

Iowa EMS System Standards

System Organization and Management

1.01 System Administration: EMS System Structure; Organization; Mission

MINIMUM STANDARDS:

Each county shall make provisions for systematic emergency medical services, treatment and transport for all within the county.

- The EMS system shall have a county wide written vision and mission statement.
- The EMS system shall have an advisory group with representation from one member of the County Board of Supervisors, one member from each of the EMS services in the county wide EMS System, and one EMS medical director (designated as the county wide EMS System medical director).
- The EMS System advisory group shall annually:
 - Assess each of the Iowa EMS System Minimum Standards and make provisions accordingly for emergency medical services treatment and transport within the county.
 - Submit an assessment of the Iowa EMS System Standards to the Iowa Department of Public Health Bureau of Emergency and Trauma Services.
 - Complete strategic plans to assure that gaps in Iowa EMS system standards assessments are met.
 - Develop policies and procedures to implement the Iowa EMS System Standards.
 - Identify funding mechanisms that are sufficient to ensure continued operation of the EMS System and services required to meet the needs of the population.
 - Define service areas to meet response needs.

1.02 System Administration: Public Impact

MINIMUM STANDARD:

The EMS system shall implement survey processes to obtain patient, healthcare and public input.

1.03 System Administration: Medical Director / Medical Direction

MINIMUM STANDARD:

The EMS system shall have an active medical director. If multiple medical directors work with services within the county EMS System, a medical director steering committee will be formed to support the County EMS System Medical Director.

- The medical director /medical director steering committee will assure that written policies, procedures and/or protocols are in place for each service and consistent for all services in the County EMS System.
- Each EMS System medical director/medical director steering committee will assure off line and on line medical direction plans are in place to identify the role of hospitals, alternate medical control and the roles, responsibilities, and relationships of out-of-hospital providers.
- The medical director /medical director steering committee is responsible to assure that all services in the system are compliant with current Iowa Statute and Administrative Rule governing services and providers.

1.04 System Administration: Inventory of Resources

MINIMUM STANDARD:

The EMS System shall assess and document EMS resources and services available within the system's service area to respond to day-to-day and large scale emergency.

- In coordination with county partners a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory in the electronic system provided by the Bureau of Emergency and Trauma Services.
- The EMS System advisory group shall annually review 911 services and the county EMS system as a whole based on this assessment to assure resources meet the needs of the public.

Staffing and Training

2.01 Staffing: Personnel

MINIMUM STANDARD:

The EMS system shall:

- Assure that all services in the system maintain up to date service rosters and assure provider certification.
- The EMS System or services within the system shall have a policy regarding background checks.
- The EMS system or services within the system shall notify the Bureau of Emergency and Trauma Services, as required by rule, of occurrences or potential violations that impact service license of individual EMS certification through the provided system for complaints (AMANDA)
- The EMS system or services within the system shall credential personnel as per EMS certification level scope of practice and local protocol as authorized by the medical director.

The EMS System Advisory Group will:

- Assess staff numbers and staffing gaps in the system.
- Develop training plans for initial training to mediate staffing gaps.
- Develop a training plan that details anticipated continued education for the System as needed by services. The plan will coordinate education and training opportunities to reduce duplication of efforts and leverage local and system funding.

2.02 Staffing: 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 and/or certified using a program approved by the system (preferentially nationally recognized).

- The EMS System Advisory Group will collaborate with county PSAP (s) to implement Emergency Medical Dispatch services for all 911 calls for medical assistance.

2.03 Staffing: Non transport

MINIMUM STANDARD:

The EMS System shall ensure at least one person on each non-transporting service shall be a currently certified EMS provider. Public safety agencies and industrial first-aid teams not listed as services shall be utilized in accordance with EMS system policies.

- EMR level agencies that are part of an EMS system are considered a public safety agency and shall be utilized in accordance with EMS system policies.

2.04 Staffing: Transport

MINIMUM STANDARD:

The EMS system shall ensure that all transport services providing primary 911 response staff at the authorized service level.

Communications

3.01 Communications: Plan

MINIMUM STANDARD:

The EMS system shall:

- Assess, 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.
- Assure all emergency medical transport vehicles have the ability to communicate with a single dispatch center or disaster communications command post.
- Have a functionally integrated dispatch with system-wide emergency management coordination, using standardized communications frequencies.
- Work to establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

The EMS system advisory group shall develop EMS communications plan for services in the system. The plan shall specify the medical communications capabilities of emergency medical transport vehicles; non-transporting agencies; and system participants.

3.02 Communications: 911 Coordination

MINIMUM STANDARD:

The EMS System Advisory Group shall seek to have an active member participate in county E-911 Board meetings to assist and participate in planning and coordination of the enhanced 9-1-1 system

Response & Transportation

4.01 Response & Transportation: Service Area

MINIMUM STANDARD:

The EMS system shall, in coordination with neighboring EMS systems, determine the emergency medical service response areas, to assure the most efficient 911 responses.

4.02 Response & Transportation: Policies and Procedures

MINIMUM STANDARD:

The EMS System Advisory Group shall develop standard policies and procedures regarding response, transport and minimum response times, backup response plan, peak response backfill and transport protocols.

