



BLS Ambulance Staffing Standard Exception Program

Purpose: The purpose of this form is to create a standardized approach for BLS agencies wishing to apply for a staffing exception as outlined in Act 17 of 2020, and supplementary guidance issued by the department titled Information Relating to *Requesting an Exception to the BLS Ambulance Staffing Standard*. If you have not reviewed this supplementary guidance in full, please do so before proceeding.

Instructions: Please complete this form in its entirety. Mail completed applications and all supporting materials to:

**Pennsylvania Department of Health
Bureau of EMS
1310 Elmerton Ave.
Harrisburg, PA 17110
Attn: BLS Staffing Exception**

Applications not received directly from the applicant EMS agency will not be considered and will be returned

Agency Information

Agency Name (As it appears on DOH License):

Agency DOH License Number:

Agency DOH Affiliate Number:

Name of Authorized Representative Submitting Application:

Contact Phone Number for Authorized Representative:

Check all counties that the EMS agency has primary response obligations within:

- | | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Cameron | <input type="checkbox"/> Delaware | <input type="checkbox"/> Juniata | <input type="checkbox"/> Monroe | <input type="checkbox"/> Somerset | <input type="checkbox"/> York |
| <input type="checkbox"/> Allegheny | <input type="checkbox"/> Carbon | <input type="checkbox"/> Elk | <input type="checkbox"/> Lackawanna | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Sullivan | |
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Centre | <input type="checkbox"/> Erie | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Montour | <input type="checkbox"/> Susquehanna | |
| <input type="checkbox"/> Beaver | <input type="checkbox"/> Chester | <input type="checkbox"/> Fayette | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Northampton | <input type="checkbox"/> Tioga | |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Clarion | <input type="checkbox"/> Forest | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Northumberland | <input type="checkbox"/> Union | |
| <input type="checkbox"/> Berks | <input type="checkbox"/> Clearfield | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lehigh | <input type="checkbox"/> Perry | <input type="checkbox"/> Venango | |
| <input type="checkbox"/> Blair | <input type="checkbox"/> Clinton | <input type="checkbox"/> Fulton | <input type="checkbox"/> Luzerne | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Warren | |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Columbia | <input type="checkbox"/> Greene | <input type="checkbox"/> Lycoming | <input type="checkbox"/> Pike | <input type="checkbox"/> Washington | |
| <input type="checkbox"/> Bucks | <input type="checkbox"/> Crawford | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> McKean | <input type="checkbox"/> Potter | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mercer | <input type="checkbox"/> Schuylkill | <input type="checkbox"/> Westmoreland | |
| <input type="checkbox"/> Cambria | <input type="checkbox"/> Dauphin | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Mifflin | <input type="checkbox"/> Snyder | <input type="checkbox"/> Wyoming | |

List all political municipalities/subdivisions that the EMS agency has primary response obligations
(please ensure that all political municipalities are listed on your agency license)

EMS Call Volume:

Total number of EMS calls (All types 911, transfers, stand-by) responded to for calendar year 2018:

Total number of EMS calls (All types 911, transfers, stand-by) responded to for calendar year 2019:

Total number of EMS calls for calendar year 2018 that your agency was unable to crew for:

Total number of EMS calls for calendar year 2019 that your agency was unable to crew for:

County or Broader Response Plan

Does your EMS agency participate in a county or broader response plan approved by the Department of Health, pursuant to §8140 of Act 37 of 2009? **(Check One)**

Yes

No

Corrective Action Plan:

In a separate document not to exceed five pages, please submit a corrective action plan outlining the steps your EMS agency will take in order to be able to legally staff your units in the future without a staffing exception. Please reference the criteria in the Strength of Corrective Action Plan rubric which is located in the document titled *Requesting an Exception to the BLS Ambulance Staffing Standard* when preparing this plan.



Municipality Notification:

Please submit any and all documentation that you have notified the local elected officials for the municipalities, which you have primary 911 service responsibilities, that you are seeking a staffing exception from the Department of Health.

Other Information:

Please attach any other documentation that you feel that the Department should review and consider as it relates to your request for a BLS ambulance staffing standard exception.



Agency Authorized Representative Certification:

As the person, or other entity, as an owner, agent or otherwise, do hereby certify that the information provided in this application is true and complete to the best of my knowledge, information and belief.

Notice

I further acknowledge that I am on notice of the fact that this information herein will be relied upon by a public official to perform official functions. I further acknowledge that I have read this Notice and am aware that false statements that are made herein are punishable under the Pennsylvania Crimes Code.

I understand that as the person, or other entity, as an owner, agent or otherwise, by completing this application and or any subsequent applications for an EMS agency, does not guarantee issuance of a regulatory exception to operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in operating an EMS agency in this Commonwealth.

Signature of Agency Authorized Representative

Date

Agency Medical Director Certification:

I the undersigned EMS agency medical director, support the issuance of a staffing exception to allow patient transport of EMS patients to occur with at minimum an EMT attending to the patient, and an Emergency Medical Services Vehicle Operator operating the vehicle. I further agree to review a minimum of 20% of PCR's from patient encounters operating under this exception, and to report any findings to the regional council's quality improvement committee.

Signature of EMS Agency Medical Director

Date