IOWA EMS SYSTEM STANDARDS

"What every Iowan can expect from Emergency Medical Services"

Iowa Department of Public Health
Division of Acute Disease Prevention and Emergency Response

Bureau of EMS

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Items underlined have been added.

Iowa EMS System Standards
Overview

The Iowa EMS System Standards are a change initiative that provides a consistent and accountable approach to promoting and protecting the health of Iowans through EMS. The standards describe, in a tempered and realistic manner, the minimum infrastructure (county) and EMS services that all Iowans can reasonably expect from Emergency Medical Services no matter where they live in the state. Utilizing the Iowa EMS System Standards will attain the goal of designing and implementing an integrated, measurable, sustainable state wide EMS System.

<u>EMS service operations are the responsibility of the individual service program. Service programs shall comply with these standards as part of their county EMS system.</u>

Some of the benefits of implementing and utilizing the Iowa EMS System Standards are:

- Creates an “inclusive system” where all EMS providers, service programs and other health care professions participate in attaining identifiable, measurable minimum standards that will bring consistency to EMS practice. “Standards are statements that define the performance expectations that must be in place for EMS to assure high-quality patient care services.”
- Accountability to the public
- Consistent basic(minimal)EMS infrastructure across the state
- Identifying expected range of performance and what is needed to support that performance(capacity)
- Professionalization of EMS
- Increased visibility and understanding of the EMS system by the general public
- Supports ongoing evaluation and improvement of the EMS system
- Increased integration of EMS into the public health system
- Strengthens existing local, county, regional EMS organizations
- Enables proactive initiatives for required law/rule additions or changes
- Enables proactive initiatives for standardized funding mechanisms

Background:
In October, 2006 the Emergency Medical Services Advisory Council (EMSAC) was approached by the Bureau of EMS to support a change initiative involving EMS system standards. Discussions lead to a motion that “the Bureau should continue to develop

draft standards and appoint partners to assist." A group of 26 to 30 individuals were invited to participate through monthly meetings, in the development of a first draft version of minimum Iowa EMS System Standards. Progress reports were given to EMSAC in January and April, with the first draft version delivered to EMSAC in July, 2007.

The stakeholder group reviewed eight areas of EMS system development. These were:

- System Administration
- Staffing/Training
- Communications
- Response/Transportation
- Facilities/Critical Care
- Data collection/System Evaluation
- Public Information/Education
- Disaster Medical Response/Planning

In addition, while developing the minimum Iowa EMS System Standards, the stakeholder group used some guiding principles:

- Define basic minimum services and infrastructure that every EMS system should have in place
- Use clear, concise language that is easily understood by both the EMS/health care community and the general public
- Minimum standards should be measurable
- Keep in mind the principles of the national and state "EMS Agenda for the Future"

Next Steps:
The first draft version of the Iowa EMS System Standards was received by the EMS Advisory Council on July 11th, 2007. Further input from EMS stakeholders from across the state will be gathered during scheduled presentations from July through September, 2007.

The gathered public comments, public comment period ended September 21, 2007, for the Iowa EMS System Standards have been posted to the Bureau's website.

A final draft version of the minimum Iowa EMS System Standards will be presented to EMSAC for approval in October, 2007. Once the final draft is approved, pilot evaluations from several areas of the state will be conducted from October, 2007 through October, 2008. These evaluations will identify what is already in place to meet the standards, what is not in place to meet the standards, what measures are needed to meet the standards and what are the costs to meet and maintain the standards. The data from these pilot evaluations will help in the development of a "Roadmap" to address issues of accomplishing and maintaining system standards, funding initiatives and law/rule additions/changes possibly needed.

Iowa EMS System Standards
Stakeholder Committee

Rick Benson	Council Bluffs
Jeffrey Call	Bloomfield
Thomas Craighton	Hampton
Jeff Doerr	Dubuque
John Fiedler	West Des Moines
Gene Haukoos	Estherville
Trica Holden	Manly
Kerrie Hull	Rockwell City
Brian Jacobsen	Davenport
Jerry Johnston	Mt. Pleasant
Don Lucas	Mitchellville
Dave Luers	Burlington
Dr. Dennis Mallory	Toledo
Laura Malone	Iowa Hospital Association
Dave Miller	Harlan
Angie Moore	Waukee
Marty Parbs	Marengo
Frank Prowant	Ankeny
Doug Reed	Oakland
Ray Rex	Fairfield
Matt Ringgenberg	Lake City
Randy Ross	Onawa
Julie K. Scadden	Schaller
Scott Slough	Greenfield
Dave Springer	Springfield, Ill.
Terry Stecker	Sioux City
Jim Stephen	Mt. Pleasant
Dave Tice	Charles City
Maile A. Timm	Story City
Thomas Toycen	Mt. Vernon
Steve Vandenbrink	Decorah
Dave Wilson	Cedar Rapids

Iowa EMS System Standards
Stakeholder Committee Biographies

Rick Benson---Rick has been involved in EMS since 1986. He has worked in a wide range of EMS professions(volunteer and career) and has background in prehospital, hospital, ground, air medical, private ambulance, fire service. He currently works as the EMS Operations Officer in charge of all EMS related aspects for the Council Bluffs Fire Department.

