

EMS System Information Sheet

Responses are required for each item below, or attach documentation if your selection is indicated as “Other – See attached explanation”. You may indicate more than one response.

If your Agency is No Longer Providing BLSFR EMS Response, **skip to the bottom of this page** and indicate “Our Agency is no longer providing EMS”. No other documents are required if you check this.

Please Circle the Letter of each applicable response to the following and be sure to complete the BLS FR Agency Information Update form. – Thank You!

Service Dispatches to medical emergencies are provided by:

- A. Regional, County, Local or Government 911 Public Safety Dispatch Center
- B. Local Ambulance Service
- C. Self Dispatched
- D. Other – See attached explanation

QA/QI for patient care rendered by members of our agency is accomplished by:

- A. Participation agreement with transporting ambulance(s)
- B. Local or County QA/QI program
- C. Regional QA/QI Program
- D. A physician affiliated or contracted by our agency
- E. Own Agency Members
- F. QA/QI is not done for patient contacts
- G. Other – See attached explanation

Types of Calls for which an EMS response is provided by our agency includes:

- A. All EMS Calls within coverage area
- B. All Priority / Urgent Medical Need calls as determined by Dispatch and/or EMD system
- C. All EMS Calls for which assistance is requested by transporting ambulance
- D. All Calls which our agency otherwise responds to at which a medical need is discovered
- E. Other – See attached explanation

Authority for the EMS response provided by our agency is documented in writing by:

- A. The CEO of the City, Town, or Village of the Municipality served by our agency.
- B. The Executive body or supervisor of our county.
- C. A board of Commissioners appointed / elected in charge of the District served
- D. The CEO or Operations Officer of our service
- E. Other – See attached explanation

The minimum level of medical training required for members to provide patient care is:

- A. Emergency Medical Technician or higher Certification
- B. Certified First Responder or higher certification
- C. First Aid with CPR or higher certified training
- D. CPR or higher certified training
- E. No officially recognized medical training required
- F. Other – See attached explanation

Agency provides Public Access Defibrillation. EHC/Medical Director is: _____

Name of your Service or Agency: _____

Current NYS DOH Agency # Assigned to your Agency or Service: _____

Please print legibly your Full Name: _____

Please Sign and Date: _____ Date: _____

Our Agency is no longer providing EMS. As an authorized representative or Chief Operations Officer I hereby surrender the EMS Agency ID number issued to my agency.