

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 1**

Iowa Code 147A

### CHAPTER 147A

#### EMERGENCY MEDICAL CARE — TRAUMA CARE

Referred to in §68B.2A, 135.11, 135.24, 147.111, 272C.1, 321.267A, 422.12, 708.3A, 719.1, 719.1A

[P]  
Enforcement, §147.87, 147.92  
[P] Penalty, general, §147.86

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#### SUBCHAPTER I

#### EMERGENCY MEDICAL CARE

##### 147A.1 Definitions.

As used in this subchapter, unless the context otherwise requires:

1. “Department” means the Iowa department of public health.
2. “Director” means the director of the Iowa department of public health.
3. “Emergency medical care” means such medical procedures as:
  - a. Administration of intravenous solutions.
  - b. Intubation.
  - c. Performance of cardiac defibrillation and synchronized cardioversion.
  - d. Administration of emergency drugs as provided by rule by the department.
  - e. Any other medical procedure approved by the department, by rule, as appropriate to be performed by emergency medical care providers who have been trained in that procedure.
4. “Emergency medical care provider” means an individual trained to provide emergency and nonemergency medical care at the emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic, or other certification levels adopted by rule by the department, who has been issued a certificate by the department.
5. “Emergency medical services” or “EMS” means an integrated medical care delivery

system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

6. “*Emergency medical services medical director*” means a physician licensed under chapter 148, who is responsible for overall medical direction of an emergency medical services program and who has completed a medical director workshop, sponsored by the department, within one year of assuming duties. An emergency medical services medical director who receives no compensation for the performance of the director’s volunteer duties under this chapter shall be considered a state volunteer as provided in section 669.24 while performing volunteer duties as an emergency medical services medical director.

7. “*Physician*” means an individual licensed under chapter 148.

8. “*Service program*” or “*service*” means any medical care ambulance service or nontransport service that has received authorization from the department under section 147A.5.

9. “*Training program*” means an Iowa college approved by the north central association of colleges and schools or an Iowa hospital authorized by the department to conduct emergency medical care services training.

[C79, 81, §147A.1]

84 Acts, ch 1287, §1; 86 Acts, ch 1245, §1142; 89 Acts, ch 89, §6; 93 Acts, ch 58, §7; 95 Acts, ch 41, §9; 99 Acts, ch 141, §21; 2008 Acts, ch 1088, §99; 2009 Acts, ch 56, §3; 2010 Acts, ch 1149, §6 – 8

Referred to in §85.61, 97B.49B, 100B.14, 100B.31, 139A.2, 141A.1, 144A.2, 144D.1, 321.423, 422.12, 708.3A, 724.6

#### **147A.1A Lead agency.**

The department is designated as the lead agency for coordinating and implementing the provision of emergency medical services in this state.

93 Acts, ch 58, §2

#### **147A.2 Council established — terms of office.**

1. An EMS advisory council shall be appointed by the director. Membership of the council shall be comprised of individuals nominated from, but not limited to, the following state or national organizations: Iowa osteopathic medical association, Iowa medical society, American college of emergency physicians, Iowa physician assistant society, Iowa academy of family physicians, university of Iowa hospitals and clinics, American academy of emergency medicine, American academy of pediatrics, Iowa EMS association, Iowa firefighters association, Iowa professional fire fighters, EMS education programs committee, Iowa nurses association, Iowa hospital association, and the Iowa state association of counties. The council shall also include at least two at-large members who are volunteer emergency medical care providers and a representative of a private service program.

2. The EMS advisory council shall advise the director and develop policy recommendations concerning the regulation, administration, and coordination of emergency medical services in the state.

95 Acts, ch 41, §10; 98 Acts, ch 1100, §18; 2001 Acts, ch 74, §5; 2010 Acts, ch 1149, §9; 2011 Acts, ch 25, §18

#### **147A.3 Meetings of the council — quorum — expenses.**

Membership, terms of office, quorum, and expenses shall be determined by the director pursuant to chapter 135.

95 Acts, ch 41, §11

#### **147A.4 Rulemaking authority.**

1. *a.* The department shall adopt rules required or authorized by this subchapter pertaining to the operation of service programs which have received authorization under section 147A.5 to utilize the services of certified emergency medical care providers. These rules shall include but need not be limited to requirements concerning physician supervision, necessary equipment and staffing, and reporting by service programs which have received the authorization pursuant to section 147A.5.

b. The director, pursuant to rule, may grant exceptions and variances from the requirements of rules adopted under this subchapter for any service program. Exceptions or variations shall be reasonably related to undue hardships which existing services experience in complying with this subchapter or the rules adopted pursuant to this subchapter. Services requesting exceptions and variances shall be subject to other applicable rules adopted pursuant to this subchapter.

2. The department shall adopt rules required or authorized by this subchapter pertaining to the examination and certification of emergency medical care providers. These rules shall include, but need not be limited to, requirements concerning prerequisites, training, and experience for emergency medical care providers and procedures for determining when individuals have met these requirements. The department shall adopt rules to recognize the previous EMS training and experience of emergency medical care providers transitioning to the emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic levels. The department may require additional training and examinations as necessary and appropriate to ensure that individuals seeking transition to another level have met the knowledge and skill requirements. All requirements for transition to another level, including fees, shall be adopted by rule.

3. The department shall establish the fee for the examination of the emergency medical care providers to cover the administrative costs of the examination program.

4. The department shall adopt rules required or authorized by this subchapter pertaining to the operation of training programs. These rules shall include but need not be limited to requirements concerning curricula, resources, facilities, and staff.

[C79, 81, §147A.4; 82 Acts, ch 1005, §1, 2]

84 Acts, ch 1287, §4; 86 Acts, ch 1245, §1143; 89 Acts, ch 89, §7; 93 Acts, ch 58, §3; 95 Acts, ch 41, §12, 28; 99 Acts, ch 141, §22; 2009 Acts, ch 133, §198; 2010 Acts, ch 1149, §10

Referred to in §147A.6

#### **147A.5 Applications for emergency medical care services — approval — denial, probation, suspension, or revocation.**

1. A service program in this state that desires to provide emergency medical care in the out-of-hospital setting shall apply to the department for authorization to establish a program for delivery of the care at the scene of an emergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private residence, or while in the hospital emergency department, and until care is directly assumed by a physician or by authorized hospital personnel.

2. The department shall approve an application submitted in accordance with subsection 1 when the department is satisfied that the program proposed by the application will be operated in compliance with this subchapter and the rules adopted pursuant to this subchapter.

3. The department may deny an application for authorization, or may place on probation, suspend or revoke the authorization of, or otherwise discipline a service program with an existing authorization if the department finds that the service program has not been or will not be operated in compliance with this subchapter and the rules adopted pursuant to this subchapter, or that there is insufficient assurance of adequate protection for the public. The authorization denial or period of probation, suspension, or revocation, or other disciplinary action shall be effected and may be appealed as provided by section 17A.12.

[C79, 81, §147A.5]

84 Acts, ch 1287, §5; 86 Acts, ch 1245, §1144; 89 Acts, ch 89, §8; 95 Acts, ch 41, §13; 2010 Acts, ch 1149, §11

Referred to in §147A.1, 147A.4

#### **147A.6 Emergency medical care provider certificates — renewal.**

1. The department, upon application and receipt of the prescribed fee, shall issue a certificate to an individual who has met all of the requirements for emergency medical care provider certification established by the rules adopted under section 147A.4, subsection

2. All fees received pursuant to this section shall be deposited in the emergency medical services fund established in section 135.25.

2. Emergency medical care provider certificates are valid for the multiyear period determined by the department, unless sooner suspended or revoked. The certificate shall be renewed upon application of the holder and receipt of the prescribed fee if the holder has satisfactorily completed continuing medical education programs as required by rule.

[C79, 81, §147A.6; 82 Acts, ch 1005, §3]

84 Acts, ch 1287, §6; 89 Acts, ch 89, §9; 93 Acts, ch 58, §7; 95 Acts, ch 41, §14; 97 Acts, ch 6, §1

Referred to in §232.68

#### **147A.7 Denial, suspension or revocation of certificates — hearing — appeal.**

1. The department may deny an application for issuance or renewal of an emergency medical care provider certificate, or suspend or revoke the certificate when it finds that the applicant or certificate holder is guilty of any of the following acts or offenses:

- a. Negligence in performing authorized services.
- b. Failure to follow the directions of the supervising physician.
- c. Rendering treatment not authorized under this subchapter.
- d. Fraud in procuring certification.
- e. Professional incompetency.
- f. Knowingly making misleading, deceptive, untrue or fraudulent representation in the practice of a profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
- g. Habitual intoxication or addiction to the use of drugs.
- h. Fraud in representations as to skill or ability.
- i. Willful or repeated violations of this subchapter or of rules adopted pursuant to this subchapter.
- j. Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the practice of an emergency medical care provider. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.
- k. Having certification to practice as an emergency medical care provider revoked or suspended, or having other disciplinary action taken by a licensing or certifying authority of another state, territory, or country. A certified copy of the record or order of suspension, revocation, or disciplinary action is conclusive or prima facie evidence.

2. A determination of mental incompetence by a court of competent jurisdiction automatically suspends a certificate for the duration of the certificate unless the department orders otherwise.

3. A denial, suspension or revocation under this section shall be effected, and may be appealed in accordance with the rules of the department established pursuant to chapter 272C.

[C79, 81, §147A.7]

84 Acts, ch 1287, §7; 89 Acts, ch 89, §10; 93 Acts, ch 58, §4, 7; 95 Acts, ch 41, §15, 16; 99 Acts, ch 141, §23

#### **147A.8 Authority of certified emergency medical care provider.**

An emergency medical care provider properly certified under this subchapter may:

1. Render emergency and nonemergency medical care, rescue, and lifesaving services in those areas for which the emergency medical care provider is certified, as defined and approved in accordance with the rules of the department, at the scene of an emergency, during transportation to a hospital or while in the hospital emergency department, and until care is directly assumed by a physician or by authorized hospital personnel.

2. Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision, as defined by rules adopted pursuant to chapter 17A, of a physician, when the emergency care provider is any of the following:

- a. Enrolled as a student or participating as a preceptor in a training program approved

by the department or an agency authorized in another state to provide initial EMS education and approved by the department.

b. Fulfilling continuing education requirements as defined by rule.

c. Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider's certification and under the direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care provider may perform without direct supervision emergency medical care procedures for which that individual is certified if the life of the patient is in immediate danger and such care is required to preserve the patient's life.

d. Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which those individuals have been certified and are designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

[C79, 81, §147A.8]

84 Acts, ch 1287, §8; 89 Acts, ch 89, §11; 93 Acts, ch 58, §5, 7; 93 Acts, ch 107, §1; 95 Acts, ch 41, §17; 99 Acts, ch 141, §24; 2000 Acts, ch 1009, §1; 2001 Acts, ch 58, §10; 2009 Acts, ch 41, §263; 2010 Acts, ch 1149, §12

#### **147A.9 Remote supervision — emergency communication failure — authorization to initiate emergency procedures.**

1. When voice contact or a telemetered electrocardiogram is monitored by a physician, physician's designee, or physician assistant, and direct communication is maintained, an emergency medical care provider may upon order of the monitoring physician or upon standing orders of a physician transmitted by the monitoring physician's designee or physician assistant perform any emergency medical care procedure for which that emergency medical care provider is certified.

2. If communications fail during an emergency or nonemergency situation, the emergency medical care provider may perform any emergency medical care procedure for which that individual is certified and which is included in written protocols if in the judgment of the emergency medical care provider the life of the patient is in immediate danger and such care is required to preserve the patient's life.

3. The department shall adopt rules to authorize medical care procedures which can be initiated in accordance with written protocols prior to the establishment of communication.

[C79, 81, §147A.9]

84 Acts, ch 1287, §9; 89 Acts, ch 89, §12; 93 Acts, ch 58, §6, 7; 93 Acts, ch 107, §2; 95 Acts, ch 41, §18; 99 Acts, ch 141, §25

#### **147A.10 Exemptions from liability in certain circumstances.**

1. A physician, physician's designee, advanced registered nurse practitioner, or physician assistant who gives orders, either directly or via communications equipment from some other point, or via standing protocols to an appropriately certified emergency medical care provider, registered nurse, or licensed practical nurse at the scene of an emergency, and an appropriately certified emergency medical care provider, registered nurse, or licensed practical nurse following the orders, are not subject to criminal liability by reason of having issued or executed the orders, and are not liable for civil damages for acts or omissions

relating to the issuance or execution of the orders unless the acts or omissions constitute recklessness.

2. A physician, physician's designee, advanced registered nurse practitioner, physician assistant, registered nurse, licensed practical nurse, or emergency medical care provider shall not be subject to civil liability solely by reason of failure to obtain consent before rendering emergency medical, surgical, hospital or health services to any individual, regardless of age, when the patient is unable to give consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care.

3. An act of commission or omission of any appropriately certified emergency medical care provider, registered nurse, licensed practical nurse, or physician assistant, while rendering emergency medical care under the responsible supervision and control of a physician to a person who is deemed by them to be in immediate danger of serious injury or loss of life, shall not impose any liability upon the certified emergency medical care provider, registered nurse, licensed practical nurse, or physician assistant, the supervising physician, physician designee, advanced registered nurse practitioner, or any hospital, or upon the state, or any county, city or other political subdivision, or the employees of any of these entities; provided that this section shall not relieve any person of liability for civil damages for any act of commission or omission which constitutes recklessness.

[C79, 81, §147A.10]

84 Acts, ch 1287, §10; 89 Acts, ch 89, §13; 93 Acts, ch 107, §3; 95 Acts, ch 41, §19

Referred to in §147A.12

#### **147A.11 Prohibited acts.**

1. Any person not certified as required by this subchapter who claims to be an emergency medical care provider, or who uses any other term to indicate or imply that the person is an emergency medical care provider, or who acts as an emergency medical care provider without having obtained the appropriate certificate under this subchapter, is guilty of a class "D" felony.

2. An owner of an unauthorized service program in this state who operates or purports to operate a service program, or who uses any term to indicate or imply authorization without having obtained the appropriate authorization under this subchapter, is guilty of a class "D" felony.

3. Any person who imparts or conveys, or causes to be imparted or conveyed, or attempts to impart or convey false information concerning the need for assistance of a service program or of any personnel or equipment thereof, knowing such information to be false, is guilty of a serious misdemeanor.

[C79, 81, §147A.11]

84 Acts, ch 1287, §11; 89 Acts, ch 89, §14; 95 Acts, ch 41, §20; 2010 Acts, ch 1149, §13

#### **147A.12 Registered nurse exception.**

1. This subchapter does not restrict a registered nurse, licensed pursuant to chapter 152, from staffing an authorized service program provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when:

a. Documentation has been reviewed and approved at the local level by the medical director of the service program in accordance with the rules of the board of nursing developed jointly with the department.

b. Authorization has been granted to that service program by the department.

2. Section 147A.10 applies to a registered nurse in compliance with this section.

84 Acts, ch 1287, §12; 85 Acts, ch 129, §1; 89 Acts, ch 89, §15; 95 Acts, ch 41, §21; 2010 Acts, ch 1149, §14

#### **147A.13 Physician assistant exception.**

This subchapter does not restrict a physician assistant, licensed pursuant to chapter 148C, from staffing an authorized service program if the physician assistant can document

equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when:

1. Documentation has been reviewed and approved at the local level by the medical director of the service program in accordance with the rules of the board of physician assistants developed after consultation with the department.

2. Authorization has been granted to that service program by the department.

93 Acts, ch 107, §4; 95 Acts, ch 41, §22; 2007 Acts, ch 10, §85; 2010 Acts, ch 1149, §15

#### **147A.14 Enforcement.**

Investigators authorized by the department have the powers and status of peace officers when enforcing this chapter.

99 Acts, ch 141, §26

#### **147A.15 Automated external defibrillator equipment — penalty.**

Any person who damages, wrongfully takes or withholds, or removes any component of automated external defibrillator equipment located in a public or privately owned location, including batteries installed to operate the equipment, is guilty of a serious misdemeanor.

2006 Acts, ch 1184, §89

#### **147A.16 Exception for care within scope of certification.**

1. This subchapter does not apply to a registered member of the national ski patrol system, an industrial safety officer, a lifeguard, or a person employed or volunteering in a similar capacity in which the person provides on-site emergency medical care at a facility solely to the patrons or employees of that facility, provided that such person provides emergency medical care only within the scope of the person's training and certification and the person does not claim to be a certified emergency medical care provider or use any other term to indicate or imply that the person is a certified emergency medical care provider.

2. This subchapter does not apply to the national ski patrol system or any similar system in which the system provides on-site emergency medical care at a facility solely to the patrons or employees of that facility, provided that such system does not provide transportation to a hospital or other medical facility and provided that such system does not use any term to indicate or imply authorization to transport patients to a hospital or other medical facility without having obtained proper authorization to transport patients to a hospital or other medical facility under this subchapter.

2006 Acts, ch 1078, §1

#### **147A.17 Applications for emergency medical care services training programs — approval or denial — disciplinary actions.**

1. An Iowa college approved by the north central association of colleges and schools or an Iowa hospital in this state that desires to provide emergency medical care services training leading to certification as an emergency medical care provider shall apply to the department for authorization to establish a training program.

2. The department shall approve an application submitted in accordance with subsection 1 when the department is satisfied that the program proposed by the application will be operated in compliance with this subchapter and the rules adopted pursuant to this subchapter.

3. The department may deny an application for authorization, or may place on probation, suspend or revoke the authorization of, or otherwise discipline a training program with an existing authorization if the department finds reason to believe the program has not been or will not be operated in compliance with this subchapter and the rules adopted pursuant to this subchapter, or that there is insufficient assurance of adequate protection for the public. The authorization denial, period of probation, suspension, or revocation, or other disciplinary action shall be effected and may be appealed as provided by section 17A.12.

2010 Acts, ch 1149, §16

#### **147A.18 and 147A.19 Reserved.**

SUBCHAPTER II  
STATEWIDE TRAUMA CARE SYSTEM

**147A.20 Short title.**

This subchapter may be cited as the “*Iowa Trauma Care System Development Act*”.  
95 Acts, ch 40, §1

**147A.21 Definitions.**

As used in this subchapter, unless the context otherwise requires:

1. “*Categorization*” means a preliminary determination by the department that a hospital or emergency care facility is capable of providing trauma care in accordance with criteria adopted pursuant to chapter 17A for level I, II, III, and IV care capabilities.
2. “*Department*” means the Iowa department of public health.
3. “*Director*” means the director of public health.
4. “*Emergency care facility*” means a physician’s office, clinic, or other health care center which provides emergency medical care in conjunction with other primary care services.
5. “*Hospital*” means a facility licensed under chapter 135B, or a comparable emergency care facility located and licensed in another state.
6. “*Trauma*” means a single or multisystem life-threatening or limb-threatening injury, or an injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.
7. “*Trauma care facility*” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having level I, II, III, or IV care capabilities and issued a certificate of verification pursuant to section 147A.23, subsection 2, paragraph “c”.
8. “*Trauma care system*” means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.
9. “*Verification*” means a formal process by which the department certifies a hospital or emergency care facility’s capacity to provide trauma care in accordance with criteria established for level I, II, III, and IV trauma care facilities.

95 Acts, ch 40, §2

**147A.22 Legislative findings and intent — purpose.**

The general assembly finds the following:

1. Trauma is a serious health problem in the state of Iowa and is the leading cause of death of younger Iowans. The death and disability associated with traumatic injury contributes to the significant medical expenses and lost work, and adversely affects the productivity of Iowans.
2. Optimal trauma care is limited in many parts of the state. With health care delivery in transition, access to quality trauma and emergency medical care continues to challenge our rural communities.
3. The goal of a statewide trauma care system is to coordinate the medical needs of the injured person with an integrated system of optimal and cost-effective trauma care. The result of a well-coordinated statewide trauma care system is to reduce the incidences of inadequate trauma care and preventable deaths, minimize human suffering, and decrease the costs associated with preventable mortality and morbidity.
4. The development of the Iowa trauma care system will achieve these goals while meeting the unique needs of the rural residents of the state.

95 Acts, ch 40, §3

**147A.23 Trauma care system development.**

1. The department is designated as a lead agency in this state responsible for the development of a statewide trauma care system.
2. The department, in consultation with the trauma system advisory council, shall develop,

coordinate, and monitor a statewide trauma care system. This system shall include, but not be limited to, the following:

a. The categorization of all hospitals and emergency care facilities by the department as to their capacity to provide trauma care services. The categorization shall be determined by the department from self-reported information provided to the department by the hospital or emergency care facility. This categorization shall not be construed to imply any guarantee on the part of the department as to the level of trauma care services available at the hospital or emergency care facility.

b. The issuance of a certificate of verification of all categorized hospitals and emergency care facilities from the department at the level preferred by the hospital or emergency care facility. The standards and verification process shall be established by rule and may vary as appropriate by level of trauma care capability. To the extent possible, the standards and verification process shall be coordinated with other applicable accreditation and licensing standards.

c. Upon verification and the issuance of a certificate of verification, a hospital or emergency care facility agrees to maintain a level of commitment and resources sufficient to meet responsibilities and standards as required by the trauma care criteria established by rule under this subchapter. Verifications are valid for a period of three years or as determined by the department and are renewable. As part of the verification and renewal process, the department may conduct periodic on-site reviews of the services and facilities of the hospital or emergency care facility.

d. The department is responsible for the funding of the administrative costs of this subchapter. Any funds received by the department for this purpose shall be deposited in the emergency medical services fund established in section 135.25.

e. This section shall not be construed to limit the number and distribution of level I, II, III, and IV categorized and verified trauma care facilities in a community or region.

95 Acts, ch 40, §4

Referred to in §147A.21

**147A.24 Trauma system advisory council established.**

1. A trauma system advisory council is established. The following organizations or officials may recommend a representative to the council:

- a. American academy of pediatrics.
- b. American college of emergency physicians, Iowa chapter.
- c. American college of surgeons, Iowa chapter.
- d. Department of public health.
- e. Governor's traffic safety bureau.
- f. Iowa academy of family physicians.
- g. Iowa emergency medical services association.
- h. Iowa emergency nurses association.
- i. Iowa hospital association representing rural hospitals.
- j. Iowa hospital association representing urban hospitals.
- k. Iowa medical society.
- l. Iowa osteopathic medical society.
- m. Iowa physician assistant society.
- n. Iowa society of anesthesiologists.
- o. Orthopedic system advisory council of the American academy of orthopedic surgeons, Iowa representative.
- p. Rehabilitation services delivery representative.
- q. Iowa's Medicare quality improvement organization.
- r. State medical examiner.
- s. Trauma nurse coordinator representing a trauma registry hospital.
- t. University of Iowa, injury prevention research center.

2. The council shall be appointed by the director from the recommendations of the organizations in subsection 1 for terms of two years. Vacancies on the council shall be filled

for the remainder of the term of the original appointment. Members whose terms expire may be reappointed.

3. The voting members of the council shall elect a chairperson and a vice chairperson and other officers as the council deems necessary. The officers shall serve until their successors are elected and qualified.

4. The council shall do all of the following:

a. Advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state.

b. Assist the department in the implementation of an Iowa trauma care plan.

c. Develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities. These categories shall be for levels I, II, III, and IV, based on the most current guidelines published by the American college of surgeons committee on trauma, the American college of emergency physicians, and the model trauma care plan of the United States department of health and human services' health resources and services administration.

d. Develop a process for the verification of the trauma care capacity of each facility and the issuance of a certificate of verification.

e. Develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries.

f. Promote public information and education activities for injury prevention.

g. Review the rules adopted under this subchapter and make recommendations to the director for changes to further promote optimal trauma care.

h. Develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement.

5. Proceedings, records, and reports developed pursuant to this section constitute peer review records under section 147.135, and are not subject to discovery by subpoena or admissible as evidence. All information and documents received from a hospital or emergency care facility under this subchapter shall be confidential pursuant to section 272C.6, subsection 4.

95 Acts, ch 40, §5; 98 Acts, ch 1100, §19; 2001 Acts, ch 74, §6; 2013 Acts, ch 129, §50 – 52

[T] Subsection 1, paragraph q stricken and rewritten

[T] Subsection 4, NEW paragraph h

[T] NEW subsection 5

**147A.25 System evaluation and quality improvement committee.** Repealed by 2013 Acts, ch 129, § 57.

[T] With respect to proposed amendment to former §147A.25 by 2013 Acts, ch 81, §1, see Code editor's note on simple harmonization

**147A.26 Trauma registry.**

1. The department shall maintain a statewide trauma reporting system by which the trauma system advisory council and the department may monitor the effectiveness of the statewide trauma care system.

2. The data collected by and furnished to the department pursuant to this section are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under section 22.7, subsection 2. However, information which individually identifies patients shall not be disclosed and state and federal law regarding patient confidentiality shall apply.

3. To the extent possible, activities under this section shall be coordinated with other health data collection methods.

95 Acts, ch 40, §7; 96 Acts, ch 1079, §7; 2013 Acts, ch 129, §53

[T] Subsection 1 amended

**147A.27 Department to adopt rules.**

The department shall adopt rules, pursuant to chapter 17A, to implement the Iowa trauma care system plan, which specify all of the following:

1. Standards for trauma care.
2. Triage and transfer protocols.

3. Trauma registry procedures and policies.
  4. Trauma care education and training requirements.
  5. Hospital and emergency care facility categorization criteria.
  6. Procedures for approval, denial, probation, and revocation of certificates of verification.
- 95 Acts, ch 40, §8

**147A.28 Prohibited acts.**

A hospital or emergency care facility that imparts or conveys, or causes to be imparted or conveyed, that it is a trauma care facility, or that uses any other term to indicate or imply that the hospital or emergency care facility is a trauma care facility without having obtained a certificate of verification under this subchapter is subject to a civil penalty not to exceed one hundred dollars per day for each offense. In addition, the director may apply to the district court for a writ of injunction to restrain the use of the term “trauma care facility”. However, nothing in this subchapter shall be construed to restrict a hospital or emergency facility from providing any services for which it is duly authorized.

95 Acts, ch 40, §9; 95 Acts, ch 209, §21

[T] Section not amended; editorial change applied

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 2**

Iowa Code 272C

## CHAPTER 272C

## REGULATION OF LICENSED PROFESSIONS AND OCCUPATIONS

Referred to in [§105.22](#), [§105.23](#), [§147.55](#), [§147A.7](#), [§148.6](#), [§148.14](#), [§148C.13](#), [§148F.3](#), [§151.9](#), [§152.11](#), [§153.33](#), [§153.34](#), [§154C.4](#), [§154D.3](#), [§154E.3](#), [§155.9](#), [§155A.6A](#), [§155A.6B](#), [§155A.42](#), [§203.16](#), [§203C.24](#), [§232.69](#), [§235B.16](#), [§542.3](#), [§542.17](#), [§543D.5](#), [§543D.12](#), [§543D.17](#)

Identifying and reporting of dependent adult abuse  
to be included in continuing education; see [§235B.16](#)

272C.1	Definitions.	272C.6	Hearings — power of subpoena — decisions.
272C.2	Continuing education required.	272C.7	Executive secretary and personnel.
272C.2A	Continuing education minimum requirements — barbering and cosmetology arts and sciences.	272C.8	Immunities.
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272C.3	Authority of licensing boards.	272C.10	Rules for revocation or suspension of license.
272C.4	Duties of board.	272C.11	Insurers of professional and occupational licensees — reports.
272C.5	Licensee disciplinary procedure — rulemaking delegation.		

**272C.1 Definitions.**

1. “*Continuing education*” means that education which is obtained by a professional or occupational licensee in order to maintain, improve, or expand skills and knowledge obtained prior to initial licensure or to develop new and relevant skills and knowledge. This education may be obtained through formal or informal education practices, self-study, research, and participation in professional, technical, and occupational societies, and by other similar means as authorized by the board.

2. “*Disciplinary proceeding*” means any proceeding under the authority of a licensing board pursuant to which licensee discipline may be imposed.

3. “*Inactive licensee re-entry*” means that process a former or inactive professional or occupational licensee pursues to again be capable of actively and competently practicing as a professional or occupational licensee.

4. “*Licensee discipline*” means any sanction a licensing board may impose upon its licensees for conduct which threatens or denies citizens of this state a high standard of professional or occupational care.

5. The term “*licensing*” and its derivations include the terms “*registration*” and “*certification*” and their derivations.

6. “*Licensing board*” or “*board*” includes the following boards:

a. The state board of engineering and land surveying examiners, created pursuant to [chapter 542B](#).

b. The board of examiners of shorthand reporters created pursuant to [article 3 of chapter 602](#).

c. The Iowa accountancy examining board, created pursuant to [chapter 542](#).

d. The Iowa real estate commission, created pursuant to [chapter 543B](#).

e. The board of architectural examiners, created pursuant to [chapter 544A](#).

f. The Iowa board of landscape architectural examiners, created pursuant to [chapter 544B](#).

g. The board of barbering, created pursuant to [chapter 147](#).

h. The board of chiropractic, created pursuant to [chapter 147](#).

i. The board of cosmetology arts and sciences, created pursuant to [chapter 147](#).

j. The dental board, created pursuant to [chapter 147](#).

k. The board of mortuary science, created pursuant to [chapter 147](#).

l. The board of medicine, created pursuant to [chapter 147](#).

m. The board of physician assistants, created pursuant to [chapter 148C](#).

n. The board of nursing, created pursuant to [chapter 147](#).

o. The board of nursing home administrators, created pursuant to [chapter 155](#).

p. The board of optometry, created pursuant to [chapter 147](#).

- q. The board of pharmacy, created pursuant to [chapter 147](#).
- r. The board of physical and occupational therapy, created pursuant to [chapter 147](#).
- s. The board of podiatry, created pursuant to [chapter 147](#).
- t. The board of psychology, created pursuant to [chapter 147](#).
- u. The board of speech pathology and audiology, created pursuant to [chapter 147](#).
- v. The board of hearing aid dispensers, created pursuant to [chapter 154A](#).
- w. The board of veterinary medicine, created pursuant to [chapter 169](#).
- x. The director of the department of natural resources in certifying water treatment operators as provided in [sections 455B.211 through 455B.224](#).
- y. Any professional or occupational licensing board created after January 1, 1978.
- z. The board of respiratory care in licensing respiratory care practitioners pursuant to [chapter 152B](#).
  - aa. The board of athletic training in licensing athletic trainers pursuant to [chapter 152D](#).
  - ab. The board of massage therapy in licensing massage therapists pursuant to [chapter 152C](#).
  - ac. The board of sign language interpreters and transliterators, created pursuant to [chapter 154E](#).
  - ad. The director of public health in certifying emergency medical care providers and emergency medical care services pursuant to [chapter 147A](#).
  - ae. The plumbing and mechanical systems board, created pursuant to [chapter 105](#).
  - af. The department of public safety, in licensing fire protection system installers and maintenance workers pursuant to [chapter 100D](#).
- 7. “*Malpractice*” means any error or omission, unreasonable lack of skill, or failure to maintain a reasonable standard of care by a licensee in the course of practice of the licensee’s occupation or profession, pursuant to [this chapter](#).
- 8. “*Peer review*” means evaluation of professional services rendered by a professional practitioner.
- 9. “*Peer review committee*” means one or more persons acting in a peer review capacity pursuant to [this chapter](#).
 