Jeffrey Call

Thomas Craighton---Thomas is a Paramedic Specialist with a BS from Iowa Christian College. He is a certified AHA BLS Instructor/Trainer, Respiratory Therapy Technician, Fire Fighter I and II with endorsements as an EMS Instructor and Critical Care Paramedic. At present, he is the EMS and Respiratory Care Manager/Coordinator at Franklin General Hospital in Hampton, Iowa. Thomas also serves as a part-time teacher at NIACC; a Flight Paramedic for Air Life North and is a member of the Coulter Volunteer Fire Department. He serves in many other capacities: Vice-President of North Central Iowa EMS; President of the Franklin County EMS Association; Board member of Franklin County 911 Board; member of several EMS, Fire and Respiratory Care boards and associations.

Jeff Doerr---Jeff is the Emergency Services Program Manager for Northeast Iowa Community College in Peosta, Iowa. Is a Paramedic Specialist and works for MEDIC EMS in Davenport as well as volunteers for Centralia/Peosta Fire Department and Epworth Fire Department.

John Fiedler---John Fiedler is a 16 year veteran in the pre-hospital setting and a registered nurse since 1989. As a nurse he has worked in the critical care units and emergency departments of two hospitals in Iowa, the Trauma Coordinator of a Level 1 Trauma Center and has served as a paramedic specialist level EMS provider(RN Exception) with his local ambulance service. John is currently the State Trauma System Coordinator for the Iowa Department of Public Health; Bureau of EMS. John represented hospitals/trauma care facilities for the EMS System Standards group.

Gene Haukoos---Gene has been involved with pre-hospital care since 1968. From 1968 through 1991 he was in the U.S. Navy as Master Chief Hospital Corpsman. Currently he is a Nationally Registered EMT-Paramedic and Iowa Paramedic Specialist for the Estherville Ambulance Service(private service, volunteer paid per call, city and county subsidized). Gene serves as the Emmet County EMS Coordinator(non paid position), a High Risk Entry Team Tactical Medic, Medical Investigator and Public Health Board member.

Trica Holden

Kerrie Hull---Kerrie started in EMS with Midwest Ambulance in Des Moines as an EMT-I in 1985. She graduated nursing school from Iowa Methodist Medical Center in 1986 and has worked at Duke University Hospital(Durham, North Carolina) as a trauma nurse, Mercy and Gunderson-Lutheran in La Crosse, Wisconsin in the ICU. While at Gunderson-Lutheran she flew with MedLink Air Helicopter. Kerrie has served as a Supervisor at Stewart Memorial Community Hospital, Lake City, Iowa and volunteers with Lake City Ambulance with RN exception to the Paramedic level. She has served as Calhoun County EMS Coordinator for the past five years. Most recently the county has started a full-time career Paramedic Service in Calhoun county with Kerrie overseeing the operation as well as continuing to be the EMS Coordinator, Emergency Management Coordinator and E911 Coordinator for Calhoun County.

Brian Jacobsen---Brian began his EMS career in 1985 as a paid on call EMT/Firefighter for the Chanhassen, Minnesota Fire Department. Since that time has served as a Paramedic for Health East Ambulance Service in Minneapolis; EMS Educator for Risk's Safety Consulting Company, St. Cloud; Paramedic/Field Training Officer/ Medical Director Liaison/Educator for Gold Cross Ambulance/Murphy Ambulance Service, St. Cloud; Paramedic Program Director for Northwest Technical College in East Grand Forks, Minnesota. Currently, Brian is a Death Scene Investigator for the Scott County Medical Examiners Office, Davenport, Iowa; Reserve Deputy Sheriff for the Scott County Sheriff's Office; Paramedic/ Emergency Medical Services Coordinator for the Davenport Fire Department; published author and AHA instructor for over 15 years.

Jerry Johnston---Jerry Johnston is currently the EMS Director at Henry county Health Center (HCHC) in Mt. Pleasant, Iowa; a countywide all-ALS system. In addition to his duties in Henry County, he also manages a BLS/ALS Critical Care transport service located in Burlington, Iowa, of which HCHC is part owner. Jerry serves on a variety of local, state and national organizations and associations. He is a Past President of the Iowa EMS Association. He is currently President of the National Association of EMT's; an organization where he has served on the Board of Governors, Executive Council, Board of Directors as well as Treasurer.

