point – Location in the Cold Zone where casualties are brought for triage

Contamination Reduction Zone (Warm Zone) - Area between the “Exclusion Zone” (Hot Zone) and the Support Zone. This is where the Contamination Reduction Corridor (decon line) is located. Treatment in the Contamination Reduction Zone will be provided by appropriately trained and credentialed Haz Mat Medical Treatment Teams. EMS personnel receive patients at the end of the “Contamination Reduction Corridor” and move them to the “Support Area” for secondary treatment.

EMS Haz Mat Operations Provider - in addition to their BLS or ALS certification, shall be trained to meet at least the first responder operations level as defined in NFPA 472, *Standard for Professional*



# Nassau Regional Emergency Medical Services

## Council

<b>Policies</b>	<b>EMS Support Operations at Hazardous Materials Incidents</b>	<b>Policy 09-02</b> Page 2 of 8
	Supersedes:	Approved: 2/4/2009
		Effective: 4/1/2009

*Competence of Responders to Hazardous Materials Incidents*, and **all** competencies of Chapter 2 of this standard for operating in a Cold Zone environment only.

EMS Haz Mat Technician Provider - shall be certified to at least the BLS level and shall meet all competencies for EMS/HM Level I in addition to all competencies of Chapter 3 of this NFPA 472 standard. The goal of competencies at EMS/HM Level II responder shall be to provide the knowledge and skills necessary to perform and/or coordinate patient care activities and medical support of hazardous materials personnel in the warm zone. The EMS Haz Mat Technician shall be an active member of a REMAC designated Hazardous Materials Treatment Team.

Exclusion Zone (Hot Zone) - Area of greatest risk that is immediately surrounding the hazardous material release.

Hazardous Material (Haz Mat) – a material that may be potentially harmful to the public’s health or welfare if it is discharged into the environment, and any substance or material in any form or quantity that poses an unreasonable risk to safety, health and property when transported in commerce.

Hazardous Material Treatment Teams – appropriately trained agencies that are registered with REMAC to provide rapid medical interventions at the scene of Hazardous Material incidents and have credentialed technicians approved to provide Haz Mat treatment protocols at the discretion of a Physician at Medical Control. (Each technician shall meet the guidelines for competency outlined in the REMAC policy for Hazardous Material Treatment Teams).

Personal Protective Equipment (PPE) – The equipment used to protect rescue personnel from the effects of a hazardous material. PPE is usually classified as Level A, B, or C.

### CONCEPT OF OPERATIONS

#### RECOGNITION

All EMS providers need to maintain vigilance and a high index of suspicion when operating at known areas of Hazardous Materials storage and incidents with a high potential for exposure (highway accidents, truck terminals, warehouses, chemical plants, agriculture and garden centers, railroad incidents and laboratories.) Never assume a scene is safe to enter; thoroughly assess a scene prior to entry. Scenes that have multiple victims with similar symptoms must automatically be assumed as a Haz Mat scene. Your primary concern should be your personal safety, the safety of your crew, patients and the public. Should you be the first arriving or first to report a Haz Mat scene immediately:

- o Remove yourself and crew from danger
- o Establish a “danger” zone and a “safe” zone. (The safe zone should be upwind from the incident.)

# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>EMS Support Operations at Hazardous Materials Incidents</b>	<b>Policy 09-02</b> Page 3 of 8
	Supersedes:	Approved: 2/4/2009
		Effective: 4/1/2009

- Try to keep all civilians out of the danger zone until the appropriately trained resources arrive
- Report the incident and as much information you can about the incident to your communications dispatch center
- Upon arrival of trained resources, assume your role in the appropriate ICS component

## ACTIVATION

EMS providers trained and credentialed in Decontamination or Haz Mat Treatment shall be on file with the Communications Bureau and Fire Rescue Communications. Once a Haz Mat Team has been activated by an Incident / Unified Command; the appropriate EMS support entity will also be dispatched where needed. There will be no self-dispatch to any Hazardous Materials incident. After the initial dispatch from Nassau County Police Communications Bureau or Nassau County Fire Rescue Communications, Medical Control will be notified for the dispatch of the Mass Casualty resources centrally located at NUMC. These resources may include:

- Hazardous materials specific Pharmaceutical Cache' (including DuoDotes, Cyanokits, etc)
- Extra backboards and medical supplies

## DISPATCH INFORMATION

Dispatch information should include type of EMS resources needed (i.e. medical aided, Haz Mat Team support). Information as to the type(s) of hazards on scene (i.e. chemical, biological, nuclear, or explosive) and staging information shall be provided. Only appropriately trained and credentialed personnel should be dispatched and there is to be no self-initiated dispatch to these incidents.

