

(Please attach a separate sheet detailing the following)

- 11. If this application is for a research project, please describe the type of research that will be conducted on the backside of this application or attached to the application.**
- 12. If this application is for a "Change in Sponsor Hospital", please attach or provide on the back of this application, a brief explanation with the reason for the change.**
- 13. Describe the service area in which your organization currently provides coverage.**
- 14. Describe your services' standard operating procedures in regards to providing the requested level of authorization to your community 24 hours per day.**
- 15. Please provide a statement of awareness and support from your local community EMS oversight committee representative or municipality CEO.**
- 16. Please attach the following items to this application:**

- Sponsor Hospital Protocols (latest revision).
- Sponsor Hospital Quality Assurance Program.
- Service Personnel roster including provider's name, certification/License #, Certification/license type and Expiration Date.

Sponsor Hospital / (New): _____

Address: _____ **City:** _____

Medical Director: _____ **EMS Region** _____

Phone: _____ **Fax:** _____

EMS Coordinator: _____ **E Mail:** _____

Phone: _____ **Fax:** _____

Title of protocols: _____

Date of protocols: _____ **Revision Date:** _____

Verification that the staff has received all of the sponsor hospital protocols for this level of service: _____ (Please initial)

Verification that the staff has received the appropriate training to provide this level of service: _____ (Please initial)

**COMPLETION CHECK LIST FOR SUBMITTING
CLINICAL SERVICE APPLICATION**

- Completed demographic and Clinical Level of service information.(Page 1)
- If the Application is for a research project, attach project description, IRB and Medical Director approval letters and protocols for the study.(Page 2)
- If this application is for a "Change in Sponsor Hospital", please attach or provide on the back of this application, a brief explanation with the reason for the change.
- Attached Sponsor Hospital Protocols, latest revision.
- Attached Sponsor Hospital Quality Assurance Program.
- Attach a letter of support from the local EMS oversight committee or CEO of your municipality.
- Attached Service personnel List including names, Certification/License Number and expiration date.
- Completed Sponsor Hospital information or new Sponsor Hospital information. (Page 2)
- Completed Organizational Agreement and Sponsor Hospital agreement section. (Page 3)

I attest that all of the aforementioned information is included in the application packet and a copy of the completed application has been sent to my local Regional EMS Office.

Signature of Service Chief

Date

Date application
sent to OEMS

THE DEFINITION OF AN EMERGENCY MEDICAL SERVICES SPONSOR HOSPITAL
Regulations Governing the Delivery of Emergency Medical Services

“Sponsor Hospital” means a hospital which has agreed to maintain staff for the provision of medical control to emergency medical service providers and which has been approved by the Office of Emergency Medical Services in accordance with the State Regulation, Section 19a-179-12, subsections 6,7,8, and 9.

To be approved as a sponsor hospital, a hospital must:

- A) Be licensed under Connecticut General Statutes Section 19a-490 through 19a-493 inclusive;
- B) Appoint an emergency department staff person as liaison for sponsored EMS Services.
- C) Have two-way radio communications system interface with the capability to provide prehospital medical direction; and
- D) Appoint an emergency physician as Medical Director who shall be responsible for the following:
 - (i) Appropriateness of current operating protocols;
 - (ii) Assurance of medical supervision, training and continuing education of EMS personnel;
 - (iii) Review of EMS personnel medical performance;
 - (iv) Withholding of medical direction and the recommendation of suspension of EMS personnel from the system when in the interest of patient care, in accordance with State Regulations on licensure and certification.

Each sponsor hospital must provide the Office of Emergency Medical Services with documentation, which includes:

- 1) A description of the role that the hospital is to have in the EMS system;
- 2) A description of the procedures to be followed by EMS personnel in obtaining medical direction;
- 3) The treatment protocols to be used;
- 4) Procedure for modification of treatment protocols;
- 5) A description of the quality assurance function.
- 6) **Maintenance of Continuing Medical education, performance standards and due process initiatives.**

A hospital will continue to be recognized, by the OEMS, as a sponsor hospital so long as:

- a) The hospital continues to meet the above requirements, and
- b) The hospital notifies the OEMS of any change in the information supplied to the OEMS pursuant to the above requirements A through D.

OFFICE OF EMERGENCY MEDICAL SERVICES
INSTRUCTIONS FOR COMPLETING
Application for Clinical Service Authorization

A. What is a Clinical Service Authorization application and who needs to fill it out?

1. Clinical Service Authorization?

The Office of Emergency Medical Services (O.E.M.S.) regulations under sec. 19-a-179-10, describe the categorization and staffing requirements for the various approved levels of response service. The regulations separate the Mobile Intensive Care Services from the Basic Level providers.

However, **Public Act: #0135** OEMS (effective January 1, 2001) requires that all Emergency Medical Technicians shall receive training in the administration of Epinephrine via auto injector. Also, every licensed and/or certified ambulance provider shall be equipped with either an Epi-pen auto-injector or the equipment to administer Epinephrine in accordance with local sponsor hospital protocols.