Don Lucas

David Luers---David Luers is the Deputy Chief of Operations for the Burlington Fire Department which has five ambulances, two stations, 31 Paramedics, 13 EMT-B's and receives an annual volume of 5400 calls for service. The Burlington Fire Department become the first fire-based Paramedic Ambulance Service in the state of Iowa in 1980 and began offering Critical Care Transport Services in 2004. David joined the department in 1977 and became an EMT-A in 1978, and a Paramedic in 1982. He currently serves on the Des Moines County EMS Association as President, is the Des Moines County representative for the Southeast Iowa EMS Association and is the fire-based EMS representative for the Region V HRSA Committee. David is also a member of the Des Moines County Bio-Terrorism Planning Committee, and a member of the Southeastern Community College EMS Advisory Committee. He is a current member and past president of the Southeast Iowa Critical Incident Stress Management Team.

Dr. Dennis Mallory, DO, CMD---Dr. Mallory currently is the Tama County EMS Medical Director for Toledo, Garwin, Elberon and Montour; Tama County Public Health Chair and Tama County Medical Examiner. He has 35 years experience as a family, emergency, geriatric and rural physician.

Laura Malone---RN, BSN, MPA is the Director of Nursing and Clinical Services for the Iowa Hospital Association. Laura currently serves as the Iowa Hospital Association's representative to the Iowa Trauma System Coordinators.

Dave Miller

Angie Moore---Angie is an EMT-Basic for Stuart Rescue, Stuart, Iowa. She has been a past Rescue Captain for Dexter EMS and currently is the EMT-Basic Coordinator at Mercy School of EMS in Des Moines, Iowa.

Marty Parbs---Marty is a Paramedic Specialist and currently is the service director for North Benton Ambulance in Vinton, Iowa.

Frank Prowant---Frank has been involved in EMS since becoming an EMT-A in 1977. He is currently certified at the Paramedic Specialist level and is the Deputy Chief for the Ankeny Fire Department, Ankeny, Iowa. Frank has worked in the volunteer, private, hospital and fire based EMS systems as both a provider and administrator. He has developed and instructed EMS educational programs since 1983. Frank has significant experience in EMS system design and development, billing and collection system management, and development of Continuous Quality Improvement Programming for public and private EMS services.

Doug Reed

Ray Rex---Ray Rex represents Jefferson County Area Ambulance from Fairfield on the stakeholder group. Ray began as a volunteer EMT-A for the Bonaparte First Responders in October 1992 and a weekend volunteer for the Van Buren County Ambulance in Keosauqua. In March of 2003 Ray became a Paramedic Specialist, having worked his way up from EMT-A, EMT-D and EMT-I. Jefferson County Ambulance is a privately owned contracted service serving the 16,000 residents of the county with annual call volume of 1300-1400. The service maintains 3 rigs and utilize a mix of paid and volunteer staff including 7 Paramedic Specialists, 4 EMT-Is and 6 EMT-Bs. Ray, as a co-owner, continues to work 3 scheduled 24 hour shifts a week as well as serving on local and regional EMS associations in Jefferson County and SE Iowa.

Matt Ringgenberg

Randy Ross

Julie K. Scadden---Julie Scadden is a Paramedic Specialist with Clive Fire Department and Sac County EMS as well as a volunteer ALS provider for her small town of Schaller, in Northwest Iowa. Julie has worked in hospital based EMS, rural-county system based EMS and urban, fire based EMS throughout her career. Julie is a strong advocate for EMS, serving on numerous boards and committees at local, regional and state levels.

Scott Slough

Dave Springer---Dave Springer has been in EMS since becoming an EMT-A in 1973. He is a practicing EMT-B, EMS Evaluator, EMS Instructor. He continues to instruct BCLS and Traumatic Brain Injury courses. Currently he is the owner of Eastern Iowa EMS and is starting a similar company in Springfield, Ilinois.

Terry Stecker

Jim Stephen---Jim is the Operations Coordinator for Henry County Health Center EMS in Mount Pleasant, Iowa. Jim has been an EMS provider for 18 years and is currently certified as a Paramedic Specialist with endorsements in ACLS, PALS, AMLS, PHTLS. Jim also serves as a National Association of Emergency Medical Technician’s liaison.

Dave Tice---David is a Paramedic Specialist with 29 years of EMS experience. He started his EMS career as a volunteer with Floyd County Ambulance and then 14 years ago became a full-time Paramedic when TEK Ambulance came to Floyd County. For the last 10 years he has been the Iowa Operations Manager for American Medical Response.