[C79, 81, §258A.1]

83 Acts, ch 186, §10063, 10201; 84 Acts, ch 1067, §26; 87 Acts, ch 165, §3; 88 Acts, ch 1134, §61; 88 Acts, ch 1225, §25; 89 Acts, ch 83, §36; 90 Acts, ch 1193, §8; 92 Acts, ch 1205, §23 C93, §272C.1

94 Acts, ch 1132, §32; 96 Acts, ch 1036, §40; 98 Acts, ch 1053, §41, 42; 2001 Acts, ch 16, §1, 37; 2001 Acts, ch 55, §25, 38; 2004 Acts, ch 1110, §1; 2004 Acts, ch 1175, §430, 433; 2005 Acts, ch 3, §57; 2006 Acts, ch 1184, §119; 2007 Acts, ch 10, §171; 2007 Acts, ch 218, §205; 2007 Acts, ch 198, §31; 2008 Acts, ch 1089, §10, 12; 2008 Acts, ch 1094, §14, 18; 2009 Acts, ch 151, §31; 2010 Acts, ch 1037, §15

Referred to in [§232.69](#), [§235B.16](#), [§272C.4](#), [§622.31](#)

### **272C.2 Continuing education required.**

- 1. Each licensing board shall require and issue rules for continuing education requirements as a condition to license renewal.
- 2. The rules shall create continuing education requirements at a minimum level prescribed by each licensing board. These boards may also establish continuing education programs to assist a licensee in meeting such continuing education requirements. Such rules shall also:
  - a. Give due attention to the effect of continuing education requirements on interstate and international practice.
  - b. Place the responsibility for arrangement of financing of continuing education on the licensee, while allowing the board to receive any other available funds or resources that aid in supporting a continuing education program.
  - c. Attempt to express continuing education requirements in terms of uniform and widely recognized measurement units.
  - d. Establish guidelines, including guidelines in regard to the monitoring of licensee participation, for the approval of continuing education programs that qualify under the continuing education requirements prescribed.

e. Not be implemented for the purpose of limiting the size of the profession or occupation.  
 f. Define the status of active and inactive licensure and establish appropriate guidelines for inactive licensee reentry.

g. Be promulgated solely for the purpose of assuring a continued maintenance of skills and knowledge by a professional or occupational licensee directly related and commensurate with the current level of competency of the licensee's profession or occupation.

3. The state board of engineering and land surveyors, the board of architectural examiners, the board of landscape architectural examiners, and the economic development authority shall cooperate with each other and with persons who typically offer continuing education courses for design professionals to make available energy efficiency related continuing education courses, and to encourage interdisciplinary cooperation and education concerning available energy efficiency strategies for employment in the state's construction industry.

4. A person licensed to practice an occupation or profession in this state shall be deemed to have complied with the continuing education requirements of this state during periods that the person serves honorably on active duty in the military services, or for periods that the person is a resident of another state or district having a continuing education requirement for the occupation or profession and meets all requirements of that state or district for practice therein, or for periods that the person is a government employee working in the person's licensed specialty and assigned to duty outside of the United States, or for other periods of active practice and absence from the state approved by the appropriate licensing board.

5. A person licensed to sell real estate in this state shall be deemed to have complied with the continuing education requirements of this state during periods that the person serves honorably on active duty in the military services, or for periods that the person is a resident of another state or district having a continuing education requirement for the occupation or profession and meets all requirements of that state or district for practice therein, if the state or district accords the same privilege to Iowa residents, or for periods that the person is a government employee working in the person's licensed specialty and assigned to duty outside of the United States, or for other periods of active practice and absence from the state approved by the appropriate licensing board.

[C79, 81, §258A.2]

89 Acts, ch 292, §5; 90 Acts, ch 1252, §16

C93, §272C.2

2007 Acts, ch 10, §172; 2009 Acts, ch 108, §13, 41; 2011 Acts, ch 118, §50, 89

Referred to in [§105.20](#), [§153.36](#), [§155A.6A](#), [§155A.6B](#), [§543D.16](#)

### **272C.2A Continuing education minimum requirements — barbering and cosmetology arts and sciences.**

The board of barbering and the board of cosmetology arts and sciences, created pursuant to [chapter 147](#), shall each require, as a condition of license renewal, a minimum of six hours of continuing education in the two years immediately prior to a licensee's license renewal. The board of cosmetology arts and sciences may notify cosmetology arts and sciences licensees on a quarterly basis regarding continuing education opportunities.

88 Acts, ch 1274, §40

C89, §258A.2A

92 Acts, ch 1205, §24

C93, §272C.2A

2007 Acts, ch 10, §173

### **272C.2B Continuing education minimum requirements — mortuary science.**

1. The board of mortuary science, created pursuant to [chapter 147](#), shall require, as a condition of license renewal, a minimum number of hours of continuing education in the two years immediately prior to a licensee's license renewal as prescribed by rule.

2. A person licensed to practice mortuary science in this state shall be deemed to have complied with the continuing education requirements of this state during periods that the person serves honorably on active duty in the military services, or for periods that the person

is a government employee working in the person's licensed specialty and assigned to duty outside of the United States, or for other periods of active practice and absence from the state approved by the board of mortuary science.

2010 Acts, ch 1067, §1

### **272C.3 Authority of licensing boards.**

1. Notwithstanding any other provision of [this chapter](#), each licensing board shall have the powers to:

a. Administer and enforce the laws and administrative rules provided for in [this chapter](#) and any other statute to which the licensing board is subject.

b. Adopt and enforce administrative rules which provide for the partial reexamination of the professional licensing examinations given by each licensing board.

c. Review or investigate, or both, upon written complaint or upon its own motion pursuant to other evidence received by the board, alleged acts or omissions which the board reasonably believes constitute cause under applicable law or administrative rule for licensee discipline.

d. Determine in any case whether an investigation, or further investigation, or a disciplinary proceeding is warranted. Notwithstanding the provisions of [chapter 17A](#), a determination by a licensing board that an investigation is not warranted or that an investigation should be closed without initiating a disciplinary proceeding is not subject to judicial review pursuant to [section 17A.19](#).

e. Initiate and prosecute disciplinary proceedings.

f. Impose licensee discipline.

g. Petition the district court for enforcement of its authority with respect to licensees or with respect to other persons violating the laws which the board is charged with administering.

h. Register or establish and register peer review committees.

i. Refer to a registered peer review committee for investigation, review, and report to the board, any complaint or other evidence of an act or omission which the board reasonably believes to constitute cause for licensee discipline. However, the referral of any matter shall not relieve the board of any of its duties and shall not divest the board of any authority or jurisdiction.

j. Determine and administer the renewal of licenses for periods not exceeding three years.

k. Establish a licensee review committee for the purpose of evaluating and monitoring licensees who are impaired as a result of alcohol or drug abuse, dependency, or addiction, or by any mental or physical disorder or disability, and who self-report the impairment to the committee, or who are referred by the board to the committee. Members of the committee shall receive actual expenses for the performance of their duties and shall be eligible to receive per diem compensation pursuant to [section 7E.6](#). The board shall adopt rules for the establishment and administration of the committee, including but not limited to establishment of the criteria for eligibility for referral to the committee and the grounds for disciplinary action for noncompliance with committee decisions. Information in the possession of the board or the licensee review committee, under this paragraph, shall be subject to the confidentiality requirements of [section 272C.6](#). Referral of a licensee by the board to a licensee review committee shall not relieve the board of any duties of the board and shall not divest the board of any authority or jurisdiction otherwise provided. A licensee who violates [section 272C.10](#) or the rules of the board while under review by the licensee review committee shall be referred to the board for appropriate action.

2. Each licensing board may impose one or more of the following as licensee discipline:

a. Revoke a license, or suspend a license either until further order of the board or for a specified period, upon any of the grounds specified in [section 100D.5](#), [105.22](#), [147.55](#), [148.6](#), [148B.7](#), [152.10](#), [153.34](#), [154A.24](#), [169.13](#), [455B.219](#), [542.10](#), [542B.21](#), [543B.29](#), [544A.13](#), [544B.15](#), or [602.3203](#) or [chapter 151](#) or [155](#), as applicable, or upon any other grounds specifically provided for in [this chapter](#) for revocation of the license of a licensee subject to the jurisdiction of that board, or upon failure of the licensee to comply with a decision of the board imposing licensee discipline.

b. Revoke, or suspend either until further order of the board or for a specified period,

the privilege of a licensee to engage in one or more specified procedures, methods, or acts incident to the practice of the profession, if pursuant to hearing or stipulated or agreed settlement the board finds that because of a lack of education or experience, or because of negligence, or careless acts or omissions, or because of one or more intentional acts or omissions, the licensee has demonstrated a lack of qualifications which are necessary to assure the residents of this state a high standard of professional and occupational care.

c. Impose a period of probation under specified conditions, whether or not in conjunction with other sanctions.

d. Require additional professional education or training, or reexamination, or any combination, as a condition precedent to the reinstatement of a license or of any privilege incident thereto, or as a condition precedent to the termination of any suspension.

e. Impose civil penalties by rule, if the rule specifies which offenses or acts are subject to civil penalties. The amount of civil penalty shall be in the discretion of the board, but shall not exceed one thousand dollars. Failure to comply with the imposition of a civil penalty may be grounds for further license discipline.

f. Issue a citation and warning respecting licensee behavior which is subject to the imposition of other sanctions by the board.

3. The powers conferred by [this section](#) upon a licensing board shall be in addition to powers specified elsewhere in the Code. The powers of any other person specified elsewhere in the Code shall not limit the powers of a licensing board conferred by [this section](#), nor shall the powers of such other person be deemed limited by the provisions of [this section](#).

4. a. Nothing contained in [this section](#) shall be construed to prohibit informal stipulation and settlement by a board and a licensee of any matter involving licensee discipline. However, licensee discipline shall not be agreed to or imposed except pursuant to a written decision which specifies the sanction and which is entered by the board and filed.

b. All health care boards shall file written decisions which specify the sanction entered by the board with the Iowa department of public health which shall be available to the public upon request. All non-health care boards shall have on file the written and specified decisions and sanctions entered by the board and shall be available to the public upon request.

[C79, 81, §258A.3]

83 Acts, ch 186, §10064, 10201; 84 Acts, ch 1056, §1; 84 Acts, ch 1067, §27; 86 Acts, ch 1245, §1880; 90 Acts, ch 1086, §16

C93, §272C.3

95 Acts, ch 72, §1; 2000 Acts, ch 1008, §10; 2001 Acts, ch 16, §2, 37; 2001 Acts, ch 55, §26, 38; 2002 Acts, ch 1108, §26; 2002 Acts, ch 1119, §149; 2003 Acts, ch 78, §6; 2004 Acts, ch 1110, §2; 2004 Acts, ch 1176, §13; 2007 Acts, ch 198, §32; 2008 Acts, ch 1089, §10, 12; 2008 Acts, ch 1094, §15, 18; 2009 Acts, ch 41, §263

Referred to in [§147.106](#), [§148.6](#), [§153.34](#), [§155A.18](#), [§169.20](#), [§272C.4](#), [§272C.6](#), [§543B.48](#), [§543D.17](#)

Civil penalty for real estate brokers and salespersons, see [§543B.48](#)

#### **272C.4 Duties of board.**

Each licensing board shall have the following duties in addition to other duties specified by [this chapter](#) or elsewhere in the Code:

1. Establish procedures by which complaints which relate to licensure or to licensee discipline shall be received and reviewed by the board.

2. Establish procedures by which disputes between licensees and clients which result in judgments or settlements in or of malpractice claims or actions shall be investigated by the board.

3. Establish procedures by which any recommendation taken by a peer review committee shall be reported to and reviewed by the board if a peer review committee is established.

4. Establish procedures for registration with the board of peer review committees if a peer review committee is established.

5. Define by rule those recommendations of peer review committees which shall constitute disciplinary recommendations which must be reported to the board if a peer review committee is established.

6. Define by rule acts or omissions that are grounds for revocation or suspension of a

license under [section 100D.5](#), [105.22](#), [147.55](#), [148.6](#), [148B.7](#), [152.10](#), [153.34](#), [154A.24](#), [169.13](#), [455B.219](#), [542.10](#), [542B.21](#), [543B.29](#), [544A.13](#), [544B.15](#), or [602.3203](#) or [chapter 151](#) or [155](#), as applicable, and to define by rule acts or omissions that constitute negligence, careless acts, or omissions within the meaning of [section 272C.3, subsection 2](#), paragraph “b”, which licensees are required to report to the board pursuant to [section 272C.9, subsection 2](#).

7. Establish the procedures by which licensees shall report those acts or omissions specified by the board pursuant to [subsection 6](#).

8. Give written notice to another licensing board or to a hospital licensing agency if evidence received by the board either alleges or constitutes reasonable cause to believe the existence of an act or omission which is subject to discipline by that other board or agency.

9. Require each health care licensing board to file with the Iowa department of public health a copy of each decision of the board imposing licensee discipline. Each non-health care board shall have on file a copy of each decision of the board imposing licensee discipline which copy shall be properly dated and shall be in simple language and in the most concise form consistent with clearness and comprehensiveness of subject matter.

10. Establish procedures consistent with the provisions of [section 261.121, subsection 2](#), and [sections 261.122 through 261.127](#) by which, in the board’s discretion, a license shall be suspended, denied, or revoked, or other disciplinary action imposed, with regard to a licensee subject to the board’s jurisdiction who has defaulted on a repayment or service obligation under any federal or state educational loan or service-conditional scholarship program. Notwithstanding any other provision to the contrary, each board shall defer to the federal or state program’s determination of default upon certification by the program of such a default on the part of a licensee, and shall remove the suspension, grant the license, or stay the revocation or other disciplinary action taken if the federal or state program certifies that the defaulting licensee has agreed to fulfill the licensee’s obligation, or is complying with an approved repayment plan. Licensure sanctions shall be reinstated upon certification that a defaulting licensee has failed to comply with the repayment or service requirements, as determined by the federal or state program. The provisions of [this subsection](#) relating to board authority to act in response to notification of default shall apply not only to a licensing board, as defined in [section 272C.1](#), but also to any other licensing board or authority regulating a license authorized by the laws of this state.

11. Adopt rules by January 1, 2015, to provide credit towards qualifications for licensure to practice an occupation or profession in this state for education, training, and service obtained or completed by an individual while serving honorably on federal active duty, state active duty, or national guard duty, as defined in [section 29A.1](#), to the extent consistent with the qualifications required by the appropriate licensing board. The rules shall also provide credit towards qualifications for initial licensure for education, training, or service obtained or completed by an individual while serving honorably in the military forces of another state or the organized reserves of the armed forces of the United States, to the extent consistent with the qualifications required by the appropriate licensing board.

12. *a.* Establish procedures by January 1, 2015, to expedite the licensing of an individual who is licensed in a similar profession or occupation in another state and who is a veteran, as defined in [section 35.1](#).

*b.* If the board determines that the professional or occupational licensing requirements of the state where the veteran is licensed are substantially equivalent to the licensing requirements of this state, the procedures shall require the licensing of the veteran in this state.

*c.* If the board determines that the professional or occupational licensing requirements of the state where the veteran is licensed are not substantially equivalent to the professional or occupational licensing requirements of this state, the procedures shall allow the provisional licensing of the veteran for a period of time deemed necessary by the board to obtain a substantial equivalent to the licensing requirements of this state. The board shall advise the veteran of required education or training necessary to obtain a substantial equivalent to the professional or occupational licensing requirements of this state, and the procedures shall provide for licensing of an individual who has, pursuant to this paragraph, obtained a substantial equivalent to the professional or occupational licensing requirements of this state.

13. Beginning December 15, 2016, annually file a report with the governor and the general assembly providing information and statistics on credit received by individuals for education, training, and service pursuant to [subsection 11](#) and information and statistics on licenses and provisional licenses issued pursuant to [subsection 12](#).

[C79, 81, §258A.4]

83 Acts, ch 186, §10065, 10201; 84 Acts, ch 1067, §28; 90 Acts, ch 1086, §17

C93, §272C.4

97 Acts, ch 203, §16; 98 Acts, ch 1119, §8; 2000 Acts, ch 1008, §11; 2001 Acts, ch 16, §3, 37; 2001 Acts, ch 55, §27, 38; 2002 Acts, ch 1057, §1; 2002 Acts, ch 1111, §1; 2002 Acts, ch 1119, §150; 2004 Acts, ch 1110, §3; 2005 Acts, ch 89, §35; 2007 Acts, ch 198, §33; 2008 Acts, ch 1089, §10, 12; 2008 Acts, ch 1094, §16, 18; 2010 Acts, ch 1069, §37; 2014 Acts, ch 1116, §34

Referred to in [§272C.9](#)

NEW subsections 11 - 13

### **272C.5 Licensee disciplinary procedure — rulemaking delegation.**

1. Each licensing board may establish by rule licensee disciplinary procedures. Each licensing board may impose licensee discipline under these procedures.

2. Rules promulgated under [subsection 1](#) of [this section](#):

a. Shall comply with the provisions of [chapter 17A](#).

b. Shall designate who may or shall initiate a licensee disciplinary investigation and a licensee disciplinary proceeding, and who shall prosecute a disciplinary proceeding and under what conditions, and shall state the procedures for review by the licensing board of findings of fact if a majority of the licensing board does not hear the disciplinary proceeding.

c. Shall state whether the procedures are an alternative to or an addition to the procedures stated in [sections 100D.5, 105.23, 105.24, 148.6 through 148.9, 152.10, 152.11, 153.33, 154A.23, 542.11, 542B.22, 543B.35, 543B.36, and 544B.16](#).

d. Shall specify methods by which the final decisions of the board relating to disciplinary proceedings shall be published.

[C79, 81, §258A.5]

87 Acts, ch 215, §45

C93, §272C.5

2000 Acts, ch 1008, §12; 2001 Acts, ch 55, §28, 38; 2002 Acts, ch 1108, §27; 2007 Acts, ch 198, §34; 2008 Acts, ch 1088, §116; 2008 Acts, ch 1089, §10, 12; 2008 Acts, ch 1094, §17, 18

### **272C.6 Hearings — power of subpoena — decisions.**

1. Disciplinary hearings held pursuant to [this chapter](#) shall be heard by the board sitting as the hearing panel, or by a panel of not less than three board members who are licensed in the profession, or by a panel of not less than three members appointed pursuant to [subsection 2](#). Notwithstanding [chapters 17A](#) and [21](#) a disciplinary hearing shall be open to the public at the discretion of the licensee.

2. When, in the opinion of a majority of the board, it is desirable to obtain specialists within an area of practice of a profession when holding disciplinary hearings, a licensing board may appoint licensees not having a conflict of interest to make findings of fact and to report to the board. Such findings shall not include any recommendation for or against licensee discipline.

3. a. The presiding officer of a hearing panel may issue subpoenas pursuant to rules of the board on behalf of the board or on behalf of the licensee. A licensee may have subpoenas issued on the licensee's behalf.

(1) A subpoena issued under the authority of a licensing board may compel the attendance of witnesses and the production of professional records, books, papers, correspondence and other records, whether or not privileged or confidential under law, which are deemed necessary as evidence in connection with a disciplinary proceeding.

(2) Nothing in [this subsection](#) shall be deemed to enable a licensing board to compel an attorney of the licensee, or stenographer or confidential clerk of the attorney, to disclose any information when privileged against disclosure by [section 622.10](#).

(3) In the event of a refusal to obey a subpoena, the licensing board may petition the

district court for its enforcement. Upon proper showing, the district court shall order the person to obey the subpoena, and if the person fails to obey the order of the court the person may be found guilty of contempt of court.

b. The presiding officer of a hearing panel may also administer oaths and affirmations, take or order that depositions be taken, and pursuant to rules of the board, grant immunity to a witness from disciplinary proceedings initiated either by the board or by other state agencies which might otherwise result from the testimony to be given by the witness to the panel.

4. a. In order to assure a free flow of information for accomplishing the purposes of [this section](#), and notwithstanding [section 622.10](#), all complaint files, investigation files, other investigation reports, and other investigative information in the possession of a licensing board or peer review committee acting under the authority of a licensing board or its employees or agents which relates to licensee discipline are privileged and confidential, and are not subject to discovery, subpoena, or other means of legal compulsion for their release to a person other than the licensee and the boards, their employees and agents involved in licensee discipline, and are not admissible in evidence in a judicial or administrative proceeding other than the proceeding involving licensee discipline. However, investigative information in the possession of a licensing board or its employees or agents which relates to licensee discipline may be disclosed to appropriate licensing authorities within this state, the appropriate licensing authority in another state, the coordinated licensure information system provided for in the nurse licensure compact contained in [section 152E.1](#) or the advanced practice registered nurse compact contained in [section 152E.3](#), the District of Columbia, or a territory or country in which the licensee is licensed or has applied for a license. If the investigative information in the possession of a licensing board or its employees or agents indicates a crime has been committed, the information shall be reported to the proper law enforcement agency. However, a final written decision and finding of fact of a licensing board in a disciplinary proceeding, including a decision referred to in [section 272C.3, subsection 4](#), is a public record.

b. Pursuant to the provisions of [section 17A.19, subsection 6](#), a licensing board upon an appeal by the licensee of the decision by the licensing board, shall transmit the entire record of the contested case to the reviewing court.

c. Notwithstanding the provisions of [section 17A.19, subsection 6](#), if a waiver of privilege has been involuntary and evidence has been received at a disciplinary hearing, the court shall order withheld the identity of the individual whose privilege was waived.

5. Licensee discipline shall not be imposed except upon the affirmative vote of a majority of the licensing board.

6. a. A board created pursuant to [chapter 147, 154A, 155, 169, 542, 542B, 543B, 543D, 544A, or 544B](#) may charge a fee not to exceed seventy-five dollars for conducting a disciplinary hearing pursuant to [this chapter](#) which results in disciplinary action taken against the licensee by the board, and in addition to the fee, may recover from a licensee the costs for the following procedures and associated personnel:

- (1) Transcript.
- (2) Witness fees and expenses.
- (3) Depositions.
- (4) Medical examination fees incurred relating to a person licensed under [chapter 147, 154A, 155, or 169](#).

b. The department of agriculture and land stewardship, the department of commerce, and the Iowa department of public health shall each adopt rules pursuant to [chapter 17A](#) which provide for the allocation of fees and costs collected pursuant to [this section](#) to the board under its jurisdiction collecting the fees and costs. The fees and costs shall be considered repayment receipts as defined in [section 8.2](#).

[C79, 81, §258A.6; 82 Acts, ch 1005, §8]

86 Acts, ch 1211, §15; 92 Acts, ch 1125, §1

C93, §272C.6

2000 Acts, ch 1008, §13; 2001 Acts, ch 55, §29, 38; 2005 Acts, ch 53, §10; 2010 Acts, ch 1061, §94

Referred to in §105.23, §139A.22, §147.135, §147A.24, §148.2A, §148.7, §153.36, §155A.40, §156.16, §203.16, §203C.24, §272C.3, §272C.7, §542.11, §543D.21, §546.10

Board of medicine, see §148.2A, 148.7

### **272C.7 Executive secretary and personnel.**

1. As an alternative to authority contained elsewhere in [this chapter](#), a licensing board may employ within the limits of available funds an executive secretary, one or more inspectors, and such clerical personnel as may be necessary for the administration of the duties of the board. Employees of the board shall be employed subject to [chapter 8A, subchapter IV](#). The qualifications of the executive secretary shall be determined by the board.

2. All employees of a licensing board shall be reimbursed subject to the rules of the director of the department of administrative services for their expenses incurred in the performance of official duties. All reimbursements shall constitute costs of sustaining the board.

3. Licensees appointed to serve on a hearing panel pursuant to [section 272C.6, subsection 2](#), shall be compensated at the rate specified in [section 7E.6](#) for each day of actual duty, and shall be reimbursed for actual expenses reasonably incurred in the performance of duties.

4. Salaries, per diem, and expenses incurred in the performance of official duties of the board or its employees shall be paid from funds appropriated by the general assembly.

[C79, 81, §258A.7]

90 Acts, ch 1256, §43

C93, §272C.7

2003 Acts, ch 145, §233, 286

### **272C.8 Immunities.**

1. *a.* A person shall not be civilly liable as a result of the person's acts, omissions, or decisions in good faith as a member of a licensing board or as an employee or agent in connection with the person's duties.

*b.* A person shall not be civilly liable as a result of filing a report or complaint with a licensing board or peer review committee, or for the disclosure to a licensing board or its agents or employees, whether or not pursuant to a subpoena of records, documents, testimony, or other forms of information which constitute privileged matter concerning a recipient of health care services or some other person, in connection with proceedings of a peer review committee, or in connection with duties of a health care board. However, such immunity from civil liability shall not apply if such act is done with malice.

*c.* A person shall not be dismissed from employment, and shall not be discriminated against by an employer because the person filed a complaint with a licensing board or peer review committee, or because the person participated as a member, agent, or employee of a licensing board or peer review committee, or presented testimony or other evidence to a licensing board or peer review committee.

2. Any employer who violates the terms of [this section](#) shall be liable to any person aggrieved for actual and punitive damages plus reasonable attorney fees.

[C79, 81, §258A.8]

C93, §272C.8

2010 Acts, ch 1069, §74

### **272C.9 Duties of licensees.**

1. Each licensee of a licensing board, as a condition of licensure, is under a duty to submit to a physical, mental, or clinical competency examination when directed in writing by the board for cause. All objections shall be waived as to the admissibility of the examining physician's testimony or reports on the grounds of privileged communications. The medical testimony or report shall not be used against the licensee in any proceeding other than one relating to licensee discipline by the board, or one commenced in district court for

revocation of the licensee's privileges. The licensing board, upon probable cause, shall have the authority to order a physical, mental, or clinical competency examination, and upon refusal of the licensee to submit to the examination the licensing board may order that the allegations pursuant to which the order of physical, mental, or clinical competency examination was made shall be taken to be established.

2. A licensee has a continuing duty to report to the licensing board by whom the person is licensed those acts or omissions specified by rule of the board pursuant to [section 272C.4, subsection 6](#), when committed by another person licensed by the same licensing board. [This subsection](#) does not apply to licensees under [chapter 542](#) when the observations are a result of participation in programs of practice review, peer review and quality review conducted by professional organizations of certified public accountants, for educational purposes and approved by the accountancy examining board.

3. A licensee shall have a continuing duty and obligation, as a condition of licensure, to report to the licensing board by which the licensee is licensed every adverse judgment in a professional or occupational malpractice action to which the licensee is a party, and every settlement of a claim against the licensee alleging malpractice.

4. A licensee who willfully fails to comply with [subsection 2 or 3](#) of [this section](#) commits a violation of [this chapter](#) for which licensee discipline may be imposed.

[C79, 81, §258A.9; 81 Acts, ch 84, §1]

C93, §272C.9

2001 Acts, ch 55, §30, 38; 2005 Acts, ch 89, §36

Referred to in [§272C.4](#)

#### **272C.10 Rules for revocation or suspension of license.**

A licensing board established after January 1, 1978 and pursuant to the provisions of [this chapter](#) shall by rule include provisions for the revocation or suspension of a license which shall include but is not limited to the following:

1. Fraud in procuring a license.
2. Professional incompetency.
3. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the licensee's profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
4. Habitual intoxication or addiction to the use of drugs.
5. Conviction of a felony related to the profession or occupation of the licensee. A copy of the record of conviction or plea of guilty shall be conclusive evidence.
6. Fraud in representations as to skill or ability.
7. Use of untruthful or improbable statements in advertisements.
8. Willful or repeated violations of the provisions of [this chapter](#).

[C79, 81, §258A.10]

C93, §272C.10

Referred to in [§152D.6](#), [§156.9](#), [§272C.3](#), [§542.10](#)

#### **272C.11 Insurers of professional and occupational licensees — reports.**

Insurance carriers which insure professional and occupational licensees for acts or omissions that constitute negligence, careless acts, or omissions in the practice of a profession or occupation shall file reports with the appropriate licensing board. The reports shall include information pertaining to any lawsuit filed against a licensee which may affect the licensee as defined by rule, involving an insured of the insurer.

2010 Acts, ch 1069, §38

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 3**

Iowa Administrative Code 641—130

CHAPTER 130  
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

**641—130.1(147A) Definitions.** For the purposes of this chapter, the following definitions shall apply:

“*Chairperson*” means the chair of the advisory council, who has been elected by the majority of the advisory council’s members.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Emergency medical care provider*” means an individual who has been trained to provide emergency and nonemergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist, or other certification level recognized by the department before 1984 and who has been issued a certificate by the department.

“*Emergency medical services*” or “*EMS*” means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

**641—130.2(147A) Purpose.** The EMS advisory council shall advise the director and develop policy recommendations concerning the regulation, administration, and coordination of emergency medical services in the state.

**641—130.3(147A) Appointment.**

**130.3(1)** The EMS advisory council shall be appointed by the director. The appointments shall be for three-year staggered terms which shall expire on June 30. Vacancies shall be filled in the same manner in which the original appointments were made for the balance of the unexpired term.

**130.3(2)** Membership of the council shall be comprised of individuals nominated from, but not limited to, the following state or national organizations:

*a.* One physician from each of the following organizations:

- (1) Iowa Osteopathic Medical Association.
- (2) Iowa Medical Society.
- (3) American College of Emergency Physicians.
- (4) Iowa Academy of Family Physicians.
- (5) University of Iowa Hospitals and Clinics.
- (6) American Academy of Emergency Medicine.
- (7) American Academy of Pediatrics.

*b.* Representatives from each of the following organizations:

- (1) Iowa Physician Assistant Society.
- (2) EMS Education Programs Committee.
- (3) Rescinded IAB 2/9/11, effective 3/16/11.
- (4) Iowa Nurses Association.
- (5) Iowa Hospital Association.
- (6) Iowa State Association of Counties.

*c.* Two out-of-hospital emergency medical care providers from the Iowa Firemen’s Association.

*d.* One out-of-hospital emergency medical care provider from the Iowa Professional Firefighters.

*e.* Three out-of-hospital emergency medical care providers, with at least one representing volunteer EMS and one representing a private service program, from the Iowa EMS Association.

*f.* Two at-large volunteer emergency medical care providers.

[ARC 9356B, IAB 2/9/11, effective 3/16/11]

**641—130.4(147A) Absences.** Three consecutive unexcused absences shall be grounds for the director to consider dismissal of the advisory council member and to appoint another. The chairperson of the advisory council is charged with providing notification of absences.

**641—130.5(147A) Officers.**

**130.5(1)** Officers of the advisory council shall be a chairperson and a vice chairperson who shall be elected at the first meeting of each fiscal year unless they are designated as officers at the time of their appointment.

- a. Officers may serve no more than three consecutive terms as an officer.
- b. Vacancies in the office of chairperson shall be filled by the vice chairperson.
- c. Vacancies in the office of vice chairperson shall be filled by election at the next meeting after the vacancy occurs.

**130.5(2)** Duties of officers. The chairperson shall preside at all meetings of the advisory council, appoint such subcommittees as deemed necessary, and designate the chairperson of each subcommittee. If the chairperson is absent or unable to act, the vice chairperson shall perform the duties of the chairperson. When so acting, the vice chairperson shall have all the powers of and be subject to all the restrictions upon the chairperson. The vice chairperson shall also perform such other duties as may be assigned by the chairperson.

**641—130.6(147A) Meetings.**

**130.6(1)** The advisory council shall establish a meeting schedule on an annual basis to conduct business. There shall be a minimum of four meetings per year. Meetings may be scheduled as business requires, but notice to members must be at least five working days prior to the meeting date. Four weeks' notice is encouraged to accommodate the schedules of professional members.

**130.6(2)** Robert's Rules of Order shall govern all meetings.

**130.6(3)** A majority of appointed members shall be considered a quorum.

**130.6(4)** Any advisory council member who is unable to attend a meeting will notify the chairperson; there may not be a meeting if a quorum is not present.

**130.6(5)** When a quorum is present, a position is carried by affirmative vote of the majority of those present.

**130.6(6)** Persons wishing to make a presentation to the advisory council shall submit the request to the chairperson not less than 14 days prior to the meeting. Presentations may be made either at the discretion of the chairperson or upon matters appearing on the agenda.

