

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Policy and Procedure: Mutual Aid Mobilization System – Regional Security Photo Identification Card

Regional EMS Council of NYC Mutual Aid Mobilization System

REGIONAL SECURITY PHOTO IDENTIFICATION CARD

POLICY AND PROCEDURE

August 2015

1. PURPOSE

The purpose of this document is to set forth the policy and procedure for the identification and security of certified EMS Providers staffing EMS Agencies (ambulance services) participating in the REMSCO NYC Mutual Aid Mobilization System.

2. SCOPE

This procedure applies to certified EMS Providers staffing EMS Agencies (Ambulance and ALS First Response Services) participating in the REMSCO NYC Mutual Aid Mobilization System.

NOTE: REGIONAL IDENTIFICATION CARDS ARE ISSUED TO NYS DOH EMS CERTIFIED PERSONNEL, REMAC ON LINE MEDICAL CONTROL PHYSICIANS, AND REMSCO OPERATIONAL STAFF.

3. INTRODUCTION

Certified EMS Providers staffing EMS Agencies (Ambulance and ALS First Response Services) participating in the REMSCO NYC Mutual Aid Mobilization System will be issued Regional Security Photo Identification Cards (*hereafter referred to as regional ID cards*). The regional ID cards shall be carried on the certified EMS Provider's person, along with current NYS DOH EMS certification card, and EMS agency identification.

The regional ID card will display the individual's photo, and for certified EMS Provider's, the level of certification, NYS DOH EMS certification number and expiration date. Medical Control Physician cards will display REMAC NYC assigned medical control number and expiration date. Operational staff will display an internally assigned personnel number and expiration date. Other data will be embedded into all card types for security purposes.

4. PROCEDURE

- a. EMS Providers certified by the NYS DOH, and employed/volunteering for a NYS DOH certified EMS Ambulance and/or ALS First Response Agency, which has been issued an agency number and operates within the NYC region (any of the five boroughs), may request a regional ID card.
- b. The EMS Provider must submit:
 - i. A **REQUEST FOR REGIONAL SECURITY PHOTO IDENTIFICATION CARD Form** (attached), which must include: an electronic photo (jpeg) of the EMS provider, his/her full name, home address, and EMS certification information. This information will be validated against the NYS DOH BEMS agency certification roster.
 - ii. Copy of NYS DOH BEMS EMS Certification Card
 - iii. Copy of NYS Driver License.
- c. Regional ID cards may be picked up in person or mailed directly to the EMS Provider's home address.

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- d. LOST OR STOLEN REGIONAL ID CARDS WILL BE CONSIDERED A SERIOUS BREACH OF SECURITY. Immediately upon discovering a regional ID card is either lost or stolen, the Regional Council must be contacted at (212) 870-2301 or via email at mdiglio@nycremsco.org. Replacement of a lost/missing regional ID card will be done on a case-by-case basis. Certified EMS Providers that do not have a regional ID card will not be allowed to participate in the Mutual Aid Mobilization System until a new regional ID card is issued.
- e. If a regional ID card becomes damaged, immediately notify the Regional Council at (212) 870-2301 or via email at mdiglio@nycremsco.org. No certified EMS Provider will be allowed to participate in the Mutual Aid Mobilization System until a replacement regional ID card is received from the Regional EMS Council of NYC. All remnants of damaged regional ID card shall be recovered, preserved, and returned to the Regional EMS Council of NYC.
- f. Certified EMS Providers without regional ID cards should expect to be stopped and challenged by police when attempting to enter a restricted area. Certified EMS Providers are expected to provide complete cooperation in regards to presenting identification and answering questions from police personnel.

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REQUEST FOR REGIONAL SECURITY PHOTO IDENTIFICATION CARD Form

The following are required to receive a Regional Security Photo Identification Card:

Applicant must be at least one of the following: (please select ONE)

- NYS DOH EMS Certified Personnel

NYS DOH EMS Certified Personnel must have a current affiliation with a NYS DOH certified EMS Ambulance and/or ALS First Response Agency, which has been issued an agency number and operates within the NYC region (any of the five boroughs). **Complete attached *EMS PROVIDER AFFIRMATION Form* or *NYC REMAC ON-LINE MEDICAL CONTROL (OLMC) PHYSICIAN AFFIRMATION Form*.**

Level of NYS DOH Certification

- CFR EMT EMT-Paramedic

NYS DOH Expiration (00/00/0000): _____ (attach copy of card)

NYC REMAC Expiration (Medics only) (00/00/0000): _____ (attach copy of card)

- REMAC On-Line Medical Control Physician (attach copy of card)

NYC REMAC #: _____ Expiration Date (00/00/0000): _____

- NYC REMSCO Operational Staff

Complete the following:

First Name: _____, MI: _____, Last Name: _____

Home Address – *for security reasons a PO Box is NOT acceptable:*

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YYYY): _____

Sex: Female Male

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The Photograph must be:

- Hard copy attached to this application AND email an electronic version in a JPG format, to dtan@nycremsco.org. File name must contain EMS provider's Last Name, First Name and EMT # (Ex: Smith_John_123456). ***If application is submitted electronically, hard copy photo is not required.***
- Taken within the past 12 months, showing current appearance
- Color
- Full face, front view, preferably with a plain white or off-white back-ground (from top of head to top of shoulders)
- Do ***not*** wear a hat or headgear that obscures the hair or hairline.
- If you normally wear prescription glasses, a hearing device, wig or similar articles, they should be worn for your picture.
- Dark glasses or nonprescription glasses with tinted lenses are not acceptable

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EMS PROVIDER AFFIRMATION Form

I, _____, representing
[EMS Agency Officer Name and Title]

_____/ NYS DOH # _____ affirm
[Ambulance Service Name NYSDOH #]

the information and photograph provided in this application are current and accurate.

I, _____, member of
[Applicant Name]

_____/ NYS DOH # _____ affirm
[Ambulance Service Name NYSDOH #]

the information and photograph provided in this application are mine and are current and accurate. I understand that the regional ID card shall be carried on my person, along with my current NYS DOH EMS certification card, and EMS agency identification. I also understand that if my regional ID card is lost/stolen the Regional Council must be contacted. If the regional ID card becomes damaged, I will contact the Regional Council via email at mdiglio@nycremsco.org.

DATE: _____

DATE: _____

PRINT Applicant Name

PRINT EMS Agency Officer Name

SIGNATURE Applicant Name

SIGNATURE EMS Agency Officer Name

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Check List

For the purposes of clarification, the following checklist identifies items that are to be submitted to request a Regional Security Photo Identification Card:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Request For Regional Security Photo Identification Card form |
| <input type="checkbox"/> | 2. Certification/Credentialing Cards:
a. Copy of NYS DOH BEMS EMS Certification Card
OR
b. Copy of NYC REMAC Expiration (Paramedics only)
OR
c. Copy of REMAC On-Line Medical Control Card (Physicians only) |
| <input type="checkbox"/> | 3. Copy of NYS Driver License |
| <input type="checkbox"/> | 4. Affirmation:
a. EMS Provider Affirmations form
OR
b. NYC REMAC On-Line Medical Control (OLMC) Physician Affirmation form. |
| <input type="checkbox"/> | 5. Photograph:
a. Electronic version in a JPG format
AND
b. Hard copy (<i>If application is submitted electronically, hard copy photo is not required</i>) |