



AMBULANCE TRANSFUSION SERVICE CHECKLIST

Please submit this completed checklist and all documentation as outlined below via email to brp@health.ny.gov.

SECTION 1: GENERAL INFORMATION:

Ambulance Service Demographics Ambulance Agency Code # \_\_\_\_\_

Ambulance Service Name: \_\_\_\_\_

Ambulance Service Medical Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Director E-mail: \_\_\_\_\_

Issuing Hospital Blood Bank Demographics PFI # \_\_\_\_\_

Issuing Hospital Blood Bank Name: \_\_\_\_\_

SECTION 2: PROVIDE ALL REQUIRED ATTACHMENTS

Table with 2 columns: Attachment ID (2.1) and Description (Ambulance Service Application to Provide Ambulance Transfusion Services, including signatures of Medical Director and CEO/COO).

	<b>2.2: Written Agreement Between Ambulance Service and Hospital Blood Bank</b>		
	<p>A written agreement between the ambulance service and issuing Hospital Blood Bank, to include:</p> <ul style="list-style-type: none"> <li>• The division of responsibilities for ensuring compliance with the provisions of Sub Part 58-2 of 10NYCRR</li> <li>• A statement that ambulance service personnel will have completed training in administering blood components according to a curriculum approved by the Department.</li> <li>• Signature of the Ambulance Service Medical Director</li> <li>• Signature of the Ambulance Service Chief Operating Officer or Chief Executive Officer who is listed on form DOH-206, Application for EMS Operating Certificate.</li> <li>• Signature of the director of the issuing hospital Blood Bank.</li> </ul>		
	<b>2.4: Training</b>		
	<p>A licensed physician must be designated to oversee personnel administering transfusions and be responsible for ensuring that such personnel have adequate qualifying experience and training, that is compliant with Course Outline for Training Emergency Medical Technicians-CC/P in Blood Administration/Monitoring that has been approved by the New York State Department of Health.</p>		
	<p>A description of the training program for ambulance personnel, to include:</p> <ul style="list-style-type: none"> <li>• Training Course Outline</li> <li>• Presentations (e.g., PowerPoint, etc.) and educational materials provided to trainees (in hard copy)</li> <li>• Policy and procedure for competency assessment</li> </ul>		
	<b>2.5: Quality Review of Transfusions</b>		
	<p>Quality assurance review policy to ensure 100% case review by the ambulance service medical director for all patients transported with blood components having been administered as required by the Bureau of Emergency Medical Services and Trauma Systems Policy Statement.</p>		
	<b>2.6: Miscellaneous</b>		
<b>Will the Ambulance Transfusion Service use form DOH-5209 Blood Transfusion Record?</b>			
If No, provide a sample of the blood transfusion record that will be used.			
<b>Yes</b>		<b>No</b>	
<b>Will the Ambulance Transfusion Service use form DOH-5210 Blood Transfusion Transfer Orders?</b>			
If No, provide a sample of the blood transfusion transfer order form the will be used.			
<b>Yes</b>		<b>No</b>	

### SECTION 3: REFERENCES

Public Health Law, Article 30, Emergency Medical Services
Public Health Law, Article 31, Blood and Transfusion Services
Public Health Law, Article 5, Title V: Clinical Laboratory and Blood Banking Services
10 NYCRR Part 800, EMS Regulations
10 NYCRR Subpart 58-2, Blood Banks and Laboratories Performing Immunohematology Testing
Guidelines for Monitoring Transfusion Recipients, including Appendix A, Transfusion Reaction Response Guide and Appendix B, Transfusion Reaction Fact Sheets
Transporting Patient with Blood/Blood Components BEMS Policy Statement
Course Outline for Training Emergency Medical Technicians-CC/P in Blood Component Administration/Monitoring approved by the New York State Department of Health