**130.6(7)** Persons wishing to submit written materials should do so at least 14 days in advance of the scheduled meeting to ensure that advisory council members have adequate time to receive and evaluate the materials.

**130.6(8)** The advisory council may conduct a meeting by electronic means only in circumstances in which an in-person meeting is impossible or impractical, pursuant to Iowa Code section 21.8.

**641—130.7(147A) Subcommittees.** The advisory council may designate one or more subcommittees to perform such duties as may be deemed necessary.

**641—130.8(147A) Expenses of advisory council members.** The following may be considered necessary expenses for reimbursement of advisory council members when the expenses are incurred on behalf of advisory council business and are subject to established state reimbursement rates.

1. Reimbursement for travel in a private car.
2. Actual lodging and meal expenses, including sales tax on lodging and meals.
3. Actual expenses of public transportation.

**641—130.9(147A) Gender balance.** If not otherwise provided by law, all advisory bodies of the department appointed by the governor, director or designee shall be gender-balanced.

These rules are intended to implement Iowa Code chapter 147A.

[Filed 9/13/07, Notice 8/1/07—published 10/10/07, effective 11/14/07]

[Filed ARC 9356B (Notice ARC 9237B, IAB 11/17/10), IAB 2/9/11, effective 3/16/11]

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 4**

Iowa Administrative Code 641—131

CHAPTER 131  
EMERGENCY MEDICAL SERVICES—PROVIDER  
EDUCATION/TRAINING/CERTIFICATION

**641—131.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Advanced emergency medical technician*” or “*AEMT*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Advanced Emergency Medical Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT.

“*Automated external defibrillator*” or “*AED*” means an external semiautomatic device that determines whether defibrillation is required.

“*Candidate*” means an individual who has successfully completed a course of study at an EMR, EMT, AEMT or paramedic or other level certified by the department and who has been recommended by a training program for NREMT certification examination.

“*CECBEMS*” means the continuing education coordinating board for emergency medical services.

“*CEH*” means continuing education hour, which is based upon a minimum of 50 minutes of training per hour.

“*Certification period*” means the length of time an emergency medical care provider certificate is valid. The certification period shall be for two years from initial issuance or from renewal, unless otherwise specified on the certificate or unless sooner suspended or revoked.

“*Certification status*” means a condition placed on an individual certificate for identification as active, deceased, denied, dropped, expired, failed, hold, idle, inactive, incomplete, pending, probation, restricted, retired, revoked, surrendered, suspended, or temporary.

“*Continuing education*” means department-approved training which is obtained by a certified emergency medical care provider to maintain, improve, or expand relevant skills and knowledge and to satisfy renewal of certification requirements.

“*Course completion date*” means the date of the final classroom session of an emergency medical care provider course.

“*Course coordinator*” means an individual who has been assigned by the training program to coordinate the activities of an emergency medical care provider course.

“*CPR*” means training and successful course completion in cardiopulmonary resuscitation, AED, and obstructed airway procedures for all age groups according to recognized national standards.

“*Critical care paramedic*” or “*CCP*” means a currently certified paramedic specialist who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

“*Current course completion*” means written recognition given for training and successful course completion of CPR with an expiration date or a recommended renewal date that exceeds the current date.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*DOT*” means the United States Department of Transportation.

“*Emergency medical care*” means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by protocol.
5. Any medical procedure authorized by subrule 131.3(3).

“*Emergency medical care provider*” means an individual who has been trained to provide emergency and nonemergency medical care at the EMR, EMT, AEMT, paramedic or other certification level recognized by the department before 2011 and who has been issued a certificate by the department.

*“Emergency medical responder”* or *“EMR”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Responder Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMR, and is currently certified by the department as an EMR.

*“Emergency medical services”* or *“EMS”* means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

*“Emergency medical technician”* or *“EMT”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMT, and is currently certified by the department as an EMT.

*“Emergency medical technician-ambulance”* or *“EMT-A”* means an individual who has successfully completed the 1984 United States Department of Transportation’s Emergency Medical Technician-Ambulance curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-A.

*“Emergency medical technician-basic”* or *“EMT-B”* means an individual who has successfully completed the current United States Department of Transportation’s Emergency Medical Technician-Basic curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.

*“Emergency medical technician-defibrillation”* or *“EMT-D”* means an individual who has successfully completed an approved program which specifically addresses manual or automated defibrillation, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-D.

*“Emergency medical technician-intermediate”* or *“EMT-I”* means an individual who has successfully completed an EMT-Intermediate curriculum approved by the department, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-I.

*“Emergency medical technician-paramedic”* or *“EMT-P”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-Intermediate curriculum (1999) or the 1985 or earlier DOT EMT-P curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

*“EMS advisory council”* means the council appointed by the director, pursuant to Iowa Code chapter 147A, to advise the director and develop policy recommendations concerning regulation, administration, and coordination of emergency medical services in the state.

*“EMS evaluator”* or *“EMS-E”* means an individual who has successfully completed an EMS evaluator curriculum approved by the department and is currently endorsed by the department as an EMS-E.

*“EMS instructor”* or *“EMS-I”* means an individual who has successfully completed an EMS instructor curriculum approved by the department and is currently endorsed by the department as an EMS-I.

*“Endorsement”* means an approval granted by the department authorizing an individual to serve as an EMS-I, EMS-E or CCP.

*“First responder”* or *“FR”* means an individual who has successfully completed the current United States Department of Transportation’s first responder curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an FR.

*“First responder-defibrillation”* or *“FR-D”* means an individual who has successfully completed an approved program that specifically addresses defibrillation, has passed the department’s approved written and practical examinations, and is currently certified by the department as an FR-D.

*“Good standing”* means that a student or candidate is in compliance with these rules and training program requirements.

*“Idle”* means the status of a lower certification level when a higher certification level is held.

*"Inactive"* means the status of a certification level when an individual requests inactive status or moves from a higher certification level to a lower certification level that was previously idle.

*"NCA"* means North Central Association of Colleges and Schools.

*"NREMT"* means National Registry of Emergency Medical Technicians.

*"Out-of-state student"* means any individual participating in clinical or field experience as a student in an approved out-of-state training program.

*"Out-of-state training program"* means an EMS program located outside the state of Iowa that is approved by the authorizing agency of the program's home state to conduct initial EMS training for EMR, EMT, AEMT, paramedic or other level certified by the department.

*"Outreach course coordinator"* means an individual who has been assigned by the training program to coordinate the activities of an emergency medical care provider course held outside the training program facilities.

*"Paramedic"* means an individual who has successfully completed a course of study based on the United States Department of Transportation's Paramedic Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examination for the paramedic, and is currently certified by the department as a paramedic.

*"Paramedic specialist"* or *"PS"* means an individual who has successfully completed the current United States Department of Transportation's EMT-Paramedic curriculum (1999) or equivalent, has passed the department's approved written and practical examinations, and is currently certified by the department as a paramedic specialist.

*"Patient"* means an individual who is sick, injured, or otherwise incapacitated.

*"Physician"* means an individual licensed under Iowa Code chapter 148.

*"Physician assistant"* or *"PA"* means an individual licensed pursuant to Iowa Code chapter 148C.

*"Physician designee"* means a registered nurse licensed under Iowa Code chapter 152 or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistants. The physician designee acts as an intermediary for a supervising physician in accordance with written policies and protocols in directing the care provided by emergency medical care providers.

*"Preceptor"* means an individual who has been assigned by the training program, clinical facility or service program to supervise students while the students are completing their clinical or field experience. A preceptor must be an emergency medical care provider certified at the level at which the preceptor is providing supervision or at a higher level or must be licensed as a registered nurse, physician assistant or physician.

*"Primary instructor"* means an individual who is responsible for teaching the majority of an emergency medical care provider course.

*"Protocols"* means written directions and orders consistent with the department's standard of care that are to be followed by an emergency medical care provider in emergency and nonemergency situations. Protocols must be approved by the service program's medical director and address the care of both adult and pediatric patients.

*"Registered nurse"* or *"RN"* means an individual licensed pursuant to Iowa Code chapter 152.

*"Service program"* or *"service"* means any medical care ambulance service or nontransport service that has received authorization from the department.

*"Service program area"* means the geographic area of responsibility served by any given ambulance or nontransport service program.

*"Student"* means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portion of the program.

*"Training program"* means an Iowa college approved by the North Central Association of Colleges and Schools or an Iowa hospital authorized by the department to conduct emergency medical care training.

*"Training program director"* means an appropriate health care professional (full-time educator or practitioner of emergency or critical care) assigned by the training program to direct the operation of the training program.

“*Training program medical director*” means a physician licensed under Iowa Code chapter 148 who is responsible for directing an emergency medical care training program.  
 [ARC 9443B, IAB 4/6/11, effective 8/1/11]

**641—131.2(147A) Emergency medical care providers—requirements for enrollment in training programs.** To be enrolled in an EMS training program course leading to certification by the department, an applicant shall:

1. Be at least 17 years of age at the time of enrollment.
2. Have a high school diploma or its equivalent if enrolling in an AEMT or paramedic course.
3. Be able to speak, write and read English.
4. Hold a current course completion card in CPR if enrolling in an EMT, AEMT or paramedic course.
5. Be currently certified, as a minimum, as an EMT if enrolling in an AEMT or paramedic course. If an applicant is currently nationally registered but not certified in Iowa, the applicant must submit an endorsement application to the department within 14 days after the course start date.
6. Be a current emergency medical care provider, RN, PA, or physician and submit a recommendation in writing from an approved EMS training program if enrolling in an EMS instructor course.
7. Be currently certified as a paramedic if enrolling in a CCP course.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

**641—131.3(147A) Emergency medical care providers—authority.**

**131.3(1)** Authority of emergency medical care personnel. An emergency medical care provider who holds an active certification issued by the department may:

a. Render, via on-line medical direction, emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified as part of an authorized service program:

- (1) At the scene of an emergency;
- (2) During transportation to a hospital;
- (3) While in the hospital emergency department;
- (4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
- (5) During transfer from one medical care facility to another or to a private home.

b. Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:

- (1) Enrolled as a student in, and approved by, a training program;
- (2) Fulfilling continuing education requirements;
- (3) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider’s certification and under direct supervision of a physician, physician assistant, or registered nurse.

An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care provider may perform, without direct supervision, emergency medical care procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient’s life;

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

**131.3(2)** When emergency medical care personnel are functioning in a capacity identified in 131.3(1)“a,” they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

**131.3(3)** Scope of practice.

*a.* Emergency medical care providers shall provide only those services and procedures that are authorized within the scope of practice for which they are certified.

*b.* Scope of Practice for Iowa EMS Providers (April 2013) is hereby incorporated and adopted by reference for emergency medical care providers. For any differences that may occur between the Scope of Practice adopted by reference and these administrative rules, the administrative rules shall prevail.

*c.* The department may grant a variance for changes to the Scope of Practice that have not yet been adopted by reference in these rules. A variance to these rules may be granted by the department pursuant to 641—subrule 132.14(1).

*d.* Scope of Practice for Iowa EMS Providers is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**131.3(4)** The department may approve emergency medical pilot project(s) on a limited basis. Requests for a pilot project application shall be made to the department.

**131.3(5)** An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department within 30 days.

[ARC 9443B, IAB 4/6/11, effective 8/1/11; ARC 0062C, IAB 4/4/12, effective 5/9/12; ARC 0480C, IAB 12/12/12, effective 1/16/13; ARC 1404C, IAB 4/2/14, effective 5/7/14]

**641—131.4(147A) Emergency medical care providers—certification, renewal standards, procedures, continuing education, and fees.**

**131.4(1)** *Student application and candidate examination.*

*a.* Applicants shall complete the EMS Student Registration within 14 days after the beginning of the course. The EMS Student Registration shall be completed via the bureau of EMS Web site at [www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems).

*b.* Upon satisfactory completion of the course and all training program requirements, including payment of appropriate fees, a candidate shall be recommended by a training program to take the appropriate NREMT certification examination. A candidate is not eligible to continue functioning as a student in the clinical and field settings and must obtain state certification to perform appropriate skills.

*c.* A candidate shall submit an EMS Certification Application form to the department. EMS Certification Application forms are provided by the department.

*d.* When a student’s EMS Student Registration or a candidate’s EMS Certification Application is referred to the department for investigation or when a student or candidate is otherwise under investigation by the department, the individual shall not be eligible for certification, and the practical examination results will not be confirmed with the NREMT, until the individual is approved by the department.

*e.* The fee for certification as an emergency medical care provider is \$30, payable to the Iowa Department of Public Health. This nonrefundable fee shall be paid prior to a candidate’s receiving certification.

*f.* A candidate must successfully complete the NREMT practical and cognitive examinations to be eligible for state certification.

*g.* The practical examination may be conducted by an authorized training program and must be conducted according to the policies and procedures of the NREMT.

*h.* A candidate must meet all certification requirements within two years of the initial course completion date. If a candidate is unable to complete the requirements within two years due to medical reasons or military obligation, an extension may be granted upon submission of a signed statement from an appropriate medical or military authority and approval by the department.

*i.* Examination scores shall be confidential except that they may be released to the training program that provided the training or to other appropriate state agencies or released in a manner which does not permit the identification of an individual.

*j.* An applicant for EMS-I endorsement shall successfully complete an EMS-Instructor curriculum approved by the department.

**131.4(2) Multiple certificates and renewal.**

*a.* The department shall consider the highest level of certification attained to be active. Any lower levels of certification shall be considered idle.

*b.* A lower-level certificate may be issued if the individual fails to renew the higher level of certification or voluntarily chooses to move from a higher level to a lower level. To be issued a certificate in these instances, an individual shall:

(1) Complete all applicable continuing education requirements for the lower level during the certification period and submit a change of status request, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

(2) Complete and submit to the department an EMS Affirmative Renewal of Certification Application and the applicable fee.

(3) Complete the reinstatement process in 131.4(4) “*f*” if renewal of the higher level is requested later.

*c.* A citation and warning, denial, probation, restriction, suspension or revocation imposed upon an individual certificate holder by the department shall be considered applicable to all certificates issued to that individual by the department.

**131.4(3) Certification transition.**

*a.* An individual certified as a first responder based on the 1996 National Standard Curriculum for First Responders, an EMT-B, an EMT-I, an EMT-P or a PS shall complete the following certification transition requirements. Transition documents for each level are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

*b.* FR transition to EMR.

(1) The FR shall complete training identified in the FR to EMR Documentation (January 2011).

(2) The FR shall verify completion of training on the Affirmative Renewal of Certification Application by the certification’s regular expiration date prior to October 1, 2014.

(3) An FR who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to October 1, 2014.

*c.* EMT-B transition to EMT.

(1) The EMT-B shall complete training identified in the EMT-B to EMT Documentation (January 2011).

(2) The EMT-B shall verify completion of training on the Affirmative Renewal of Certification Application by the certification’s regular expiration date prior to April 1, 2015.

(3) An EMT-B who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to April 1, 2015.

*d.* EMT-I transition to AEMT.

(1) The EMT-I shall submit documentation of training identified in the EMT-I to AEMT Documentation (January 2011) to the department.

(2) The EMT-I shall successfully complete the NREMT computer-based AEMT examination.

(3) A provider certified as an EMT-I who has not completed the transition to AEMT will be issued an EMT certification on April 1, 2016.

*e.* EMT-P transition to paramedic.

(1) The EMT-P shall submit documentation of training identified in the EMT-P to Paramedic Documentation (January 2011) to the department.

(2) The EMT-P shall successfully complete the NREMT computer-based paramedic examination.

(3) A provider certified as an EMT-P who has not completed the transition to paramedic will be issued an AEMT certification on April 1, 2018.

*f.* PS transition to paramedic.

(1) The PS shall complete training identified in the PS to Paramedic Documentation (January 2011).

(2) The PS shall verify completion of training on the Affirmative Renewal of Certification Application by the certification's regular expiration date prior to April 1, 2015.

(3) A PS who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to April 1, 2015.

**131.4(4)** *Renewal of certification.*

*a.* A certificate shall be valid for two years from issuance unless specified otherwise on the certificate or unless sooner suspended or revoked.

*b.* All continuing education requirements shall be completed during the certification period prior to the certificate's expiration date. Failure to complete the continuing education requirements prior to the expiration date shall result in an expired certification, unless the emergency medical care provider requests an extension as described in 131.4(11) "b."

*c.* An emergency medical care provider shall submit the EMS Affirmative Renewal of Certification Application to the department within 90 days prior to the expiration date. Failure to submit a renewal application to the department within 90 days prior to the expiration date (date of submission is based upon the postmark date) shall cause the current certification to expire.

*d.* An emergency medical care provider shall not function with an expired certification.

*e.* An emergency medical care provider who completes the required continuing education during the certification period but fails to submit the EMS Affirmative Renewal of Certification Application within 90 days prior to the expiration date shall be required to submit a late fee of \$30 (in addition to the renewal fee) and complete the audit process pursuant to 131.4(5) "i" to obtain renewal of certification.

*f.* An emergency medical care provider who has not completed the required continuing education during the certification period or who is seeking to reinstate an expired, inactive, or retired certificate shall:

(1) Complete a refresher course or equivalent approved by the department.

(2) Meet all applicable eligibility requirements.

(3) Submit an EMS Reinstatement Application and the applicable fees to the department.

(4) Pass the appropriate practical and cognitive certification examinations.

*g.* An emergency medical care provider may request an inactive or retired status for a certificate. The request must be made by submitting a change of status request, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)). Reinstatement of an inactive or retired certificate shall be made pursuant to 131.4(4) "f." A request for inactive or retired status, when accepted in connection with a disciplinary investigation or proceeding, has the same effect as an order of revocation.

*h.* An emergency medical care provider shall be deemed to have complied with the continuing education requirements during periods in which the provider serves honorably on active duty in the military services or for periods in which the provider is a government employee working as an emergency medical care provider and assigned to duty outside the United States. The emergency medical care provider must submit the Affirmative Renewal of Certification Application, all appropriate fees and documentation of assignment.

**131.4(5)** *Continuing education renewal standards.* The following standards apply to renewal through continuing education:

*a.* An applicant shall sign and submit an Affirmative Renewal of Certification Application provided by the department and submit the applicable fee within 90 days prior to the certificate's expiration date.

*b.* An applicant shall complete the continuing education requirements, including current course completion in CPR, during the certification period for the following emergency medical care provider levels:

- (1) EMR, FR, FR-D—12 hours of approved continuing education.
- (2) EMT, EMT-A, EMT-B, EMT-D—24 hours of approved continuing education.
- (3) AEMT, EMT-I—36 hours of approved continuing education.
- (4) EMT-P—48 hours of approved continuing education.
- (5) PS, paramedic—60 hours of approved continuing education.
- (6) EMS-I—Attend at least one EMS-I workshop sponsored by the department.
- (7) CCP—8 hours of approved CCP core curriculum topics.

*c.* At least 50 percent of the required hours for renewal shall be formal continuing education including, but not limited to, refresher programs, seminars, lecture programs, scenario-based programs, conferences, and Internet-delivered courses approved by CECBEMS and shall meet the criteria established in 131.4(6) “*d.*”

*d.* Up to 50 percent of the required continuing education hours may be made up of any of the following:

- (1) Nationally recognized EMS-related courses.
- (2) EMS self-study courses.
- (3) Medical director or designee case reviews.
- (4) Clinical rounds with medical team (grand rounds).
- (5) Working with students as an EMS field preceptor.
- (6) Hospital or nursing home clinical performance.
- (7) Skills workshops/maintenance.
- (8) Community public information education projects.
- (9) Emergency driver training.
- (10) EMS course audits.
- (11) Injury prevention or wellness initiatives.
- (12) EMS service operations, e.g., management programs, continuous quality improvement.
- (13) EMS system development meetings that occur at the county, regional or state level.
- (14) Disaster preparedness.
- (15) Emergency runs/responses as a volunteer member of an authorized EMS service program (primary attendant).
- (16) EMS-Instructor development.

*e.* Additional hours may be allowed for any of the following (maximum):

- (1) CPR—2 hours.
- (2) Disaster drill—4 hours.
- (3) Rescue—4 hours.
- (4) Hazardous materials—8 hours.
- (5) Practical examination evaluator—4 hours.
- (6) Topics outside the provider’s core curriculum—8 hours.

*f.* With training program approval, a person who is not enrolled in an emergency medical care provider course may audit the course for CEHs.

*g.* The certificate holder must notify the department within 30 days of a change in address.

*h.* The certificate holder shall maintain a file containing documentation of CEHs accrued during each certification period for four years from the end of each certification period.

*i.* A group of individual certificate holders will be audited for each certification period. Certificate holders to be audited will be chosen in a random manner or at the discretion of the bureau of EMS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. Certificate holders who are audited will be required to submit an Audit Report Form provided by the department within 45 days of the request. If audited, the certificate holders must provide the following information:

- (1) Date of program.
- (2) Program sponsor number.
- (3) Title of program.
- (4) Number of approved hours.

(5) Appropriate supervisor signatures if clinical or practical evaluator hours are claimed.

*j.* An EMS instructor who teaches EMS initial or continuing education courses may use those courses for renewal as approved under subrule 131.4(6).

**131.4(6) Continuing education approval.** The following standards shall be applied for approval of continuing education:

*a.* Required CEHs identified in 131.4(5) “*c*” shall be approved by the department, CECBEMS, or an authorized EMS training program, using a sponsor number assignment system approved by the department.

*b.* Optional CEHs identified in 131.4(5) “*d*” and 131.4(5) “*e*” require no formal sponsor number; however, CEHs awarded shall be verified by an authorized EMS training program, a national EMS continuing education accreditation entity, a service program medical director, an appropriate community sponsor, or the department. Documentation of CEHs awarded shall include the date and title of the program or event, the number of hours approved, and the applicable signatures.

*c.* Courses in physical, social or behavioral sciences offered by accredited colleges and universities are approved for CEHs and need no further approval. One quarter credit equals 10 hours. One semester credit equals 15 hours.

*d.* Courses approved as formal education must meet the following criteria:

(1) Involve live interaction with an instructor or be an Internet-delivered course approved by CECBEMS; and

(2) Be based on the appropriate department curricula for EMS providers and include one or more of the following topic areas: airway management, patient assessment, trauma assessment and management, medical assessment and management, behavioral emergencies, obstetrics, gynecology, pediatrics, or patient care record documentation.

*e.* Programs developed and delivered by the department may be approved for formal education.

**131.4(7) Out-of-state continuing education.** Out-of-state continuing education courses will be accepted for CEHs if they meet the criteria in subrule 131.4(5) and have been approved for emergency medical care personnel in the state in which the courses were held. A copy of course completion certificates (or other verifying documentation) shall, upon request, be submitted to the department with the EMS Affirmative Renewal of Certification Application.

**131.4(8) Fees.** The following fees shall be collected by the department and shall be nonrefundable:

*a.* FR, EMR, EMT-B, EMT, EMT-I, AEMT, EMT-P, PS and paramedic certification fee—\$30.

*b.* Certification renewal fees:

(1) FR, EMR, EMT-B, and EMT—no fee.

(2) EMT-I, AEMT—\$10.

(3) EMT-P, PS and paramedic—\$25.

A certification renewal fee is refundable if the applicant’s certification renewal status is not posted on the bureau of EMS Web site in the certification database within ten working days from the date the department receives the completed renewal application.

*c.* Endorsement certification fee—\$50.

*d.* Reinstatement fee—\$30.

*e.* Late fee—\$30.

*f.* Duplicate/replacement card—\$10.

*g.* Returned check—\$20.

*h.* Extension fee—\$50.

**131.4(9) Certification through reciprocity.** An individual currently certified by the NREMT must also possess a current Iowa certificate to be considered certified in this state. The department shall contact the NREMT to verify certification or registry and good standing.

*a.* To receive Iowa certification, the individual shall:

(1) Complete and submit the EMS Reciprocity Application available from the department.

(2) Provide verification of current certification in another state, if applicable, and registration with the NREMT.

(3) Provide verification of current course completion in CPR.

(4) Meet all other applicable eligibility requirements necessary for Iowa certification pursuant to these rules.

(5) Submit all applicable fees to the department.

*b.* An individual certified through reciprocity shall satisfy the renewal and continuing education requirements set forth in subrule 131.4(4) to renew Iowa certification.

**131.4(10) National registration in lieu of continuing education.**

*a.* An emergency medical care provider who is certified in Iowa and is registered with the NREMT may renew certification by meeting the NREMT reregistration requirements.

*b.* The emergency medical care provider shall submit the NREMT Registration in Lieu of Continuing Education Application, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)), to the department, with proof of NREMT registration exceeding the current certification expiration date, within 90 days prior to the expiration date.

**131.4(11) Extension of certification.**

*a.* If an emergency medical care provider is unable to complete the required continuing education during the certification period due to a medical reason, an extension of certification may be issued upon submission of a signed statement from an appropriate medical provider and approval by the department. The statement must include information concerning the reason the emergency medical care provider could not complete the continuing education requirements, the time period affected, and the length of time requested for extension.

*b.* If an emergency medical care provider is unable to attain all continuing education requirements within the certification period, a 45-day extension may be granted. To complete the extension process, the provider shall:

(1) Submit a Request for Extension Application, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)), at least 7 days prior to the expiration date, but no more than 90 days prior to the expiration date, and a \$50 extension fee.

(2) Be given 45 days from the current expiration date to complete continuing education requirements.

(3) Submit the EMS Affirmative Renewal of Certification Application, with all applicable renewal fees, to the department prior to the extended expiration date (date of submission is based on the postmark date).

(4) Not use continuing education completed during the extension period in the subsequent renewal period.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

#### **641—131.5(147A) Training programs—standards, application, inspection and approval.**

**131.5(1) Education standards.**

*a.* A training program shall use the applicable United States Department of Transportation's Education Standards (January 2009) for courses leading to certification.

*b.* A training program shall use the EMS-Instructor curriculum approved by the department for courses leading to the EMS-I endorsement.

*c.* A training program shall use the Iowa CCP curriculum (November 2001) for courses leading to the CCP endorsement.

*d.* A training program may waive portions of the required emergency medical care provider training for individuals certified as emergency medical care providers or licensed in other health care professions including, but not limited to, nursing, physician assistant, respiratory therapist, dentistry, and military. The training program shall document equivalent training and what portions of the course have been waived for equivalency.

**131.5(2) Clinical or field experience resources.** If clinical or field experience resources are located outside the framework of the training program, written agreements for such resources shall be obtained by the training program.

**131.5(3) Facilities.**

a. A training program shall ensure adequate classroom, laboratory, and practice space to conduct the training program. A library with reference materials on emergency and critical care shall also be available.

b. A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the clinical environment. The following hospital units shall be available for clinical experience for each training program as required in approved education standards pursuant to subrule 131.5(1):

- (1) Emergency department;
- (2) Intensive care unit or coronary care unit or both;
- (3) Operating room and recovery room;
- (4) Intravenous or phlebotomy team or other method to obtain IV experience;
- (5) Pediatric unit;
- (6) Labor and delivery suite and newborn nursery; and
- (7) Psychiatric unit.

c. A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the field environment. The training program shall use an appropriate emergency medical care service program to provide field experience as required in approved education standards pursuant to subrule 131.5(1).

d. A training program shall have liability insurance and shall offer liability insurance to students while they are enrolled in the training program.

**131.5(4) Staff.**

a. A training program medical director shall be a physician licensed under Iowa Code chapter 148.

b. A training program director who is an appropriate health care professional shall be appointed. This individual shall be a full-time educator or a practitioner in emergency or critical care.

c. Course coordinators, outreach course coordinators, and primary instructors used by the training program shall be currently endorsed as EMS instructors.

d. The instructional staff shall be comprised of physicians, nurses, pharmacists, emergency medical care personnel, or other health care professionals who have appropriate education and experience in emergency and critical care.

e. Preceptors shall be assigned in each of the clinical units in which emergency medical care students are obtaining clinical experience and field experience. The preceptors shall supervise student activities to ensure the quality and relevance of the experience. Student activity records shall be kept and reviewed by the immediate supervisor(s) and by the program director and course coordinator.

f. If a training program's medical director resigns, the training program director shall report this to the department and provide a curriculum vitae for the medical director's replacement. A new course shall not be started until a qualified medical director has been appointed.

g. A training program shall maintain records pertaining to each instructor used which include, as a minimum, the instructor's qualifications.

h. A training program is responsible for ensuring that each instructor is experienced in the area being taught and adheres to the education standards.

i. The training program shall ensure that each practical examination evaluator and mock patient is familiar with the NREMT practical examination requirements and procedures. Practical examination evaluators shall attend a workshop sponsored by the department and have the evaluator endorsement.

**131.5(5) Advisory committee.** There shall be an advisory committee which includes training program representatives and representatives from other groups such as affiliated medical facilities, local medical establishments, and ambulance, rescue and first response service programs.

**131.5(6) Student records.** A training program shall maintain an individual record for each student. Training program policy and department requirements will determine contents. These requirements include, but are not limited to:

- a. Application;
- b. Current certifications and endorsements;

c. Student record or transcript of hours and performance (including examinations) in classroom, clinical, and field experience settings.

**131.5(7) Selection of students.** There may be a selection committee to select students. The selection committee shall use, as a minimum, the prerequisites outlined in rule 641—131.2(147A).

**131.5(8) Students.**

a. A student may perform any procedures and skills for which the student has received training if the student is under the direct supervision of a physician or physician designee or under the remote supervision of a physician or physician designee with direct field supervision by an appropriately certified emergency medical care provider.

b. A student shall not be substituted for the regular personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.

c. A student is not eligible to continue functioning as a student of the training program in the clinical or field setting if the student is not in good standing with the training program, once the student has met the training program requirements, or once the student has been approved for certification testing.

**131.5(9) Financing and administration.**

a. There shall be sufficient funding available to the training program to ensure that each class started can be completed.

b. Tuition charged to students shall be accurately stated.

c. Advertising for training programs shall be appropriate.

d. A training program shall provide to each student, no later than the first session of the course, a guide that outlines, as a minimum:

(1) Course objectives.

(2) Required hours for completion.

(3) Minimum acceptable scores on interim testing.

(4) Attendance requirements.

(5) Grievance procedure.

(6) Disciplinary actions that may be invoked, the grounds for such actions, and the process provided.

(7) Requirements for certification.

**131.5(10) Training program application, inspection and approval.**

a. A training program graduating students at the paramedic level after December 31, 2012, must be accredited by, or must have submitted a self-study application to, the Committee on Accreditation for the Emergency Medical Services Professions.

b. A training program seeking initial or renewal approval shall use the EMS Training Program Application provided by the department. The application shall include, as a minimum:

(1) Names of appropriate officials of the training program;

(2) Evidence of availability of clinical resources;

(3) Evidence of availability of physical facilities;

(4) Evidence of qualified faculty;

(5) Qualifications and major responsibilities of each faculty member;

(6) Policies used for selection, promotion, and graduation of trainees;

(7) Practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program; and

(8) Level(s) of EMS certification to be offered.

c. A new training program shall submit a needs assessment which justifies the need for the training program.

d. Applications shall be reviewed by the department in accordance with the 2005 Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions, published by the Commission on Accreditation of Allied Health Education Programs. Failure to comply with the standards may lead to disciplinary action as described in rule 641—131.8(147A).

*e.* The department shall perform an on-site inspection of the training program's facilities and clinical resources. The purpose of the inspection is to examine educational objectives, patient care practices, facilities and administrative practices and to prepare a written report for review and action by the department.

*f.* The department shall inspect each training program at least once every five years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.

*g.* No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.

*h.* Representatives of the training program may be required by the department to meet with the department at the time the application and inspection report are discussed.

*i.* A written report of department action and the department inspection report shall be sent to the training program.

*j.* Training program approval shall not exceed five years.

*k.* A training program shall notify the department, in writing, of any change in ownership or control within 30 days.