Maile A. Timm---Maile A. Timm is employed full-time at Story County Medical in Nevada where she has worked as a Paramedic since 2001. She began her career in EMS in 1993 as a volunteer First Responder with Roland Response Team. Maile joined Story City Ambulance after getting her EMT-B in 1998. In 2000, she received her Iowa Paramedic then took Mercy’s bridge to Paramedic Specialist in 2006. Maile is a BLS Instructor and has a BS in English and teaching. She is the Education and Training Officer at Story City Medical Center.

Thomas Toycen---Thomas Toycen began his EMS career in 1977 working as an EMT-A for Greater Community Hospital in Creston, Iowa. He has worked for Johnson County Ambulance, the University of Iowa EMSLRC as an EMT-D tape reviewer, Mercy Hospital ER as a Registered Nurse/Certified Emergency Nurse and was a Firefighter/First Responder for the North Liberty Fire Department. Currently he is a Certified Flight Registered Nurse for University of Iowa Air Care.

Steve Vanden Brink---Steve is a Paramedic Specialist who currently in the Winneshiek County EMS Association president and Director of Ambulance for Winneshiek Medical Center, Decorah, Iowa. Steve has 16 years of service to rural Iowa with a hospital based EMS service with current call volume of nearly 1500 calls per year. Steve has represented Winneshiek County EMS Association in several roles including President, Vice President and Treasurer. Steve is an active individual with roles that include member of IEMSA, Decorah Fire Department, NICC EMS Advisory Board and Safety Officer for Winneshiek Medical Center.

Dave Wilson---Dave has over 21 years of experience serving as a certified Fire Fighter 2, ERT, Paramedic Specialist(Area Ambulance, Hiawatha Fire and EMS, Johnson County Ambulance Service), EMS and Haz Mat Operations Instructor, EMD 911 dispatcher, Flight Paramedic(Lifeguard Air Ambulance/St. Luke's, Cedar Rapids, Iowa), past President of Linn County EMS Association, and various management roles at Area Ambulance Service in Cedar Rapids, Iowa. Dave has extensive experience with disaster management and planning, Federal and Iowa DMAT teams, designing Major Incident Response trailers, responding to TYPE 1 incidents(Hurricane Katrina, Rita, Wilma). Dave has been recognized professionally as an NDMS Distinguished Member of the Year in 2005 and 2006. He was selected by his peers as the Iowa Career Paramedic of the Year in 2005. Presently, Dave is completing a degree in Homeland Security and serves as the Johnson County EMA Coordinator.

Glossary of Terms

ALS-Interventions identified at the Paramedic level or above

Ambulance-As defined by rule: 641-132.1 (147A) Definitions. "Ambulance" means any privately or publicly owned ground vehicle specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated."

Audit-Review of a process

BLS-Interventions identified at the Intermediate level or below

Certification- State of Iowa EMS Certification

Credentialing-The process for ensuring knowledge, skills and ability to participate within the system

EMD (Emergency Medical Dispatch) - "Emergency Medical Dispatching" shall mean the reception, evaluation, processing, provision of dispatch life support, management of requests for emergency medical assistance, and participation in ongoing evaluation and improvement of the emergency medical dispatch process. This process includes identifying the nature of the request, prioritizing the severity of the request, dispatching the necessary resources, providing medical aid and safety instructions to the callers and coordinating the responding resources as needed but does not include call routing per se.

CQI- As defined by rule: 641-132.1 (147A) Definitions. "Continuous quality improvement (CQI)" means a program that is an ongoing process to monitor standards at all EMS operational levels including the structure, process, and outcomes of the patient care event." This can change to fit the system.

EMS- As defined by rule: 641-132.1 (147A) Definitions. "Emergency medical services" or "EMS" means an integrated medical care delivery system to provide emergency and non-emergency medical care at the scene or during out-of-hospital patient transportation in an ambulance."

First Responder-State of Iowa EMS provider at least equipped with an AED

Medical Director- As defined by rule: 641-132.1 (147A) Definitions. "Medical director" means any physician licensed under Iowa Code chapter 148, 150, or 150A who shall be responsible for overall medical direction of the service program and who has completed a medical director workshop, sponsored by the department, within one year of assuming duties."

NIMS- National Incident Management System.

Rural-Non-Urban areas

~~**System**- A coordinated EMS delivery model. The system as a minimum will be county-wide.~~

County EMS System-- A coordinated EMS delivery model. The system as a minimum will be a county, with multi-county cooperation/regionalization acceptable.

