FDRHPO EMS Program Agency

"Serving Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence, Warren and Washington Counties"

NORTH COUNTRY BLS Adjuncts Notice of Intent (NOI) and Application

| Agency Name: | | Agency Code: |
|--|--|---|
| Agency Medical Dire | ector: | |
| Agency Director/Chie | ef: | |
| regional tracking of adjuncts th | at are now part of the BLS | OI) to the REMAC. This NOI aims to allow for curriculum but should be tracked by the region. OH 4362 Medical Director Verification form is |
| Albuterol Naloxone | Syringe Epinephrine Moxifloxacin Ipi | BLS Blood Glucometry Epi Auto-Injector ratropium |
| Agency SOPs should be attached Lab License is required for BLS | · · · | Epinephrine & Naloxone, Wadsworth Limited hould be attached to this form. |
| paperwork must be submitted to formal action is taken on the ap Regional Medical Director can documents are submitted. If app Verification form is required. | o the Program Agency two oplication for the following grant provisional approval | EMAC for an Agency to participate in. All weeks prior to the REMAC Meetings to ensure BLS Adjuncts. In certain circumstances, the to an Agency so long as all appropriate s, only one (1) DOH 4362 Medical Director |
| BLS CPAP | | |
| DOH 4362All Items f | 2 found on the CPAP Applica | tion Check List |
| BLS 12 Lead | | |
| - | | ures for BLS 12 Lead Acquisition, including |
| Agency Medical Director | | Agency Director/Chief |
| Agency Use Only: Date Received: REMAC/REMSCO Approval: | | Provisional Approval Granted: |