*l.* Temporary variances. If during a period of authorization there is some occurrence that temporarily causes a training program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances to these rules (not to exceed six months in length per any approved request) may be granted by the department to a currently authorized training program. Requests for temporary variances shall apply only to the training program requesting the variance and shall apply only to those requirements and standards for which the department is responsible. To request a variance, the training program shall:

(1) Notify the department verbally (as soon as possible) of the need to request a temporary variance. The program shall submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

(2) Cite the rule from which the variance is requested.

(3) State why compliance with the rule cannot be maintained.

(4) Explain the alternative arrangements that have been or will be made regarding the variance request.

(5) Estimate the period of time for which the variance will be needed.

*m.* Training program applications and on-site inspection reports are public information.

**131.5(11)** *Out-of-state training program application and approval.*

*a.* An out-of-state training program shall apply to the department for approval.

*b.* An out-of-state training program seeking department approval shall use the out-of-state training program application provided by the department. The application shall include, as a minimum:

(1) Verification of approval to conduct initial EMS training by the authorizing agency within the out-of-state training program's home state;

(2) Evidence of oversight provided by a physician medical director;

(3) Evidence of qualified faculty;

(4) Evidence of curriculum utilized;

(5) Evidence of written contracts between the out-of-state training program and clinical and field sites being utilized within Iowa; and

(6) Description of practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program.

*c.* An out-of-state training program shall provide the department with a roster of students who will be participating in the clinical or field experience within the state of Iowa and, for each program, the sites where the students will be participating.

*d.* An out-of-state training program shall not be authorized to provide initial EMS training within the state of Iowa.

*e.* An out-of-state training program shall be limited to utilization of clinical or field sites or both within Iowa.

*f.* Representatives of the out-of-state training program may be required by the department to meet with the department at the time the application is discussed.

*g.* An out-of-state training program approval shall not exceed five years.

*h.* An out-of-state training program shall notify the department, in writing, of any change in ownership, control, or approval status by the out-of-state training program's authorizing state agency within 30 days.

**131.5(12) *Out-of-state students.***

*a.* An out-of-state student shall be registered in good standing in an approved out-of-state training program.

*b.* An out-of-state student may perform any procedures and skills for which the student is training provided that the procedure or skill is within the Iowa scope of practice policy of a comparable Iowa emergency medical care provider. The student must be under the direct supervision of a physician or physician designee or under the remote supervision of a physician or physician designee with direct supervision by an appropriately certified emergency medical care provider.

*c.* An out-of-state student shall not be substituted for personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.

*d.* An out-of-state student participating in the clinical or field setting within the state of Iowa shall provide documentation of liability insurance.

*e.* An out-of-state student is not eligible to continue functioning as a student of the approved out-of-state training program in the clinical or field setting if the student is not in good standing with the approved out-of-state training program, once the student has met the training program's requirements, or once the student has been approved for certification testing.

*f.* An out-of-state student shall not be eligible for Iowa EMS certification without meeting the requirements for certification through reciprocity in subrule 131.4(9).

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

**641—131.6(147A) Continuing education providers—approval, record keeping and inspection.**

**131.6(1)** Continuing education courses for emergency medical care personnel may be approved by the department, an EMS training program or a national EMS continuing education accreditation entity.

**131.6(2)** A training program may conduct continuing education courses (utilizing appropriate instructors) pursuant to subrule 131.4(6).

*a.* Each training program shall assign a sponsor number to each appropriate continuing education course using an assignment system approved by the department.

*b.* Course approval shall be completed prior to the course's being offered.

*c.* Each training program shall maintain a participant record that includes, as a minimum:

- (1) Name.
- (2) Address.
- (3) Certification number.
- (4) Course sponsor number.
- (5) Course instructor.
- (6) Date of course.
- (7) CEHs awarded.

*d.* Each training program shall submit to the department on a quarterly basis a completed Approved EMS Continuing Education Form.

**131.6(3) Record keeping and record inspection.**

*a.* To ensure compliance or to verify the validity of any training program application, the department may request additional information or inspect the records of any continuing education provider who is currently approved or who is seeking approval.

*b.* No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

**641—131.7(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of emergency medical care personnel certificates or renewal.**

**131.7(1)** This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

**131.7(2)** Method of discipline. The department has the authority to impose the following disciplinary sanctions against an emergency medical care provider:

- a.* Issue a citation and warning.
- b.* Impose a civil penalty not to exceed \$1000.
- c.* Require reexamination.
- d.* Require additional education or training.
- e.* Impose a period of probation under specific conditions.
- f.* Prohibit permanently, until further order of the department, or for a specific period, a provider's ability to engage in specific procedures, methods, acts or activities incident to the practice of the profession.
- g.* Suspend a certificate until further order of the department or for a specific period.
- h.* Deny an application for certification.
- i.* Revoke a certification.
- j.* Impose such other sanctions as allowed by law and as may be appropriate.

**131.7(3)** The department may deny an application for issuance or renewal of an emergency medical care provider certificate, including endorsement, or may impose any of the disciplinary sanctions provided in subrule 131.7(2) when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

- a.* Negligence in performing emergency medical care.
- b.* Failure to follow the directions of supervising physicians or their designees.
- c.* Rendering treatment not authorized under Iowa Code chapter 147A.
- d.* Fraud in procuring certification or renewal including, but not limited to:
  - (1) An intentional perversion of the truth in making application for a certification to practice in this state;
  - (2) False representations of a material fact, whether by word or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed when making application for a certification in this state; or
  - (3) Attempting to file or filing with the department or training program any false or forged diploma or certificate or affidavit or identification or qualification in making an application for a certification in this state.
- e.* Professional incompetency. Professional incompetency includes, but is not limited to:
  - (1) A substantial lack of knowledge or ability to discharge professional obligations within the scope of practice.
  - (2) A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other emergency medical care providers in the state of Iowa acting in the same or similar circumstances.
  - (3) A failure to exercise the degree of care which is ordinarily exercised by the average emergency medical care provider acting in the same or similar circumstances.
  - (4) Failure to conform to the minimal standard of acceptable and prevailing practice of certified emergency medical care providers in this state.
- f.* Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof

of actual injury need not be established. Acts which may constitute unethical conduct include, but are not limited to:

- (1) Verbally or physically abusing a patient or coworker.
- (2) Improper sexual contact with or making suggestive, lewd, lascivious or improper remarks or advances to a patient or coworker.
- (3) Betrayal of a professional confidence.
- (4) Engaging in a professional conflict of interest.
- (5) Falsification of medical records.
- g.* Engaging in any conduct that subverts or attempts to subvert a department investigation.
- h.* Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.
- i.* Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.
- j.* Failure to report another emergency medical care provider to the department for any violations listed in these rules, pursuant to Iowa Code chapter 147A.
- k.* Knowingly aiding, assisting or advising a person to unlawfully practice EMS.
- l.* Representing oneself as an emergency medical care provider when one's certification has been suspended or revoked or when one's certification is lapsed or has been placed on inactive status.
- m.* Permitting the use of a certification by a noncertified person for any purpose.
- n.* Mental or physical inability reasonably related to and adversely affecting the emergency medical care provider's ability to practice in a safe and competent manner.
- o.* Being adjudged mentally incompetent by a court of competent jurisdiction.
- p.* Sexual harassment of a patient, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- q.* Habitual intoxication or addiction to drugs.
  - (1) The inability of an emergency medical care provider to practice with reasonable skill and safety by reason of the excessive use of alcohol on a continuing basis.
  - (2) The excessive use of drugs which may impair an emergency medical care provider's ability to practice with reasonable skill or safety.
  - (3) Obtaining, possessing, attempting to obtain or possess, or administering controlled substances without lawful authority.
- r.* Fraud in representation as to skill, ability or certification.
- s.* Willful or repeated violations of Iowa Code chapter 147A or these rules.
- t.* Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care, including but not limited to a crime involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.
- u.* Having certification to practice emergency medical care suspended or revoked or having other disciplinary action taken by a licensing or certifying authority of this state or another state, territory or country. A copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.
- v.* Falsifying certification renewal reports or failure to comply with the renewal audit request.
- w.* Acceptance of any fee by fraud or misrepresentation.
- x.* Repeated failure to comply with standard precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.
- y.* Violating privacy and confidentiality. An emergency medical care provider shall not disclose or be compelled to disclose patient information unless required or authorized by law.
- z.* Discrimination. An emergency medical care provider shall not practice, condone, or facilitate discrimination against a patient, student, or supervisee on the basis of race, ethnicity, national origin,

color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.

*aa.* Practicing emergency medical services or using a designation of certification or otherwise holding oneself out as practicing emergency medical services at a certain level of certification when the emergency medical care provider is not certified at such level.

*ab.* Failure to respond within 30 days of receipt, unless otherwise specified, of communication from the department which was sent by registered or certified mail.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

**641—131.8(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of training program approval or renewal.**

**131.8(1)** This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

**131.8(2)** Method of discipline. The department has the authority to impose the following disciplinary sanctions against a training program:

- a.* Issue a citation and warning.
- b.* Impose a period of probation under specific conditions.
- c.* Prohibit permanently, until further order of the department, or for a specific period, a program's ability to engage in specific procedures, methods, acts or activities incident to the practice of the profession.
- d.* Suspend an authorization until further order of the department or for a specific period.
- e.* Deny an application for authorization.
- f.* Revoke an authorization.
- g.* Impose such other sanctions as allowed by law and as may be appropriate.

**131.8(3)** The department may impose any of the disciplinary sanctions provided in subrule 131.8(2) when it finds that the training program or applicant has failed to meet the applicable provisions of these rules or has committed any of the following acts or offenses:

- a.* Fraud in procuring approval or renewal.
- b.* Falsification of training or continuing education records.
- c.* Suspension or revocation of approval to provide emergency medical care training or other disciplinary action taken pursuant to Iowa Code chapter 147A. A certified copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.
- d.* Engaging in any conduct that subverts or attempts to subvert a department investigation.
- e.* Failure to respond within 30 days of receipt of communication from the department which was sent by registered or certified mail.
- f.* Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.
- g.* Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.
- h.* Submission of a false report of continuing education or failure to submit the quarterly report of continuing education.
- i.* Knowingly aiding, assisting or advising a person to unlawfully practice EMS.
- j.* Representing itself as an approved training program or continuing education provider when approval has been suspended or revoked or when approval has lapsed or has been placed on inactive status.
- k.* Using an unqualified individual as an instructor or evaluator.
- l.* Allowing verbal or physical abuse of a student or staff.
- m.* A training program provider or continuing education provider shall not sexually harass a patient, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- n.* Betrayal of a professional confidence.
- o.* Engaging in a professional conflict of interest.

*p.* Discrimination. A training program or continuing education provider shall not practice, condone, or facilitate discrimination against a patient, student, or supervisee on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.

*q.* Failure to comply with the 2005 Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions, published by the Commission on Accreditation of Allied Health Education Programs.  
[ARC 9443B, IAB 4/6/11, effective 8/1/11]

#### **641—131.9(147A) Reinstatement of certification.**

**131.9(1)** Any person whose certification to practice has been revoked or suspended may apply to the department for reinstatement in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the certification is permanently revoked.

**131.9(2)** If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur or if the certification was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender.

**131.9(3)** All proceedings for reinstatement shall be initiated by the respondent, who shall file with the department an application for reinstatement of the certification. Such application shall be docketed in the original case in which the certification was revoked, suspended, or relinquished. All proceedings upon the application for reinstatement shall be subject to the same rules of procedure as other cases before the department.

**131.9(4)** An application for reinstatement shall allege facts which, if established, will be sufficient to enable the department to determine that the basis for the revocation or suspension of the respondent's certification no longer exists and that it will be in the public interest for the certification to be reinstated. The burden of proof to establish such facts shall be on the respondent.

**131.9(5)** An order denying or granting reinstatement shall be based upon a decision which incorporates findings of facts and conclusions of law. The order shall be published as provided for in this chapter.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

#### **641—131.10(147A) Certification denial.**

**131.10(1)** An applicant who has been denied certification by the department may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the department not more than 20 days following the date of mailing of the notification of certification denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

**131.10(2)** All hearings held pursuant to this rule shall be held pursuant to the process outlined in this chapter.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

**641—131.11(147A) Emergency adjudicative proceedings.** To the extent necessary to prevent or avoid immediate danger to the public health, safety or welfare and consistent with the Constitution and other provisions of law, the department may issue a written order in compliance with Iowa Code section 17A.18 to suspend a certificate in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the department by emergency adjudicative order.

**131.11(1)** Before issuing an emergency adjudicative order, the department shall consider factors including, but not limited to, the following:

*a.* Whether there has been a sufficient factual investigation to ensure that the department is proceeding on the basis of reliable information;

*b.* Whether the specific circumstances which pose immediate danger to the public health, safety or welfare have been identified and determined to be continuing;

- c.* Whether the individual required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety or welfare;
- d.* Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety or welfare; and
- e.* Whether the specific action contemplated by the department is necessary to avoid the immediate danger.

**131.11(2) Issuance of order.**

*a.* An emergency adjudicative order shall contain findings of fact, conclusions of law, and policy reasons to justify the determination of an immediate danger in the department's decision to take immediate action. The order is a public record.

*b.* The written emergency adjudicative order shall be immediately delivered to the individual who is required to comply with the order. Delivery shall be made by one or more of the following procedures:

- (1) Personal delivery.
- (2) Certified mail, return receipt requested, to the last address on file with the department.
- (3) Fax. Fax may be used as the sole method of delivery if the individual required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose.

*c.* To the degree practicable, the department shall select the procedure for providing written notice that best ensures prompt, reliable delivery.

*d.* Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order issues, the department shall make reasonable immediate efforts to contact by telephone the individual who is required to comply with the order.

*e.* After the issuance of an emergency adjudicative order, the department shall proceed as quickly as feasible to complete any proceedings that would be required if the matter did not involve an immediate danger.

*f.* Issuance of a written emergency adjudicative order shall include notification of the date on which department proceedings are scheduled for completion. After issuance of an emergency adjudicative order, continuance of further department proceedings to a later date will be granted only in compelling circumstances upon application in writing unless the individual that is required to comply with the order is the party requesting the continuance.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

**641—131.12(147A) Complaints, investigations and appeals.**

**131.12(1)** This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

**131.12(2)** All complaints regarding emergency medical care personnel, training programs or continuing education providers, or those purporting to be or operating as the same, shall be reported to the department in writing. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**131.12(3)** An emergency medical care provider who has knowledge of an emergency medical care provider or service program that has violated Iowa Code chapter 147A, 641—Chapter 132 or these rules shall report such information to the department.

**131.12(4)** Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

**131.12(5)** A determination of mental incompetence by a court of competent jurisdiction automatically suspends a certificate for the duration of the certificate unless the department orders otherwise.

**131.12(6)** Notice of denial, issuance of a citation and warning, probation, suspension or revocation shall be affected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, probation, suspension or revocation shall be served by certified mail, return receipt requested, or by personal service.

**131.12(7)** Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

**131.12(8)** Upon receipt of a request for hearing, the department shall forward the request within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**131.12(9)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

**131.12(10)** When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 131.12(11).

**131.12(11)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**131.12(12)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**131.12(13)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or by personal service.

**131.12(14)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**131.12(15)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**131.12(16)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**131.12(17)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

These rules are intended to implement Iowa Code chapter 147A.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 5**

Iowa Administrative Code 641—132

CHAPTER 132  
EMERGENCY MEDICAL SERVICES—SERVICE PROGRAM AUTHORIZATION

[Joint Rules pursuant to 147A.4]

[Prior to 7/29/87, Health Department[470] Ch 132]

**641—132.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Advanced emergency medical technician*” or “*AEMT*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Advanced Emergency Medical Technician Instructional Guidelines (January 2009), has passed the National Registry of Emergency Medical Technicians (NREMT) practical and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT.

“*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.

“*Ambulance service*” means any privately or publicly owned service program which utilizes ambulances in order to provide patient transportation and emergency medical services.

“*Automated defibrillator*” means any external semiautomatic device that determines whether defibrillation is required.

“*Automated external defibrillator*” or “*AED*” means an external semiautomated device that determines whether defibrillation is required.

“*CEH*” means “continuing education hour” which is based upon a minimum of 50 minutes of training per hour.

“*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.

“*CPR*” means training and successful course completion in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards.

“*Critical care paramedic*” or “*CCP*” means a currently certified paramedic specialist or paramedic who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

“*Critical care transport*” or “*CCT*” means specialty care patient transportation, when medically necessary for a critically ill or injured patient needing critical care paramedic skills, provided by an authorized ambulance service that is approved by the department to provide critical care transportation and staffed by one or more critical care paramedics or other health care professional in an appropriate specialty area.

“*Current course completion*” means written recognition given for training and successful course completion of CPR with an expiration date or a recommended renewal date that exceeds the current date.

“*Deficiency*” means noncompliance with Iowa Code chapter 147A or these rules.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Direct supervision*” means services provided by an EMS provider in a hospital setting or other health care entity in which health care is ordinarily performed when in the personal presence of a physician or under the direction of a physician who is immediately available or under the direction of a physician assistant or registered nurse who is immediately available and is acting consistent with adopted policies and protocols of a hospital or other health care entity.

“*Emergency medical care*” means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by protocol.
5. Any medical procedure authorized by 641—subrule 131.3(3).

*“Emergency medical care provider”* means an individual who has been trained to provide emergency and nonemergency medical care at the EMR, EMT, AEMT, paramedic or other certification levels recognized by the department before 2011 and who has been issued a certificate by the department.

*“Emergency medical responder”* or *“EMR”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Responder Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMR, and is currently certified by the department as an EMR.

*“Emergency medical services”* or *“EMS”* means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

*“Emergency medical technician”* or *“EMT”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMT, and is currently certified by the department as an EMT.

*“Emergency medical technician-basic (EMT-B)”* means an individual who has successfully completed the current United States Department of Transportation’s Emergency Medical Technician-Basic curriculum and department enhancements, passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.

*“Emergency medical technician-intermediate (EMT-I)”* means an individual who has successfully completed an EMT-intermediate curriculum approved by the department, passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-I.

*“Emergency medical technician-paramedic”* or *“EMT-P”* means an individual who has successfully completed the United States Department of Transportation’s EMT-Intermediate (1999) or the 1985 or earlier DOT EMT-P curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

*“Emergency medical transportation”* means the transportation, by ambulance, of sick, injured or otherwise incapacitated persons who require emergency medical care.

*“EMS advisory council”* means a council appointed by the director to advise the director and develop policy recommendations concerning regulation, administration, and coordination of emergency medical services in the state.

*“EMS contingency plan”* means an agreement or dispatching policy between two or more ambulance service programs that addresses how and under what circumstances patient transportation will be provided in a given service area when coverage is not possible due to unforeseen circumstances.

*“EMS system”* is any specific arrangement of emergency medical personnel, equipment, and supplies designed to function in a coordinated fashion.

*“Endorsement”* means an approval granted by the department authorizing an individual to serve as an EMS-I, EMS-E or CCP.

*“First responder (FR)”* means an individual who has successfully completed the current United States Department of Transportation’s First Responder curriculum and department enhancements, passed the department’s approved written and practical examinations, and is currently certified by the department as an FR.

*“First response vehicle”* means any privately or publicly owned vehicle which is used solely for the transportation of emergency medical care personnel and equipment to and from the scene of a medical or nonmedical emergency.

*“Hospital”* means any hospital licensed under the provisions of Iowa Code chapter 135B.

*“Inclusion criteria”* means criteria determined by the department and adopted by reference to determine which patients are to be included in the Iowa EMS service program registry or the trauma registry.

*“Intermediate”* means an emergency medical technician-intermediate.

*“Iowa EMS Patient Registry Data Dictionary”* means reportable data elements for all ambulance service responses and definitions determined by the department and adopted by reference.

*“Medical direction”* means direction, advice, or orders provided by a medical director, supervising physician, or physician designee (in accordance with written parameters and protocols) to emergency medical care personnel.

*“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.

*“Mutual aid”* means an agreement, preferably in writing, between two or more services that addresses how and under what circumstances each service will respond to a request for assistance in situations that exhaust available resources.

*“Nonemergency transportation”* means transportation that may be provided for those persons determined to need transportation only.

*“Nontransport service”* means any privately or publicly owned rescue or first response service program which does not provide patient transportation (except when no ambulance is available or in a disaster situation) and utilizes only rescue or first response vehicles to provide emergency medical care at the scene of an emergency.

*“Off-line medical direction”* means the monitoring of EMS providers through retrospective field assessments and treatment documentation review, critiques of selected cases with the EMS personnel, and statistical review of the system.

*“On-line medical direction”* means immediate medical direction provided directly to service program EMS providers, in accordance with written parameters and protocols, by the medical director, supervising physician or physician designee either on-scene or by any telecommunications system.

*“Paramedic”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Paramedic Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the paramedic, and is currently certified by the department as a paramedic.

*“Paramedic specialist (PS)”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-Paramedic curriculum or equivalent, passed the department’s approved written and practical examinations, and is currently certified by the department as a paramedic specialist.

*“Patient”* means any individual who is sick, injured, or otherwise incapacitated.

*“Patient care report (PCR)”* means a computerized or written report that documents the assessment and management of the patient by the emergency care provider in the out-of-hospital setting.

*“Physician”* means any individual licensed under Iowa Code chapter 148, 150, or 150A.

*“Physician assistant (PA)”* means an individual licensed pursuant to Iowa Code chapter 148C.

*“Physician designee”* means any registered nurse licensed under Iowa Code chapter 152, or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistant examiners. The physician designee acts as an intermediary for a supervising physician in accordance with written policies and protocols in directing the care provided by emergency medical care providers.

*“Preceptor”* means an individual who has been assigned by the training program, clinical facility or service program to supervise students while the students are completing their clinical or field experience. A preceptor must be an emergency medical care provider certified at the level being supervised or higher, or must be licensed as a registered nurse, physician’s assistant or physician.

*“Protocols”* means written directions and orders, consistent with the department’s standard of care, that are to be followed by an emergency medical care provider in emergency and nonemergency situations. Protocols must be approved by the service program’s medical director and address the care of both adult and pediatric patients.

*“Registered nurse (RN)”* means an individual licensed pursuant to Iowa Code chapter 152.

*“Reportable patient data”* means data elements and definitions determined by the department and adopted by reference to be reported to the Iowa EMS service program registry or the trauma registry or a trauma care facility on patients meeting the inclusion criteria.

“*Rescue vehicle*” means any privately or publicly owned vehicle which is specifically designed, modified, constructed, equipped, staffed and used regularly for rescue or extrication purposes at the scene of a medical or nonmedical emergency.

“*Service director*” means an individual who is responsible for the operation and administration of a service program.

“*Service program*” or “*service*” means any medical care ambulance service or nontransport service that has received authorization by the department.

“*Service program area*” means the geographic area of responsibility served by any given ambulance or nontransport service program.

“*Student*” means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portions.

“*Supervising physician*” means any physician licensed under Iowa Code chapter 148, 150, or 150A. The supervising physician is responsible for medical direction of emergency medical care personnel when such personnel are providing emergency medical care.

“*Tiered response*” means a rendezvous of service programs to allow the transfer of patient care.

“*Training program*” means an NCA-approved Iowa college, the Iowa law enforcement academy or an Iowa hospital approved by the department to conduct emergency medical care training.

“*Transport agreement*” means a written agreement between two or more service programs that specifies the duties and responsibilities of the agreeing parties to ensure appropriate transportation of patients in a given service area.

[ARC 8661B, IAB 4/7/10, effective 5/12/10; ARC 9357B, IAB 2/9/11, effective 3/16/11; ARC 0063C, IAB 4/4/12, effective 5/9/12]

#### **641—132.2(147A) Authority of emergency medical care provider.**

**132.2(1)** Rescinded IAB 2/7/01, effective 3/14/01.

**132.2(2)** An emergency medical care provider who holds an active certification issued by the department may:

*a.* Render via on-line medical direction emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified, as part of an authorized service program:

- (1) At the scene of an emergency;
- (2) During transportation to a hospital;
- (3) While in the hospital emergency department;
- (4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
- (5) During transfer from one medical care facility to another or to a private home.

*b.* Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:

- (1) Enrolled as a student in and approved by a training program;
- (2) Fulfilling continuing education requirements;
- (3) Employed by or assigned to a hospital or other entity in which health care is ordinarily

provided only when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider’s certification and under direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care personnel may perform, without direct supervision, emergency medical care procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient’s life;

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or

registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

**132.2(3)** When emergency medical care personnel are functioning in a capacity identified in subrule 132.2(2), paragraph “a,” they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

**132.2(4)** Scope of practice.

*a.* Emergency medical care providers shall provide only those services and procedures as are authorized within the scope of practice for which they are certified.

*b.* Scope of Practice for Iowa EMS Providers (April 2013) is hereby incorporated and adopted by reference for emergency medical care providers. For any differences that may occur between the Scope of Practice adopted by reference and these administrative rules, the administrative rules shall prevail.

*c.* The department may grant a variance for changes to the Scope of Practice that have not yet been adopted by these rules. A variance to these rules may be granted by the department pursuant to 132.14(1).

*d.* Scope of Practice for Iowa EMS Providers is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**132.2(5)** The department may approve other emergency medical care skills on a limited pilot project basis. Requests for a pilot project application shall be made to the department.

**132.2(6)** An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department within 30 days.

[ARC 8230B, IAB 10/7/09, effective 11/11/09; ARC 0063C, IAB 4/4/12, effective 5/9/12; ARC 0480C, IAB 12/12/12, effective 1/16/13; ARC 1404C, IAB 4/2/14, effective 5/7/14]

**641—132.3(147A) Emergency medical care providers—requirements for enrollment in training programs.** Rescinded IAB 2/9/00, effective 3/15/00.

**641—132.4(147A) Emergency medical care providers—certification, renewal standards and procedures, and fees.** Rescinded IAB 2/9/00, effective 3/15/00.

**641—132.5(147A) Training programs—standards, application, inspection and approval.** Rescinded IAB 2/9/00, effective 3/15/00.

**641—132.6(147A) Continuing education providers—approval, record keeping and inspection.** Rescinded IAB 2/9/00, effective 3/15/00.

**641—132.7(147A) Service program—authorization and renewal procedures, inspections and transfer or assignment of certificates of authorization.**

**132.7(1)** *General requirements for authorization and renewal of authorization.*

*a.* An ambulance or nontransport service in this state that desires to provide emergency medical care, in the out-of-hospital setting, shall apply to the department for authorization to establish a program utilizing certified emergency medical care providers for delivery of care at the scene of an emergency or nonemergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private home, or while in the hospital emergency department and until care is directly assumed by a physician or by authorized hospital personnel. Application for authorization shall be made on forms provided by the department. Applicants shall complete and submit the forms to the department at least 30 days prior to the anticipated date of authorization.

*b.* To renew service program authorization, the service program shall continue to meet the requirements of Iowa Code chapter 147A and these rules. The renewal application shall be completed and submitted to the department at least 30 days before the current authorization expires.

c. Applications for authorization and renewal of authorization may be obtained upon request to: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

d. The department shall approve an application when the department is satisfied that the program proposed by the application will be operated in compliance with Iowa Code chapter 147A and these administrative rules.

e. Service program authorization is valid for a period of three years from its effective date unless otherwise specified on the certificate of authorization or unless sooner suspended or revoked.

f. Service programs shall be fully operational upon the effective date and at the level specified on the certificate of authorization and shall meet all applicable requirements of Iowa Code chapter 147A and these rules. Deficiencies that are identified shall be corrected within a time frame determined by the department.

g. The certificate of authorization shall be issued to the service program based in the city named in the application. Any ambulance service or nontransport service that operates from more than one city shall apply for and, if approved, shall receive an inclusive authorization for each city of operation that is listed in the application.

h. Any service program owner in possession of a certificate of authorization as a result of transfer or assignment shall continue to meet all applicable requirements of Iowa Code chapter 147A and these rules. In addition, the new owner shall apply to the department for a new certificate of authorization within 30 days following the effective date of the transfer or assignment.

i. Service programs that acquire and maintain current status with a nationally recognized EMS service program accreditation entity that meets or exceeds Iowa requirements may be exempted from the service application/inspection process. A copy of the state service application and accreditation inspection must be filed with the department for approval.

**132.7(2) Out-of-state service programs.**

a. Service programs located in other states which wish to provide emergency medical care in Iowa must meet all requirements of Iowa Code chapter 147A and these rules and must be authorized by the department except when:

- (1) Transporting patients from locations within Iowa to destinations outside of Iowa;
- (2) Transporting patients from locations outside of Iowa to destinations within Iowa;
- (3) Transporting patients to or from locations outside of Iowa that requires travel through Iowa;
- (4) Responding to a request for mutual aid in this state; or
- (5) Making an occasional EMS response to locations within Iowa and then transporting the patients to destinations within Iowa.

b. An out-of-state service program that meets any of the exception criteria established in 132.7(2) shall be authorized to provide emergency medical care by the state in which the program resides and shall provide the department with verification of current state authorization upon request.

**132.7(3) Air ambulances.** Rescinded IAB 4/7/10, effective 5/12/10.

**132.7(4) Service program inspections.**

a. The department shall inspect each service program at least once every three years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.

b. The department may request additional information from or may inspect the records of any service program which is currently authorized or which is seeking authorization to ensure continued compliance or to verify the validity of any information presented on the application for service program authorization.

c. The department may inspect the patient care records of a service program to verify compliance with Iowa Code chapter 147A and these rules.

d. No person shall interfere with the inspection activities of the department or its agents pursuant to Iowa Code section 135.36.

e. Interference with or failure to allow an inspection by the department or its agents may be cause for disciplinary action in reference to service program authorization.

**132.7(5) Temporary service program authorization.**

*a.* A temporary service program authorization may be issued to services that wish to operate during special events that may need emergency medical care coverage. Temporary authorization is valid for a period of 30 days unless otherwise specified on the certificate of authorization or unless sooner suspended or revoked. Temporary authorization shall apply to those requirements and standards for which the department is responsible. Applicants shall complete and submit the necessary forms to the department at least 30 days prior to the anticipated date of need.

*b.* The service shall meet applicable requirement of these rules, but may apply for a variance using the criteria outlined in rule 641—132.14(147A).

*c.* The service shall submit a justification which demonstrates the need for the temporary service program authorization.

*d.* The service shall submit a report, to the department, within 30 days after the expiration of the temporary authorization which includes as a minimum:

- (1) Number of patients treated;
- (2) Types of treatment rendered;
- (3) Any operational or medical problems.

**132.7(6) Conditional service program authorization.** Rescinded IAB 2/6/02, effective 3/13/02.  
[ARC 8661B, IAB 4/7/10, effective 5/12/10; ARC 9357B, IAB 2/9/11, effective 3/16/11]

**641—132.8(147A) Service program levels of care and staffing standards.**

**132.8(1)** A service program seeking ambulance authorization shall:

*a.* Apply for authorization at one of the following levels:

- (1) EMT-B/EMT.
- (2) EMT-I.
- (3) AEMT.
- (4) EMT-P.
- (5) PS/Paramedic.

*b.* Maintain an adequate number of ambulances and personnel to provide 24-hour-per-day, 7-day-per-week coverage. Ambulances shall comply with paragraph 132.8(1)“d.” The number of ambulances and personnel to be maintained shall be determined by the department, and shall be based upon, but not limited to, the following:

- (1) Number of calls;
- (2) Service area and population; and
- (3) Availability of other services in the area.