- Designated emergency medical service areas shall utilize following response times as standard for 911 responses for CQI purposes. Eighty percent of emergent responses will meet the following response criteria:
 - The response time for first responders does not exceed:
 - Urban-5 minutes
 - Rural-15 minutes
 - The response time for an ambulance (not functioning as a first responder) does not exceed:
 - Urban-8 minutes
 - Rural-20 minutes
 - The response time for advanced life support does not exceed:
 - Urban-8 minutes
 - Rural-20 minutes
- The EMS system shall have contingency plans and assure the development of mutual aid agreements to provide for emergent and non-emergent response and transport during increased system volume.

4.03 Response & Transportation: Air-Medical Services

MINIMUM STANDARDS:

The EMS system shall have a process for identifying specialty air-medical transport services and shall develop policies and procedures regarding:

- Request of air-medical services
- Addressing and resolving formal complaints

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Facilities/Critical Care

5.01 Facilities: Assessment of Capabilities

MINIMUM STANDARD:

The EMS system advisory group shall:

- Annually assess the capabilities of acute care facilities in its service area to include time critical conditions (i.e. Trauma, STEMI, Stoke)
- Assure that services within the system have updated information regarding facility capacity and available services (i.e. Trauma level, OB, ortho).

5.02 Trauma Care Facility Verification

MINIMUM STANDARD:

The EMS system partners shall participate in the trauma verification process as available in the system area.

Data Collection/System Evaluation

6.01 System Evaluation: Continuous Quality Improvement Program

MINIMUM STANDARD:

The 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. The CQI program shall address compliance with policies, procedures and protocols and document resolution of deficiencies found.
- Establish an EMS CQI program to evaluate quality management, quality assurance and the system capabilities in order to establish benchmarks. The program shall address the total EMS system from dispatch to patient outcome.
- Conduct audits of out-of-hospital care including overall EMS system response to ensure that the patients' needs were matched to available resources including but not limited to established benchmarks. Audits shall address compliance with policies, procedures and protocols and document resolution of deficiencies found.
- Develop and implement a procedure to review medical dispatch to assess if the appropriate level of medical response is sent for each 911 call and to monitor the appropriateness of pre-arrival/post-dispatch directions.
- Develop a process to address and resolve formal complaints.

The EMS System advisory group shall:

- Identify mechanisms and persons to complete the county wide strategic plans to meet the Iowa EMS System Standards and CQI plans.
- Annually review the System Standards plan and CQI plan.

6.02 System Evaluation: Provider/Service Participation

MINIMUM STANDARD:

The EMS system shall require provider/service participation in the system wide evaluation programs.

6.03 System Evaluation: Reporting

MINIMUM STANDARD:

The EMS system shall complete an annual report on the results of the evaluation of EMS system operations to the County Board of Supervisors.

6.05 Data Collection: Data Management System

MINIMUM STANDARD:

The EMS system shall utilize a data management system to review reports and review outcome data.

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Public Information and Education

7.01 Public Information:

MINIMUM STANDARD:

The EMS system shall promote the development and dissemination of information for the public that address:

- Overview of the local EMS system.
- Access to the system
- Provide public CPR, first aid training, 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
- Promote injury control and preventive medicine

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Disaster Medical Response

8.01 Disaster Medical Response: Planning

MINIMUM STANDARD:

The EMS system shall participate with local response partners including public health, hospitals and EMA to develop plans, procedures and policy to respond effectively to the medical needs created by disasters.

- Collaborate with local response partners to identify training and exercise priorities and participation in exercises as available.
- Assure that services are represented and participate in Time Critical Conditions, Healthcare Coalition meetings with hospitals and public health.

The EMS System advisory group shall:

- Collaborate with partners to utilize data, community health needs assessments, and other available data sources to assist in identifying special at-risk populations.
- Develop strategies to fill gaps related to special at-risk populations.

8.02 Disaster Medical Response: Response Plans/Review

MINIMUM STANDARD:

The EMS System shall develop and maintain medical response plans and procedures for disasters which shall be applicable to multi-hazard response and medical surge.

- Annually review and update the disaster medical response plans that are inclusive of all ESF-8 partners based on exercise lessons learned and after action improvement plans.
- Shall participate in the development of community wide capabilities through system development to support ESF-8 Public Health and Medical Services preparedness and response and as a support role in all other relevant ESFs.

8.03 Disaster Medical Response: Emergency Operation Centers

MINIMUM STANDARD:

The EMS system shall be represented and participate with their local response partners in the development and exercise of a plan for activation, operation and deactivation of the county emergency operation center.

8.04 Disaster Medical Response: Hazardous Materials Training

MINIMUM STANDARD:

The EMS System shall ensure all EMS providers are properly trained for response to hazardous materials incidents. At a minimum all providers shall be trained at the Haz-Mat Operations level. The service will determine the required system role, train and equip the staff to the hazardous materials level determined.

8.05 Disaster Medical Response: Plan Participation (ICS)

MINIMUM STANDARD:

The EMS system shall assure that services are capable of implementing the National Incident Management System, including training in incident command structure, at the level determined by the service and the local emergency management coordinator.