

DIVISION OF EMERGENCY MEDICAL SERVICES & HIGHWAY SAFETY  
FIRST RESPONDER PROVIDER INITIAL EMS SYSTEM APPLICATION

Date:

EMSMD/EMS Coord:

System Number:

Resource Hospital Name:

City:

Address:

ZIP:

Contact:

Phone #: (     )

Provider Name:

City:

Address:

ZIP:

Contact Phone #: (     )

INITIAL FIRST RESPONDER PROVIDER APPLICATION

INSTRUCTIONS

1. For initial provider applications to join an EMS System as a First Responder, complete the attached form. All requested information must be attached to the application.  
Incomplete applications will be returned to the EMS System.
2. EMS Medical Director must sign signature page where indicated.
3. Submit two copies, three-hole punched, to the REGIONAL EMS COORDINATOR.

- 1) Describe your role in providing First Responder service in the EMS System. *If automatic defibrillator is to be used, so indicate below.*
  
2. Define your Primary, Secondary and Outlying response areas. (i.e. North to Hwy 97, East to County Line, South to Main Street, West to City Limits).
  
3. Attach a map indicating First Responder crew locations and Primary/Secondary/ Outlying areas of response. (Do not use colored markers).
  
4. Population of response area is \_\_\_\_\_. Response area is \_\_\_\_\_sq. miles.
  
5. We commit to optimum response times of not more than 6 minutes in primary coverage areas, 6 to 15 minutes in secondary coverage areas and 15 to 20 minutes in outlying coverage areas.
  
6. We agree to provide 24-hour, seven- day-a-week coverage at the First Responder level.
  
7. Attach a copy of your ambulance transport agreement letter with a licensed ambulance provider.
  
8. We agree that emergency services shall not be denied on the basis of the patient's ability to pay for such services.
  
9. We agree to maintain the required equipment in working order at all times, and carry the equipment required by the EMS System.
  
10. We agree to notify the EMS Medical Director of any changes in personnel.

11. Describe how you will receive medical direction by radio from the EMS System Resource Hospital. (Attach copies of any appropriate FCC licenses.) Cellular phones require radio backup.
  
12. Attach a copy of the EMS System approved equipment and supply list. (Minimum Division of EMS equipment list attached)
  
13. Describe below the mechanism and procedures used to dispatch the First Responders.
  
  
  
  
  
  
  
  
  
  
14. Describe below the method of consumer access to request the First Responder team.
  
  
  
  
  
  
  
  
  
  
15. Attach copies of the personnel's First Responder certificates.
  
  
16. We agree to allow the Department access to all records and equipment relating to the EMS System during any Department inspection, investigation or site survey.
  
  
17. We agree to allow the EMS Medical Director or designee access to all records and equipment relating to the EMS System during any inspection or investigation by the EMSMD or designee to determine compliance with the EMS System Program Plan.
  
  
18. We agree to follow the approved EMS policies and protocols of the EMS System.

SIGNATURE PAGE

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Provider Signature

Date

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EMS SYSTEM APPROVAL:

I have reviewed this application and verify this First Responder provider meets the equipment and staffing requirements of the EMS System Plan and recommend approval of the application:

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EMS Medical Director/System Coordinator Signature

Date

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REMSC REVIEW & RECOMMENDATION:

Approve       Deny       Discuss with me      REMSC Initial/Date

NOTES:

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CENTRAL OFFICE REVIEW:

Approved       Not approved (see notes)

NOTES:

Minimum Division of EMS First Responder equipment list. All First Responder providers must carry the following:

REQUIRED EQUIPMENT:

Triangular bandages  
Roller bandages  
Universal dressings  
Gauze pads  
Occlusive bandages  
Bandage scissors  
Adhesive tape  
Blankets  
Isolation bag  
OSHA personal protection (face mask, gowns)  
Upper extremity splints  
Lower extremity splints  
Oxygen equipment and (one each) adult, infant, child masks  
Bag mask resuscitator  
Oropharyngeal airways for adult, child, infant  
Non-porous disposable gloves

OPTIONAL EQUIPMENT:

Stabilizing device for impaled object, tourniquet  
Pediatric lower extremity splint  
Automatic defibrillator (requires EMS System approval)