*c.* Provide as a minimum, on each ambulance call, the following staff:

- (1) One currently certified EMT-B or EMT.
- (2) One currently licensed driver. The service shall document each driver’s training in CPR (AED training not required), in emergency driving techniques and in the use of the service’s communications equipment. Training in emergency driving techniques shall include:

1. A review of Iowa laws regarding emergency vehicle operations.
2. A review of the service program’s driving policy for first response vehicles, ambulances, rescue vehicles or personal vehicles of an emergency medical care provider responding as a member of the service. The policy shall include, at a minimum:

- Frequency and content of driver’s training requirements.
- Criteria for response with lights or sirens or both.
- Speed limits when responding with lights or sirens or both.
- Procedure of approaching intersections with lights or sirens or both.
- Notification process in the event of a motor vehicle collision involving a first response vehicle, ambulance, rescue vehicle or personal vehicle of an emergency medical care provider responding as a member of the service.

3. Behind-the-wheel driving of the service’s first response vehicles, ambulances and rescue vehicles.

- d.* Submit an EMS contingency plan that will be put into operation when coverage pursuant to the 24/7 rule in paragraph 132.8(1) “*b*” is not possible due to unforeseen circumstances.
- e.* Report frequency of use of the contingency plan to the department upon request.
- f.* Seek approval from the department to provide nontransport coverage in addition to or in lieu of ambulance authorization.
- g.* Advertise or otherwise imply or hold itself out to the public as an authorized ambulance service only to the level of care maintained 24 hours per day, seven days a week.
- h.* Apply to the department to receive approval to provide critical care transportation based upon appropriately trained staff and approved equipment.
- i.* Unless otherwise established by protocol approved by the medical director, the emergency medical care provider with the highest level of certification (on the transporting service) shall attend the patient.

**132.8(2)** A service program seeking nontransport authorization shall:

- a.* Apply for authorization at one of the following levels:
  - (1) First responder/EMR.
  - (2) EMT-B/EMT.
  - (3) EMT-I.
  - (4) AEMT.
  - (5) EMT-P.
  - (6) PS/Paramedic.
- b.* For staffing purposes provide, as a minimum, a transport agreement.
- c.* Advertise or otherwise hold itself out to the public as an authorized nontransport service program only to the level of care maintained 24 hours per day, seven days a week.
- d.* Not be prohibited from transporting patients in an emergency situation when lack of transporting resources would cause an unnecessary delay in patient care.

**132.8(3)** Service program operational requirements. Ambulance and nontransport service programs shall:

- a.* Complete and maintain a patient care report concerning the care provided to each patient. Ambulance services shall provide, at a minimum, a PCR verbal report upon delivery of a patient to a receiving facility and shall provide a complete PCR within 24 hours to the receiving facility.
- b.* Utilize department protocols as the standard of care. The service program medical director may make changes to the department protocols provided the changes are within the EMS provider’s scope of practice and within acceptable medical practice. A copy of the changes shall be filed with the department.
- c.* Ensure that personnel duties are consistent with the level of certification and the service program’s level of authorization.
- d.* Maintain current personnel rosters and personnel files. The files shall include the names and addresses of all personnel and documentation that verifies EMS provider credentials including, but not limited to:
  - (1) Current provider level certification.
  - (2) Current course completions/certifications/endorsements as may be required by the medical director.
  - (3) PA and RN exception forms for appropriate personnel and verification that PA and RN personnel have completed the appropriate EMS level continuing education.
- e.* If requested by the department, notify the department in writing of any changes in personnel rosters.
- f.* Have a medical director and 24-hour-per-day, 7-day-per-week on-line medical direction available.
- g.* Ensure that the appropriate service program personnel respond as required in this rule and that they respond in a reasonable amount of time.
- h.* Notify the department in writing within seven days of any change in service director or ownership or control or of any reduction or discontinuance of operations.

*i.* Select a new or temporary medical director if for any reason the current medical director cannot or no longer wishes to serve in that capacity. Selection shall be made before the current medical director relinquishes the duties and responsibilities of that position.

*j.* Within seven days of any change of medical director, notify the department in writing of the selection of the new or temporary medical director who must have indicated in writing a willingness to serve in that capacity.

*k.* Not prevent a registered nurse or physician assistant from supplementing the staffing of an authorized service program provided equivalent training is documented pursuant to Iowa Code sections 147A.12 and 147A.13.

*l.* Not be authorized to utilize a manual defibrillator (except paramedic, paramedic specialist).

*m.* Implement a continuous quality improvement program that provides a policy to include as a minimum:

(1) Medical audits.

(2) Skills competency.

(3) Follow-up (loop closure/resolution).

*n.* Require physician assistants and registered nurses providing care pursuant to Iowa Code sections 147A.12 and 147A.13 to meet CEH requirements approved by the medical director.

*o.* Document an equipment maintenance program to ensure proper working condition and appropriate quantities.

*p.* Ensure a response to requests for assistance when dispatched by a public safety answering point within the primary service area identified in the service program's authorization application.

*q.* Submit reportable patient data identified in subrule 132.8(7) via electronic transfer. Data shall be submitted in a format approved by the department.

*r.* Submit reportable patient data identified in subrule 132.8(7) to the department for each calendar quarter. Reportable patient data shall be submitted no later than 90 days after the end of the quarter.

**132.8(4)** Equipment and vehicle standards. The following standards shall apply:

*a.* Ambulances placed into service after July 1, 2002, shall meet, as a minimum, the National Truck and Equipment Association's Ambulance Manufacture Division (AMD) performance specifications.

*b.* All EMS service programs shall carry equipment and supplies in quantities as determined by the medical director and appropriate to the service program's level of care and available certified EMS personnel and as established in the service program's approved protocols.

*c.* Pharmaceutical drugs and over-the-counter drugs may be carried and administered upon completion of training and pursuant to the service program's established protocols approved by the medical director.

*d.* All drugs shall be maintained in accordance with the rules of the state board of pharmacy examiners.

*e.* Accountability for drug exchange, distribution, storage, ownership, and security shall be subject to applicable state and federal requirements. The method of accountability shall be described in the written pharmacy agreement. A copy of the written pharmacy agreement shall be submitted to the department.

*f.* Each ambulance service program shall maintain a telecommunications system between the emergency medical care provider and the source of the service program's medical direction and other appropriate entities. Nontransport service programs shall maintain a telecommunications system between the emergency medical care provider and the responding ambulance service and other appropriate entities.

*g.* All telecommunications shall be conducted in an appropriate manner and on a frequency approved by the Federal Communications Commission and the department.

**132.8(5)** Preventative maintenance. Each ambulance service program shall document a preventative maintenance program to make certain that:

*a.* Vehicles are fully equipped and maintained in a safe operating condition. In addition:

(1) All ground ambulances shall be housed in a garage or other facility that prevents engine, equipment and supply freeze-up and windshield icing. An unobstructed exit to the street shall also be maintained;

(2) The garage or other facility shall be adequately heated or each response vehicle shall have permanently installed auxiliary heating units to sufficiently heat the engine and patient compartment; and

(3) The garage or other facility shall be maintained in a clean, safe condition free of debris or other hazards.

*b.* The exterior and interior of the vehicles are kept clean. The interior and equipment shall be cleaned after each use as necessary. When a patient with a communicable disease has been transported or treated, the interior and any equipment or nondisposable supplies coming in contact with the patient shall be thoroughly disinfected.

*c.* All equipment stored in a patient compartment is secured so that, in the event of a sudden stop or movement of the vehicle, the patient and service program personnel are not injured by moving equipment.

*d.* All airway, electrical and mechanical equipment is kept clean and in proper operating condition.

*e.* Compartments provided within the vehicles and the medical and other supplies stored therein are kept in a clean and sanitary condition.

*f.* All linens, airway and oxygen equipment or any other supplies or equipment coming in direct patient contact is of a single-use disposable type or cleaned, laundered or disinfected prior to reuse.

*g.* Freshly laundered blankets and linen or disposable linens are used on cots and pillows and are changed after each use.

*h.* Proper storage is provided for clean linen.

*i.* Soiled supplies shall be appropriately disposed of according to current biohazard practices.

**132.8(6) Service program—incident and accident reports.**

*a.* Incidents of fire or other destructive or damaging occurrences or theft of a service program ambulance, equipment, or drugs shall be reported to the department within 48 hours following the occurrence of the incident.

*b.* A copy of the motor vehicle accident report required under Iowa Code subsection 321.266(2), relating to the reporting of an accident resulting in personal injury, death or property damage, shall be submitted to the department within seven days following an accident involving a service program vehicle.

*c.* A service program must report the termination of an emergency medical care provider due to negligence, professional incompetency, unethical conduct or substance use to the department within ten days following the termination.

**132.8(7) Adoption by reference.** The Iowa EMS Patient Registry Data Dictionary identified in 641—paragraph 136.2(1)“*c*” is adopted and incorporated by reference for inclusion criteria and reportable patient data. For any differences which may occur between the adopted reference and this chapter, the administrative rules shall prevail.

*a.* The Iowa EMS Patient Registry Data Dictionary identified in 641—paragraph 136.2(1)“*c*” is available through the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the EMS bureau Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

*b.* The department shall prepare compilations for release or dissemination on all reportable patient data entered into the EMS service program registry during the reporting period. The compilations shall include, but not be limited to, trends and patient care outcomes for local, regional, and statewide evaluations. The compilations shall be made available to all service programs submitting reportable patient data to the registry.

*c.* Access and release of reportable patient data and information.

(1) The data collected by and furnished to the department pursuant to this subrule are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to Iowa Code section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under Iowa Code section 22.7, subsection 2. However, information

which individually identifies patients shall not be disclosed, and state and federal law regarding patient confidentiality shall apply.

(2) The department may approve requests for reportable patient data for special studies and analysis provided the request has been reviewed and approved by the deputy director of the department with respect to the scientific merit and confidentiality safeguards, and the department has given administrative approval for the proposal. The confidentiality of patients and the EMS service program shall be protected.

(3) The department may require entities requesting the data to pay any or all of the reasonable costs associated with furnishing the reportable patient data.

*d.* To the extent possible, activities under this subrule shall be coordinated with other health data collection methods.

*e.* Quality assurance.

(1) For the purpose of ensuring the completeness and quality of reportable patient data, the department or authorized representative may examine all or part of the patient care report as necessary to verify or clarify all reportable patient data submitted by a service program.

(2) Review of a patient care report by the department shall be scheduled in advance with the service program and completed in a timely manner.

*f.* The director, pursuant to Iowa Code section 147A.4, may grant a variance from the requirements of these rules for any service program, provided that the variance is related to undue hardships in complying with this chapter.

**132.8(8)** The patient care report is a confidential document and shall be exempt from disclosure pursuant to Iowa Code subsection 22.7(2) and shall not be accessible to the general public. Information contained in these reports, however, may be utilized by any of the indicated distribution recipients and may appear in any document or public health record in a manner which prevents the identification of any patient or person named in these reports.

**132.8(9)** Implementation. The director may grant exceptions and variances from the requirements of this chapter for any ambulance or nontransport service. Exceptions or variations shall be reasonably related to undue hardships which existing services experience in complying with this chapter. Services requesting exceptions and variances shall be subject to other applicable rules adopted pursuant to Iowa Code chapter 147A.

[ARC 8661B, IAB 4/7/10, effective 5/12/10; ARC 9357B, IAB 2/9/11, effective 3/16/11; ARC 9444B, IAB 4/6/11, effective 5/11/11; ARC 0063C, IAB 4/4/12, effective 5/9/12]

#### **641—132.9(147A) Service program—off-line medical direction.**

**132.9(1)** The medical director shall be responsible for providing appropriate medical direction and overall supervision of the medical aspects of the service program and shall ensure that those duties and responsibilities are not relinquished before a new or temporary replacement is functioning in that capacity.

**132.9(2)** The medical director's duties include, but need not be limited to:

*a.* Developing, approving and updating protocols to be used by service program personnel that meet or exceed the minimum standard protocols developed by the department.

*b.* Developing and maintaining liaisons between the service, other physicians, physician designees, hospitals, and the medical community served by the service program.

*c.* Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcomes that reflect the goals and standards of the EMS system.

*d.* Assessing the continuing education needs of the service and individual service program personnel and assisting them in the planning of appropriate continuing education programs.

*e.* Being available for individual evaluation and consultation to service program personnel.

*f.* Performing or appointing a designee to complete the medical audits required in subrule 132.9(4).

*g.* Developing and approving an applicable continuous quality improvement policy demonstrating type and frequency of review, including an action plan and follow-up.

*h.* Informing the medical community of the emergency medical care being provided according to approved protocols in the service program area.

*i.* Helping to resolve service operational problems.

*j.* Approving or removing an individual from service program participation.

**132.9(3)** Supervising physicians, physician designees, or other appointees as defined in the continuous quality improvement policy referenced in 132.9(2) “g” may assist the medical director by:

*a.* Providing medical direction.

*b.* Reviewing the emergency medical care provided.

*c.* Reviewing and updating protocols.

*d.* Providing and assessing continuing education needs for service program personnel.

*e.* Helping to resolve operational problems.

**132.9(4)** The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:

*a.* Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance.

*b.* Response time and time spent at the scene.

*c.* Overall EMS system response to ensure that the patient’s needs were matched to available resources including, but not limited to, mutual aid and tiered response.

*d.* Completeness of documentation.

**132.9(5)** Rescinded IAB 2/6/02, effective 3/13/02.

**132.9(6)** On-line medical direction when provided through a hospital.

*a.* The medical director shall designate in writing at least one hospital which has established a written on-line medical direction agreement with the department. It shall be the medical director’s responsibility to notify the department in writing of changes regarding this designation.

*b.* Hospitals signing an on-line medical direction agreement shall:

(1) Ensure that the supervising physicians or physician designees will be available to provide on-line medical direction via telecommunications on a 24-hour-per-day basis.

(2) Identify the service programs for which on-line medical direction will be provided.

(3) Establish written protocols for use by supervising physicians and physician designees who provide on-line medical direction.

(4) Administer a quality assurance program to review orders given. The program shall include a mechanism for the hospital and service program medical directors to discuss and resolve any identified problems.

*c.* A hospital which has a written medical direction agreement with the department may provide medical direction for any or all service program authorization levels and may also agree to provide backup on-line medical direction for any other service program when that service program is unable to contact its primary source of on-line medical direction.

*d.* Only supervising physicians or physician designees shall provide on-line medical direction. A physician assistant, registered nurse or emergency medical care provider (of equal or higher level) may relay orders to emergency medical care personnel, without modification, from a supervising physician. A physician designee may not deviate from approved protocols.

*e.* The hospital shall provide, upon request to the department, a list of supervising physicians and physician designees providing on-line medical direction.

*f.* Rescinded IAB 2/6/02, effective 3/13/02.

*g.* The department may verify a hospital’s communications system to ensure compliance with the on-line medical direction agreement.

*h.* A supervising physician or physician designee who gives orders (directly or via communications equipment from some other point) to an emergency medical care provider is not subject

to criminal liability by reason of having issued the orders and is not liable for civil damages for acts or omissions relating to the issuance of the orders unless the acts or omissions constitute recklessness.

*i.* Nothing in these rules requires or obligates a hospital, supervising physician or physician designee to approve requests for orders received from emergency medical care personnel.

NOTE: Hospitals in other states may participate provided the applicable requirements of this subrule are met.

[ARC 0063C, IAB 4/4/12, effective 5/9/12]

**641—132.10(147A) Complaints and investigations—denial, citation and warning, probation, suspension or revocation of service program authorization or renewal.**

**132.10(1)** All complaints regarding the operation of authorized emergency medical care service programs, or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**132.10(2)** Complaints and the investigative process will be treated as confidential in accordance with Iowa Code section 22.7.

**132.10(3)** Service program authorization may be denied, issued a civil penalty not to exceed \$1000, issued a citation and warning, placed on probation, suspended, revoked, or otherwise disciplined by the department in accordance with Iowa Code subsection 147A.5(3) for any of the following reasons:

- a.* Knowingly allowing the falsifying of a patient care report (PCR).
- b.* Failure to submit required reports and documents.
- c.* Delegating professional responsibility to a person when the service program knows that the person is not qualified by training, education, experience or certification to perform the required duties.
- d.* Practicing, condoning, or facilitating discrimination against a patient, student or employee based on race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability diagnosis, or social or economic status.
- e.* Knowingly allowing sexual harassment of a patient, student or employee. Sexual harassment includes sexual advances, sexual solicitations, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- f.* Failure or repeated failure of the applicant or alleged violator to meet the requirements or standards established pursuant to Iowa Code chapter 147A or the rules adopted pursuant to that chapter.
- g.* Obtaining or attempting to obtain or renew or retain service program authorization by fraudulent means or misrepresentation or by submitting false information.
- h.* Engaging in conduct detrimental to the well-being or safety of the patients receiving or who may be receiving emergency medical care.
- i.* Failure to correct a deficiency within the time frame required by the department.

**132.10(4)** The department shall notify the applicant of the granting or denial of authorization or renewal, or shall notify the alleged violator of action to issue a citation and warning, place on probation or suspend or revoke authorization or renewal pursuant to Iowa Code sections 17A.12 and 17A.18. Notice of issuance of a denial, citation and warning, probation, suspension or revocation shall be served by restricted certified mail, return receipt requested, or by personal service.

**132.10(5)** Any requests for appeal concerning the denial, citation and warning, probation, suspension or revocation of service program authorization or renewal shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If such a request is made within the 20-day time period, the notice shall be deemed to be suspended. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. After the hearing, or upon default of the applicant or alleged violator, the administrative law judge shall affirm, modify or set aside the denial, citation and warning, probation, suspension or revocation. If no request

for appeal is received within the 20-day time period, the department's notice of denial, probation, suspension or revocation shall become the department's final agency action.

**132.10(6)** Upon receipt of an appeal that meets contested case status, the appeal shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**132.10(7)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

**132.10(8)** When the administrative law judge makes a proposed decision and order, it shall be served by restricted certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 132.10(9).

**132.10(9)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**132.10(10)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections, and rulings thereon.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**132.10(11)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by restricted certified mail, return receipt requested, or by personal service.

**132.10(12)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**132.10(13)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Bureau of Emergency Medical Services, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**132.10(14)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**132.10(15)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

**132.10(16)** This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

**132.10(17)** Emergency adjudicative proceedings.

a. Necessary emergency action. To the extent necessary to prevent or avoid immediate danger to the public health, safety, or welfare, and consistent with the Constitution and other provisions of law, the department may issue a written order in compliance with Iowa Code section 17A.18 to suspend a certificate in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the department by emergency adjudicative order.

*b.* Before issuing an emergency adjudicative order, the department shall consider factors including, but not limited to, the following:

- (1) Whether there has been a sufficient factual investigation to ensure that the department is proceeding on the basis of reliable information;
- (2) Whether the specific circumstances which pose immediate danger to the public health, safety or welfare have been identified and determined to be continuing;
- (3) Whether the program required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety or welfare;
- (4) Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety or welfare; and
- (5) Whether the specific action contemplated by the department is necessary to avoid the immediate danger.

*c.* Issuance of order.

(1) An emergency adjudicative order shall contain findings of fact, conclusions of law, and policy reasons to justify the determination of an immediate danger in the department's decision to take immediate action. The order is a public record.

(2) The written emergency adjudicative order shall be immediately delivered to the service program that is required to comply with the order by utilizing one or more of the following procedures:

1. Personal delivery.
2. Certified mail, return receipt requested, to the last address on file with the department.
3. Fax. Fax may be used as the sole method of delivery if the service program required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose.

(3) To the degree practicable, the department shall select the procedure for providing written notice that best ensures prompt, reliable delivery.

(4) Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order issues, the department shall make reasonable immediate efforts to contact by telephone the service program that is required to comply with the order.

(5) After the issuance of an emergency adjudicative order, the department shall proceed as quickly as feasible to complete any proceedings that would be required if the matter did not involve an immediate danger.

(6) Issuance of a written emergency adjudicative order shall include notification of the date on which department proceedings are scheduled for completion. After issuance of an emergency adjudicative order, continuance of further department proceedings to a later date will be granted only in compelling circumstances upon application in writing unless the service program that is required to comply with the order is the party requesting the continuance.

[ARC 8661B, IAB 4/7/10, effective 5/12/10]

**641—132.11(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of emergency medical care personnel certificates or renewal.** Rescinded IAB 2/9/00, effective 3/15/00.

**641—132.12(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of training program or continuing education provider approval or renewal.** Rescinded IAB 2/9/00, effective 3/15/00.

**641—132.13(147A) Complaints, investigations and appeals.** Rescinded IAB 2/9/00, effective 3/15/00.

**641—132.14(147A) Temporary variances.**

**132.14(1)** If during a period of authorization there is some occurrence that temporarily causes a service program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances to these rules (not to exceed six months in length per any approved request) may be

granted by the department to a currently authorized service program. Requests for temporary variances shall apply only to the service program requesting the variance and shall apply only to those requirements and standards for which the department is responsible.

**132.14(2)** To request a variance, the service program shall:

*a.* Notify the department verbally (as soon as possible) of the need to request a temporary variance. Submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request. The address and telephone number are Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075; (515)725-0326.

*b.* Cite the rule from which the variance is requested.

*c.* State why compliance with the rule cannot be maintained.

*d.* Explain the alternative arrangements that have been or will be made regarding the variance request.

*e.* Estimate the period of time for which the variance will be needed.

*f.* Rescinded IAB 2/2/05, effective 3/9/05.

**132.14(3)** Upon notification of a request for variance, the department shall take into consideration, but shall not be limited to:

*a.* Examining the rule from which the temporary variance is requested to determine if the request is appropriate and reasonable.

*b.* Evaluating the alternative arrangements that have been or will be made regarding the variance request.

*c.* Examining the effect of the requested variance upon the level of care provided to the general populace served.

*d.* Requesting additional information if necessary.

**132.14(4)** Preliminary approval or denial shall be provided verbally within 24 hours. Final approval or denial shall be issued in writing within ten days after having received the written explanation for the temporary variance request and shall include the reason for approval or denial. If approval is granted, the effective date and the duration of the temporary variance shall be clearly stated.

**132.14(5)** Rescinded, effective July 10, 1987.

**132.14(6)** Any request for appeal concerning the denial of a request for temporary variance shall be in accordance with the procedures outlined in rule 641—132.10(147A).

**132.14(7)** Rescinded IAB 2/3/93, effective 3/10/93.

**641—132.15(147A) Transport options for fully authorized EMT-P, PS, and paramedic service programs.**

**132.15(1)** Upon responding to an emergency call, ambulance or nontransport EMT-P, PS, and paramedic level services may make a determination at the scene as to whether emergency medical transportation or nonemergency transportation is needed. The determination shall be made by an EMT-P, paramedic or paramedic specialist and shall be based upon the nonemergency transportation protocol approved by the service program's medical director. When applying this protocol, the following criteria, as a minimum, shall be used to determine the appropriate transport option:

*a.* Primary assessment,

*b.* Focused history and physical examination,

*c.* Chief complaint,

*d.* Name, address and age, and

*e.* Nature of the call for assistance.

Emergency medical transportation shall be provided whenever any of the above criteria indicate that treatment should be initiated.

**132.15(2)** If treatment is not indicated, the service program may make arrangements for nonemergency transportation. If arrangements are made, the service program shall remain at the scene

until nonemergency transportation arrives. During the wait for nonemergency transportation, however, the ambulance or nontransport service may respond to an emergency.

[ARC 0063C, IAB 4/4/12, effective 5/9/12]

**641—132.16(147A) Public access defibrillation.** Rescinded IAB 2/2/05, effective 3/9/05.

These rules are intended to implement Iowa Code chapter 147A.

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[Filed ARC 1404C (Notice ARC 1292C, IAB 1/22/14), IAB 4/2/14, effective 5/7/14]

<sup>1</sup> See IAB, Inspections and Appeals Department.

<sup>2</sup> Rescission of paragraph 132.14(2) “f” inadvertently omitted from 2/2/05 Supplement.

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 6**

Iowa Administrative Code 641—133

CHAPTER 133  
WHITE FLASHING LIGHT AUTHORIZATION

**641—133.1(321) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Ambulance*” means ambulance as defined in 641—132.1(147A).

“*Ambulance service*” means ambulance service as defined in 641—132.1(147A).

“*Authorization certificate*” means a permit issued to an emergency medical care provider which authorizes the use of a white flashing light.

“*Authorized vehicles*” means any vehicles owned by members of the service program that are authorized by the department to use flashing white lights.

“*Department*” means Iowa department of public health.

“*Emergency medical care provider*” means emergency medical care provider as defined in 641—131.1(147A).

“*First response vehicle*” means first response vehicle as defined in 641—132.1(147A).

“*Medical director*” means medical director as defined in 641—132.1(147A).

“*Member*” means any individual utilized by an ambulance or nontransport service to provide emergency medical care.

“*Nontransport service*” means nontransport service as defined in 641—132.1(147A).

“*Rescue vehicle*” means rescue vehicle as defined in 641—132.1(147A).

“*Service director*” means service director as defined in 641—132.1(147A).

“*Service program*” or “*service*” means service program as defined in 641—132.1(147A).

“*White light*” means a white or clear rotating, flashing, or strobe lighting device utilized for identification purposes only. Any such lighting device shall not display a constant white or clear light to the rear of the vehicle.

[ARC 0901C, IAB 8/7/13, effective 9/11/13]

**641—133.2(321) Purpose.**

**133.2(1)** Flashing white lights may be used on emergency vehicles or other authorized vehicles utilized by emergency medical care providers and service programs for identification purposes only.

**133.2(2)** Flashing white lights shall be used only on an authorized vehicle and shall not be used except in any of the following circumstances:

- a. When responding to an emergency in the line of duty requiring the services of the member.
- b. When at the scene of an emergency.
- c. When transporting a patient during a disaster situation.

**133.2(3)** Owners and operators of authorized vehicles are responsible for ensuring that the lighting devices are utilized in a safe manner. This shall include, but not be limited to, ensuring that lighting devices do not:

- a. Obstruct the view of the vehicle operator.
- b. Overburden the electrical system of the vehicle.
- c. Interfere with the vision of the vehicle operator, passengers, or drivers of other vehicles.

**133.2(4)** Operators of authorized vehicles shall ensure that the authorization certificate is carried in the vehicle.

**641—133.3(321) Application.**

**133.3(1)** Authorization certificates shall be issued by the service director for service vehicles and vehicles owned by emergency medical care providers who are members in good standing with the service. Authorization certificates are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)). Vehicle authorization shall be limited to:

- a. Vehicles owned or exclusively operated by the ambulance or nontransport service.
- b. Vehicles owned or operated by emergency medical care provider members of the ambulance or nontransport service.

- c. Vehicles owned or operated by the service program's medical director.
- d. One authorization certificate per vehicle.

**133.3(2)** Nothing in these rules shall prevent the use of white flashing lights on vehicles which are authorized to use red or blue flashing lights.

**133.3(3)** The service director shall report the issuance of white light authorization certificates within 15 days to the department on forms approved by the department. Information required by the department shall include, but not be limited to:

- a. Demonstrated necessity for authorization.
- b. Vehicle liability insurance.
- c. Current Iowa vehicle registration.
- d. The member's current driver's license number, if the authorized vehicle is privately owned.

**133.3(4)** The service director shall provide, upon request of the department or its agents, proof of the information required in 133.3(3) for each authorization certificate issued.

**133.3(5)** The service director shall provide an informational sheet which explains the requirements for use of the white lights to each member who is issued an authorization certificate. The information sheet is available upon request from the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**133.3(6)** The service director shall encourage members operating authorized vehicles to complete a course in emergency driving techniques and the laws and rules governing emergency vehicle operation.

**133.3(7)** The authorization shall expire five years from the date issued unless sooner suspended or revoked.

**133.3(8)** The department may issue authorization certificates for vehicles used by employees of the department when responding to emergencies or disasters.

[ARC 0901C, IAB 8/7/13, effective 9/11/13]

#### **641—133.4(321) Approval, denial, probation, suspension and revocation of authorization.**

**133.4(1)** The service director or the department may approve or deny an application and the department may place on probation, suspend or revoke an authorization certificate if the service director or the department finds reason to believe that the applicant or certificate holder:

- a. Has failed to meet all applicable requirements of these rules.
- b. Has been convicted of a moving violation while using flashing white lights.
- c. Has utilized a white flashing light without obtaining an authorization certificate.
- d. Does not have a valid driver's license.
- e. Does not have a current vehicle registration.

**133.4(2)** The authorization certificate shall be surrendered upon the request of the department or its agents.

**133.4(3)** An emergency medical care provider or service director who has knowledge of any emergency medical care provider or service program that has violated Iowa Code chapter 147A, Iowa Administrative Code 641—Chapter 132 or these rules shall, within 30 days, report that information to the department.

**133.4(4)** A denial, probation, suspension or revocation ordered by the department shall be effected, and may be appealed according to the provisions set forth in rule 641—133.5(321).

#### **641—133.5(321) Appeal of denial, probation, or revocation of authorization.**

**133.5(1)** Denial, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice of denial, probation, suspension or revocation shall be served to the alleged violator by restricted certified mail, return receipt requested, or by personal service.

**133.5(2)** Any request for appeal concerning denial, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 30 days of the receipt of the department's notice. The address is: Iowa Department of Public

Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 30-day time period, the notice shall be deemed to be suspended. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, probation, suspension or revocation has been or will be removed. If no request for appeal is received within the 30-day time period, the department's notice of denial, probation, suspension or revocation shall become the department's final agency action.

**133.5(3)** Upon receipt of an appeal that meets contested case status, the appeal shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**133.5(4)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 4, Iowa Administrative Code.

**133.5(5)** When the administrative law judge makes a proposed decision and order, it shall be served by restricted certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 133.5(6).

**133.5(6)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**133.5(7)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**133.5(8)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by restricted certified mail, return receipt requested, or by personal service.

**133.5(9)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**133.5(10)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**133.5(11)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

These rules are intended to implement Iowa Code section 321.423.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 7**

Iowa Administrative Code 641—134

CHAPTER 134  
TRAUMA CARE FACILITY CATEGORIZATION  
AND VERIFICATION

**641—134.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Categorization*” means a preliminary determination by the department that a hospital or emergency care facility is capable of providing trauma care at Level I, II, III or IV care capabilities.

“*Certificate of verification*” means a document awarded by the department that identifies a hospital or emergency care facility’s level and term of verification as a trauma care facility.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Emergency care facility*” means a physician’s office, clinic, or other health care center which provides emergency medical care in conjunction with other primary care services.

“*Emergency medical care provider*” means emergency medical care provider as defined in 641—131.1(147A).

“*Hospital*” means any hospital licensed under Iowa Code chapter 135B.

“*On-site verification survey*” means an on-site survey conducted by the department to assess a hospital or emergency care facility’s ability to meet the level of categorization requested.

“*Trauma*” means a single or multisystem life-threatening or limb-threatening injury, or an injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

“*Trauma care facility*” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) care capabilities and has been issued a certificate of verification pursuant to Iowa Code section 147A.23, subsection 2, paragraph “c.”

“*Trauma care system*” means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.

“*Verification*” means a process by which the department certifies a hospital or emergency care facility’s capacity to provide trauma care in accordance with criteria established for Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) trauma care facilities and these rules.

[ARC 1079C, IAB 10/2/13, effective 1/6/14]

**641—134.2(147A) Trauma care facility categorization and verification.** Categorization and verification of hospitals and emergency care facilities shall be made by the department based upon the hospitals’ or emergency care facilities’ resources available for providing trauma care services.

**134.2(1) Categorization.**

a. Categorization as a trauma care facility shall be determined by the department from self-reported information provided to the department by a hospital or emergency care facility through a self-assessment categorization application provided by the department.

b. Categorization applications shall be submitted by all hospitals. New hospitals shall submit a categorization application no later than 90 days after licensing by the department of inspections and appeals, health facilities division. Categorization applications may be submitted by emergency care facilities. New emergency care facilities may submit a categorization application no later than 90 days after opening or reopening.

c. Categorization applications may be obtained from the department upon written request to: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**134.2(2) Categorization levels for trauma care facilities shall be identified as:**

- a. Resource (Level I).
- b. Regional (Level II).
- c. Area (Level III).
- d. Community (Level IV).

