

Jefferson County Emergency Medical Services Program

531 Meade St, Watertown, NY, 13601
Telephone: (315) 786-3760
JCEMS@jeffersoncountyny.gov



EMS Agency Health Insurance/Worker's Compensation Coverage Agreement

Jefferson County EMS (JCEMS) offers NYS CFR, EMT, AEMT, and Paramedic EMS certification courses. A requirement for course completion is that students must assess and treat live patients in approved clinical settings, which include hospital ERs, ambulance services, urgent cares, hospital inpatient areas, etc. Another requirement for course completion is successfully performing physical and practical skills, such as lifting, establishing IVs, handling and administering medications, etc. These requirements are defined in detail in the course syllabus and policies for each EMS course.

While unlikely, a student may become injured while performing these duties. Because of this, students must maintain private health insurance or workers' compensation insurance for the duration of the EMS course they are enrolled in. Neither JCEMS nor its clinical partners will be financially responsible for any medical expenses the student accrues from injuries that occur while performing duties required for course completion.

The EMS Agency can choose to satisfy this requirement for its employees/members who are JCEMS students by agreeing to cover all medical expenses as a result of injuries that occur while performing duties required for course completion through its workers' compensation insurance and completing this agreement. The EMS agency does not need to provide this coverage to its employees/members if they choose to have them use their private health insurance instead. If that is the case, then the EMS agency does not need to complete this agreement.

EMS Agency Name: _____

EMS Agency Student Name Covered: _____

EMS Agency Chief Officer Name: _____

By signing below, I agree that the EMS Agency listed above will provide medical coverage through our workers' compensation insurance to the employee/member listed above for any injury that occurs while they are enrolled as a student in a JCEMS EMS course and performing duties required for course completion.

EMS Agency Officer Signature: _____ **Date:** _____