

A decorative graphic consisting of three overlapping, stepped lines in grey, orange, and blue, forming a jagged, upward-sloping shape that frames the top and left sides of the page.

Statutory Declaration
for approval as a
PHECC Recognised CPG Service Provider

Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating, and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

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2nd Floor
Beech House
Millennium Park
Naas
Co Kildare
W91 TK7N
Ireland

T: + 353 (0)45 882042

E: info@phecc.ie

W: www.phecc.ie

Version History

(Please visit the [PHECC website](http://www.phecc.ie) to confirm current version.)

Name: FOR027 Statutory Declaration for approval as a PHECC Recognised CPG Service Provider		
Version	Date	Details
1	Apr 14	New Declaration – Note
2	Jul 15	Revised following amendments to Council Rules (POL 003) V2
3	Dec 16	Updated statutory declaration signature block
4	Jan 18	Updated to reflect Governance Validation Framework
5	Sept 19	Updated due to Clinical Information Standards, and PHECC CPG Categorisation and Implementation Guide
6	Sept 22	Name edit. Updated following update of GVF Standard. Medical Director requirements adjusted
7	May 23	Updated to reflect change to Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs) (POL003 V9)

This Statutory Declaration is to be declared by a person duly authorised by the Applicant pre-hospital emergency care service Provider.

I (Print Name of Declarant) _____ duly authorised on _____ (insert date)

On behalf of _____ (Print Name of Pre-Hospital Emergency Care Provider) hereby confirm that:
'The Applicant'

1. The information on this form is true and that I have signed this form in my own handwriting, duly authorised to do so on behalf of the Applicant pre-hospital emergency care service provider.
2. The Applicant knows of no reason why the Pre-Hospital Emergency Care Council (PHECC) should not approve this application for the implementation of Clinical Practice Guidelines (CPGs).
3. The Applicant acknowledges that approval for the implementation of current Clinical Practice Guidelines is at the discretion of the PHECC, in accordance with the current 'POL003 Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs)'.
4. The Applicant hereby consents and gives authority to PHECC to make any enquiry or enquiries with any person or body in pursuance of this application.
5. The Applicant is compliant with tax requirements of the Revenue Commissioners.
6. The Applicant shall have, and will maintain, current valid insurance policies including, but not limited to, clinical indemnity/medical malpractice and employer and public liability.
7. The Applicant shall enter into a data protection agreement with PHECC.
8. The Applicant shall ensure that Practitioners are Licensed, Credentialed, and Privileged in accordance with PHECC Privileging Standard (STN 033) prior to delivering pre-hospital care.
9. The Applicant shall have policies and procedures to ensure patients have access to pre-hospital emergency care based on their identified needs and the Provider's scope of services. Records of pre-hospital operations/ activity will be recorded.
 - The Applicant shall have policies and procedures to ensure all patients are treated with compassion, respect, and dignity and policies for informed consent and patient's refusal of treatment and/or transport are in place.
10. The Applicant shall have policies and procedures to ensure patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.
11. The Applicant shall develop a 3-year programme of clinical and environmental audits in line with the services provided.
12. The Applicant shall have policies and associated procedures to ensure safe and legal medication practices including, but not limited to, availability, storage, administration, expiration, disposal and recall alert

13. The Applicant shall have policies and associated procedures that constitutes an effective infection prevention and control programme including appropriate clinical waste management.
14. The Applicant shall have policies and associated procedures that ensure safeguarding of children and vulnerable adults.
15. The Applicant shall have documented structures and accountability for corporate governance to include workforce planning, maintenance of risk management processes, and a document control system.
 - The Applicant shall have documented structures and accountability for Clinical Governance.
16. The Applicant shall have a system to ensure monitoring and circulation of new recommendations by PHECC, other regulatory bodies, and public health alerts.
17. The Applicant shall have processes for the performance management of employees, volunteers, and/or contractors.
18. The Applicant shall have a policy and procedures in place to ensure the Practitioner's English language competency where English is not the Practitioner's first language.
19. The Applicant shall have policies in place to support a training and development programme, which ensures employees, volunteers and/or contractors have the required competencies to undertake their duties in line with their scope of practice.
20. The Applicant shall have systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.
21. The Applicant shall have policies and associated guidelines to ensure that appropriate equipment is in place and documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards (PCR - STN003).
 - The Applicant shall have policies and associated guidelines to make certain documentation ensures confidentiality and security of data is protected.
22. The Applicant shall have a Medical Director, who is registered with the Medical Council, with general or specialist registration, has the competencies, experience, and is indemnified to fulfil the role. The Medical Director shall provide oversight and support for Clinical Governance in accordance with the CPG Service Providers Medical Director Standard (Role and Responsibilities) (STN032).
23. The Applicant shall implement the Council Policy for implementation timeframes for clinical information standards and associated patient reports (POL043) and shall use all reasonable endeavours to ensure compliance with the 'Clinical Record Management Guidelines' at all times.

In addition, the Applicant agrees to:

24. Comply with the PHECC Governance Validation Framework Standard (STN034), submitting substantial evidence of compliance and undergoing assessments and/or inspections as required by PHECC.

25. Comply with Assessment Cancellation Policy – PHECC Quality Assurance Programmes – GVF/QRF (POL052).
26. Comply with any conditions attached to their recognition within any specified period of such condition and submit on request a progress report on the implementation of any conditions imposed at the time.
27. Implement the latest version of CPGs as soon as practically possible after CPG issue date and no later than outlined in Council Policy for implementation timeframes for Clinical Practice Guidelines (POL018).
28. As required, shall submit a CPG Service Provider Annual Report,* which informs PHECC of clinical and other activities in their organisation (LIS021).
(*Calendar year).
29. As required, shall submit the latest version of their organisation's:
 - Self-assessment
 - Quality Improvement Planwhich are a true and accurate record of organisational compliance with the standards and requirements for Providers as described in the Governance Validation Framework Standard (STN034).
30. Immediately notify the Council within defined timeframes of any material changes to the organisation or structure of the Recognised CPG Service Provider and certain events in accordance with Recognised CPG Service Provider Notification Requirements (LIS020).
31. Agree to announced, or unannounced, inspection visits by PHECC.
32. Pay the correct Fee in advance of an application being accepted: visit www.phecc.ie for current Council Policy & Schedule of Fees (POL006).

I _____, do solemnly and sincerely declare that: The information on this form is true and that I signed this form in my own handwriting, duly authorised to do so on behalf of the applicant pre-hospital emergency care service provider.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

(Signed) _____
Name

Declared before me by **Name** _____ who is personally known to me (or who is identified to me by **Name**. who is personally known to me) at-

Signed _____

Name

Notary Public, Commissioner for Oaths, Peace Commissioner, person authorised by law to take and receive statutory declarations.

This day ___/___/___ at _____ in the County of _____

Pre-Hospital
Emergency Care
Council



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