**134.2(3)** Adoption by reference.

*a.* “Resources for Optimal Care of the Injured Patient” (2006) published by the American College of Surgeons Committee on Trauma is incorporated and adopted by reference for Resource (Level I) hospital and emergency care facility categorization criteria. “Iowa Trauma System Regional (Level II) Hospital and Emergency Care Facility Categorization Criteria” (2013) is incorporated and adopted by reference for Regional (Level II) hospital and emergency care facility categorization criteria. “Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Criteria” (2013) is incorporated and adopted by reference for Area (Level III) hospital and emergency care facility categorization criteria. “Iowa Trauma System Community (Level IV) Hospital and Emergency Care Facility Categorization Criteria” (2013) is incorporated and adopted by reference for Community (Level IV) hospital and emergency care categorization criteria. For any differences which may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

*b.* “Iowa Trauma System Regional (Level II) Hospital and Emergency Care Facility Categorization Criteria” (2013), “Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Criteria” (2013) and “Iowa Trauma System Community (Level IV) Hospital and Emergency Care Facility Categorization Criteria” (2013) are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**134.2(4)** Categorization shall not be construed to imply any guarantee on the part of the department as to the level of trauma care services available at a hospital or emergency care facility.

**134.2(5)** A hospital, emergency care facility, or trauma care facility may apply to the department for a change in level of categorization through submission of a self-assessment categorization application.

**134.2(6)** Verification. Verification of a trauma care facility shall be determined by the department upon successful completion of the categorization application and completion of a verification survey. All categorized hospitals and emergency care facilities shall be verified.

**134.2(7)** The department shall conduct a verification survey for categorized hospitals or emergency care facilities.

*a.* A verification survey shall assess the ability of the hospital or emergency care facility to meet criteria for the level of categorization pursuant to 134.2(3).

*b.* The department shall approve trauma care facility verification when the department is satisfied that the proposed facility will provide services and be operated in compliance with Iowa Code section 147A.23 and these administrative rules.

*c.* The department shall notify the applicant, in writing, as to the approval or denial of verification as a trauma care facility within 90 days after the completion of a verification survey.

*d.* Verification shall not be construed to imply any guarantee on the part of the department as to the level of trauma care services available at a hospital or emergency care facility.

*e.* Trauma care facility verification is valid for a period of three years from the effective date unless otherwise specified on the certificate of verification or unless sooner suspended or revoked.

*f.* Trauma care facilities shall be fully operational at their verified level upon the effective date specified on the certificate of verification. Trauma care facilities shall meet all requirements of Iowa Code section 147A.23 and these administrative rules.

*g.* As part of the verification and renewal process, the department may conduct periodic on-site reviews of the services and facilities of trauma care facilities.

*h.* Trauma care facilities that are unable to maintain their categorization or verification, or both, shall notify the department within 48 hours.

*i.* The director, pursuant to rule, may grant a variance from the requirements of rules adopted under this chapter for any hospital or emergency care facility provided that the variance is related to undue hardships in complying with this chapter or the rules adopted pursuant to this chapter.

*j.* Hospitals currently verified by the American College of Surgeons shall be accepted as equivalent for categorization and verification as a trauma care facility in Iowa provided that all policy, reporting, and administrative rules have been met. Documentation shall be provided to the department including, but not limited to, a current copy of the ACS verification certification, the hospital’s

completed ACS verification application or a completed Self-Assessment Categorization Application (SACA).

**134.2(8)** Prohibited acts. A hospital or emergency care facility that imparts or conveys, or causes to be imparted or conveyed, that it is a trauma care facility, or that uses any other term to indicate or imply that the hospital or emergency care facility is a trauma care facility without having obtained a certificate of verification by the department is subject to civil penalty not to exceed \$100 per day for each offense. The director may apply to the district court for a writ of injunction to restrain the use of the term “trauma care facility.”

**134.2(9)** Nothing in Iowa Code section 147A.23 or these administrative rules shall be construed to restrict a hospital or emergency care facility from providing any services for which it is duly authorized. [ARC 9445B, IAB 4/6/11, effective 5/11/11; ARC 1079C, IAB 10/2/13, effective 1/6/14]

**641—134.3(147A) Complaints and investigations and appeals—denial, citation and warning, probation, suspension, and revocation of verification as a trauma care facility.**

**134.3(1)** The department may deny verification as a trauma care facility or may give a citation and warning, place on probation, suspend, or revoke existing verification if the department finds reason to believe that the facility has not been or will not be operated in compliance with Iowa Code section 147A.23 and these administrative rules or that there is insufficient assurance of adequate protection for the public. The denial, citation and warning, period of probation, suspension, or revocation shall be effected and may be appealed in accordance with the requirements of Iowa Code section 17A.12.

**134.3(2)** All complaints regarding the operation of a trauma care facility, or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**134.3(3)** An EMS provider who has knowledge of a hospital, emergency care facility or trauma care facility that has violated Iowa Code section 147A.23, or these administrative rules, shall immediately report such information to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**134.3(4)** Complaints and the investigative process shall be treated as confidential to the extent they are protected by Iowa Code section 22.7.

**134.3(5)** Complaint investigations may result in the department’s issuance of a notice of denial, citation and warning, probation, suspension or revocation.

**134.3(6)** Notice of denial, citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, citation and warning, probation, suspension, or revocation shall be served by certified mail, return receipt requested, or by personal service.

**134.3(7)** Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department’s notice to take action. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department’s notice of denial, citation and warning, probation, suspension or revocation shall become the department’s final agency action.

**134.3(8)** Upon receipt of a request for hearing, the request shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**134.3(9)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10, Iowa Administrative Code.

**134.3(10)** When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken.

**134.3(11)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**134.3(12)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**134.3(13)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or by personal service.

**134.3(14)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**134.3(15)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**134.3(16)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**134.3(17)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, news media or employer.

These rules are intended to implement Iowa Code section 147A.23.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 8**

Iowa Administrative Code 641—135

CHAPTER 135  
TRAUMA TRIAGE AND TRANSFER PROTOCOLS

**641—135.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Out-of-Hospital Trauma Triage Destination Decision Protocol*” means written directives to assist in the decision making, established and approved by the department, that address the method of transport and trauma care facility destination to be followed by the service program.

“*Service program*” or “*service*” means any medical care ambulance service or nontransport service that has received authorization by the department.

“*Transfer*” means the process of a patient being transferred from the scene of an injury to a trauma care facility or from one trauma care facility to another.

“*Trauma care facility*” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) care capabilities and has been issued a certificate of verification pursuant to Iowa Code section 147A.23, subsection 2, paragraph “c.”

“*Trauma system advisory council*” means an advisory council established pursuant to Iowa Code section 147A.24 to advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state.

“*Trauma triage and transfer*” means to determine trauma care facility destination and mode of transportation.

“*TSAC*” means trauma system advisory council.

[ARC 1080C, IAB 10/2/13, effective 2/1/14]

**641—135.2(147A) Trauma triage and transfer protocols.**

**135.2(1)** Trauma triage and transfer protocols approved by the department shall be utilized to assist personnel from each service program and trauma care facility. This requirement shall not preclude service programs or trauma care facilities from making emergency revisions of the approved triage and transfer protocols when an incident overburdens medical care resources causing unnecessary delay in patient care.

*a.* Adoption by reference. The “Out-of-Hospital Trauma Triage Destination Decision Protocol” (Adult, 2013) and the “Out-of-Hospital Trauma Triage Destination Decision Protocol” (Pediatric, 2013) are incorporated by reference and adopted as the out-of-hospital trauma triage destination decision protocols. For any differences which may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

*b.* The protocols adopted by reference in paragraph 135.2(1)“*a*” are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

*c.* Revisions and modifications to the protocols adopted by reference in paragraph 135.2(1)“*a*” may be made upon recommendation to the department from the trauma system advisory council (TSAC). Revisions and modifications shall be approved by the department.

*d.* The director, pursuant to rule, may grant a variance from the requirements of rules adopted under this chapter for any hospital, emergency care facility, or service program provided that the variance is related to undue hardships in complying with this chapter or the rules adopted pursuant to this chapter.

**135.2(2)** Reserved.

[ARC 1080C, IAB 10/2/13, effective 2/1/14]

**641—135.3(147A) Offenses and penalties.**

**135.3(1)** The department may deny verification as a trauma care facility or deny authorization as a service program or may give a citation and warning, place on probation, suspend, or revoke existing trauma care facility verification or service program authorization if the department finds reason to believe that the facility or service program has not been or will not be operated in compliance with Iowa Code

section 147A.27 and these administrative rules. The denial, citation and warning, period of probation, suspension, or revocation shall be effected and may be appealed in accordance with the requirements of Iowa Code section 17A.12.

**135.3(2)** All complaints regarding the operation of a trauma care facility or service program, or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**135.3(3)** Complaints and the investigative process shall be treated as confidential to the extent they are protected by Iowa Code section 22.7.

**135.3(4)** Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

**135.3(5)** Notice of denial, citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, citation and warning, probation, suspension, or revocation shall be served by certified mail, return receipt requested, or by personal service.

**135.3(6)** Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

**135.3(7)** Upon receipt of a request for hearing, the request shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**135.3(8)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10, Iowa Administrative Code.

**135.3(9)** When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken.

**135.3(10)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**135.3(11)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**135.3(12)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or personal service.

**135.3(13)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**135.3(14)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**135.3(15)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**135.3(16)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, news media or employer.

These rules are intended to implement Iowa Code section 147A.23.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 9**

Iowa Administrative Code 641—136

CHAPTER 136  
TRAUMA REGISTRY

**641—136.1(147A) Definitions.** For the purposes of these rules, the following definitions shall apply:

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*ICD9*” means International Classification of Diseases, 9th Revision.

“*Inclusion criteria*” means criteria determined by the department and adopted by reference to determine which trauma patients are to be included in the trauma registry.

“*Reportable patient data*” means data elements and definitions determined by the department and adopted by reference to be reported to the trauma registry or reported to a trauma care facility on trauma patients meeting the inclusion criteria.

“*Service program*” or “*service*” means any medical care ambulance service, or nontransport service that has received authorization by the department.

“*Trauma care facility*” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) care capabilities and has been issued a certificate of verification pursuant to Iowa Code section 147A.23, subsection 2, paragraph “c.”

“*Trauma patient*” means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen (ICD9 Codes E800.0 - E999.9).

“*Trauma registry*” means the data repository operated by the department to collect and analyze reportable patient data on the incidence, severity, and causes of trauma, including the central registry for brain and spinal cord injuries (IAC 641—21.1(135)) and farm-related injuries.

**641—136.2(147A) Trauma registry.**

**136.2(1)** Adoption by reference.

a. “Iowa Trauma Patient Data Dictionary” (July 2005) is incorporated by reference for inclusion criteria and reportable patient data to be reported to the trauma registry or reported to a trauma care facility. For any differences which may occur between the adopted reference and this chapter, the administrative rules shall prevail.

b. “Iowa Trauma Patient Data Dictionary” is available through the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

c. “Iowa EMS Patient Registry Data Dictionary” (August 2007) is incorporated by reference for inclusion criteria and reportable patient data to be reported to the department. For any differences which may occur between the adopted reference and this chapter, the administrative rules shall prevail.

d. “Iowa EMS Patient Registry Data Dictionary” is available through the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**136.2(2)** A verified trauma care facility shall:

a. Submit reportable patient data identified in 136.2(1) via electronic transfer or in writing to the department. Data shall be submitted in a format approved by the department.

b. Submit reportable patient data identified in 136.2(1) to the department for each calendar quarter. Reportable patient data shall be submitted no later than 90 days after the end of the quarter.

c. Submit reportable patient data identified in 136.2(1) to the receiving trauma care facility upon delivery of the injured patient. Data shall be submitted in a format approved by the department.

**136.2(3)** A service program shall:

a. Submit reportable patient data identified in 136.2(1) via electronic transfer. Data shall be submitted in a format approved by the department.

b. Submit reportable patient data identified in 136.2(1) to the department for each calendar quarter. Reportable patient data shall be submitted no later than 90 days after the end of the quarter.

c. Submit reportable patient data identified in 136.2(1) to the receiving trauma care facility upon delivery of the injured patient. Data shall be submitted in a format approved by the department.

**136.2(4)** Reportable patient data compilations. The department shall prepare compilations for release or dissemination on all reportable patient data entered into the trauma registry during the reporting period. The compilations shall include, but not be limited to, trends and patient care outcomes for local, regional and statewide evaluations. The compilations shall be made available to all providers submitting reportable patient data to the registry.

**136.2(5)** Access and release of reportable patient data and information.

a. The data collected by and furnished to the department pursuant to this section are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to Iowa Code section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under Iowa Code section 22.7, subsection 2. However, information which individually identifies patients shall not be disclosed and state and federal law regarding patient confidentiality shall apply.

b. The department may approve requests for reportable patient data for special studies and analysis provided:

(1) The request has been reviewed and approved by the department with respect to the scientific merit and confidentiality safeguards; and

(2) The department has given administrative approval for the proposal.

(3) The confidentiality of patients and trauma care facilities is protected pursuant to Iowa Code section 22.7.

c. The department may require those requesting the data to pay any or all of the reasonable costs associated with furnishing the reportable patient data.

**136.2(6)** Data collection methods. To the extent possible, activities under this section shall be coordinated with other health data collection methods.

**136.2(7)** Quality assurance.

a. For the purpose of ensuring the completeness and quality of reportable patient data, the department or authorized representative may examine all or part of the patient's medical records as necessary to verify or clarify all reportable patient data submitted by a trauma care facility or a service program.

b. Review of a patient's medical record by the department shall be scheduled in advance with the trauma care facility or service program and completed in a timely manner.

c. The director, pursuant to rule, may grant a variance from the requirements of rules adopted under this chapter for any hospital, emergency care facility, or service program provided that the variance is related to undue hardships in complying with this chapter or the rules adopted pursuant to this chapter. [ARC 9444B, IAB 4/6/11, effective 5/11/11]

#### **641—136.3(147A) Offenses and penalties.**

**136.3(1)** The department may deny verification as a trauma care facility or deny authorization as a service program or may give a citation and warning, place on probation, suspend, or revoke existing trauma care facility verification or service program authorization if the department finds reason to believe that the facility or service program has not been or will not be operated in compliance with Iowa Code section 147A.26 and these administrative rules. The denial, citation and warning, period of probation, suspension, or revocation shall be effected and may be appealed in accordance with the requirements of Iowa Code section 17A.12.

**136.3(2)** All complaints regarding the operation of a trauma care facility or service program or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**136.3(3)** Complaints and the investigative process shall be treated as confidential to the extent they are protected by Iowa Code section 22.7.

**136.3(4)** Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

**136.3(5)** Notice of denial, citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, citation and warning, probation, suspension, or revocation shall be served by certified mail, return receipt requested, or by personal service.

**136.3(6)** Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

**136.3(7)** Upon receipt of a request for hearing, the request shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**136.3(8)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10, Iowa Administrative Code.

**136.3(9)** When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken.

**136.3(10)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**136.3(11)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**136.3(12)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or personal service.

**136.3(13)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**136.3(14)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**136.3(15)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**136.3(16)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, news media or employer.

These rules are intended to implement Iowa Code section 147A.26.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 10**

Iowa Administrative Code 641—137

CHAPTER 137  
TRAUMA EDUCATION AND TRAINING

**641—137.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*ACLS course*” means advanced cardiac life support course.

“*Advanced emergency medical technician*” or “*AEMT*” means advanced emergency medical technician as defined in 641—131.1(147A).

“*Advanced registered nurse practitioner*” or “*ARNP*” means a nurse pursuant to 655—7.1(152) with current licensure as a registered nurse in Iowa who is registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

“*Advanced trauma life support course*®” or “*ATLS*®” means a course for physicians with an emphasis on the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury continuing through initial assessment, life-saving intervention, reevaluation, stabilization, and transfer when appropriate.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Emergency care facility*” means a physician’s office, clinic, or other health care center which provides emergency medical care in conjunction with other primary care services.

“*Emergency medical care provider*” means emergency medical care provider as defined in 641—131.1(147A).

“*Emergency medical services*” or “*EMS*” means emergency medical services as defined in 641—132.1(147A).

“*Emergency medical technician*” or “*EMT*” means emergency medical technician as defined in 641—131.1(147A).

“*Emergency medical technician-ambulance*” or “*EMT-A*” means emergency medical technician-ambulance as defined in 641—131.1(147A).

“*Emergency medical technician-basic*” or “*EMT-B*” means emergency medical technician-basic as defined in 641—131.1(147A).

“*Emergency medical technician-defibrillation*” or “*EMT-D*” means emergency medical technician-defibrillation as defined in 641—131.1(147A).

“*Emergency medical technician-intermediate*” or “*EMT-I*” means emergency medical technician-intermediate as defined in 641—131.1(147A).

“*Emergency medical technician-paramedic*” or “*EMT-P*” means emergency medical technician-paramedic as defined in 641—131.1(147A).

“*First responder*” or “*FR*” means first responder as defined in 641—131.1(147A).

“*First responder-defibrillation*” or “*FR-D*” means first responder-defibrillation as defined in 641—131.1(147A).

“*Formal education*” means education in standardized educational settings with a curriculum.

“*Hospital*” means a facility licensed under Iowa Code chapter 135B, or comparable emergency care facility located and licensed in another state.

“*Licensed practical nurse*” or “*LPN*” means an individual licensed pursuant to Iowa Code chapter 152.

“*NRP course*” means neonatal resuscitation provider course.

“*PALS course*” means pediatric advanced life support course.

“*Paramedic*” means paramedic as defined in 641—131.1(147A).

“*Paramedic specialist*” or “*PS*” means paramedic specialist as defined in 641—131.1(147A).

*“Physician”* means an individual licensed under Iowa Code chapter 148, 150 or 150A.

*“Physician assistant”* or *“PA”* means an individual licensed pursuant to Iowa Code chapter 148C.

*“Practitioner”* means a person who practices medicine or one of the associated health care professions.

*“Registered nurse”* or *“RN”* means an individual licensed pursuant to Iowa Code chapter 152.

*“Service program”* or *“service”* means service program as defined in 641—132.1(147A).

*“Trauma”* means a single or multisystem life-threatening or limb-threatening injury, or an injury requiring immediate medical or surgical intervention or treatment to prevent death or disability.

*“Trauma care facility”* means a hospital or emergency care facility which provides trauma care and has been verified by the department as having Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) care capabilities and has been issued a certificate of verification pursuant to Iowa Code section 147A.23, subsection 2, paragraph “c.”

*“Trauma care system”* means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.

*“Trauma nursing course objectives”* means the trauma nursing course objectives recommended to the department by the trauma system advisory council and adopted by reference in these rules.

*“Trauma patient”* means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen (ICD9 Codes E800.0 - E999.9).

*“Trauma system advisory council”* or *“TSAC”* means the council established by the department pursuant to Iowa Code section 147A.24 to advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state, to assist the department in the implementation of an Iowa trauma care plan, to develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities, to develop a process for verification of the trauma care capacity of each facility and the issuance of a certificate of verification, to develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries, to promote public information and education activities for injury prevention, to review rules adopted under this division, and to make recommendations to the director for changes to further promote optimal trauma care.

*“Trauma team”* means a team of multidisciplinary health care providers established and defined by a hospital or emergency care facility that provides trauma care commensurate with the level of trauma care facility verification.

*“Verification”* means a process by which the department certifies a hospital or emergency care facility’s capacity to provide trauma care in accordance with criteria established for Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) trauma care facilities and these rules.

[ARC 1081C, IAB 10/2/13, effective 11/6/13]

**641—137.2(147A) Initial trauma education for Iowa’s trauma system.** Initial trauma education is required of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

**137.2(1)** General requirements for initial trauma education.

a. Completion of initial trauma education shall be done within three years of the trauma care facility’s initial verification or within one year of the practitioner’s joining the trauma care facility’s trauma team.

b. Trauma nursing course objectives (2007) are incorporated and adopted by reference for all trauma care facilities. For any differences which may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

c. Trauma nursing course objectives are available from the Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**137.2(2)** Specific requirements for initial trauma education for each provider category are as follows:

a. Physicians, PAs and ARNPs: current ATLS® certification.

*b.* RNs and LPNs: successful completion of trauma nursing course objectives (2007) recommended by TSAC.

[ARC 1081C, IAB 10/2/13, effective 11/6/13]

**641—137.3(147A) Continuing trauma education for Iowa's trauma system.** Continuing trauma education is required every four years of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

**137.3(1)** Topics for all or part of the continuing trauma education hours may be recommended to the department by TSAC based on trauma care system outcomes.

**137.3(2)** General requirements for continuing trauma education.

*a.* Sixteen hours of the required continuing trauma education hours may be informal, determined and approved by a trauma care facility from any of the following:

1. Multidisciplinary trauma case reviews;
2. Multidisciplinary trauma conferences;
3. Multidisciplinary trauma mortality and morbidity reviews;
4. Multidisciplinary trauma committee meetings;
5. Trauma peer review meetings;
6. Any trauma care facility committee meeting with a focus on trauma care evaluation; and
7. Critical care education such as ACLS course, PALS course, NRP course, or equipment inservices.

*b.* Eight hours of the required continuing trauma education hours shall be obtained through any formalized continuing education programs.

**137.3(3)** Specific requirements for each provider category are as follows:

*a.* Physicians: 24 hours of continuing trauma education is required, with a minimum of 8 hours as formal education.

(1) Physicians who treat trauma patients in the emergency department but are not board-certified in emergency medicine must maintain current ATLS® certification.

(2) Surgeons who are not board-certified in general surgery must maintain current ATLS® certification.

(3) The designated trauma service medical director, regardless of board certification, must maintain current ATLS® certification.

*b.* PA and ARNP: 24 hours of continuing trauma education is required, with a minimum of 8 hours as formal education. Of the 8 hours of formal education, current ATLS® certification is required.

*c.* RN and LPN: 16 hours of continuing trauma education is required, with a minimum of 4 hours as formal education based upon the trauma nursing course objectives (2007) recommended by TSAC.

**137.3(4)** Continuing trauma education is required of certified emergency medical care providers every two years as follows:

- a.* EMR, FR or FR-D: 2 continuing education hours.
- b.* EMT, EMT-A, EMT-B, EMT-D: 4 continuing education hours.
- c.* AEMT, EMT-I: 4 continuing education hours.
- d.* EMT-P, PS, Paramedic: 6 continuing education hours.

[ARC 1081C, IAB 10/2/13, effective 11/6/13]

**641—137.4(147A) Offenses and penalties.**

**137.4(1)** The department may deny verification as a trauma care facility or deny authorization as a service program, may give a citation and warning, or may place on probation, suspend, or revoke existing trauma care facility verification or service program authorization if the department finds reason to believe that the facility or service program has not been or will not be operated in compliance with Iowa Code sections 147A.27 and these administrative rules. The denial, citation and warning, period of probation, suspension, or revocation shall be effected and may be appealed in accordance with the requirements of Iowa Code section 17A.12.

**137.4(2)** All complaints regarding the operation of a trauma care facility or service program, or those purporting to be or operating as the same, shall be reported to the department. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**137.4(3)** Complaints and the investigative process shall be treated as confidential to the extent they are protected by Iowa Code section 22.7.

**137.4(4)** Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

**137.4(5)** Notice of denial, citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, citation and warning, probation, suspension, or revocation shall be served by certified mail, return receipt requested, or by personal service.

**137.4(6)** Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

**137.4(7)** A request for a hearing shall be forwarded within five working days of receipt of the request to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**137.4(8)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10, Iowa Administrative Code.

**137.4(9)** When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken.

**137.4(10)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**137.4(11)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**137.4(12)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or personal service.

**137.4(13)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The

aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**137.4(14)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**137.4(15)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**137.4(16)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, news media or employer.

These rules are intended to implement Iowa Code chapter 147A.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 11**

Iowa Administrative Code 641—138

CHAPTER 138  
TRAUMA SYSTEM EVALUATION QUALITY IMPROVEMENT COMMITTEE

**641—138.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Department*” means the Iowa department of public health.

“*Emergency medical care provider*” means an individual who has been trained to provide emergency and nonemergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist or other certification levels recognized by the department before 1984 and who has been issued a certificate by the department.

“*SEQIC*” means system evaluation quality improvement committee established by the department pursuant to Iowa Code section 147A.25 to develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement.

“*Trauma care system*” means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.

**641—138.2(147A) System evaluation quality improvement committee (SEQIC).** The system evaluation quality improvement committee shall develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement in accordance with Iowa Code chapter 147A, Iowa Administrative Code 641—Chapter 191 and these rules.

**138.2(1) Duties.** The scope of the duties of SEQIC shall include, but not be limited to:

- a. Analyzing trauma-related information and data provided by the department.
- b. Evaluating the standards for trauma care in Iowa’s trauma system.
- c. Evaluating the effectiveness of Iowa’s trauma care system.
- d. Recommending quality improvement strategies related to trauma care.
- e. Designing and recommending corrective action plans to the department for trauma care and trauma system improvement.
- f. Monitoring, evaluating, and reevaluating trauma system-related corrective action plans implemented by the department.
- g. Assisting with development of an annual SEQIC report.

**138.2(2) Membership.** The director, pursuant to Iowa Code section 147A.25, shall appoint members of SEQIC.

Pursuant to Iowa Administrative Code rule 641—191.6(135), SEQIC may establish a subcommittee of medical care consultants whose expertise is needed. Subcommittees are subject to the approval of the department.

**138.2(3) Meetings/member attendance.** SEQIC shall establish bylaws pursuant to Iowa Administrative Code rule 641—191.5(135).

**138.2(4) Confidentiality.**

a. The data collected by and furnished to the department pursuant to Iowa Code section 147A.26 shall not be a public record under Iowa Code chapter 22. The confidentiality of patients is to be protected, and the laws of this state shall apply with regard to patient confidentiality.

b. Proceedings, records, and reports reviewed or developed pursuant to Iowa Code section 147A.25 constitute peer review records under Iowa Code section 147.135 and are not subject to discovery by subpoena or admissible as evidence. All information and documents received from a hospital or emergency care facility under Iowa Code chapter 147A shall be confidential pursuant to Iowa Code section 272C.6, subsection 4.

c. SEQIC may enter into a closed session proceeding pursuant to Iowa Code section 21.5.

d. All committee and subcommittee members shall sign a confidentiality agreement not to divulge or discuss information obtained during a SEQIC closed session proceeding. Subcommittee members may be present only for that portion of the closed session proceeding pertaining to their expertise.

e. The signed confidentiality statements shall be kept on file at the department.

**138.2(5) Documentation.** The department, pursuant to Iowa Code section 21.3, shall keep minutes of open session proceedings. The department, pursuant to Iowa Code section 21.5, shall also maintain minutes and tape recordings of closed session proceedings.

*a.* The department, at the close of each meeting, shall collect all confidential documents. No copies of confidential documents may be made or possessed by committee or subcommittee members.

*b.* The department shall approve all correspondence and communication generated by SEQIC prior to dissemination.

These rules are intended to implement Iowa Code chapter 147A.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 12**

Iowa Administrative Code 641—139

CHAPTER 139  
IOWA LAW ENFORCEMENT EMERGENCY CARE PROVIDER

**641—139.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*AED*” means automated external defibrillator.

“*CEHs*” means “continuing education hours” which are based upon a minimum of 50 minutes of training per hour.

“*Continuing education*” means training approved by the department which is obtained by a certified Iowa law enforcement emergency care provider to maintain, improve, or expand relevant skills and knowledge and to satisfy renewal of certification requirements.

“*Course completion date*” means the date of the final classroom session of an Iowa law enforcement emergency care provider course.

“*CPR*” means training and successful course completion in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Emergency medical services*” or “*EMS*” means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

“*EMS instructor*” means an individual who has successfully completed an EMS instructor curriculum approved by the department, and is currently certified by the department as an EMS-I.

“*Iowa law enforcement emergency care provider*” or “*ILEECP*” means an individual who is certified by the Iowa law enforcement academy as an Iowa peace officer, and has successfully completed an emergency care provider curriculum approved by the department, and who is currently certified by the department as an Iowa law enforcement emergency care provider.

“*Iowa law enforcement training program*” means the law enforcement academy or a law enforcement training program approved by the department to conduct ILEECP emergency medical care training.

“*Law enforcement AED service program*” means a recognized Iowa law enforcement agency that has trained its peace officers in the use of an AED and has registered with the department as a law enforcement AED service program.

“*Student*” means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portions.

**641—139.2(147A) Authority of Iowa law enforcement emergency care provider.** Iowa law enforcement emergency care provider may perform skills identified in the Iowa law enforcement emergency care provider curriculum approved by the department, plus the skill of automated defibrillation for which training can be documented.

**641—139.3(147A) Iowa law enforcement emergency care providers—requirements for enrollment in training programs.** To be enrolled in an Iowa law enforcement training program, an applicant shall:

1. Be at least 18 years of age at the time of enrollment.
2. Have a high school diploma or its equivalent.
3. Be able to speak, write and read English.

**641—139.4(147A) Iowa law enforcement emergency care providers—certification, renewal standards and procedures, and fees.**

**139.4(1) Application and examination.**

a. Applicants shall complete an EMS student registration form at the beginning of the course. EMS student registration forms are provided by the department.

b. EMS student registration forms shall be forwarded to the department by the training program no later than two weeks after the beginning of the course.

c. Upon satisfactory completion of the course and all training program requirements, including successful completion of the state certifying practical examination, the student shall be recommended by the training program to take the state certification written examinations. Candidates for state certification are not eligible to continue functioning as students in the clinical and field setting. State certification must be obtained to perform appropriate skills.

d. The practical examination shall be administered by the training program using the standards and forms provided by the department. The training program shall notify the department at least two weeks prior to the administration of a practical examination.

e. To be eligible to take the written examination, the student shall first pass the practical examination.

f. The student shall submit an EMS certification application form. EMS certification application forms are provided by the department.

g. When a student's EMS student registration or EMS certification application is referred to the department for investigation, the student shall not be certified until approved by the department.

h. The certifying written examinations shall be administered at times and places determined by the department.

i. No oral certification examinations shall be permitted; however, candidates may be eligible for appropriate accommodations. Contact the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

j. Practical examination fees shall be determined by the training program.

k. A student who fails the practical certification examination shall be required to repeat only those stations which were failed and shall have two additional opportunities to attain a passing score. The student may repeat the failed examination stations on the same day as determined by the training program. A student who fails a practical station for the third time shall be required to repeat the entire course in order to be eligible for certification. If a student fails the written examination, the practical examination remains valid for a 12-month period from the date it was successfully completed.

l. A student who fails to attain the appropriate overall score on the written certification examination shall have two additional opportunities to complete the entire examination and attain a passing score. Required overall passing score is 70 percent.

m. All examination attempts shall be completed within one year of the initial course completion date. If an individual is unable to complete the testing within one year due to medical reasons, an extension may be granted upon submission of a signed statement from a physician and approval by the department.

n. Examination scores shall be confidential except that they may be released to the training program which provided the training or released in a manner which does not permit the identification of an individual.

**139.4(2) *Renewal of certification.***

a. A certificate shall be valid for two years from issuance unless specified otherwise on the certificate or unless sooner suspended or revoked.

b. All continuing education requirements shall be completed during the certification period prior to the certificate's expiration date. Failure to complete the continuing education requirements prior to the expiration date shall result in an expired certification.

c. The application for renewal of certification shall be submitted to the department within the 90 days prior to the expiration date. Failure to submit a renewal application to the department within the 90 days prior to the expiration date (based upon the postmark date) shall cause the current certification to expire. Iowa law enforcement emergency care providers shall not function on an expired certification.