Urban-Communities within a county with a population greater than 10,000

Wilderness-Area without infrastructure

System Organization and Management

1.01 System Administration: County EMS System Structure

MINIMUM STANDARD: *Each county Board of Supervisors shall make provisions for, ~~by whatever means necessary~~, emergency medical services treatment and transport for all within the county, to meet Iowa EMS System Standards. ~~The county EMS system shall have a formal organization chart that identifies who is responsible for implementing the Iowa EMS system standards.~~ Each county Board of Supervisors shall be responsible for the approval of services within their EMS system based on a needs assessment.*

1.02 System Administration: County EMS System Mission

MINIMUM STANDARD: *Each county EMS system shall have a written vision and mission statement and will meet at least annually to engage in strategic planning. Each county EMS system shall have a continuous quality improvement and evaluation process to identify system changes. The county EMS system shall have a formal organization chart that identifies who is responsible for implementing the Iowa EMS system standards.*

1.03 System Administration: Public Impact

MINIMUM STANDARD: *Each county EMS system shall have a mechanism to seek and obtain appropriate consumer and health care provider input.*

1.04 System Administration: Medical Director

MINIMUM STANDARD: *Each county EMS system shall have an active medical director. Systems with multiple medical directors shall form a medical advisory council to support the system medical director.*

1.05 System Administration: Planning Activities-System Plan

MINIMUM STANDARD: *Each county EMS system shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Bureau via the Regional EMS Coordinator. The plan shall:*

a. *Assess how the current system meets these guidelines*
b. *Identify system needs for patients within each of the targeted clinical categories/special populations, and*
c. *Provide a methodology and timeline for meeting these needs*

1.06 System Administration: Planning Activities-Annual Plan Update

MINIMUM STANDARD: *Each county EMS system shall develop an annual update to its EMS System Plan and shall submit it to the EMS Bureau* via the Regional EMS Coordinator. *The update shall identify progress made in plan implementation and changes to the planned system design.*

1.07 System Administration: Planning Activities-Trauma Plan

MINIMUM STANDARD: *The county EMS system shall follow the state trauma system guidelines.*

1.08 System Administration: Planning Activities-Advanced Life Support (ALS) Planning

MINIMUM STANDARD: *Each county EMS system shall have a plan for the provision of ALS care.*

1.09 System Administration: Planning Activities-Inventory of Resources

MINIMUM STANDARD: *Each county EMS system shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.*

1.10 Planning Activities: System Participants

MINIMUM STANDARD: *Each county EMS system shall ensure that system participants conform to their assigned EMS system roles and responsibilities.*

1.11 Regulatory Activities: Review & Monitoring

MINIMUM STANDARD: *Each county EMS system shall provide for review and monitoring of EMS system operations.*

1.12 Regulatory Activities: Policy & Procedures Manual

MINIMUM STANDARD: *Each county EMS system shall develop policies and procedures that implement the Iowa EMS system standards. The system shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, non-transport services, air-medical services, and hospitals) within the system.*

<u>1.13</u> Regulatory Activities: Compliance with Policies

MINIMUM STANDARD: *Each county EMS system shall have a mechanism to review, monitor, and ensure compliance with system policies at least annually.*

<u>1.14</u> System Finances: Funding Mechanism

MINIMUM STANDARD: *Each county EMS system shall identify funding mechanisms that are sufficient to ensure its continued operation and shall maximize use of its fiscal resources.*

<u>1.15</u> Medical Direction: Medical Direction

MINIMUM STANDARD: *Each county EMS system shall plan for medical direction within the EMS system. The plan shall identify the role of hospitals, alternative medical control and the roles, responsibilities, and relationships of out of-hospital and hospital providers.*

<u>1.16</u> Medical Direction: Continuous Quality Improvement

MINIMUM STANDARD: *Each county EMS system shall establish and utilize a CQI program. This may include use of provider-based programs that are approved by the county EMS system and that are coordinated with other system participants.*

<u>1.17</u> Medical Direction: Policies, Procedures & Protocols

MINIMUM STANDARD: *Each county EMS system shall develop written policies, procedures, and/or protocols including, but not limited to:*

- *Triage*
- *Treatment*
- *Medical dispatch protocols*
- *Transport/tiered response/provision of ALS care*
- *On-scene treatment times*
- *Transfer of emergency patients*
- *Standing orders*
- *Hospital contact*
- *On-scene physicians and other medical personnel*

1.18 Medical Direction: Do Not Resuscitate (DNR) Policy

MINIMUM STANDARD: *Each county EMS system shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the out of hospital setting, in accordance with Iowa Administrative Code—641-Chapter 142.*

1.19 Medical Direction: Determination of Death Policy

MINIMUM STANDARD: *Each county EMS system, in conjunction with the county medical examiner, shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.*

1.20 Medical Direction: Reporting of Abuse

MINIMUM STANDARD: *Each county EMS system shall ensure that providers have a mechanism for reporting child abuse, and dependant adult abuse.*

1.21 Medical Direction: Inter-facility Transfer

MINIMUM STANDARD: *The county EMS medical direction, in conjunction with transferring facilities, shall establish policy & procedures for out of hospital medical personnel during inter-facility transfers.*

