



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.ncemsprogramagency.org

Agency Letter of Intent for Participation in the BLS Naloxone Administration Program

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

We agree to abide by the following:

1. All providers will complete the Naloxone Administration Training Material
2. All agency and personnel must follow all policies, procedures and protocols set forth by the Regional Medical Advisory Committee and NY State.
3. Our agency will provide and document annual BLS Naloxone updates with competency skill testing for all active providers.
4. Our agency agrees to participate in the Regional Quality Improvement Program. All calls in which IN Naloxone are administered must be reviewed by the agency CQI representative and Medical Director. A copy of the PCR and screen will be submitted monthly to the Program Agency.
5. 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 Medical Advisory Committee.
6. Any changes to the Required Agency Information will be reported to Program Agency 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 Representative

Agency Medical Director