## SCENE ARRIVAL

Upon arriving on scene all ambulances and personnel shall report to staging and notify the Staging Manager of their credentialed capabilities. The Staging Manager will notify the Operations Section of the arrival of additional trained medical and Haz Mat resources and await their assignment. The units shall identify their capability (i.e. Hazmat Support Certified, or ALS/BLS capable for non-Hazmat personnel) and their original dispatched assignment.

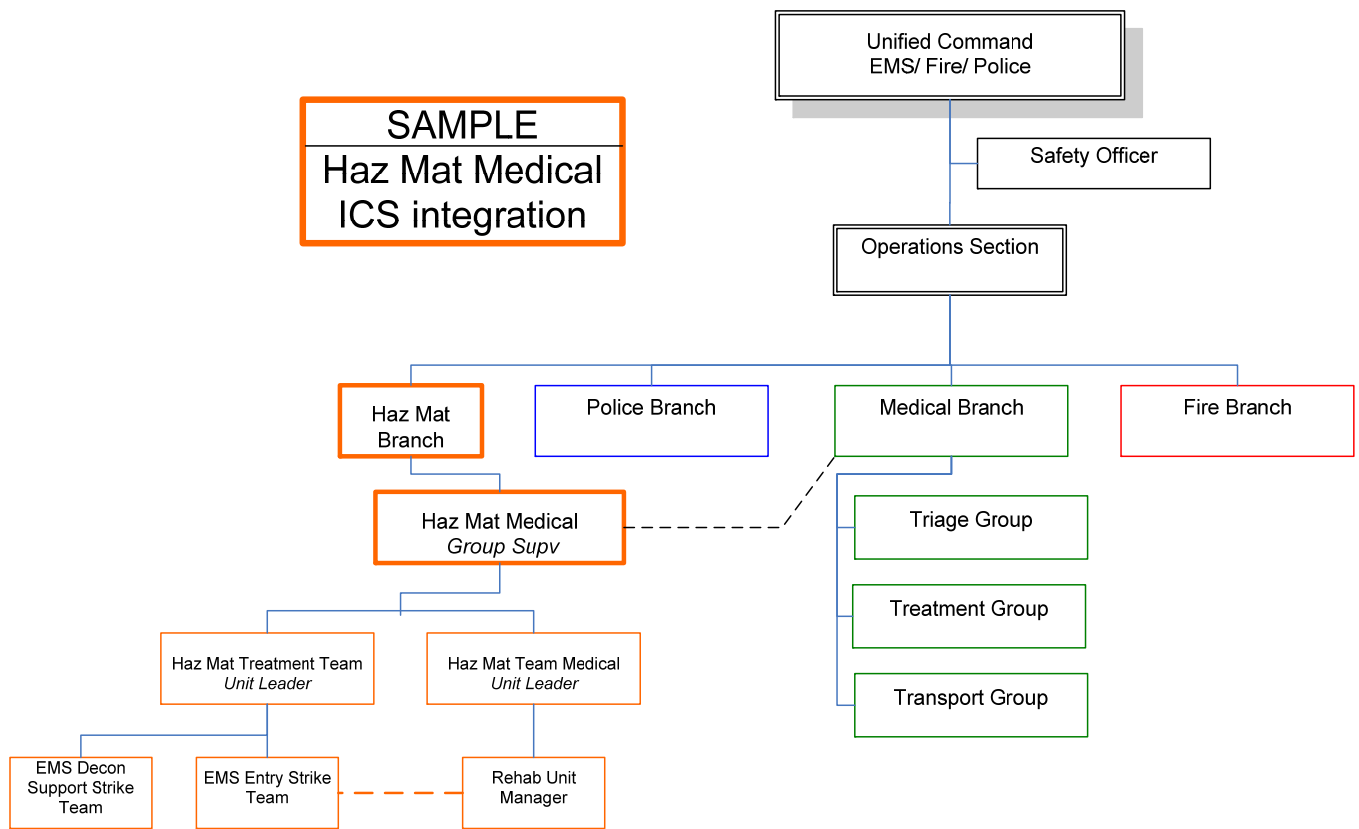
## ICS INTEGRATION

All entities operating at a Haz Mat incident will comply with the guidelines established by the Nassau County Limited Area Disaster Plan. Following this guidance, the Hazardous Materials Branch Director will assign a Haz Mat Medical supervisor and staff to assist with the appropriate execution of the Incident Action Plan. See the following diagram.