1.22 Medical Control

MINIMUM STANDARD: *Each county EMS system shall develop and utilize a medical control plan.*

1.23 On-Line Medical Direction

MINIMUM STANDARD: *Each county EMS system shall have on-line medical direction available that is provided by a ~~hospital~~ physician or physician designee or supervising physician.*

Staffing and Training

2.01 Local EMS System: Assessment of Needs

MINIMUM STANDARD: *The county EMS system shall, at least annually, assess staffing and training needs.*

2.02 Local EMS System: Personnel

MINIMUM STANDARD: *The county EMS system shall have mechanisms to verify current certification. ~~reviews, in accordance with state regulations.~~ This shall include a process for out of hospital providers to identify and notify the bureau of EMS, as required by rule, of occurrences that impact EMS certification. Individual services with in a county EMS system shall have a plan in place to credential personnel as applicable to EMS certification levels and local protocol as authorized by the medical director.*

2.03 Dispatchers: Dispatch Training

MINIMUM STANDARD:
Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) shall be trained/certified using an approved program and maintain certification with continuing education~~. in accordance with the EMS Bureau's Emergency Medical Dispatch Guidelines.~~

2.04 First Responders (non transport): First Responder Staffing

MINIMUM STANDARD: *The county EMS System shall ensure at least one person on each non-transporting EMS response shall be a currently certified EMS provider.*

2.05 First Responders (non transport): Response

MINIMUM STANDARD: *Public safety agencies and industrial first-aid teams shall be utilized in accordance with county EMS system policies.*

2.06 First Responders (non transport): Medical Control

MINIMUM STANDARD: *Non-transporting EMS programs shall operate under medical direction policies, as specified by the county EMS system medical direction.*

2.07 Transporting Personnel

MINIMUM STANDARD: *The county EMS system shall ensure that all transporting units shall meet state personnel minimum staffing requirements.*

2.08 Trauma Care Facility Verification

MINIMUM STANDARD: *The county EMS system shall participate in the trauma verification process.*

2.09 Hospitals: Communications

MINIMUM STANDARD: *The county EMS system shall ensure all hospital/alternative base station personnel who provide medical direction to out of hospital personnel shall be knowledgeable about county EMS system policies and procedures.*

Communications

<u>3.01</u> Communications: Communications Plan

MINIMUM STANDARD*:* *The county EMS system shall develop a plan to coordinate EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles; non-transporting agencies; and system participants.*

Recommended Guidelines:

- Follow the state EMS Communications Plan.
- Continue to plan towards interoperability in radio communications with public safety agencies

<u>3.02</u> Communications:

MINIMUM STANDARD*:* *The county EMS system shall ensure system participants have two-way communications equipment that complies with the county EMS communications plan and that provides for dispatch and ambulance-to-hospital communication.*

<u>3.03</u> Communications: Inter-facility Transfer

MINIMUM STANDARD*:* *The county EMS system shall ensure system participants involved in inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities.*

<u>3.04</u> Communications: Dispatch Center

MINIMUM STANDARD*:* *The county EMS system shall ensure all emergency medical transport vehicles, where physically possible (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.*

<u>3.05</u> Communications: Hospitals

MINIMUM STANDARD*:* *The county EMS system shall ensure all hospitals within the county EMS system shall (where physically possible) have the ability to communicate with each other by two-way communications according to the county EMS system plan.*

<u>3.06</u> Communications: Multi-Casualty Incidents & Disasters

MINIMUM STANDARD: *The county EMS system shall review, at least annually, communications linkages (inter-operability) among providers (out of hospital and hospital) in its jurisdiction and recommend needed changes for their capability to provide service in the event of multi-casualty incidents and disasters.*

<u>3.07</u> Public Access: 9-1-1 Planning & Coordination

MINIMUM STANDARD: *The county EMS system shall actively participate as a voting member of the county 911 commission and shall participate in ongoing planning and coordination of the enhanced 9-1-1 system.*

<u>3.08</u> Public Access: 9-1-1 Public Education

MINIMUM STANDARD: *The county EMS system shall be involved in public education regarding enhanced 9-1-1 system access.*

<u>3.09</u> Resource Management: Dispatch Triage

MINIMUM STANDARD: *The county EMS system shall ~~establish~~ <u>implement</u> an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.*

<u>3.10</u> Resource Management: Integrated Dispatch

MINIMUM STANDARD: *The county EMS system shall have a functionally integrated dispatch with system-wide emergency management coordination, using standardized communications frequencies.*

Response & Transportation

4.01 Response & Transportation: Service Area

MINIMUM STANDARD: *The county EMS system shall, in coordination with neighboring EMS Systems, determine the emergency medical service response areas, to ensure the most appropriate response.*

4.02 Response & Transportation: Monitoring

MINIMUM STANDARD: *The county EMS system shall monitor compliance with appropriate code, rules, policies and procedures.*