An individual who completes the required continuing education during the certification period, but fails to submit the application for renewal of certification within 90 days prior to the expiration date, shall be required to submit a late fee of \$30 to obtain renewal of certification.

d. An individual who has not completed the required continuing education during the certification period and is seeking to reinstate an expired certificate shall complete a refresher course approved by the department and pass the practical and written certification examinations.

*e.* If an individual is unable to complete the required continuing education during the certification period due to an illness or injury, an extension of certification may be issued upon submission of a signed statement from a physician and approval by the department.

**139.4(3) *Renewal standards.*** To be eligible for renewal, the certificate holder shall:

*a.* Have signed and submitted an application for renewal of certification, provided by the department, within the 90 days prior to the certificate's expiration date.

*b.* Have a current CPR course completion card or a signed and dated statement from a recognized CPR instructor that documents current course completion in CPR.

*c.* Have completed four continuing education hours during the certification period including a minimum of one hour in the following topics:

Infectious diseases

Abuse (child and dependent adult)

Trauma emergencies

Medical emergencies

*d.* Notify the department of a change in address.

*e.* Maintain a file containing documentation of continuing education hours accrued during each certification period and retain this file for four years from the end of each certification period.

A group of individual certificate holders will be audited for each certification period and will be required to submit verification of continuing education compliance within 45 days of the request. If audited, the following information must be provided: date of program, program sponsor number, title of program, and number of hours approved. Certificate holders audited will be chosen in a random manner or at the discretion of the bureau of EMS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action.

#### **641—139.5(147A) Iowa law enforcement training programs.**

**139.5(1) *Curricula.***

*a.* The training program shall use the course curricula approved by the department for an Iowa law enforcement emergency care provider and shall include, as a minimum, the following course components:

1. Twenty-four hours of classroom instruction.
2. Practical and written examinations.
3. Clinical and field experience as may be required by the training program.

*b.* The training program may waive portions of the required training by documenting equivalent training and what portions of the course have been waived for equivalency.

*c.* An individual currently certified by the department as an emergency medical care provider, pursuant to 641—Chapter 132, may request Iowa law enforcement emergency care provider certification. Such a request must be made in writing to the department with documentation of credentials as an Iowa peace officer.

**139.5(2) *Staff.***

*a.* Course coordinators, outreach course coordinators, and primary instructor(s) used for the Iowa law enforcement emergency care provider course shall be currently certified by the department as EMS instructors.

*b.* Practical examination evaluators used for the Iowa law enforcement emergency care provider course shall attend a workshop sponsored by the department.

**641—139.6(147A) Law enforcement AED service program authorization.** A recognized Iowa law enforcement agency that desires to allow its peace officers to use an AED may register with the department to provide AED coverage. The purpose of this rule is to allow law enforcement agencies to train their peace officers in the use of the automated external defibrillator and to provide AED coverage when appropriately trained personnel are available. This rule is intended to enhance and supplement the local EMS system with nontraditional early defibrillation agencies.

**139.6(1)** Training requirements. Law enforcement personnel wishing to provide AED coverage as part of an Iowa law enforcement agency shall have current course completion in:

*a.* Adult CPR, including one rescuer CPR, foreign body airway obstruction, rescue breathing, recovery position, and activating the EMS system; and

*b.* A nationally recognized AED course approved by the department.

**139.6(2)** Iowa law enforcement AED service program—registration, guidelines, and standards. An Iowa law enforcement agency may register with the department to provide AED coverage. Iowa law enforcement AED service programs seeking registration with the department shall:

*a.* Complete the department's AED service program registration form.

*b.* Provide an AED liaison who shall be responsible for supervision of the AED service program.

*c.* Implement a policy for periodic maintenance of the AED.

*d.* Ensure that the service program's AED providers maintain AED and CPR skill competency.

*e.* Identify which authorized Iowa ambulance service program(s) will provide patient transportation.

*f.* Reregister with the department every five years.

**139.6(3)** Complaints and investigations shall be conducted as with any complaint received against an EMS service program, applying rule 641 IAC 132.10(147A).

These rules are intended to implement Iowa Code chapter 147A.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 13**

Iowa Administrative Code 641—140

CHAPTER 140  
EMERGENCY MEDICAL SERVICES SYSTEM DEVELOPMENT GRANTS FUND

**641—140.1(135) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Ambulance service*” means ambulance service as defined in 641—132.1(147A).

“*CEHs*” means CEH as defined in 641—131.1(147A).

“*Continuing education*” means continuing education as defined in 641—131.1(147A).

“*County EMS association*” means a countywide group of EMS providers and various agency and organization representatives and consumers who provide leadership for the local EMS system on needs and objectives. The county EMS association should also include representatives of services located in a neighboring county if service is provided on a regular basis to residents of the county receiving funding.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Emergency medical care provider*” means emergency medical care provider as defined in 641—131.1(147A).

“*Emergency medical services*” or “*EMS*” means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

“*EMS course*” means a course for emergency medical care personnel pursuant to Iowa Code section 147A.4, subsection 2.

“*Fiscal year*” means the 12-month period beginning July 1 and ending June 30.

“*Infrastructure*” means those elements that make up an EMS system.

“*Nontransport service*” means nontransport service as defined in 641—132.1(147A).

“*Regional EMS council*” means a multicounty nonprofit corporation whose purpose is to facilitate EMS development on a regional basis.

“*Service program*” means service program as defined in 641—131.1(147A).

“*Strategic plan*” means a document produced via a multiagency effort to evaluate and define needs and goals to improve the local EMS system.

“*Training*” means EMS-related courses designed and intended for EMS providers and includes any item used in training including, but not limited to, slides, films, mannequins, emergency care devices, books and other items pertinent and necessary for training purposes.

[ARC 0756C, IAB 5/29/13, effective 7/3/13]

**641—140.2(135) Purpose.** The EMS system development grant is intended to supplement EMS funds at the regional, county or local level to promote EMS system development.

**641—140.3(135) County EMS associations.** Each county shall have a county EMS association, council or board to develop and maintain the countywide EMS system strategic plan and to provide leadership on related EMS system development funding needs and objectives.

**641—140.4(135) County EMS system development grants.** Grants for EMS system development proposals at the regional, county, and local level are available through a grant process from the department to county boards of supervisors or local boards of health for equipment, training, and support of infrastructure needs as identified in the countywide EMS strategic plan and the department system standards. County boards of supervisors or local boards of health may not take any administrative fee from these funds to support their work under this rule. County recipients of funds may subcontract work under this agreement to a county EMS association. Funds for training will be used to train members of a service program that provides service on a regular basis to residents of the county being funded. Funds for equipment require a \$1 match of regional, county, or local funds for each \$1 of EMS system development grant funds.

**140.4(1) Eligible costs.** Costs which are eligible for EMS system development grant expenditures as defined in the request for proposal (RFP) include:

- a. Training.

(1) Reimbursement for initial training tuition, fees and materials up to an amount that is the lowest fee charged by the training entity following successful completion of an EMS course. Practical and written examination fees may also be included.

(2) Payment of continuing education tuition, fees and materials. Education provided by an EMS service program for the general public is an allowable expense.

(3) Payment for EMS training aids.

*b.* Other equipment as defined by the RFP.

*c.* Infrastructure support.

(1) Development and enhancement of EMS systems.

(2) Office equipment and supplies necessary to coordinate a countywide EMS system.

(3) Personnel services for staffing to provide countywide continuous quality improvement and medical direction.

The title to any EMS equipment purchased with these funds shall not lie with the department, but shall be determined by the county.

**140.4(2) *Ineligible costs.*** Costs which are not eligible for funding include, but are not limited to, the following:

*a.* Certification/recertification fees.

*b.* Building and construction costs.

*c.* Debt amortization.

*d.* Land.

*e.* Rent.

*f.* Utilities.

*g.* Vehicles including, but not limited to, ambulances, fire apparatus, boats, rescue/first response vehicles, snowmobiles and vehicle parts.

[ARC 0756C, IAB 5/29/13, effective 7/3/13]

**641—140.5(135) Disbursement of funds.** Rescinded IAB 2/2/05, effective 3/9/05.

**641—140.6(135) Application denial or partial denial—appeal.** Rescinded IAB 2/2/05, effective 3/9/05.

These rules are intended to implement Iowa Code section 135.25.

[Filed 2/26/98, Notice 9/10/97—published 3/25/98, effective 4/29/98]

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[Filed ARC 0756C (Notice ARC 0654C, IAB 3/20/13), IAB 5/29/13, effective 7/3/13]

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 14**

Iowa Administrative Code 641—141

CHAPTER 141  
LOVE OUR KIDS GRANT

**641—141.1(321) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Applicant*” means an individual, organization, or entity that has as its responsibility the development, promotion, and implementation of injury prevention and education initiatives for children and who has submitted an application for a love our kids grant.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Fiscal year*” means the 12-month period beginning July 1 and ending June 30.

“*Project period*” means the period of time which the department intends to support the project.

“*Service delivery area*” means the defined geographic area for delivery of project services. Applications shall not fragment existing integrated service delivery within the defined geographic area.

“*Service program*” or “*service*” means any medical care ambulance service or nontransport service that has received authorization by the department.

**641—141.2(321) Purpose.** The purpose of the love our kids grant is to provide grant funding to statewide, regional and local agencies and service programs that have as their responsibility the development, promotion, and implementation of injury prevention and education initiatives for children in Iowa.

**641—141.3(321) Funding limitations.** Grants awarded under this program shall be subject to the guidelines within the contract and the following, including but not limited to:

**141.3(1)** Up to 10 percent of the funds generated by this program may be retained by the department for program management.

**141.3(2)** Rescinded IAB 12/6/06, effective 11/8/06.

**141.3(3)** Following the disbursement of the funds pursuant to subrule 141.3(1), depending upon availability of funds, up to 24 contracts, with a goal of funding at least three per EMS region for \$1500 each, may be made available to statewide, regional and local agencies or service programs that are located within the federally appointed rural areas (listing of eligible rural counties can be found at <http://ruralhealth.hrsa.gov>) and have as their responsibility the development, promotion, and implementation of injury prevention and education initiatives for children.

**141.3(4)** Expenditures occurring prior to the project period are not eligible for reimbursement.

**141.3(5)** Grant awards shall be subject to the availability of funds.

**641—141.4(321) Use of funds.** Funds may be used for injury prevention initiatives specified within the guidelines for children aged birth to 21 including but not limited to:

1. Education and materials;
2. Training materials and equipment;
3. Safety equipment;
4. Public information and education campaigns;
5. Conferences/seminars/workshops;
6. Systems development;
7. Contractual services;
8. Personnel costs.

**641—141.5(321) Application process.** An application for a love our kids grant is required and available from the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075. The application process is as follows:

**141.5(1)** Applications from qualified applicants shall be submitted to the department prior to July 1 of each year.

**141.5(2)** The department shall review the application, and may approve, partially approve, request clarification or request a new application.

**641—141.6(321) Application denial or partial denial—appeal.**

**141.6(1)** Denial or partial denial of an application shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the applicant of denial or partial denial shall be served by restricted certified mail, return receipt requested, or by personal service.

**141.6(2)** Any request for appeal concerning denial or partial denial shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 30 days of the receipt of the department's notice. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. Prior to or at the hearing, the department may rescind the denial or partial denial. If no request for appeal is received within the 30-day time period, the department's notice of denial or partial denial shall become the department's final agency action.

**141.6(3)** Upon receipt of an appeal that meets contested case status, the appeal shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**141.6(4)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 4, Iowa Administrative Code.

**141.6(5)** When the hearing officer makes a proposed decision and order, it shall be served by restricted certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 141.6(6).

**141.6(6)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**141.6(7)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**141.6(8)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by restricted certified mail, return receipt requested, or by personal service.

**141.6(9)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**141.6(10)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**141.6(11)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

These rules are intended to implement Iowa Code section 147A.4 and Iowa Code Supplement section 321.34.

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**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 15**

Iowa Administrative Code 641—142

CHAPTER 142  
OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDERS

**641—142.1(144A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Adult*” means an individual 18 years of age or older.

“*Attending physician*” means a physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient.

“*Comfort care*” means care within the scope of the health care provider’s training and certification to alleviate pain and suffering, but does not include resuscitative measures.

“*Department*” means the Iowa department of public health.

“*Emergency medical care*” means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by rule by the department.
5. Any other medical procedure approved by the department, by rule, as appropriate to be performed by emergency medical care providers who have been certified in that procedure.

“*EMS provider*” means an emergency medical care provider as defined in Iowa Code section 147A.1.

“*Health care provider*” means a person, including an emergency medical care provider, who is licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care in the ordinary course of business or in the practice of a profession.

“*Hospital*” means any hospital licensed under the provisions of Iowa Code section 135B.1.

“*Life-sustaining procedure*” means any medical procedure, treatment, or intervention, including resuscitation, which utilizes mechanical or artificial means to sustain, restore or supplant a spontaneous vital function, and when applied to a patient in a terminal condition, would serve only to prolong the dying process. “*Life-sustaining procedure*” does not include the provision of nutrition or hydration except when required to be provided parenterally or through intubation or the administration of medication or performance of any medical procedure deemed necessary to provide comfort care or to alleviate pain.

“*Medical direction*” means direction, advice, or orders provided by a medical director, supervising physician, or physician designee (in accordance with written parameters and protocols) to emergency medical care providers.

“*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.

“*On-line medical direction*” means immediate medical direction provided directly to service program emergency medical care providers, in accordance with written parameters and protocols, by the medical director, supervising physician or physician designee either on scene or by any telecommunications system.

“*Out-of-hospital do-not-resuscitate identifier*” or “*OOH DNR identifier*” means a durable yet easily removable unique identification approved by the department and worn by a patient who has an out-of-hospital do-not-resuscitate order.

“*Out-of-hospital do-not-resuscitate order*” or “*OOH DNR order*” means a written order on a form approved by the department, signed by an attending physician, executed in accordance with the requirements of Iowa Code section 144A.7A and issued consistent with Iowa Code section 144A.2, that directs the withholding or withdrawal of resuscitation when an adult patient in a terminal condition is outside the hospital.

“*Out-of-hospital do-not-resuscitate protocol*” or “*OOH DNR protocol*” means the statewide protocol approved by the department and intended to avoid unwarranted resuscitation by emergency medical care providers when a valid out-of-hospital do-not-resuscitate order or identifier is encountered.

“*Patient*” means any individual who is sick, injured, or otherwise incapacitated.

“*Physician*” means any individual licensed under Iowa Code chapter 148, 150, or 150A.

“*Physician assistant*” or “*PA*” means an individual licensed pursuant to Iowa Code chapter 148C.

“*Physician designee*” means any registered nurse licensed under Iowa Code chapter 152, or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistant examiners. The physician designee acts as an intermediary for a supervising physician in accordance with written policies and protocols in directing the actions of emergency medical care providers.

“*Qualified patient*” means any adult patient as defined in Iowa Code section 144A.2.

“*Registered nurse*” or “*RN*” means an individual licensed pursuant to Iowa Code chapter 152.

“*Resuscitation*” means any medical intervention that utilizes mechanical or artificial means to sustain, restore, or supplant a spontaneous vital function, including but not limited to chest compression, defibrillation, intubation, and emergency drugs intended to alter cardiac function or otherwise to sustain life.

“*Service program*” or “*service*” means any medical care ambulance service or nontransport service that has received authorization by the department.

“*Supervising physician*” means any physician licensed under Iowa Code chapter 148, 150, or 150A. The supervising physician is responsible for medical direction of emergency medical care providers when such providers are providing emergency medical care.

“*Terminal condition*” means an incurable or irreversible condition that, without the administration of life-sustaining procedures, will, in the opinion of the attending physician, result in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery.

**641—142.2(144A) Purpose.** These rules direct EMS providers and service programs on the processes for the recognition of OOH DNR orders or identifiers and implementation of the OOH DNR protocol. In addition, these rules set forth guidelines for consideration by health care providers and organizations to help ensure uniform and orderly understandings, processes and procedures for the use and implementation of OOH DNR orders consistent with the provisions of Iowa Code chapter 144A.

**641—142.3(144A,147A) Responsibilities of the department.**

**142.3(1) OOH DNR physician order.** The department designates the OOH DNR order form contained in Appendix A as the uniform OOH DNR order form to be used statewide. If an attending physician issues an OOH DNR order for a qualified patient, the physician shall use the form contained in Appendix A.

**142.3(2) OOH DNR personal identifier.** The department designates the identifier supplied by MedicAlert® as the uniform personal identifier to be used for mobile qualified patients statewide. Instructions for obtaining a uniform personal identifier are contained in Appendix A.

**142.3(3) OOH DNR protocol.** The department designates the OOH DNR protocol contained in Appendix B as the uniform protocol to be used by EMS providers in implementing an OOH DNR order.

**142.3(4) Appendix A and Appendix B forms.** Forms referenced in subrules 142.3(1) through 142.3(3) are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or through the bureau of EMS’s Web site at [www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems).

**641—142.4(144A,147A) EMS providers.**

**142.4(1) Uniform protocol.** EMS providers shall act in accordance with the department’s OOH DNR protocol when implementing an OOH DNR order. EMS service programs shall incorporate the OOH DNR protocol as part of their service protocols and, using educational materials consistent with the curriculum developed and approved by the department, shall inform and educate EMS providers on the protocol’s requirements as well as the requirements of Iowa Code chapter 144A and these rules.

**142.4(2) Responsibility of the EMS provider.** The EMS provider responding outside a hospital as a member of a service program shall:

*a.* Evaluate the patient’s status and needs through an assessment consistent with the provider’s training and certification.

- b. Determine the existence of an OOH DNR order or that the patient is wearing an OOH DNR identifier.
- c. Honor the OOH DNR order or OOH DNR identifier worn by the patient.
- d. Discontinue resuscitation if the OOH DNR order or OOH DNR identifier worn by the patient is discovered after resuscitation has begun.
- e. Follow the OOH DNR protocol.
- f. Provide comfort care to the patient at all times.
- g. Contact on-line medical direction for further instructions as necessary to provide appropriate patient care.
- h. If uncertainty exists regarding the validity or applicability of the OOH DNR order or identifier, the EMS provider shall provide the necessary and appropriate resuscitation.
- i. Document compliance or noncompliance with the OOH DNR order and the reasons for not complying with the order, including evidence that the order was revoked or uncertainty regarding the validity or applicability of the order.

**641—142.5(144A) Guidelines for non-EMS health care providers, patients, and organizations.** In order to encourage understanding and implementation of OOH DNR orders and protocols throughout Iowa and honor a qualified patient's wishes and intent regarding the provision of life-sustaining procedures in an out-of-hospital setting consistent with the requirements of Iowa Code chapter 144A, the following guidelines should be considered.

**142.5(1) Attending physicians who issue OOH DNR orders.** The attending physician should ensure that the following are accomplished:

- a. Establish that the patient is qualified because the patient:
  - (1) Is an adult; and
  - (2) Has a terminal condition.
- b. Explain to the patient or the individual legally authorized to act on the patient's behalf the implications of an OOH DNR order.
- c. If the qualified patient or individual legally authorized to act on the patient's behalf decides that the patient should not be resuscitated, the attending physician may issue the OOH DNR order on the prescribed uniform order form. The order will direct health care providers to withhold or withdraw resuscitation.
- d. Explain to the qualified patient or the individual legally authorized to act on the patient's behalf how the OOH DNR order is revoked.
- e. Include a copy of the order in the qualified patient's medical record.
- f. Provide a copy of the order to the qualified patient or the individual legally authorized to act on the patient's behalf.

**142.5(2) Qualified patients or legally authorized persons.** A qualified patient or a person legally authorized to act on a qualified patient's behalf should:

- a. Make an informed decision concerning resuscitation in the face of a terminal condition.
- b. Ensure that the qualified patient's family members are aware of this decision and inform them of the location of the OOH DNR order and the purpose of an OOH DNR identifier.
- c. Understand the process for revocation as described in rule 641—142.6(144A).

**142.5(3) Non-EMS health care providers.** A non-EMS health care provider contemplating resuscitation for a patient should:

- a. Evaluate the patient's status and needs through an assessment consistent with the provider's training, certification and licensure.
- b. Determine that the presenting condition is within the scope of the patient's terminal condition and is not the result of a motor vehicle collision, fire, mass casualty or other cause of a sudden accident or injury.
- c. Determine the existence of an OOH DNR order or that the patient is wearing an OOH DNR identifier.
- d. Honor the OOH DNR order or OOH DNR identifier worn by the patient.

*e.* Discontinue resuscitation if the OOH DNR order or OOH DNR identifier worn by the patient is discovered after resuscitation has begun.

*f.* Provide comfort care to the patient at all times.

*g.* If uncertainty exists regarding the validity or applicability of the OOH DNR order or identifier, the health care provider shall provide the necessary and appropriate resuscitation.

*h.* Document compliance or noncompliance with the OOH DNR order and the reasons for not complying with the order, including evidence that the order was revoked or uncertainty regarding the validity or applicability of the order or OOH DNR identifier.

**142.5(4) Hospitals.** A hospital licensed under Iowa Code chapter 135B:

*a.* Shall not be precluded from honoring an OOH DNR order entered in accordance with this chapter and in compliance with established hospital policies and protocols.

*b.* Should, to avail itself of the immunities provided within Iowa Code chapter 142, establish such policies and protocols to address an OOH DNR order or identifier encountered on a person who presents to the emergency department or in any other area within the facility if the person presents as a patient or visitor.

*c.* Should integrate policies and procedures with the OOH DNR protocol for hospital-based ambulance service programs, if present.

**142.5(5) Other health care organizations.** A nursing home, home health care agency, hospice, or other health care organization should establish policies and protocols consistent with these rules to address admitted patients who have OOH DNR orders.

**641—142.6(144A) Revocation of the out-of-hospital do-not-resuscitate order.** An OOH DNR order is deemed revoked at any time that a patient, or an individual authorized to act on the patient's behalf as designated on the OOH DNR order, is able to communicate in any manner the intent that the order be revoked, without regard to the mental or physical condition of the patient. A revocation is only effective as to the health care provider upon communication to that provider by the patient, an individual authorized to act on the patient's behalf as designated in the OOH DNR order, or by another person to whom the revocation is communicated by the patient.

**641—142.7(144A) Personal wishes of family members or other individuals who are not authorized to act on the patient's behalf.** The personal wishes of family members or other individuals who are not authorized in the order to act on the patient's behalf shall not supersede a valid OOH DNR order.

**641—142.8(144A) Transfer of patients.**

**142.8(1)** An attending physician who is unwilling to comply with an OOH DNR order or who is unwilling to comply with the provisions of Iowa Code section 144A.7A shall take all reasonable steps to effect the transfer of the patient to another physician.

**142.8(2)** If the policies of a hospital, nursing home, home health care agency, hospice or other health care organization preclude compliance with the OOH DNR order of a qualified patient, the provider shall take all reasonable steps to effect the transfer of the patient to an organization in which the provisions of Iowa Code section 144A.7A can be carried out.

**641—142.9(144A) Application to existing orders.**

**142.9(1)** An OOH DNR order or similar order executed prior to September 10, 2003, is valid and shall be honored in accordance with the then-applicable provisions of the law.

**142.9(2)** Health care providers may honor an OOH DNR order or identifier from another state if it can be validated and applied in a manner consistent with the OOH DNR order or identifier prescribed in these rules. In cases where there is uncertainty, clarification should be sought through on-line medical direction or resuscitation efforts should be initiated.

These rules are intended to implement Iowa Code sections 144A.7A and 147A.4.

[Filed 7/18/03, Notice 5/28/03—published 8/6/03, effective 9/10/03]

[Filed ARC 7550B (Notice ARC 7357B, IAB 11/19/08), IAB 2/11/09, effective 3/18/09]

APPENDIX A

Iowa Department of Public Health  
OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER

(Please type or print)

Date of Order: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Information:

Name: (Last)\_\_\_\_\_(First)\_\_\_\_\_(Middle)\_\_\_\_\_

Address: \_\_\_\_\_(City)\_\_\_\_\_ (Zip)\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Circle): M or F

Name of Hospice or Care Facility (if applicable): \_\_\_\_\_

Attending Physician Order

As the attending physician for the above-named patient, I certify that this individual is over 18 years of age and has a terminal diagnosis. After consultation with this patient (or the patient’s legal representative), I hereby direct any and all health care providers, including qualified emergency medical services (EMS) personnel, to withhold or withdraw the following life-sustaining procedures in accordance with Iowa law (Iowa Code chapter 142A):

- Cardiopulmonary Resuscitation/Cardiac Compression (Chest Compressions).
- Endotracheal Intubation/Artificial or Mechanical Ventilation (Advance Airway Management).
- Defibrillation and Related Procedures.
- Use of Resuscitation Drugs.

**This directive does NOT apply to other medical interventions for comfort care.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Attending Physician (MD, DO)**                      **Date**

\_\_\_\_\_  
**Printed Name of Attending Physician**                      **Physician’s Telephone (Emergency)**

**To the extent that it is possible, a person designated by the patient may revoke this order on the patient’s behalf. If the patient wishes to authorize any other person(s) to revoke this order, the patient MUST list those persons’ names below:**

- Name: \_\_\_\_\_
- Name: \_\_\_\_\_
- Name: \_\_\_\_\_
- Name: \_\_\_\_\_

**Patients please note:** Directions for obtaining a uniform identifier are listed on the back of this form. The uniform identifier is the key way the health care provider and/or EMS personnel can quickly recognize that you have an Out-of-Hospital Do-Not-Resuscitate order. If you are not wearing an identifier, the health care provider and/or EMS personnel may not realize that you do not want to be resuscitated.

**Physicians please note:** Information regarding the completion of an Out-of-Hospital Do-Not-Resuscitate order is on the back of this form.

## APPENDIX A

**Directions for obtaining a uniform identifier:**

The uniform identifier may be obtained through MedicAlert®<sup>1</sup>, which requires:

1. A completed MedicAlert® application, which is available in physician offices or through MedicAlert® by phoning (800)432-5378 or the Web site [www.medicalert.org](http://www.medicalert.org), and fee.
2. A copy of this completed OOH DNR order, which must accompany the MedicAlert® application or be sent to MedicAlert® prior to the identifier's being mailed.

<sup>1</sup>*MedicAlert® is a nonprofit 501C membership organization.*

**Suggested guidelines for physicians:**

1. Please review the Iowa Out-of-Hospital Do-Not-Resuscitate order and related protocol with the patient/patient's legal representative(s). The following points may be helpful:

- Patient/patient's legal representative(s) listed on this order must understand the significance of this order, that in the event the patient's heart or breathing stops or malfunctions, the anticipated result of this order is death.
- Patient/patient's legal representative(s) listed on this order may revoke this directive at any time. However, the desire to revoke must be communicated to the EMS or other health care professionals at the scene.
- It is important to emphasize that this order does not apply to medical interventions to make the patient more comfortable.
- The importance of wearing the uniform identifier for those qualified patients who would benefit from the mobility this offers should be stressed. It is also helpful to walk patients through the process they must follow to acquire the identifier.

2. Provide a copy of this order to the patient/patient's legal representative(s) listed on this order and place the original in the patient's medical records.

**The OOH DNR Order form is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or through the Bureau of EMS's Web site [www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems).**

[ARC 7550B, IAB 2/11/09, effective 3/18/09]

## APPENDIX B

**EMS OUT-OF-HOSPITAL DO-NOT-RESUSCITATE PROTOCOL**

**Purpose:** This protocol is intended to avoid unwarranted resuscitation by emergency care providers in the out-of-hospital setting for a *qualified patient*.<sup>1</sup> There must be a valid Out-of-Hospital Do-Not-Resuscitate (OOH DNR) order signed by the qualified patient's attending physician or the presence of the OOH DNR identifier indicating the existence of a valid OOH DNR order.

**No resuscitation:** Means withholding any medical intervention that utilizes mechanical or artificial means to sustain, restore, or supplant a spontaneous vital function, including but not limited to:

1. Chest compressions,
2. Defibrillation,
3. Esophageal/tracheal/double-lumen airway; endotracheal intubation, or
4. Emergency drugs to alter cardiac or respiratory function or otherwise sustain life.

**Patient criteria:** The following patients are recognized as qualified patients to receive no resuscitation:

1. The presence of the uniform OOH DNR order or uniform OOH DNR identifier, or
2. The presence of the attending physician to provide direct verbal orders for care of the patient.

*The presence of a signed physician order on a form other than the uniform OOH DNR order form approved by the department may be honored if approved by the service program EMS medical director. However, the immunities provided by law apply only in the presence of the uniform OOH DNR order or uniform OOH DNR identifier. When the uniform OOH DNR order or uniform OOH DNR identifier is not present, contact must be made with on-line medical control and on-line medical control must concur that no resuscitation is appropriate.*

**Revocation:** An OOH DNR order is deemed revoked at any time that a patient, or an individual authorized to act on the patient's behalf as listed on the OOH DNR order, is able to communicate in any manner the intent that the order be revoked. The personal wishes of family members or other individuals who are not authorized in the order to act on the patient's behalf shall not supersede a valid OOH DNR order.

**Comfort Care (♥):** When a patient has met the criteria for no resuscitation under the foregoing information, the emergency care provider should continue to provide that care which is intended to make the patient comfortable (a.k.a. ♥ Comfort Care). Whether other types of care are indicated will depend upon individual circumstances for which medical control may be contacted by or through the responding ambulance service personnel.

**♥ Comfort Care may include, but is not limited to:**

1. Pain medication.
2. Fluid therapy.
3. Respiratory assistance (oxygen and suctioning).

<sup>1</sup>*Qualified patient* means an adult patient determined by an attending physician to be in a terminal condition for which the attending physician has issued an Out-of-Hospital DNR order in accordance with the law. (Iowa Administrative Code 641—142.1(144A), definitions)

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 16**

Iowa Administrative Code 641—143

CHAPTER 143  
AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM

AUTOMATED EXTERNAL DEFIBRILLATOR GRANT PROGRAM

**641—143.1(135) Purpose.** An automated external defibrillator grant program is established to provide matching funds to eligible organizations that are seeking to implement an early defibrillation program. The objective of the grant program is to enhance and supplement the emergency response system in rural areas of the state by providing increased access to automated external defibrillator equipment by rural emergency and community personnel.

**641—143.2(135) Definitions.** For the purposes of these rules, the following definitions shall apply:

“*Automated external defibrillator*” or “*AED*” means an external semiautomatic device that determines whether defibrillation is required.

“*Community organization*” means an educational institution, nonprofit organization, social service agency, philanthropic organization, or business, trade, or professional association.

“*CPR*” means cardiopulmonary resuscitation.

“*Department*” means the Iowa department of public health.

“*Early defibrillation program*” means a program established by the applicant to enhance and supplement the local EMS system.

“*EMS*” means emergency medical services.

“*Local board of health*” means a county, city, or district board of health.

“*Rural*” means a geographic area outside an urban or suburban setting with a population of less than 15,000 persons.

**641—143.3(135) Application process.** To be eligible for an automated external defibrillator program grant, a local board of health, community organization or city shall:

**143.3(1)** Properly complete and submit the department’s AED grant program application, which shall require an applicant to:

- a. Demonstrate the ability to provide matching funds of 50 percent of the cost of the program;
- b. Designate an individual who shall be responsible for the overall supervision of the early defibrillation program; and
- c. Include a plan for increasing rural emergency or community personnel access to automated external defibrillator equipment; and

**143.3(2)** Notify local EMS service programs of the intent to establish an early defibrillation program.

**641—143.4(135) Early defibrillation program.** A local board of health, community organization or city that receives an automated external defibrillator program grant shall:

**143.4(1)** Adopt and implement a policy that ensures establishment of an emergency plan of action; AED maintenance; personnel competency in the use of an AED and CPR; and a method for postevent analysis and staff debriefing.

**143.4(2)** Designate an individual who shall be responsible for the overall supervision of the early defibrillation program.

