

**APPLICATION PROCESS FOR NEW TREATMENT
MODALITIES AND EQUIPMENT FOR EMT-B AND EMT-I
LEVEL PROVIDERS AND SERVICES.**

Pursuant to PA 05-259, CEMSMAC and the Department of Public Health may alter the clinical practice of EMT-B and EMT-I level providers without waiting for the regulatory process that in the past could take at least 18 months or longer. This change was sought to allow CEMSMAC, the Department of Public Health and the state's EMS medical directors to propagate improvements in the EMS system in a timelier manner to reflect the changes that occur in medical practice.

Those parties interested in making a change in either the medical practice or equipment for the above providers that does not already exist in statute must follow the process outlined below:

A formal narrative must be submitted with the following components:

1. What is the change/addition being sought.
2. What is the reason this is being sought. What improvements to patient care are to be achieved?
3. What are the risks/problems (if any) with implementation of this change/addition?
4. Scientific evidence in the form of formal scientific studies, reviews (not just a private company's information packet) if such exist. It is expected that a formal literature search is made. A sponsor hospital may assist with this as appropriate.
5. Some discussion of what training/costs are involved.

The completed packet must be submitted to the MIC medical director responsible for the person or entity from where the application is starting. If approval is obtained, the application must then be forwarded to the **regional** MAC for review (only one MAC's approval is required). If it is approved, it will be submitted to CEMSMAC for further review and decision. The applicant may be called to appear at CEMSMAC to aid in the discussion or for follow-up questions. If CEMSMAC approves the application, it will then be forwarded to the Advisory Board for their information and input, and the Department of Public Health, Office of Emergency Medical Services for final review and decision by the Commissioner.

If the Commissioner approves the change, the Office of Emergency Medical Services will issue statewide notification as well as training requirements as appropriate.

If the application is approved, all the MIC medical directors have the final say as to whether they will allow the change to become integrated into the services that they

oversee. Changes that are approved are enabling. They are not mandatory for the MIC EMS director to adopt for any of his/her services.

Although not mandatory or required by state law, it would be beneficial for the EMS community as a whole for medical directors wishing to make substantive changes to paramedic practice to follow the same process as outlined above.

Approved by CEMSMAC September 8, 2005

Endorsed by CT EMS Advisory Board September, 14, 2005