



  
New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:*

**No. 05-03**

**Date: 5/27/05**

**Re:  
Air Medical Services  
Protocol Approval and  
Credentialing of Flight  
Personnel**

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The New York State Emergency Medical Advisory Committee (SEMAC), at the March 29, 2005 meeting acknowledged that Air Medical Service (AMS) providers typically have very large areas of operation that encompass multiple Regional EMS Council (REMSCO)/ Regional Emergency Medical Advisory Committee (REMAC) service areas. Because of these circumstances, the approval process may be lengthy, complex. As a result, the SEMAC supported the protocol approval process to take place in the region in which the AMS maintains its New York State headquarters.

## **PURPOSE**

While the air medical services in New York State operate within the scope of emergency medical services and prehospital care, many of these operations do not lend themselves to the existing protocol and credentialing process. The intent of this policy statement is to streamline the process of approval of protocols, patient care providers and air medical services.

## **SCOPE**

Article 30 of the New York State Public Health Law states:

### **SECTION 3004-A. REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEES.**

1. Regional emergency medical advisory committees shall develop policies, procedures, and triage, treatment, and transportation protocols which are consistent with the standards of the state emergency medical advisory committee and which address specific local conditions. Regional emergency medical advisory committees may also approve physicians to provide on line medical control, coordinate the development of regional medical control systems, and participate in quality improvement activities addressing system-wide concerns.

## **AIR MEDICAL SERVICES PROTOCOLS**

In order to have the AMS protocols approved, the SEMAC/SEMSCO, with concurrence from the Department, has approved the following process:

- 1) The medical director of an air medical service will develop agency protocols to suit that service's needs. These protocols will be submitted for approval to the REMAC where the air medical service maintains its state corporate offices (primary REMAC). Included with this document will be a listing of all other REMACs/REMSCO's in which the agency provides air medical service.
- 2) Each of the affected REMACs will be provided copies of the air medical service protocol for review and comment. The comments must be returned to the primary REMAC within 60 days. The comments will be considered by the primary REMAC, who will work with the air medical service agency.
- 3) The REMSCO will submit the approved protocol to SEMAC' Medical Standards Sub-committee for review. The sub-committee may ask the applicant to modify/amend its protocols and have the local REMAC approve the modifications. Once approved by the Medical Standards/Protocol Subcommittee it will come to SEMAC for approval.

In the event that an Air Medical Service agency makes revisions to its approved protocols, it will follow the current and established approval procedures.

### **AIR MEDICAL SERVICES PREHOSPITAL EMS WORKER CREDENTIALING**

Prehospital EMS providers operating within an air medical service will often have occasion to care for patients in multiple regions. In following with the described approval process for Air Medical Service Protocols, the SEMAC/SEMSCO has approved the following process for credentialing of pre-hospital EMS providers affiliated with air medical services:

- Approval for Emergency Medical Service personnel to utilize Air Medical Service protocols will be granted by the primary REMAC/REMSCO where the air medical service maintains its state corporate offices.