



# North Country Regional Emergency Medical Advisory Committee

*"Serving Jefferson, Lewis & St. Lawrence Counties"*

www.fdrhpo.org/ems

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## BLS 12-Lead Acquisition

Agency Name \_\_\_\_\_ Agency Code \_\_\_\_\_

Address \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact for BLS 12-Lead \_\_\_\_\_ Title \_\_\_\_\_

Contact phone number \_\_\_\_\_ Email \_\_\_\_\_

Agency Medical Director \_\_\_\_\_ # of trained providers \_\_\_\_\_

Agency QA/QI Coordinator:

Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Contact email \_\_\_\_\_

\_\_\_\_\_ requests authorization from REMAC to permit BLS providers to perform BLS 12-Lead Acquisition in compliance with NYS and North Country EMS protocols. Attached to this application are the following items:

- Signed DOH 4362 Medical Director Verification form
- Copies of written Policies and Procedures for BLS 12-lead acquisition that are consistent with local protocols, to include:
  - Utilization of regional training program for BLS 12-lead acquisition
  - Policy of how the agency will follow the NYS statewide Adult and Pediatric Protocols
  - A description of the 12-lead device that the agency proposes to use
  - Assurance that 12-lead ECG's obtained while caring for a patient will be subject to 100 % physician review.

As CEO of the above agency, I agree to the requirements set forth in the NCEMS-REMAC for BLS 12-lead acquisition and will be responsible to make sure that the providers in the agency follow state and regional protocols. I also agree that all BLS providers will have completed training with a NYS CIC and that documentation of this training will be submitted to the region at least yearly.



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## **BLS Medical Director Agreement for 12-lead acquisition**

I understand that all patient care will be provided under my license, in accordance with the NYS and North Country REMAC regional protocols and training guidelines, except in cases of gross negligence resulting in injury or death. *Upon signing this document, I agree to:*

- Provide and/or assist with annual BLS 12-Lead acquisition in-services/updates and training
- Participate in Q.I., and review all calls in which BLS 12-lead acquisition was utilized and any other calls as necessary
- Provide medical leadership
- Act as a resource for continuing education
- Remain familiar with regional and NY State and BLS protocols

MD signature: \_\_\_\_\_

MD name printed: \_\_\_\_\_

Date: \_\_\_\_\_ MD daytime phone #: \_\_\_\_\_

### **Receiving Hospital Information**

This acknowledges that the emergency department has worked with \_\_\_\_\_ and will accept the transmission of 12-leads from BLS providers as attached. Receiving staff will promptly provide transmitted ECG to ED physician for determination of appropriate destination.

Hospital Name \_\_\_\_\_

Hospital Representative Name \_\_\_\_\_ Signature \_\_\_\_\_

Hospital Representative Phone \_\_\_\_\_ Email \_\_\_\_\_

If agreements are held with additional hospitals, please complete form on next page  
Patient ECG should be transmitted to closest facility to determine patient destination to facilitate the quickest thrombolytic treatment or air medical transport.

### **Agency Chief Operating Officer**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Date of approval by REMAC \_\_\_\_\_



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Hospital Representative Phone \_\_\_\_\_ Email \_\_\_\_\_

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