



Emergency
Medical
Services
Training
Administration &
Resources

1058 West Church Street
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www.emstar.org

The Designated NYS EMS Program Agency Serving Chemung, Schuyler & Steuben Counties

EMSTAR Agency Letter of Intent for Participation in the BLS Naloxone Administrative Program

We the members of _____ hereby request permission to
(name of agency)
participate in the EMSTAR BLS Naloxone Administration Program.

We agree to abide in the following:

1. All necessary equipment and IN Naloxone trained personnel will be provided on a twenty-four (24) hour per day, seven (7) days a week schedule.
2. All providers will complete the required Naloxone training.
3. Out Agency is regionally certified at the CFR level or above.
4. All agency and personnel must follow all policies, procedures and protocols set forth by the STREMAC and the NY State.
5. Our agency will provide and document semi-annual BLS Naloxone updates with competency skill testing for all active providers.
6. Our agency agrees to perform internal and external quality assurance evaluations on each administration.
7. If our agency, or one of our personnel disregards these guidelines and/or other applicable protocols, the privilege of providing pre-hospital Naloxone treatment may be revoked or suspended by the EMSTAR.
8. Any changes to the EMSTAR Agency Information will be reported to EMSTAR within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this regional program.

Agency Captain/President

Agency Medical Director

Date

Date