LETTER OF EXPLANATION

The physician director and the signatory representative of the requesting agency or organization of the proposed service shall attach a "Letter of Explanation" to this application, addressed to the Manager Nevada State EMS Program, detailing the following:

- 1. <u>Manpower</u> Should be described in terms of their prior training and experience, affiliation with the type of ambulance or rescue service (i.e., fire department, private, hospital-based, etc.) Agency must also provide a separate agency roster to the Division.
- 2. <u>Training</u> How will the continuing education be conducted? How will sufficient clinical experience be assured?
- 3. <u>Radio Communications</u> What communications capabilities will exist between ambulance attendants and physician? Is there direct radio communications between personnel and physician on a 24-hour basis? Are any portions of the emergency response area without EMS radio communications coverage?
- 4. Dispatch How is service dispatched on a 24-hour per day basis?

will provide ground transportation of the patient?

- 5. Citizen Access How will citizens summon theservice?
- 6. <u>Transportation</u>:
 - a) Ambulance Service Only:

Will the service unit transport the patient? If not, who will be responsible for transportation? Are the emergency transport vehicles adequate in size and design to accommodate the equipment and supplies appropriate to the level of endorsement, in addition to the regular complement of equipment?

- b) <u>Firefighting Agency Only:</u>
 Who will be responsible for transportation of the patient? List services which to be called or used.
- c) <u>Air Ambulances Only:</u>
 What arrangements have been made for transporting patients from the airport to the receiving hospital? Who
- 7. <u>Geographic Area</u> Will the operation of this service or agency be limited to a specific geographic area or site? What geographic area or site will be served by this service or agency?
- 8. <u>Equipment / Supplies</u> List the equipment and supplies which will be carried for Intermediate or Advanced life support use including the specific drugs and fluids proposed to be carried, along with protocols.
- 9. <u>Record Keeping Critique System</u> Describe the record keeping system that will be utilized and the manner and frequency of critique sessions that will be held for physician-ambulance attendant review of specific cases to insure quality care was provided.

This Letter of Explanation will be an important consideration in approval or rejection of the proposed service unit.