4.03 Response & Transportation: Contingency Response

MINIMUM STANDARD: *The county EMS system shall assure a contingency plan to provide for emergent and non-emergent response during increased system volume to prevent negative medical impact to system resources.*

4.04 Response & Transportation: Response Time Standards

MINIMUM STANDARD: *Each county EMS system shall adopt the following standards for emergent responses. These standards shall take into account the total time from dispatch to arrival of the responding unit at the scene, including all dispatch intervals and driving time.* Emergency medical service areas (response zones) shall be designated so that, for eighty percent of emergent responses:

The response time for BLS and CPR capable first responders does not exceed:

Urban—5 minutes
Rural—15 minutes
Wilderness—as quickly as possible

The response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:

Urban-8 minutes
Rural-20 minutes

The response time for an ambulance (not functioning as the first responder) does not exceed:

Urban-8 minutes
Rural- 20 minutes
Wilderness—as quickly as possible

4.05 Response & Transportation: Medical Aircraft

MINIMUM STANDARD: *The county EMS system shall have a process for identifying specialty air-medical transport teams for medical aircraft and shall develop policies and procedures regarding:*

- *Identification of aircraft to be utilized in pre-hospital patient care*
- *Requesting of EMS aircraft*
- ~~*Dispatching of EMS aircraft*~~
- *Determination of EMS aircraft patient destination*
- *Orientation of pilots and medical flight crews to the county EMS system*
- *Addressing and resolving formal complaints*

4.06 Response & Transportation: Special Vehicles

MINIMUM STANDARD: *Where applicable, the county EMS system shall identify the availability and staffing of specialty vehicles such as all-terrain vehicles, snowmobiles, water rescue and transportation vehicle.*

4.07 Response & Transportation: Multi-casualty Disaster Response

MINIMUM STANDARD: *The county EMS system shall develop multi-casualty response plans and procedures that are consistent with NIMS guidelines.*

Recommended Guideline: In cooperation with EMS and other emergency response partners, multi-casualty response plans shall be reviewed and exercised annually.

4.08 Response & Transportation: Multi-system Response

MINIMUM STANDARD: *The county EMS system shall encourage and coordinate development of agreements that establish mutual aid responses.*

4.09 Response & Transportation: EMS Agency Regulation

MINIMUM STANDARD: *The county EMS system shall have a mechanism to monitor and report to the Bureau of EMS agencies that fail to comply with applicable code, rule, policies and procedures regarding system operations and clinical care.*

Facilities/Critical Care

5.01 Facilities: Assessment of Capabilities

MINIMUM STANDARD: *The county EMS system shall assess, at least annually, the EMS-related capabilities of acute care facilities in its service area*.

5.02 Facilities: Triage, Transport & Transfer Protocols

MINIMUM STANDARD: *The county EMS system shall assist hospitals with coordination of pre-hospital triage, transport and transfer destination protocols and agreements.*

5.03 Facilities: Special Care Facilities

MINIMUM STANDARD: *The county EMS system shall develop care plans for EMS-targeted clinical conditions and determine the optimal system for the special condition involved including:*

- *Identification of patients who should be triaged and transferred to a designated/verified center*
- *The role of non-designated/non-verified hospitals and those that are outside of the primary triage area*
- *A plan for monitoring and evaluating of the system*

Recommended Guideline: Special populations to include but not limited to Stroke, Trauma, Pediatric, Burns, and Myocardial Infarction.

5.04 Facilities: Mass Casualty Management

MINIMUM STANDARD: *The county EMS system shall assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.*

5.05 Critical Care: Acute Care Facility Evacuation

MINIMUM STANDARD: *The county EMS system shall assist with planning for acute care facility evacuation, including its impact on other EMS system providers.*

5.06 Enhanced level: Trauma Care system

MINIMUM STANDARD: *The county EMS system shall monitor the use of the Out of Hospital Trauma Triage Destination Decision Protocol in cooperation with their Trauma Care Facility.* ~~and design areas with consideration of workload and patient's mix.~~

<u>5.07</u> **Enhanced Level: Pediatric Emergency Medical and Critical Care system**

MINIMUM STANDARD: *County EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system.*

<u>5.08</u> **Enhanced Level: Pediatric Emergency Medical and Critical Care System**

MINIMUM STANDARD: *In planning it's pediatric emergency medical and critical care system, the county EMS system shall ensure input from both out of-hospital and hospital providers and consumers.*

Data Collection/System Evaluation

6.01 System Evaluation: Continuous Quality Improvement Program

MINIMUM STANDARD: *The county EMS system shall establish an EMS CQI program to evaluate the response to emergency medical incidents and the care provided to specific patients. The program shall address the total EMS system, including all pre-hospital provider agencies and hospitals. It shall address compliance with policies, procedures and protocols and identification of preventable morbidity and mortality and document resolution of deficiencies found.*

6.02 Data Collection: Pre-hospital Record

MINIMUM STANDARD: *Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by Iowa Administrative Code.*

6.03 System Evaluation: Out of hospital Care Audits

MINIMUM STANDARD: *Audits of out-of-hospital care, including both system response and clinical aspects, shall be conducted.*

Recommended Guideline: The county EMS system should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient, and discharge records.

