NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Blood Resources Program, Empire State Plaza, Albany, New York 12237
E-mail: brp@health.ny.gov
Web: www.wadsworth.org/regulatory/blood-program

Program Agency Application to Provide Ambulance Transfusion Services Instructions

This application is intended for use by New York State Emergency Medical Services Program Agencies (EMSPA) to take advantage of a multi-site Ambulance Transfusion Service Application option, whereby you may link multiple ambulance transfusion services, located within a Regional Emergency Medical Services Council, with multiple transferring hospital blood banks. The EMSPA is responsible for completing the Program Agency Application and overseeing the completion of the Ambulance Service Application(s) for ambulance services.

A. Background and General Information

An ambulance transfusion service is defined as an ambulance service certified by the Department of Health that administers blood components during transport from one hospital to another hospital. No person shall own or operate an ambulance transfusion service in New York State unless approved by the Department. Section 58-2.20 of Title 10 of the New York State Codes, Rules and Regulations (NYCRR) requires ambulance transfusion services to have a written agreement with all hospitals issuing blood components to the ambulance service for possible administration during transport to another hospital.

B. Multi-Site Registration Process – Program Agency Application

The EMSPA must submit a Program Agency application (DOH-5765). In addition to the Program Agency Application, the EMSPA is required to submit an Ambulance Service application (DOH-5208) for each ambulance service located within the counties served by the EMSPA that intend to provide ambulance transfusion services.

C. New York State Emergency Medical Services Program Agency Information

SECTION 1 – Provide Information for the Program Agency

a. Name and Address of the Program Agency – Indicate the legal name and address of the EMSPA.
b. EMSPA Email address
c. EMSPA Telephone Number
d. EMSPA Fax Number

SECTION 2 - Provide Information for the Program Agency Contact Person

a. Name of the Program Agency Contact Person
b. Contact Person email address
c. Contact Person Telephone Number
d. Contact Person Fax Number

SECTION 3 – Provide Information for the Regional Medical Director (Physician)

a. Name and Address of the Regional Medical Director
b. Regional Medical Director – medical license number
c. Medical Director Email address
d. Medical Director Telephone Number
e. Medical Director Fax Number

SECTION 4 – Provide Information regarding the transferring hospital(s) with which the EMSPA has obtained written agreements.

a. Name of the transferring hospital(s)
b. Address of the transferring hospital(s)

SECTION 5 – Certification and Attestation

It is the responsibility of both the Regional Medical Director and Program Agency CEO/COO to ensure that the ambulance service meets all legal requirements for operation. Refer to the "Certification and Attestation" section of the Program Agency Application to review all applicable statutes, regulations and guidance documents, which form the basis of the review process for the application submission performed by the program.

SECTION 6 – Signatures

Names of the regional medical director and Program Agency contact person must be printed or typed clearly on the last page of the application. Corresponding signatures and dates must be included. Electronic signatures and signature stamps are not acceptable on any article enclosed in an application package.

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For office use only	Date Rec'd:

1. New York State Emergency Medical Services Program Agency Information		
Name of New York State EMS Program Agency:		
Address (number and street):		
City, Town, Village:	State:	ZIP Code:
Email:	Telephone #:	Fax#:

2. Program Agency Contact Person		
Contact Person Name:		
Email:	Telephone #:	Fax#:

3. Regional Medical Director (Physician)		
Name of Regional Medical Director (Physician):		NYS License #:
Address (number and street):		
City, Town, Village:	State:	ZIP Code:
Email:	Telephone #:	Fax#:

4. Transferring Hospital(s)	
Name of Hospital:	Address (Street, City, State and Zip Code):

5. Certification and Attestation

We have reviewed copies of the following documents:	YES	NO
Public Health Law Article 30, Emergency Medical Services	☐	☐
Public Health Law Article 31, Human Blood and Transfusion Services	☐	☐
New York Code of Rules and Regulations (10 NYCRR) Subpart 58-2 Blood Banks and Laboratories Performing Immunohematology Testing. (Sections 58-2.1, 58-2.9, 58-2.16, 58-2.20)	☐	☐
DOH Guidelines for Monitoring Transfusion Recipients, Appendix A-Transfusion Reaction Response Guide and Appendix B-Transfusion Reaction Fact Sheets Second Edition	☐	☐
DOH Guidelines for Remote Blood Storage (includes validation of coolers)	☐	☐
10 NYCRR Part 800, EMS Regulations	☐	☐
Transporting Patients with Blood/ Blood Components Policy Statement	☐	☐
Course Outline for Training Emergency Medical Technicians in Blood Component Administration/Monitoring	☐	☐

6. Signatures

By signing this application, I hereby attest that the information I have given the Department of Health as a basis for obtaining approval as an Ambulance Transfusion Service is true and correct, that I have read the relevant rules and regulations, and the requirements defined in the agreement, and that I accept responsibility for ensuring compliance with established policies and procedures.

Print Name of Program Agency CEO/COO:	
Signature of Program Agency CEO/COO:	Date:

Print Name of Program Agency Contact Person Completing the Form:	
Signature of Program Agency Contact Person Completing the Form:	Date:

As the Medical Director, I have reviewed the training curriculum and written policies and procedures related to the transfusion of blood components in an ambulance operated by the ATS and affirm their commitment to ensuring compliance with established policies and procedures.

Print Name of Regional Medical Director (Physician):	
Signature of Regional Medical Director (Physician):	Date: