

## STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulations  
Office of Emergency Services

# EMS System Modification Application

Effective, November 12, 2009

# EMS System Modification Application Instructions

The following instructions should assist you in completing the NCOEMS EMS System Modification application. You only need to send in the completed section(s) listed on the **Content Information** page that pertains to your modification along with any required attachment(s). Please contact your regional specialist should you need assistance in completing this application.

## 1. Section I. EMS System Information:

- a. Must be filled out for all System Modifications and must be updated in CIS as information changes. This is system information and not Provider.
- b. This page is formatted to be completed electronically and saved for future use.
- c. The System Modification document is to be completed and submitted by the county System Administrator.

## 2. Section II. NEW EMS Provider Application:

- a. SECTION II.A. This section is for a NEW EMS Provider application. It encompasses licensed and non-licensed Provider applicants. This is strictly Provider information.
- b. SECTION II.B. This section allows for detailed information as to how the Provider will function within the system. A map or written narrative of service area is required and all information asked for must be addressed for application to be approved.

## 3. Section III. The Addition of Current Licensed or Non-Licensed EMS Provider(s) to the EMS System:

- a. This section is for a licensed or non-licensed EMS Provider currently functioning in one system and is requesting to function in another EMS system.
- b. If changes are required for any areas of the current EMS System application, these must be included as attachments to be added in the original application.

## 4. Section IV. Modifying the Level of Care for Current Licensed or Non-Licensed Provider(s) participating within the EMS System.

- a. Any Provider within a system who is requesting to modify their current level of care must complete this section. This can be either an increase or decrease in level of care.
- b. If an increase in level of care, a new roster must be included with application.
- c. If changes are required for any area of the current EMS System application, these must be included as attachments to be added to the original application.

## 5. Section V. The Deletion of a Current Licensed or Non-Licensed EMS Provider(s) or Non Traditional Practice Setting in the EMS System:

- a. Signatures of System, Provider, and or Hospital Administrator representative are required.
- b. Documentation is required to explain how service will be provided in the area that the deleted Provider served.

## 6. Section VI. EMD Center Information and Application:

- a. This section must be completed for all initial EMD Centers, additions, deletions, and changes/updates in the current EMDPRS and EMD con-ed.

## 7. Section VII. Medical Oversight:

- a) Section VII A. If changes are made in protocols, medications, policies, or procedures for the EMS System, completion of this section along with supporting documentation is required. **If an EMS System or Provider would like to change or add a protocol to the existing 2009 NCCEP Patient Care Treatment Protocols, the Medical Director must contact Dr. Greg Mears, NCOEMS Medical Director for approval before development of the additional protocol(s). Dr. Mears can be reached electronically at [gdm@med.unc.edu](mailto:gdm@med.unc.edu). Approval letter from the NCOEMS Medical Director and the OEMS is required before implementation of changes.**
- b) Section VII.B. If the system adds an Assistant Medical Director or changes System Medical Director, **even if interim**, this section is required. This section provides all the mandatory NCCEP requirements. If a Medical Director or Assistant Medical Director is deleted, only name is required.

Note: Please be prepared to present documentation or other information supporting your answer."

**8. Section VIII. Endorsements:**

- a. This section clarifies whose signatures are required based on sections that are being modified and must be sent with any modification submission. **Note: The County Manager's signature is not required, when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county.**

A completed application with all required attachments must be submitted to the appropriate regional office. Modifications that require approval must be submitted at least 30 days and receive notification from the OEMS prior to implementation. Incomplete applications are subject to be returned or may result in delayed approval. Further inquiries are to be directed to the appropriate regional office. All system modification applications must be approved by the county EMS System Administrator.

Note: Please be prepared to present documentation or other information supporting your answer."

**EMS SYSTEM MODIFICATION  
APPLICATION  
CONTENT INFORMATION AND SELECTION**

Application Date: 9-19-11

Proposed Implementation Date: 10-1-11

Descriptive Title: Change in Medical Director

**This modification involves: (Check all boxes that apply, complete appropriate sections, and attach any required documentation.)**

- Section
- I. EMS System Information (Page 5)**  
*(Section must be completed for any modification)*
  - II. New EMS Provider Application: (Page 6)**  
 Licensed Provider  Non-licensed Provider  
*(Complete sections I, II and VIII)*
  - III. The Addition of Current Licensed or Non-Licensed EMS Provider(s) to the EMS System (Page 8)**  
*(Complete sections I, III, and VIII)*
  - IV. Modifying the Level of Care for of Current Licensed or Non-Licensed Provider(s) participating Within and or outside the EMS System (Page 10)**  
*(Complete sections I, IV, and VIII)*
  - V. Deletion of any System Provider or Non Traditional Practice Setting: (Page 12)**  
 Licensed Provider  Non-Licensed Provider  Non Traditional Practice Setting  
*(Complete sections I, V, and VIII)*
  - VI. EMD Center Information and Application: (Page 13, 14)**  
 Addition *or*  Deletion to an EMS System  
*(Complete sections I, VI, and VIII)*
  - VII. Medical Oversight: (Page 15)**
    - A. **Protocol, Medication, Polices or Procedure Modification (Page 15)**  
*(Complete sections I, VII (A,) and VIII)*
    - B. **System Medical Director or Assistant Modification and Requirements (Page 16, 17)**  
*(Complete sections I, VII (B), and VIII)*
  - VIII. Endorsements (Page 18)**

Note: Please be prepared to present documentation or other information supporting your answer."

## I. EMS System Information

1. Must be filled out for all System Modifications. This is system and not Provider information.
2. This page is formatted to be completed electronically and saved for future use.
3. The System Modification Document is to be completed and submitted to the NCOEMS by the county System Administrator.
4. If any of the below information has changed, please update in CIS data base prior to submission and highlight below what is new.

EMS System:

Level of System:  EMT-B  EMT-I  EMT-P

Number of Modifications: 2

Descriptive Title: Change in Medical Director

Proposed Implementation Date: 10-1-11

County Manager: Bill Eckler, Interim

County: Rutherford

Co. Manager Address: 339 Callahan Koon Rd., Spindale, NC 28160

Phone: 828-287-6075

Fax Number: 828-287-6489

Email

Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Contact Person: Richard Pettus, EMS Director

Title:

Phone: 828-287-6075

Fax Number: 828-287-6489

Email Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address:

City: 339 Callahan Koon Rd., Spindale

State: NC

Zip: 28160

Medical Director:

Phone: 828-287-6075

Fax Number: 828-287-6489

Email

Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address:

City: 339 Callahan Koon Rd., Spindale

State: NC

Zip: 28690

RAC Affiliation:

Completed application must be submitted to the appropriate regional office. Modifications that require approval must be submitted at least 30 days and receive notification from the OEMS prior to implementation. Further inquiries are to be directed to the appropriate regional office. All system modification applications must be approved by the county EMS System Administrator.

### WESTERN

Western Regional EMS Office  
3305 16<sup>th</sup> Ave. S.E.  
Suite 302  
Conover, NC 28613  
828-466-5548 Office  
828-466-5651 Fax

### CENTRAL

Central Regional EMS Office  
120 Penmarc Drive, Suite 108  
2717 Mail Service Center  
Raleigh, NC 27699-2717  
919-715-2321 Office  
919-715-0498 Fax

### EASTERN

Eastern Regional EMS Office  
404 St. Andrews Street  
Greenville, NC 27834  
252-355-9026 Office  
252-355-9063 Fax

Note: Please be prepared to present documentation or other information supporting your answer."

## VII. MEDICAL OVERSIGHT

1. **SECTION VII A.** If changes are made in protocol, medications, policies, or procedures for the EMS System, completion of this section along with supporting documentation is required. This information is to be sent to the appropriate regional office and not directly to the NCOEMS Medical Director. If an EMS System would like to change or add to the existing 2009 NCCEP Patient Care Treatment Protocols, the Medical Director must contact Dr. Greg Mears, NCOEMS Medical Director for approval before development of the additional protocol(s). Dr. Mears can be reached electronically at [gdm@med.unc.edu](mailto:gdm@med.unc.edu). Approval letter from the NCOEMS Medical Director and NCOEMS is required before implementation of changes.
2. **SECTION VII B.** If the system adds an Assistant Medical Director or changes System Medical Director, even if interim, this section is required. Include verification that all mandatory NCCEP requirements are met. If a Medical Director or Assistant Medical Director is deleted, only the name is required. County letter of appointment is required.
3. Required Endorsements: System Administrator and Medical Director.
4. Section I. and VIII. Completion and submission required with any change in this section.

### A. Protocol, Medications, Policies, or Procedures Modification

For a detailed listing of the protocols, policies, and procedures as required by the North Carolina College of Emergency Physicians, refer to the OEMS web page at [www.ncems.org](http://www.ncems.org).

Have any changes occurred to the written treatment protocols, medications, policies or procedures?

- Yes  No If yes: check all the below that apply and send to the appropriate regional office. Do not send to the NCOEMS Medical Director.

Provide written approval letter from the System Medical Director for any proposed changes and list what changes are being made.

- Attach two copies of the proposed written treatment protocols. All changes should reflect the new 2009 NCCEP guidelines.
- Attach two copies of the proposed change in policies.
- Attach two copies of the proposed change in procedures.
- Attach two copies of the proposed medications changes and list quantities carried on each unit per level.
- Describe the procedure for annual review of treatment protocols, policies and procedures. Provide a schedule as a part of this procedure. (For example: All protocols will be reviewed every January. Changes and additions will be addressed throughout the year).

**Note: Approval letter must be received from OEMS prior to implementation.**

Note: Please be prepared to present documentation or other information supporting your answer."

## B. Medical Director Modification

1. The Medical Director for an EMS System shall be responsible for items listed in 10A NCAC 13P .0403 (a) (1) – (9), (b), and (c).
2. If the system adds an Assistant Medical Director or changes System Medical Director even if interim, this section is required. Include verification that all the mandatory NCCEP requirements are met. If a Medical Director or Assistant Medical Director is deleted, only name is required. When approved, System will need to update CIS with new Medical Director.

Add {  Delete Name: Thomas Green, MD }

System Medical Director       Assistant Medical Director       Interim

Name: Dr. Bob England

Home: (     )                                      Work: (828) 287-6075                                      Pager: (     )

Mobile: (     )                                      Email: richard.pettus@rutherfordcountync.gov

Mailing Address: 339 Callahan Koon Rd.                                       Home       Work  
 City: Spindale                                      State: NC Zip: 28160

**1. If an addition, please include all the following documentation:**

- Letter of appointment from county official. This is required for Medical Director and Assistant Medical Director.
- Document verifying the NCCEP requirements. (See table at bottom of page)
- Complete the NCCEP Medical Director's Course within the first year of appointment. Date of course: \_\_\_\_\_ In subsequent years, attend 1 or more of 3 NC EMS Medical Director meetings scheduled by the NC OEMS annually.
- Documentation of the Medical Directors' responsibilities and job description. Attach contract if applicable.
- Letter from new Medical Director that he/she approves of protocols, policies, medications, procedures, equipment to be carried on vehicles.
- Letter of approval from Medical Director stating approval of continuing education plan, if applicable.
- Letter of approval for the EMD center and card version, if applicable.
- Updated EMS Peer Review Committee list indicating new Medical Director as member, if applicable.

- |   |
|---|
| 1. Hold current license to practice medicine or osteopathy in North Carolina. (Where is copy of license held for OEMS Inspection) <input checked="" type="checkbox"/>   |
| 2. Have endorsement indicating a working relationship with the local physician community (i.e. Hospital staff, local medical society, or emergency physician's group) <input checked="" type="checkbox"/>   |
| 3. Preferably hold board certification or be board prepared in Emergency Medicine and completion of an EMS Fellowship. When this is not feasible, the medical director must at least hold board certification or be board prepared in a clinical specialty that represents the broad patient base the EMS system serves. Board certification must be obtained within 5 years after successful completion of residency training. (List Board Certification Specialty) <input type="checkbox"/> |
| 4. Maintain BC/BP as mentioned in above with a board, approved by the American Board of Medical Specialties or the American Osteopathic Association. <input type="checkbox"/> SEE ADDITIONAL INFORMATION ATTACHED   |
| 5. Maintain an active clinical practice. (Where) <input type="checkbox"/> RETIRED - SEE ADDITIONAL INFORMATION  |
| 6. Have education or experience in out-of-hospital emergency care. (Give Explanation) <input checked="" type="checkbox"/>   |
| 7. Have participated, or possess equivalent experience, in the resuscitation of adult and pediatric patients that suffer acute illness or traumatic injury. ( Explain) <input checked="" type="checkbox"/>  |
| 8. Possess knowledge of federal, state, and local laws and regulations regarding EMS <input checked="" type="checkbox"/> Yes  |
| 9. Maintain appropriate medical liability coverage. (Statement to this fact will suffice) <input checked="" type="checkbox"/>   |
| 10. Maintain involvement in local, regional, state, or national EMS organizations. (How) <input checked="" type="checkbox"/>  |
| 11. Be exempt from item 1-3 above if the medical director was appointed prior to January 1, 2002. Those directors who do not meet the qualifications in item 1-3 must maintain current certification in a standardized adult trauma resuscitation course, a standardized adult cardiac resuscitation course, and a standardized pediatric acute resuscitation course. (Provide copies of certification for verification) <input type="checkbox"/>   |

Note: Please be prepared to present documentation or other information supporting your answer."

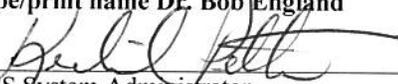
### VIII. ENDORSEMENTS

Please type or print the name and title under each required signature. If additional signatures are required, attach an extra copy of this sheet.

We, the undersigned, have reviewed this **EMS SYSTEM MODIFICATION APPLICATION** and all attachments. We fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

  
\_\_\_\_\_  
System Medical Director  
Type/print name **Dr. Bob England**

9-19-11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
EMS System Administrator  
Type/print name **Richard Pettus, EMS Director**

9-19-11  
\_\_\_\_\_  
Date

\_\_\_\_\_  
County Manager (see note below)  
Type/print name **Bill Eckler, Interim Manager**

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Manager, Outside of Service Area (if applicable)  
Type/print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Administrator (if applicable)  
Type/print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Administrator (if applicable)  
Type/print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital/Facility Representative (if applicable)  
Type/print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other (if applicable)  
Type/print name

\_\_\_\_\_  
Date

**Note: The County Manager's signature is not required, when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county.**

<b>For NCOEMS Use Only</b>
Date Received NCOEMS _____
Regional Specialist Signature _____

Note: Please be prepared to present documentation or other information supporting your answer."



# Rutherford County Emergency Services

339 Callahan Koon Road  
Spindale, North Carolina 28160  
Voice: (828) 287-6075  
Fax: (828) 287-6489



September 19, 2011

North Carolina Office of EMS  
3305 - 4 16th Avenue SE Suite 302  
Conover, NC 28613

To Whom It May Concern,

As newly appointed Interim Medical Director for the Rutherford County Emergency Medical Services System, I approve of the following:

- The protocols, policies, medications and procedures used by system personnel as well as the equipment carried on the vehicles;
- The system continuing education plan;
- The 12.1 card version of the Medical Priority Dispatch currently used by the EMD center.

If you have any questions, I may be contacted at 828-287-6075.

Thank you,

Dr. Bob England, Interim Medical Director  
Rutherford County Emergency Services



## Rutherford County Emergency Services

339 Callahan Koon Road  
Spindale, North Carolina 28160  
Voice: (828) 287-6075  
Fax: (828) 287-6489



September 19, 2011

North Carolina Office of EMS  
3305 - 4 16th Avenue SE Suite 302  
Conover, NC 28613

To Whom It May Concern,

Dr. Thomas Green, previous Medical Director for the Rutherford County EMS System has recently resigned his position. Due to this unforeseen change in medical director coverage, we have been operating under the North Carolina State Medical Director as approved by the North Carolina Office of EMS. We remain in search of a permanent medical director however until such time as we can secure a permanent medical director, Dr. Bob England has been appointed as the Interim Medical Director for the Rutherford County EMS System.

If you have any questions or need any further documentation, please feel free to let me know. I may be contacted via email at [richard.pettus@rutherfordcountync.gov](mailto:richard.pettus@rutherfordcountync.gov).

Thank you,

Richard Pettus, Director  
Rutherford County Emergency Services



# Rutherford County Emergency Services

339 Callahan Koon Road  
Spindale, North Carolina 28160  
Voice: (828) 287-6075  
Fax: (828) 287-6489



**To:** NC Office of EMS

**From:** Richard Pettus, Emergency Services Director

**Date:** September 19, 2011

**Reference:** Additional Items for Change of Medical Director

This memo is intended to add clarification to the items required for the EMS System Medical Director as listed within the Rutherford County EMS System Modification document dated September 19, 2011 under Section VII B. Dr. England will be the Interim Medical Director while Rutherford County continues to search for a permanent medical director to fill the position. Clarifications for the items listed within the document are as follows:

- Dr. England does not currently hold board certification or is not board prepared in Emergency Medicine or any other specialty. Dr. England is a retired Family Practice Physician who has extensive experience before board certifications were mandated.
- As a retired physician, Dr. England does not maintain an active clinical practice however he does still provide physician coverage for special events such as football games, community events, etc.
- Dr. England maintained a Family Practice Office within the community for many years providing a large range of care for everything from the common cold to making house calls for sickness to responding to car accidents to delivering babies and adult/pediatric resuscitation. In addition, Dr. England was the County Medical Examiner for approximately 20 years.
- Dr. England is provided medical liability coverage through Rutherford County Emergency Medical Services.
- Dr. England continues to be active in local medical organizations and has recently attended the Rutherford County EMS Peer Review Quality Management Committee Meeting in preparation for his new role as Interim Medical Director.

In summary, Dr. England certainly has the experience, knowledge and support of the local medical community to fill his new role as Interim Medical Director. If you need any additional information, please feel free to let me know.