6.04 System Evaluation: Medical Dispatch

MINIMUM STANDARD: *The county EMS system shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.*

6.05 Data Collection: Data Management System

MINIMUM STANDARD: *The county EMS system should ~~establish~~ participate in an integrated data management system that includes system response and clinical (pre-hospital, hospital and public health) data.*

6.06 System Evaluation: System Design Evaluation

MINIMUM STANDARD: *The county EMS system shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process and outcome evaluations.*

6.07 System Evaluation: Provider/Service Participation

MINIMUM STANDARD: *The county EMS system shall have the resources to require provider/service participation in the system wide evaluation programs.*

6.08 System Evaluation: Reporting

MINIMUM STANDARD: *The county EMS system shall, at least annually, report on the results of its evaluation of EMS system design and operations to their governing agency, local services, and county EMS advisory group.*

Public Information and Education

7.01 Public Information: Materials

MINIMUM STANDARD: *The county EMS system shall promote the development and dissemination of information materials for the public that address:*

- *Understanding of EMS system design and operation*
- *Proper access to the system*
- *Self help (e.g. CPR, first aid, etc)*
- *Patient and consumer rights as they relate to the EMS system*
- *Health and safety habits as they relate to the prevention and reduction of health risks in target areas and*
- *Appropriate utilization of emergency departments*

7.02 ~~Education: Injury Control~~ Injury Prevention and Preventive Medicine

MINIMUM STANDARD: *The county EMS system, in conjunction with other local health education programs, shall work to promote injury ~~control~~ and preventive medicine.*

Recommended Guideline: The county EMS system should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

7.03 Education: Disaster Preparedness

MINIMUM STANDARD: *The county EMS system, in conjunction with the local office of emergency management (EMA) shall promote citizen disaster preparedness activities.*

Recommended Guideline: The county EMS system, in conjunction with the local office of emergency management (EMA) should provide and disseminate information on disaster medical preparedness.

7.04 Education: First Aid and CPR Training

MINIMUM STANDARD: *The county EMS system shall promote the availability of first aid and CPR training for the general public.*

Recommended Guideline: The county EMS system should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high-risk groups.

Disaster Medical Response

8.01 Disaster Medical Response: Disaster Medical Planning

MINIMUM STANDARD: *The county EMS system shall participate, with their local EMA, and Public Health to develop plans, procedures and policy to respond, effectively to the medical needs created by disasters.*

8.02 Disaster Medical Response: Response Plans

MINIMUM STANDARD: *The county EMS System shall have medical response plans and procedures for disasters shall be applicable to incidents caused by a variety of hazards.*

Recommended Guideline: The Iowa Office of Home Land Security and Emergency Management Division multi-hazard functional plan should serve as the model for the development of medical response plans for disasters.

8.03 Disaster Medical Response: Emergency Operation Centers

MINIMUM STANDARD: *The county EMS system shall participate with their local EMA in the development and exercise of a plan for activation, operation and deactivation of the emergency operation center.*

8.04 Disaster Medical Response: Hazardous Materials Training

MINIMUM STANDARD: The county EMS System shall ensure all EMS providers be properly trained *and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.*

8.05 Disaster Medical Response: Disaster Plan Participation (ICS)

MINIMUM STANDARD: *The county EMS system shall ensure that system participants are trained to implement the incident command system.*

Recommended Guideline: Exercises of the plan are conducted annually.

8.06 Disaster Medical Response: Disaster Plan Review

MINIMUM STANDARD: *The county EMS system shall develop plans and procedures to review the effectiveness of response to disasters. This review shall occur at least annually.*

8.07 Disaster Medical Response: Disaster Inventory

MINIMUM STANDARD: *The county EMS system shall develop and maintain an inventory of the disaster medical resources that are available for deployment, and conduct an inventory at least annually.*

8.08 Disaster Medical Response: Continuation of Service

MINIMUM STANDARD: *The county EMS system shall develop plans to ensure continuation of EMS services during disasters to the extent possible.*

8.09 Disaster Medical Response: Hospital Plans

MINIMUM STANDARD: *The county EMS system shall encourage hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).*

Recommended Guideline: At least one disaster ~~drill~~ exercise per year conducted by each hospital should involve other hospitals, the local EMS system, and pre-hospital medical care agencies.