The provision of cardiac defibrillation via an Automatic External Defibrillator (AED) under 19a-179-12(a),b,(1),B, (iii) is considered a procedure performed by certified MICS personnel.

Therefore, all Licensed/Certified ambulance services and First Responder services (providing AED and above) are considered to be a Mobile Intensive care (MIC) provider. All Mobile Intensive Care services MUST apply to the Office of Emergency Medical Services for Clinical Service authorization

2. Who needs to fill out an application for Clinical Service Authorization?

a. Any provider seeking or currently holding a Mobile Intensive Care Service (MICS) level is required to apply for authorization for patient treatment and establishment of MICS under Regulations #19a-179-12. These services include:

- ✓ First Responder providing AED
- ✓ EMT-Basic
- ✓ Defibrillation
- ✓ Epi-Pen
- ✓ Intermediate
- ✓ Paramedic

b. The Clinical Service Application should also be filled out when a service would like to do one of the following:

- ✓ Alter its current level of approved clinical treatment
- ✓ Seek approval to perform a clinical research study
- ✓ Change Sponsor Hospital Medical Direction

Note: A service must be Certified and/or Licensed before it can receive clinical authorization or be assigned a P.S.A.

B. What do I need to do to seek OEMS approval for clinical research studies?

If your service would like to take part in a clinical research study, then it should state its intention on the enclosed application. Also, attach a copy of the research study outline/curriculum, attach a copy of approval letters from its sponsor hospital Investigational Review Board (IRB) and the sponsor hospital Medical Director.

C. What do I need to do to change my sponsor hospital?

If your service desires a change in Sponsor Hospital, this application shall be filled out **ONLY** where the **highlighted** areas appear. There is no need to complete the rest of the application. Please remember to obtain all of the required signatures and forward a copy of this application to your regional council for their records.

D. How do I complete the Application for Clinical Service Authorization?

The following instructions will assist you in completing this application. If more assistance is required, please contact your Regional Coordinator, or the Mobile Intensive Care Coordinator at the Office of Emergency Medical Services (OEMS) Phone #860-509-7975. A map of the EMS regions in the State of Connecticut and a list of the Regional Coordinators is enclosed for your assistance.

GENERAL RULES

1. Please type or neatly print the entire application.
2. Write N/A in the space if a question does not apply.
3. When the application is complete, mail the original to the Office of Emergency Medical Services at the below mentioned address and mail a copy to your regional Coordinator.
4. A copy should be maintained for your file.
5. A checklist is attached to assist in completing the application.
6. Please do not place the completed application in a binder.
7. Staple once in the upper-left corner and place in a large envelope.

LINE BY LINE DESCRIPTION:

1. Fill in the Reason for the application.
2. Fill in the level of service for which you are applying.
3. Fill in the date of the application and the appropriate answer in the reminder column for submission to the regional council.
4. Fill in the Name of your organization.
5. Fill in the appropriate information and E-Mail address.
6. Fill in the approximate population and the number of annual EMS calls for your service.
7. Fill in the contact person and title.
8. Fill out the appropriate information.
9. Fill out the name, title of person completing the application.
10. Fill in the current level of OEMS approved certification or Licensure (If applicable).
11. Describe the service area in which your organization currently provides coverage.
12. Describe the standard operating procedures for your service in relation to providing the requested level of authorization to your community 24 hours per day.
13. If this application is for a "Change in Sponsor Hospital", please attach or provide on the back of this application, a brief explanation with the reason for the change.

14. Please attach the following items prior to sending in your completed application:

- ✓ Sponsor Hospital Protocols for the level of clinical service applied for.
- ✓ Sponsor Hospital quality assurance program.
- ✓ Service personnel list including the names of all providers, their certification/License type and number and its expiration date.
- ✓ Letter of awareness and support from local EMS oversight or community CEO.

Organizational Agreement (Application Page #3) is an agreement between the service and the Office of Emergency Medical Services. This page should be signed by the President/Chief of your service. An original signature must be present.

Sponsor Hospital agreement (Application Page #3) After you compile all the material, the entire application must be reviewed by the sponsor hospital. Submit the application and the sponsor hospital agreement to the EMS Coordinator or Medical Director. The original signatures of the EMS Coordinator, Medical Director, and the Chief Executive Officer of the sponsoring hospital must be affixed to the application. The entire document should be returned to you, the original must be submitted to the Office of Emergency Medical Services and a copy must go to the Regional Coordinator.

Completion Checklist for submitting a clinical service application: Please make sure that this checklist is complete and verified prior to sending the application to the Office of Emergency Medical Services or to the regional Coordinator. Applications that are deemed incomplete will be sent back to the provider and the process may be delayed.

Once this application is complete, please send the original application to:

Mobile Intensive Care Coordinator
State of Connecticut
Department of Public Health
Office of Emergency Medical Services
410 Capitol Ave. MS#12 OEMS
P.O. Box 340308
Hartford, CT. 06134-0308

6/5/01

STATE OF
CONNECTICUT

OFFICE OF EMERGENCY
MEDICAL SERVICES

APPLICATION FOR:

CLINICAL SERVICE
AUTHORIZATION