# Nassau Regional Emergency Medical Services Council

Policies	EMS Support Operations at Hazardous Materials Incidents	Policy 09-02 Page 4 of 8
Supersedes:		Approved: 2/4/2009
		Effective: 4/1/2009



# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>EMS Support Operations at Hazardous Materials Incidents</b>	<b>Policy 09-02</b> Page 5 of 8
	Supersedes:	Approved: 2/4/2009
		Effective: 4/1/2009

## PERSONNEL SAFETY

Personal protective equipment levels are to be established by the Haz Mat Safety Officer, and Haz Mat Branch Supervisor then communicated to the Incident / Unified Command. The Haz Mat Medical Supervisor shall find out what level(s) of personal protective equipment are required and are anticipated to be used during operations, and the specific location and activities where required.

The Haz Mat Medical Supervisor shall consult with multiple appropriate Haz Mat technical references as necessary to understand the materials involved, their physical characteristics including quantities and concentration, and signs and symptoms of exposure as well as any other pertinent medical information.

Pre-entry baseline assessment of physical condition and vital sign shall be conducted and recorded before Hazmat personnel donning PPE. If available, the pre-entry baseline should be compared to the medical data retained by the Haz Mat Team.

Any significant deviations may, in the opinion of the Haz Mat Medical Supervisor, preclude an individual from operating as part of the entry team (refer: Pre-Entry exclusion criteria). Exclusion criteria shall be established by mutual understanding of all Hazardous Materials Response agencies before response, and be approved by the individual agency's medical director.

A post-entry assessment of the same physical signs shall be conducted and recorded for all personnel immediately upon leaving the Contamination Reduction Zone (decon) and PPE after doffing. Significant changes from the pre-entry baseline medical evaluation may, in the opinion of the Haz Mat Medical Supervisor, preclude an individual from participating in another entry. If, in the opinion of the Haz Mat Medical Supervisor, personnel require further evaluation at a medical facility, said personnel shall be transported to the most appropriate facility.

# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>EMS Support Operations at Hazardous Materials Incidents</b>	<b>Policy 09-02</b> Page 6 of 8
	Supersedes:	Approved: 2/4/2009
		Effective: 4/1/2009

## HAZ MAT MEDICAL SUPPORT FUNCTIONS

The Haz Mat EMS sector shall be conducted in accordance with the following:

1. The health and emergency care of all Haz Mat personnel shall be the prime mission of the Haz Mat Medical sector.
2. It is recommended that at least one Advanced Life Support (ALS) unit shall remain committed to provide advanced care whenever Haz Mat personnel are engaged in entry operations especially during Level A or B evolutions.
3. The Haz Mat Medical Supervisor shall assign EMS /HM Ops personnel to perform pre-entry and post-entry medical evaluations of entry team personnel in accordance with the sections Personnel Medical Evaluations and Physical Signs of this procedure.
4. The Haz Mat Medical Supervisor will coordinate with the research officer on the acute, delayed, and chronic effects of exposure and treatment for each hazardous material. The Haz Mat Medical Supervisor shall ensure that such information is provided to the Medical Branch for dissemination to onsite EMS crews.
5. The Haz Mat Medical Supervisor shall ensure that a complete and accurate log is maintained of all EMS functions including pre- and post-entry evaluations, treatment of personnel, and communications with the Medical Branch Director.
7. The Haz Mat Medical Supervisor shall have the authority to deny entry to any Haz Mat personnel for medical reasons, after evaluation. The Haz Mat Medical Supervisor shall also retain the authority to order any Haz Mat personnel to undergo medical evaluation and if necessary recommend transport to a hospital for further medical evaluation.



# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>EMS Support Operations at Hazardous Materials Incidents</b>	<b>Policy 09-02</b> Page 7 of 8
	Supersedes:	Approved: 2/4/2009
		Effective: 4/1/2009

## PRE-ENTRANCE MEDICAL MONITORING

Vital Signs: Pre-entrance medical monitoring should include the evaluation of the following vital signs:

- Blood Pressure
- Pulse
- Respiratory Rate
- Temperature
- EKG rhythm strip (10 seconds), if not currently on file.
- Skin Evaluation (Rashes, Open sores/wounds/ cuts)

### Pre-Entry Exclusion Criteria – HAZMAT TEAM ENTRY PERSONNEL

Heart Rate	>70% Of the Maximum heart rate (220-age)
Blood Pressure	> 150 systolic > 100 diastolic
Respirations	>24
Temperature	>99.5 oral
EKG	Dysrhythmia not previously detected
Mental Status	Altered mental status such as slurred speech, clumsiness or weakness
Recent Medical History	Pregnancy

### Consideration for Exclusion – HAZMAT TEAM ENTRY PERSONNEL

Skin Evaluation	Open sores (cover with appropriate dressing), large area of rash, or significant sunburn
Predispositions for Dehydration	a) Nausea, vomiting, diarrhea, fever, upper respiratory infection, heat illness or heavy alcohol intake within past 72 hours b) New prescription medications taken within past two weeks or OTC medications taken within past 72 hours c) Any alcohol within past six hours d) Loss >2% pre-hydration weight

\* Medical staff should use normal hemodynamic values whenever there is a concern or any personnel fall out of the above criteria. Prior to Entry all personnel should hydrate with at minimum 8 oz. of water or diluted sports drink.

# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>EMS Support Operations at Hazardous Materials Incidents</b>	<b>Policy 09-02</b> Page 8 of 8
	Supersedes:	Approved: 2/4/2009
		Effective: 4/1/2009

**SUGGESTED COMPETENCIES:**

	General Requirements				Awareness Level Courses		Performance Level Courses					Advanced Level	
	Hazmat Ops.	Hazmat Tech.	ICS Basic	Terrorism Awareness	EMS Response to WMD AWR	Incident Response to Terrorist Bombings: AWR	EMS Operations and Planning for WMD	Emergency Response to Domestic Biological Incidents	WMD Radiological / Nuclear Responder Operations	WMD Technical Emergency Response Training (LIVE Agent)	WMD Hazardous Materials Technician	ALS Provider	AHLS Provider
Hazmat Medical Supervisor	REQ	SUG	REQ	REQ	SUG	REQ	REQ	SUG	REQ	SUG	SUG	SUG	SUG
Hazmat Treatment Team: Unit Leader	REQ	SUG	REQ	REQ	REQ	SUG	SUG	SUG	SUG	SUG	SUG	REQ	SUG
EMS / HM Operations Support Zone Activities	REQ	SUG	REQ	REQ	REQ	SUG	SUG	SUG	SUG	SUG	SUG	SUG	SUG
EMS / HM Technician Hot & Warm Zone Activities	REQ	REQ	REQ	REQ	REQ	REQ	REQ	REQ	REQ	REQ	REQ	REQ	REQ

REQ = Required Competency  
SUG = Suggested Competency

# Nassau Regional Emergency Medical Services Council



Policies	Certificate of Need Applications	Policy 09-01
	Supersedes: 00-03	Approved: 1/7/2009
		Effective: 1/8/2009

**Purpose** - To establish a procedure for the application of a new ambulance agency operating certificate and the required Certificate of Need process.

**Policy** - The Nassau Regional EMS Council will process new ambulance agency operating applications in accordance with the process established in NYS DOH BEMS Policy 06-06. The filing fee that is required to be submitted with the application is established at \$2,550.00. This fee will be used to cover expenses related to the application process. Should the application process activities result in expenses that exceed the initial filing, it shall be the responsibility of the applicant to provide any additional funds necessary to complete the process.

# Nassau Regional Emergency Medical Services Council



<b>Policies</b>	<b>Drug and Equipment Exchange Policy</b>	<b>Policy 00-02</b>
	<b>Reviewed:</b>	<b>Approved: 11/1/2000</b>
		<b>Effective: 11/1/2000</b>

**Purpose:** The purpose is to set forth a policy which details the criteria for the exchange of medications and equipment to the Nassau Regional emergency ambulance service provider agencies, by the receiving hospital.

**Policy:** The receiving hospital shall exchange at no charge to the emergency ambulance service provider agency, all equipment and medications used in the care and treatment of a patient(s) delivered to said hospital. The equipment and medications to be exchanged shall be in accordance with those listed in the current Nassau Regional Medical Advisory Committee (REMAC) approved Drug and Equipment Exchange List, Policy I.E.

The Emergency Ambulance Service Provider may not charge any party for any items exchanged by the receiving hospital.

The receiving hospital will exchange with the emergency ambulance provider agency all expired medications, as per the exchange list. Agencies must make every effort to exchange expiring drugs at least 60 days PRIOR to the expiration date of the medication.



# Nassau Regional Emergency Medical Services

## Council

Policies	Ambulance Staffing Standard	Policy 00-01
	Reviewed:	Approved: 9/6/2000
		Effective: 7/10/2002

**Purpose** - To establish a procedure for EMS agencies to request an exemption from the mandatory Ambulance staffing standard.

**Policy** - Effective January 1, 2001, New York State Public Health Law, Article 30, mandates all EMS agencies to staff ambulances with a minimum of an Emergency Medical Technician (EMT) with the patient. Article 30 also provides that EMS agencies that are unable to meet this staffing standard may request an exemption from their Regional EMS Council. This exemption, if granted by the Council, would be effective for a period established by the Council, but in no case may it exceed two years.

**Procedure** - All agencies requesting a staffing exemption, must submit to the Nassau Regional EMS Council, a Staffing Exemption Request in letterform, which provides all the information specified and a check or money order in the amount of \$1,000.00 payable to the Nassau Regional EMS Council (required covering certified mailing requirements.) The Council, at its regularly scheduled meeting, will act upon all exemption requests that are received by the deadline date specified in the instruction letter sent to the requesting agency. Requests received after the cutoff date will be acted upon at the next subsequent meeting of the Council.

A notice of an agency's request for a staffing waiver must be sent to all hospitals and municipalities in Nassau County, in accordance with Article 30. Recipients of the notice will be provided an opportunity to submit comments for consideration by the Resource Needs Committee and the Council (within 10 days of the date of the notice) prior to the waiver being approved.

If an agency requesting a staffing waiver is the primary EMS provider for an area, it shall be the policy of the Nassau Regional EMS Council to request that agency remove themselves from primary 911 status until the waiver expires or until such corrective actions have been taken to allow the agency to meet the staffing standards. The local municipality served by the agency shall be notified of the request to change the primary 911 status of that agency.

Notice of the determination of the Regional Council shall be provided within 10 days of the determination to the applicant, the NYS DOH BEMS, and any party receiving the notice of the application who requests notice of determination.

The applicant, the DOH, or any concerned party may appeal any determination of the Regional Council to the State Council within 30 days after the Regional Council makes its determination.

Reference: New York State Public Health Law - Article 30, sub 3003 (SA) and sub 3005A.

## STAFFING STANDARDS EXEMPTION REQUEST

New York State Public Health Law, Article 30, mandates all EMS Agencies must staff ambulances with a minimum of an Emergency Medical Technician (EMT) with the patient. Article 30 also allows EMS agencies that are unable to meet this staffing standard to request a staffing waiver from the Regional EMS Council. The Regional EMS Council will establish the length of time that a waiver will be in effect.

Article 30 also states "Prior to issuing an exemption, the regional council shall provide written notice by certified mail to the chief executive officers of all general hospitals and municipalities in the county..." Due to this requirement there will be a processing fee of \$1,800 (not refundable) to cover these expenses, which must be submitted as part of the waiver application.

All waiver applications must be submitted on agency letterhead. The request, at a minimum, must include the following information:

1. AGENCY NAME
2. NYS AGENCY CODE#
3. ADDRESS
4. PHONE #
5. FAX#
6. NAME OF EMS LIAISON OR CONTACT PERSON
7. WHAT MUNICIPALITY, VILLAGE AND/OR POLITICAL SUBDIVISION(S) DOES YOUR AGENCY PROVIDE AMBULANCE SERVICE TO?
8. WHAT IS THE POPULATION OF YOUR RESPONSE AREA?
9. DOES THE POPULATION IN YOUR SERVICE AREA EXPERIENCE INCREASES (E.G. SEASONAL, EVENTS, ETC.)? IF SO WHAT IS THE SIZE OF THE INCREASE? (ACTUAL #, NOT %)
10. WHAT IS YOUR AVERAGE DAILY NUMBER OF CALLS?
11. WHAT IS YOUR AVERAGE TIME FROM WHEN THE CALL IS RECEIVED UNTIL WHEN AN AMBULANCE IS ENROUTE?
12. DOES YOUR AGENCY HAVE MUTUAL AID AGREEMENT(S) WITH NEIGHBORING AGENCIES? IF SO, WHAT AGENCIES?
13. ON A DAILY BASIS, ON AVERAGE, HOW MANY TECHNICIANS (BY LEVEL – EMT, EMT-CC, EMT-P) ARE AVAILABLE DURING THE DAY AND HOW MANY ARE AVAILABLE DURING THE NIGHT?
14. PROVIDE A CURRENT STAFFING ROSTER.
15. EXPLAIN, IN A DETAILED REMEDIATION PLAN, WHAT ACTIONS YOUR AGENCY PLANS TO INITIATE TO INCREASE THE NUMBER OF EMTS, OR OTHER EFFORTS, TO MEET THE STAFFING STANDARDS?

*\* Return completed the Agency Personnel Roster (DOH-2828) form, listing all personnel that are associated with the ambulance service.*

**Note: If an agency requesting a staffing waiver is the primary EMS provider for that area it shall be the policy of the Nassau Regional EMS Council to require that the agency remove themselves from primary status in 911 until the waiver has expired or until such corrective action is taken to allow the agency to meet the staffing standards. The local municipality served by the agency shall be notified of the request to change the primary status of that agency.**