
Agency

Change in Level of Care

Application and

Informational Packet

Date Completed: ___/___/___

Regional Coordinator: _____

GUIDELINES/INSTRUCTIONS FOR CHANGE IN LEVEL OF CARE APPLICATION

This packet is designed to help you through the process of changing your level of care. Paperwork can be very difficult and sometimes confusing. _____ has put together this informational packet to help you through this process. If you have any questions, please do not hesitate to call the _____ office.

Letter of Intent

This letter is to state your intent to change your level of care and should be addressed to the chairman of the WREMAC. This letter should include notification of your intent to change your level of care, what equipment you have or will be purchasing, and who will be the Agent of Record for maintaining records for ALS supplies. Also in the letter you should state something regarding your participation in a quality assurance program.

Approval of Medical Director

A letter from your medical director or operational medical director is necessary for you to change your level of care. This letter needs to state that he/she consents to being your Agency's Director and allows your personnel to work under their license. If you are unsure of whom your medical director is, please contact the _____ office.

Level of Care Change Form

This form must be completed and returned to the _____ office along with your letter of intent and approval letter from your medical director. _____ will obtain the signatures of both the WREMAC Chairman and Regional EMS Council Chairman.

Other Documents

- ✓ Level of Care Change Form
- ✓ WREMAC Required ALS Equipment List
- ✓ NYSDOH Operating Certificate (copy)

WREMAC LEVEL OF CARE CHANGE FORM

Agency Name: _____

Address: _____

Current Level of Care: _____ New Level of Care: _____

Hospital Affiliation: _____

Agency Director of Operations			
Signature	Name	Title	Date

CHECKLIST

1. Letter of Intent _____
2. Medical Director's Letter of Approval _____
3. Current Roster of Personnel _____
4. NYSDOH Operating Certificate (copy) _____

Approvals:

REMSCO Chairperson			
Signature	Name	Title	Date
WREMAC Chairperson			
Signature	Name	Title	Date

Continuing Medical Education Requirements

► To be demonstrated twice a year ◀

	CFR-D	EMT-D	EMT-I	EMT-CC	EMT-P
ACLS - *1				X	X
TLS - *1			X	X	X
PLS - *1			X	X	X
CPR - *1	X	X	X	X	X
Protocol Exam - *2			X	X	X
Epi Pen		X	X		
Neb. Alb.		X	X		
Needle Cric. - *3				X	X
Adult ET			X	X	X
Adult NT			X	X	X
Pediatric ET			X	X	X
Needle Thor. - *3				X	X
AED / Defib.	X	X	X	X	X
EJC - *3			X	X	X
IV			X	X	X
IO - *3			X	X	X
NG - *3				X	X
EP				X	X
SC				X	X

*1 Didactic Programs required every three years, or equivalent training approved by Medical Director is acceptable

*2 Protocol Exam required for initial certification and with every protocol change

*3 Demonstration required only if credentialed to use the skill

ABBREVIATIONS:

ACLS - Advanced Cardiac Life Support Course
Adult ET - Adult Endotracheal Intubation
Adult NT - Adult Nasotracheal Intubation
AED / Defib. - Automatic External Defibrillator / Defibrillation
EJC - External Jugular Cannulation

EP - External Pacing
Epi Pen - Epinephrine Pen / Auto Injector
IO - Intraosseous Infusion

IV - Peripheral Intravenous Access
 Including Saline Traps

Neb. Alb. - Nebulized Albuterol
Needle Cric - Needle Cricothyrotomy
Needle Thor - Needle Thoracostomy
NG - Naso/Oro Gastic Tube
Pediatric ET - Pediatric Intubation

PLS - Pediatric Advanced Life support Course or
 Pediatric Intermediate Life Support Course
SC - Synchronized Cardioversion
TLS - Trauma Life Support Course
 BTLS or PHTLS

Western Regional Emergency Medical Advisory Committee

Title: Required Advanced Life Support Equipment	Effective Date: May, 1999
Policy No. 99-2	Page: 1 of 2

Policy	<u>EMT-I Requirements</u>
	Defibrillator – (see WREMAC Defibrillation Guidelines) Appropriate Electrodes Broslow Resuscitation Tape (or equivalent) Water Soluble Lubricant Alcohol Preps Betadine Laryngoscope Handle Miller Blades (size 0,1) –1 each Mac or Miller Blades (size 2,3,4) –1 each <i>(if using disposable laryngoscopes, must have a quantity sufficient)</i> Spare batteries and bulbs for laryngoscope Endotracheal Tubes – (2.5,3.0,3.5,4.0) – 3 each (4.5,5.0,5.5,6.0,7.0,8.0) –2 each 10cc Syringe – 2 each Adult Esophageal Detector Device or Adult End Tidal CO ₂ Detector – 2 Pediatric End Tidal CO ₂ Detector - 2 Nasal Airways (fr. 12,16,20,24,26,28,30,32) –1 each Meconium Aspirator –2 Stylettes for Endotracheal Tubes (Adult and Pediatric) – 4 each Magill Forceps – Adult and Pediatric – 1 each IV Catheters (14,16,18,20,22,24) – 4 each IV Administration Set (Macro and Mini) – 4 each IV Administration Set – Buretol – 1 Saline Traps – 4 (if credentialed) Saline Flush Equipment IV Pressure Infusor – 2 Intraosseous Needles (15g, 18g) – 2 each 3 Way Stopcock – 2 IV Extension Tubing – 1 Blood Glucose Measuring Device (Visual or Electronic) Blood draw equipment based on facility and Medical Director preference.

	<p>EMT-CC and EMT-P Requirements <i>All of the above, plus.....</i></p> <p>Nebulizer with Tubing – 4 Jet Ventilator for transtracheal jet ventilation Transtracheal Catheter Syringes (1cc,3cc,10cc) – 6 each Needles (21g, 23g, 25g) – 4 each Umbilical Vein Catherization Kit with 3.5 and 5.0 fr. Catheters – 2 (if credentialed) Nasogastric Tubes (fr. 8,10,12,14,16) – 2 each Telemetry</p> <p>Desirable Equipment for all ALS Agencies (EMT-I, EMT-CC, EMT-P)</p> <p>Pulse Oximeter (required for RSI)</p> <p>Optional Equipment for all ALS Agencies.(EMT-I, EMT-CC, EMT-P)</p> <p>Infant car seat Heimlich Valve (or equivalent) Spare Cables for Cardiac Monitor</p>
Procedure	
General Notes	
Reference	Western Regional Emergency Medical Advisory Committee approved January, 2000.

WREMAC CHANGE OF MEDICAL DIRECTOR FORM

Agency Name: _____

Address: _____

Current Level of Care: _____ Hospital Affiliation: _____

Agency Director of Operations			
Signature	Name	Title	Date
Previous System Medical Director			
Signature	Name	Title	Date
Previous Service Medical Director			
Signature	Name	Title	Date
New System Medical Director			
Signature	Name	Title	Date
New Service Medical Director			
Signature	Name	Title	Date

Approvals:

REMSCO Chairperson			
Signature	Name	Title	Date
WREMAC Chairperson			
Signature	Name	Title	Date