I. PURPOSE
To develop a process for the approval of Community Paramedicine Vaccination Programs for COVID-19 vaccine.

II. OVERVIEW
EMS Agencies wishing to operate a Community Paramedicine Vaccination Program should apply to the New York State Department of Health, Bureau of Emergency Medical Services and Trauma Systems ("Bureau of EMS"), using the electronic system described below.

III. REQUIREMENTS FOR SUBMISSION
The EMS Agency must be in good standing with New York State and licensed at the Advanced Life Support Level.

IV. SUBMISSION DOCUMENTS
1. WRITTEN PLAN: The Plan must include at least the following elements:
   a. Overview:
      i. Operational plan, including how the vaccine will be acquired and/or stored on a daily or regular basis and listing any vaccine partnerships such as LHD, local health system, etc.
      ii. Explanation of how the EMS Agency will make required vaccination reports to NYSIIS, currently required within 24 hours of vaccination, and the NYS Vaccine Tracker.
      iii. Benchmarks of the Community Paramedicine Program to measure operational success.
      iv. Organization structure (leadership roles, reporting structure, etc.).
      v. Geographic area of intended service.
      vi. Days of operation and location types (homebound patients, community centers, etc).
      vii. How the EMS Agency will maintain patient documentation and records.
   
   b. Continuity of EMS Operations: Detail how the EMS Agency will prevent interruptions in its normal EMS response, including how it will determine when to suspend Community Paramedicine Program activities to ensure continuity of normal EMS operations.

   c. Medical Direction:
      i. Identify who will provide Medical Direction to the Community Paramedicine program and provide any written instructions/policies for Community Paramedics to follow for Medical Control sites or telemedicine partnerships that will provide medical direction/consult.
      ii. Outline how your Community Paramedicine Program medical direction will not adversely affect EMS (911) Medical Control operations.
d. Notifications:
   i. You must notify the Bureau of EMS if any changes/modifications are made to any of the elements of above.
   ii. You must notify the Bureau of EMS of any adverse reactions or negative outcomes.
   iii. List the Primary Point of Contact for the Community Paramedicine Vaccination Program.

2. EMS AGENCY MEDICAL DIRECTOR APPROVAL: Provide written authorization from the Agency Medical Director indicating that the EMS Agency is equipped to operate a Community Paramedicine Vaccination Program, approval of the medical direction process and any additional physicians that will be permitted to provide direct Medical Direction. Community Paramedicine Vaccination Programs that will be obtaining Medical Control from a hospital or medical group can be listed under the name of the facility or the medical group in the letter from the EMS Agency Medical Director.

3. TRAINING: Provide documentation that, prior to vaccinating, all approved Paramedics will have completed the required training for vaccinators at: https://vitalsignsacademy.com/. Additionally, provided documentation that, prior to vaccinating, the EMS Agency will provide all approved Paramedics with in-person clinical vaccine administration training that includes assessment of skills and competencies.

4. PPE: Provide documentation that the Agency will provide all required personal protective equipment (PPE) for all providers. If PPE is unavailable the Agency will suspend activities until the appropriate PPE becomes available.

5. QUALITY ASSURANCE: Outline how the EMS Agency’s Quality Assurance process will provide oversight and feedback. The EMS Agency Medical Director must be an active participant in continuous quality oversight, which should include documentation, use of PPE and overall compliance with the submitted plan.

6. REPORTING: Once the agency has received written authorization to provide care as a Community Paramedicine Vaccination Program, the agency must report data to the Bureau of EMS every Monday via Drupal for the week prior ending Sunday at midnight:
   Drupal Site: https://apps.health.ny.gov/pubpal/builder/survey/communityparamedicine
   a. Community Paramedicine Program Reporting:
      i. Number of Paramedics utilized to provide Community Paramedic ine in the 7-day period
      ii. Number of Community Paramedicine patient contacts in the 7-day period

V. SUBMISSION OF APPLICATION:
   All applications must be submitted via the Community Paramedicine Program Drupal Application link:
   https://apps.health.ny.gov/pubpal/builder/survey/communityparamedicineapp
   Questions can be submitted to CommunityParamedicine.EMS@health.ny.gov

VI. ADDITIONAL INFORMATION:
   Notification of DOH approval will be made to the Agency, Local Health Department and overseeing REMAC/REMSCO Chairs.