**143.4(3)** Submit an annual report to the department indicating the number of AED uses, patient outcomes and number of individuals trained.

**143.4(4)** Comply with the terms and conditions of the contract with the department for implementation of the program.

**641—143.5(135) Review process.** The department shall establish a request for proposal and application process for eligible organizations to apply for an automated external defibrillator program grant. The department shall establish a process to review applications, which shall include receiving input from a review committee. The review process and review criteria shall be described in the request for proposals.

**641—143.6(135) Appeals.** An applicant may appeal the denial of a properly submitted grant application. Appeals shall be governed by 641—176.8(135,17A).

**641—143.7 to 143.9** Reserved.

AUTOMATED EXTERNAL DEFIBRILLATOR MAINTENANCE

**641—143.10(135) Purpose.** These rules establish standards for the maintenance of automated external defibrillators for a person or entity that owns, manages or is otherwise responsible for the premises on which an automated external defibrillator is located if the person or entity maintains the automated external defibrillator in accordance with Iowa Code section 613.17 as amended by 2008 Iowa Acts, Senate File 505.

[ARC 7551B, IAB 2/11/09, effective 3/18/09]

**641—143.11(135) Definition.** For the purposes of these rules, the following definition shall apply:

“Automated external defibrillator” or “AED” means an external semiautomatic device that determines whether defibrillation is required.

[ARC 7551B, IAB 2/11/09, effective 3/18/09]

**641—143.12(135) AED maintenance.** The person or entity maintaining the AED shall:

**143.12(1)** Ensure that the AED is maintained and inspected in accordance with the manufacturer’s guidelines.

**143.12(2)** Maintain records of all maintenance and inspections of the AED for the usable life of the device.

**143.12(3)** Ensure that the AED is programmed to conform to nationally accepted guidelines for treatment of cardiac arrest patients.

[ARC 7551B, IAB 2/11/09, effective 3/18/09]

These rules are intended to implement Iowa Code section 135.26.

**641—143.13 to 143.15** Reserved.

FIRE DEPARTMENT RESPONSE WITH AUTOMATED EXTERNAL DEFIBRILLATOR

**641—143.16(147A) Purpose.** The purpose of these rules is to allow a local fire department that is not authorized as an EMS service program and that has an AED to respond to cardiac arrest events in the department’s community. These rules are intended to enhance and supplement the local EMS system with nontraditional early defibrillation programs.

[ARC 9358B, IAB 2/9/11, effective 3/16/11]

**641—143.17(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“Automated external defibrillator” or “AED” means an external semiautomatic device that determines whether defibrillation is required.

“CPR” means training and successful course completion in cardiopulmonary resuscitation, AED, and obstructed airway procedures for all age groups according to recognized national standards.

“Emergency medical care provider” means an individual who has been trained to provide emergency and nonemergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist or other certification levels recognized by the department before 1984 and who has been issued a certificate by the department.

“Local fire department” means a paid, volunteer, or combination fire protection service provided by a benefited fire district under Iowa Code chapter 357B or by a county, municipality or township or a private corporate organization that has a valid contract to provide fire protection service for a benefited fire district, county, municipality, township or governmental agency. “Local fire department” does not include a military or private industrial fire department or an authorized Iowa EMS service.

“*Service program*” or “*service*” means any medical care ambulance service or nontransport service that has received authorization by the department.

[ARC 9358B, IAB 2/9/11, effective 3/16/11]

**641—143.18(147A) Local fire department AED service registration.** A local fire department that desires to allow its firefighters to use an AED may register with the department to provide AED coverage.

**143.18(1) Training requirements.** Local fire department personnel wishing to provide AED coverage shall have current course completion in CPR.

**143.18(2) Local fire department AED service—registration, guidelines, and standards.** A local fire department may register with the department to provide AED coverage. Local fire departments seeking registration with the department shall:

*a.* Complete the department’s AED service registration form initially and every five years thereafter.

*b.* Provide an AED liaison to be responsible for supervision of the AED service.

*c.* Ensure that the AED is maintained and inspected in accordance with rule 641—143.12(135).

*d.* Maintain records of all maintenance and inspections of the AED for the usable life of the device.

*e.* Ensure that the fire department’s AED providers maintain AED and CPR skill competency.

*f.* Identify which authorized Iowa ambulance service program(s) will provide patient transportation.

*g.* Ensure that emergency medical care is limited to CPR and AED.

**143.18(3) Complaints and investigations.** Complaints and investigations shall be conducted as with any complaint received against an EMS service program in accordance with rule 641—132.10(147A).

[ARC 9358B, IAB 2/9/11, effective 3/16/11]

These rules are intended to implement Iowa Code chapters 135, 147A and 613.

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[Filed ARC 9358B (Notice ARC 9241B, IAB 11/17/10), IAB 2/9/11, effective 3/16/11]

**National Highway Traffic Safety Administration Technical  
Assistance Program Statewide EMS Re-Assessment**

**Attachment 17**

Iowa Administrative Code 641—144

CHAPTER 144  
EMERGENCY MEDICAL SERVICES—AIR MEDICAL SERVICE  
PROGRAM AUTHORIZATION

**641—144.1(147A) Definitions.** For the purposes of this chapter, the following definitions shall apply:

*“Air ambulance”* means any privately or publicly owned rotorcraft or fixed-wing aircraft which may be specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated who are in need of out-of-hospital emergency medical care or whose condition requires treatment or continuous observation while being transported.

*“Air ambulance crew member”* means an individual who has been trained to provide emergency and nonemergency medical care at the certification or licensure levels recognized by the department and who has been issued a certificate or license by the department.

*“Air ambulance service”* means any privately or publicly owned service program which utilizes rotorcraft or fixed-wing aircraft in order to provide patient transportation and emergency medical services.

*“Continuous quality improvement”* or *“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.

*“Critical care paramedic”* or *“CCP”* means a currently certified paramedic specialist who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

*“Critical care transport”* or *“CCT”* means specialty care patient transportation when medically necessary, for a critically ill or injured patient needing CCP skills, between medical care facilities, and provided by an authorized ambulance service that is approved by the department to provide critical care transportation and staffed by one or more critical care paramedics or other health care professional in an appropriate specialty area.

*“Deficiency”* means noncompliance with Iowa Code chapter 147A or these rules.

*“Department”* means the Iowa department of public health.

*“Director”* means the director of the Iowa department of public health.

*“Direct supervision”* means services provided by an EMS provider in a hospital setting or other health care entity in which health care is ordinarily performed when in the personal presence of a physician or under the direction of a physician who is immediately available or under the direction of a physician assistant or registered nurse who is immediately available and is acting consistent with adopted policies and protocols of a hospital or other health care entity.

*“Emergency medical care”* means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by protocol.
5. Any medical procedure authorized by 641—subrule 131.3(3).

*“Emergency medical care provider”* means an individual who has been trained to provide emergency and nonemergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist or other certification levels recognized by the department before 1984 and who has been issued a certificate by the department.

*“Emergency medical services”* or *“EMS”* means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

*“Emergency medical technician-basic”* or *“EMT-B”* means an individual who has successfully completed the current United States Department of Transportation’s Emergency Medical Technician-Basic curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.

*“Emergency medical technician-paramedic”* or *“EMT-P”* means an individual who has successfully completed the current United States Department of Transportation’s (DOT) EMT-intermediate curriculum or the 1985 or earlier DOT EMT-P curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

*“Emergency medical transportation”* means the transportation by ambulance of sick, injured or otherwise incapacitated persons who require emergency medical care.

*“EMS advisory council”* means a council appointed by the director to advise the director and develop policy recommendations concerning regulation, administration, and coordination of emergency medical services in the state.

*“EMS system”* means any specific arrangement of emergency medical personnel, equipment, and supplies designed to function in a coordinated fashion.

*“Endorsement”* means providing approval in an area related to emergency medical care including, but not limited to, CCP and emergency medical services.

*“FAA”* means Federal Aviation Administration.

*“FAR”* means Federal Aviation Regulation.

*“Fixed-wing ambulance”* means any privately or publicly owned fixed-wing aircraft specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated who are in need of out-of-hospital emergency medical care or whose condition requires treatment or continuous observation while being transported.

*“Hospital”* means any hospital licensed under the provisions of Iowa Code chapter 135B.

*“Inclusion criteria”* means criteria determined by the department and adopted by reference to determine which patients are to be included in the Iowa EMS service program registry or the trauma registry.

*“Iowa EMS Patient Registry Data Dictionary”* means reportable data elements for all ambulance service responses and definitions determined by the department and adopted by reference.

*“Medical direction”* means direction, advice, or orders provided by a medical director, supervising physician, or physician designee (in accordance with written parameters and protocols) to emergency medical care personnel.

*“Medical director”* means any physician licensed under Iowa Code chapter 148, 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.

*“Nonemergency transportation”* means transportation that may be provided for those persons determined to need transportation only.

*“NTSB”* means National Transportation Safety Board.

*“Off-line medical direction”* means the monitoring of EMS providers through retrospective field assessments and treatment documentation review, critiques of selected cases with the EMS personnel, and statistical review of the system.

*“On-line medical direction”* means immediate medical direction provided directly to service program EMS providers, in accordance with written parameters and protocols, by the medical director, supervising physician or physician designee either on-scene or by any telecommunications system.

*“Paramedic”* or *“EMT-P”* means an emergency medical technician-paramedic.

*“Paramedic specialist”* or *“PS”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-Paramedic curriculum or equivalent, has passed the department’s approved written and practical examinations, and is currently certified by the department as a paramedic specialist.

*“Patient”* means any individual who is sick, injured, or otherwise incapacitated.

*“Patient care report”* or *“PCR”* means a computerized or written report that documents the assessment and management of the patient by the emergency care provider in the out-of-hospital setting.

*“Physician”* means any individual licensed under Iowa Code chapter 148.

*“Physician assistant”* or *“PA”* means an individual licensed pursuant to Iowa Code chapter 148C.

*“Physician designee”* means any registered nurse licensed under Iowa Code chapter 152, or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician

assistants. The physician designee acts as an intermediary for a supervising physician in accordance with written policies and protocols in directing the care provided by emergency medical care providers.

“*Preceptor*” means an individual who has been assigned by the training program, clinical facility or service program to supervise students while the students are completing their clinical or field experience. A preceptor must be an emergency medical care provider certified at the level being supervised or higher, or must be licensed as a registered nurse, physician assistant or physician.

“*Protocols*” means written directions and orders, consistent with the department’s standard of care, that are to be followed by an emergency medical care provider in emergency and nonemergency situations. Protocols must be approved by the service program’s medical director and must address the care of both adult and pediatric patients.

“*Registered nurse*” or “*RN*” means an individual licensed pursuant to Iowa Code chapter 152.

“*Reportable patient data*” means data elements and definitions determined by the department and adopted by reference to be reported to the Iowa EMS service program registry or the trauma registry or a trauma care facility on patients meeting the inclusion criteria.

“*Rotorcraft ambulance*” means any privately or publicly owned rotorcraft specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated who are in need of out-of-hospital emergency medical care or whose condition requires treatment or continuous observation while being transported.

“*Service director*” means an individual who is responsible for the operation and administration of a service program.

“*Service program*” or “*service*” means any medical care air ambulance service that has received authorization by the department.

“*Service program area*” means the geographic area of responsibility served by any given ambulance or nontransport service program.

“*Student*” means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portions.

“*Supervising physician*” means any physician licensed under Iowa Code chapter 148. The supervising physician is responsible for medical direction of emergency medical care personnel when such personnel are providing emergency medical care.

“*Training program*” means an NCA-approved Iowa college, the Iowa law enforcement academy or an Iowa hospital approved by the department to conduct emergency medical care training.

“*Transport agreement*” means a written agreement between two or more service programs that specifies the duties and responsibilities of the agreeing parties to ensure appropriate transportation of patients in a given service area.

[ARC 8662B, IAB 4/7/10, effective 5/12/10]

#### **641—144.2(147A) Authority of emergency medical care provider.**

**144.2(1)** An emergency medical care provider who holds an active certification issued by the department may:

*a.* Render via on-line medical direction emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified, as part of an authorized service program:

- (1) At the scene of an emergency;
- (2) During transportation to a hospital;
- (3) While in the hospital emergency department;
- (4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
- (5) During transfer from one entity where health care is normally provided to another.

*b.* Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:

- (1) Enrolled as a student in and approved by a training program;
- (2) Fulfilling continuing education requirements;
- (3) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician as a member of an authorized service

program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider's certification and under direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care personnel may perform, without direct supervision, emergency medical care procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient's life;

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

**144.2(2)** When emergency medical care personnel are functioning in a capacity identified in paragraph 144.2(1) "a," they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

**144.2(3)** An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department within 30 days.

[ARC 8662B, IAB 4/7/10, effective 5/12/10]

**641—144.3(147A) Air ambulance service program—authorization and renewal procedures, inspections and transfer or assignment of certificates of authorization.**

**144.3(1)** *General requirements for air ambulance authorization and renewal of authorization.*

a. An air ambulance service in this state that desires to provide emergency medical care in an out-of-hospital setting shall apply to the department for authorization to establish a program utilizing certified emergency medical care providers for delivery of care at the scene of an emergency or a nonemergency, during transportation to a hospital, during transfer from one medical care facility to another, or while in the hospital emergency department and until care is directly assumed by a physician or by authorized hospital personnel. Application for authorization shall be made on forms provided by the department. Applicants shall complete and submit the forms to the department at least 30 days prior to the anticipated date of authorization.

b. To renew service program authorization, the service program shall continue to meet the requirements of Iowa Code chapter 147A and these rules. The renewal application shall be completed and submitted to the department at least 30 days before the current authorization expires.

c. Applications for authorization and renewal of authorization may be obtained upon request to: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

d. The department shall approve an application when the department is satisfied that the program proposed by the application will be operated in compliance with Iowa Code chapter 147A and these rules.

e. Service program authorization is valid for a period of three years from its effective date unless otherwise specified on the certificate of authorization or unless sooner suspended or revoked.

f. Service programs shall be fully operational upon the effective date and at the level specified on the certificate of authorization and shall meet all applicable requirements of Iowa Code chapter 147A and these rules. Deficiencies that are identified shall be corrected within a time frame determined by the department.

g. Any service program owner in possession of a certificate of authorization as a result of transfer or assignment shall continue to meet all applicable requirements of Iowa Code chapter 147A and these rules. In addition, the new owner shall apply to the department for a new certificate of authorization within 30 days following the effective date of the transfer or assignment.

h. Service programs that acquire and maintain current status with a nationally recognized EMS service program accreditation entity that meets or exceeds Iowa requirements may be exempted from the service application/inspection process. A copy of the state service application and accreditation inspection must be filed with the department for approval.

**144.3(2) *Out-of-state air ambulance service programs.***

a. Service programs located in other states which wish to provide emergency medical care in Iowa must meet all requirements of Iowa Code chapter 147A and these rules and must be authorized by the department except when:

- (1) Transporting patients from locations within Iowa to destinations outside of Iowa;
- (2) Transporting patients from locations outside of Iowa to destinations within Iowa;
- (3) Transporting patients to and from locations outside of Iowa when doing so requires travel through Iowa;
- (4) Responding to a request for mutual aid in this state; or
- (5) Making less than 30 EMS responses per year to locations within Iowa and then transporting the patients to destinations within Iowa.

b. An out-of-state service program that meets any of the exception criteria established in this subrule shall be authorized to provide emergency medical care by the state in which the program resides and shall provide the department with verification of current state authorization upon request.

**144.3(3) *Air ambulance service program inspections.***

a. The department shall inspect each service program at least once every three years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.

b. The department may request additional information from or may inspect the records of any service program which is currently authorized or which is seeking authorization to ensure continued compliance or to verify the validity of any information presented on the application for service program authorization.

c. The department may inspect the patient care records of a service program to verify compliance with Iowa Code chapter 147A and these rules.

d. No person shall interfere with the inspection activities of the department or its agents pursuant to Iowa Code section 135.36.

e. Interference with or failure to allow an inspection by the department or its agents may be cause for disciplinary action in reference to service program authorization.

**144.3(4) *Temporary service program authorization.***

a. A temporary service program authorization may be issued to services that wish to operate during special events that may need emergency medical care coverage at a level other than basic care. Temporary authorization is valid for a period of 30 days unless otherwise specified on the certificate of authorization or unless sooner suspended or revoked. Temporary authorization shall apply to those requirements and standards for which the department is responsible. Applicants shall complete and submit the necessary forms to the department at least 30 days prior to the anticipated date of need.

b. The service shall meet applicable requirements of these rules but may apply for a variance using the criteria outlined in rule 641—144.7(147A).

c. The service shall submit a justification which demonstrates the need for the temporary service program authorization.

d. The service shall submit a report to the department within 30 days after the expiration of the temporary authorization which includes as a minimum:

- (1) Number of patients treated;
- (2) Types of treatment rendered;

- (3) Any operational or medical problems.  
[ARC 8662B, IAB 4/7/10, effective 5/12/10]

**641—144.4(147A) Service program levels of care and staffing standards.**

**144.4(1)** An air ambulance service program seeking authorization shall:

- a. Apply for authorization at the following levels:
  - (1) EMT-Basic.
  - (2) Paramedic specialist.
  - (3) Critical care transport.
- b. Conduct all air ambulance service flights under a minimum of FAR rules, Part 135.
- c. Maintain an adequate number of aircraft and personnel to provide 24-hour-per-day, 7-day-per-week coverage. The number of aircraft and personnel to be maintained shall be determined by the service and shall be based upon, but not limited to, the following:
  - (1) Number of calls;
  - (2) Service area and population; and
  - (3) Availability of other services in the area.
- d. Staff fixed-wing ambulances, at a minimum on each flight request, with the following staff while a patient is being transported:
  - (1) One health care provider who is certified or licensed in the state from which the aircraft launches and is certified as an EMT-Basic or higher level; and
  - (2) One FAA-certified commercial pilot who is appropriately rated in the aircraft being used for the transport.
- e. Staff rotorcraft ambulances, at a minimum on each flight request, with the following staff while a patient is being transported:
  - (1) Two health care providers who are certified or licensed in the state from which the aircraft launches, one of whom must at a minimum be certified as a paramedic specialist; and
  - (2) One FAA-certified commercial pilot who is appropriately rated in the aircraft being used for the transport.
- f. Train medical crew members in the following areas:
  - (1) Patient care limitations in flight.
  - (2) Altitude physiology.
  - (3) Appropriate utilization of air medical services.
  - (4) Communication system.
  - (5) Aircraft operations and safety.
  - (6) Emergency safety and survival.
  - (7) Prehospital scene response and safety.
  - (8) Crew resource management.
  - (9) Program flight risk assessment procedures.
- g. Apply to the department to receive approval to provide critical care transportation based upon appropriately trained staff and approved equipment.
- h. Ensure that the health care provider with the highest level of certification (on the transporting service) attends the patient, unless otherwise established by protocol approved by the medical director.

**144.4(2)** Air ambulance service program operational requirements. Air ambulance service programs shall:

- a. Complete and maintain a patient care report concerning the care provided to each patient. Services shall provide, at a minimum, a verbal report upon delivery of a patient to a receiving facility and shall provide a complete PCR within 24 hours to the receiving facility.
- b. Ensure that personnel duties are consistent with the level of certification and the service program's level of authorization.
- c. Maintain current personnel rosters and personnel files. The files shall include the names and addresses of all personnel and documentation that verifies EMS provider credentials including, but not limited to:

- (1) Current provider level certification.
- (2) Current course completions/certifications/endorsements as may be required by the medical director.
  - d.* If requested by the department, notify the department in writing of any changes in personnel rosters.
  - e.* Have a medical director and 24-hour-per-day, 7-day-per-week on-line medical direction available.
  - f.* Ensure that the appropriate service program personnel respond as required in this rule and that personnel respond in a reasonable amount of time.
  - g.* Notify the department in writing within seven days of any change in service director or ownership or control or of any reduction or discontinuance of operations.
  - h.* Select a new or temporary medical director if for any reason the current medical director cannot or no longer wishes to serve in that capacity. Selection shall be made before the current medical director relinquishes the duties and responsibilities of that position.
  - i.* Within seven days of any change of medical director, notify the department in writing of the selection of the new or temporary medical director who must have indicated in writing a willingness to serve in that capacity.
  - j.* Implement a continuous quality improvement program for patient transport missions to include as a minimum:
    - (1) Medical audits.
    - (2) Skills competency.
    - (3) Flight safety procedures.
    - (4) Appropriateness of air medical response.
    - (5) Review of flight risk assessment.
    - (6) Loop closure requiring physician review of patient transport missions.
  - k.* Document an equipment maintenance program to ensure proper working condition and appropriate quantities.

**144.4(3) Air ambulance equipment and vehicle standards.**

- a.* All air ambulance service programs shall carry equipment and supplies in quantities as determined by the medical director and appropriate to the service program's level of care and available medical crew member personnel, and as established in the service program's approved protocols.
- b.* Pharmaceutical drugs may be carried and administered by appropriate staff upon completion of training and pursuant to the service program's established protocols approved by the medical director.
- c.* All pharmaceuticals shall be maintained in accordance with the rules of the state board of pharmacy.
- d.* Accountability for drug exchange, distribution, storage, ownership, and security shall be subject to applicable state and federal requirements. The method of accountability shall be described in the written pharmacy agreement. A copy of the written pharmacy agreement shall be submitted to the department.
- e.* Each aircraft shall be equipped and maintained in accordance with FAA operating requirements.
- f.* Each aircraft shall be equipped with a survival kit.

**144.4(4) Communications and flight dispatch program.**

- a.* Each service program shall maintain a telecommunications system between the medical crew member and the source of the service program's medical direction and other appropriate entities.
- b.* All telecommunications shall be conducted in an appropriate manner and on a frequency approved by the Federal Communications Commission and the department.
- c.* A flight-following policy shall be adopted. This policy shall at a minimum contain the following:
  - (1) Minimum time between communications with aircraft and its monitoring center;
  - (2) Documentation of communications with flight;
  - (3) Lost communications procedures; and
  - (4) Overdue aircraft procedures.

*d.* Flight programs shall provide staff or contract with a flight dispatch system for receiving flight requests. Communication specialists shall be trained in the following:

- (1) Flight operations;
- (2) Aviation weather;
- (3) Aviation maintenance;
- (4) Flight following;
- (5) Flight risk assessment;
- (6) Flight service minimum safety standards; and
- (7) Overdue aircraft procedures.

**144.4(5)** Flight risk assessment policy.

*a.* Each service shall have a flight risk assessment policy in accordance with current FAA guidelines.

*b.* Flight risk assessment policies shall mandate adherence to policy for all flights.

*c.* Flight risk assessment policies shall address other flight services being requested, en route, or having been denied request to same incident.

**144.4(6)** Air ambulance service program—incident and accident response and reports.

*a.* Air medical services shall have a policy in place outlining missing/overdue/accident issues. This policy will contain at a minimum the following:

- (1) Overdue aircraft procedures; and
- (2) Postincident action plans.

*b.* Incidents of fire or other destructive or damaging occurrences or theft of a service program aircraft, vehicle, equipment, or drugs shall be reported to the department within 48 hours following the occurrence of the incident.

*c.* A report relating to an accident resulting in personal injury, death or property damage shall be submitted to the department within seven days following an accident involving a service program aircraft or vehicle. A complete FAA/NTSB accident report shall be submitted to the bureau of EMS upon completion of the report.

**144.4(7)** Reportable patient data—adoption by reference.

*a.* The department shall prepare compilations for release or dissemination on all reportable patient data entered into the EMS service program registry during the reporting period. The compilations shall include, but not be limited to, trends and patient care outcomes for local, regional, and statewide evaluations. The compilations shall be made available to all service programs submitting reportable patient data to the registry.

*b.* Access and release of reportable patient data and information.

(1) The data collected by and furnished to the department pursuant to this subrule are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to Iowa Code section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under Iowa Code subsection 22.7(2). However, information which individually identifies patients shall not be disclosed, and state and federal law regarding patient confidentiality shall apply.

(2) The department may approve requests for reportable patient data for special studies and analysis provided that the request has been reviewed and approved by the deputy director of the department with respect to the scientific merit and confidentiality safeguards and the department has given administrative approval for the proposal. The confidentiality of patients and the EMS service program shall be protected.

(3) The department may require entities requesting the data to pay any or all of the reasonable costs associated with furnishing the reportable patient data.

*c.* To the extent possible, activities under this subrule shall be coordinated with other health data collection methods.

*d.* Quality assurance.

(1) For the purpose of ensuring the completeness and quality of reportable patient data, the department or an authorized representative may examine all or part of the patient care report as necessary to verify or clarify all reportable patient data submitted by a service program.

(2) Review of a patient care report by the department shall be scheduled in advance with the service program and completed in a timely manner.

*e.* “Iowa Trauma Patient Data Dictionary” is available through the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

*f.* “Iowa EMS Patient Registry Data Dictionary” identified in 641—paragraph 136.2(1)“*c*” is incorporated by reference for inclusion criteria and reportable patient data to be reported to the department. For any differences which may occur between the adopted reference and this chapter, the administrative rules shall prevail.

*g.* “Iowa EMS Patient Registry Data Dictionary” identified in 641—paragraph 136.2(1)“*c*” is available through the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**144.4(8)** An air ambulance service program shall:

*a.* Submit reportable patient data identified in subrule 144.4(7) via electronic transfer. Data shall be submitted in a format approved by the department.

*b.* Submit reportable patient data identified in subrule 144.4(7) to the department for each calendar quarter. Reportable patient data shall be submitted no later than 90 days after the end of the quarter.

**144.4(9)** The patient care report is a confidential document and shall be exempt from disclosure pursuant to Iowa Code subsection 22.7(2) and shall not be accessible to the general public. Information contained in these reports, however, may be utilized by any of the indicated distribution recipients and may appear in any document or public health record in a manner which prevents the identification of any patient or person named in these reports.

**144.4(10)** Implementation. The director may grant exceptions and variances from the requirements of this chapter for any air medical service. Exceptions or variations shall be reasonably related to undue hardships which existing services experience in complying with this chapter. Services requesting exceptions and variances shall be subject to other applicable rules adopted pursuant to Iowa Code chapter 147A. Nothing in this chapter shall be construed to require any service to provide a level of care beyond minimum basic care standards.

[ARC 8662B, IAB 4/7/10, effective 5/12/10]

**641—144.5(147A) Air ambulance service program—off-line medical direction.**

**144.5(1)** The medical director shall be responsible for providing appropriate medical direction and overall supervision of the medical aspects of the service program and shall ensure that those duties and responsibilities are not relinquished before a new or temporary replacement is functioning in that capacity.

**144.5(2)** The medical director’s duties include, but need not be limited to:

*a.* Developing, approving and updating protocols to be used by service program personnel that meet or exceed the minimum standard protocols developed by the department.

*b.* Developing and maintaining liaisons between the service, other physicians, physician designees, hospitals, and the medical community served by the service program.

*c.* Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcomes that reflect the goals and standards of the EMS system.

*d.* Assessing the continuing education needs of the service and individual service program personnel and assisting them in the planning of appropriate continuing education programs.

*e.* Being available for individual evaluation and consultation to service program personnel.

*f.* Performing or appointing a designee to complete the medical audits required in subrule 144.5(4).

*g.* Developing and approving an applicable continuous quality improvement policy to be used for all patient care encounters, including an action plan and follow-up.

*h.* Informing the medical community of the emergency medical care being provided according to approved protocols in the service program area.

*i.* Helping to resolve service operational problems.

*j.* Approving or removing an individual from service program participation.

**144.5(3)** Supervising physicians, physician designees, or other appointees as defined in the continuous quality improvement policy referenced in paragraph 144.5(2) “g” may assist the medical director by:

*a.* Providing medical direction.

*b.* Reviewing the emergency medical care provided.

*c.* Reviewing and updating protocols.

*d.* Providing and assessing continuing education needs for service program personnel.

*e.* Helping to resolve operational problems.

**144.5(4)** The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:

*a.* Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance.

*b.* Response time and time spent at the scene.

*c.* Overall EMS system response to ensure that the patient’s needs were matched to available resources including, but not limited to, mutual aid and tiered response.

*d.* Completeness of documentation.

**144.5(5)** On-line medical direction when provided through a hospital.

*a.* The medical director shall designate in writing at least one hospital which has established a written on-line medical direction agreement with the department. It shall be the medical director’s responsibility to notify the department in writing of changes regarding this designation.

*b.* Hospitals signing an on-line medical direction agreement shall:

(1) Ensure that the supervising physicians or physician designees will be available to provide on-line medical direction via telecommunications on a 24-hour-per-day basis.

(2) Identify the service programs for which on-line medical direction will be provided.

(3) Establish written protocols for use by supervising physicians and physician designees who provide on-line medical direction.

(4) Administer a quality assurance program to review orders given. The program shall include a mechanism for the hospital and service program medical directors to discuss and resolve any identified problems.

*c.* A hospital which has a written medical direction agreement with the department may provide medical direction for any or all service program authorization levels and may also agree to provide backup on-line medical direction for any other service program when that service program is unable to contact its primary source of on-line medical direction.

*d.* Only supervising physicians or physician designees shall provide on-line medical direction. However, a physician assistant, registered nurse or EMT (of equal or higher level) may relay orders to emergency medical care personnel, without modification, from a supervising physician. A physician designee may not deviate from approved protocols.

*e.* The hospital shall provide, upon request to the department, a list of supervising physicians and physician designees providing on-line medical direction.

*f.* The department may verify a hospital’s communications system to ensure compliance with the on-line medical direction agreement.

*g.* A supervising physician or physician designee who gives orders (directly or via communications equipment from some other point) to an emergency medical care provider is not subject to criminal liability by reason of having issued the orders and is not liable for civil damages for acts or omissions relating to the issuance of the orders unless the acts or omissions constitute recklessness.

*h.* Nothing in these rules requires or obligates a hospital, supervising physician or physician designee to approve requests for orders received from emergency medical care personnel.

NOTE: Hospitals in other states may participate provided that the applicable requirements of this subrule are met.

[ARC 8662B, IAB 4/7/10, effective 5/12/10]

**641—144.6(147A) Complaints and investigations—denial, citation and warning, probation, suspension or revocation of service program authorization or renewal.**

**144.6(1)** All complaints regarding the operation of authorized air medical service programs, or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**144.6(2)** Complaints and the investigative process will be treated as confidential in accordance with Iowa Code section 22.7 and chapter 272C.

**144.6(3)** Air ambulance service program authorization may be denied or a program may be disciplined as provided in subrule 144.6(4) by the department in accordance with Iowa Code subsections 147A.5(3) and 272C.3(2) for any of the following reasons:

- a.* Knowingly allowing the falsifying of a patient care report (PCR).
- b.* Failure to submit required reports and documents.
- c.* Delegating professional responsibility to a person when the service program knows that the person is not qualified by training, education, experience or certification to perform the required duties.
- d.* Practicing, condoning, or facilitating discrimination against a patient, student or employee based on race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability diagnosis, or social or economic status.
- e.* Knowingly allowing sexual harassment of a patient, student or employee. Sexual harassment includes sexual advances, sexual solicitations, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- f.* Failure or repeated failure of the applicant or alleged violator to meet the requirements or standards established pursuant to Iowa Code chapter 147A or the rules adopted pursuant to that chapter.
- g.* Obtaining or attempting to obtain or renew or retain service program authorization by fraudulent means or misrepresentation or by submitting false information.
- h.* Engaging in conduct detrimental to the well-being or safety of the patients receiving or who may be receiving emergency medical care.
- i.* Failure to correct a deficiency within the time frame required by the department.

**144.6(4)** Method of discipline. The department has the authority to impose the following disciplinary sanctions against an authorized service program:

- a.* Issue a citation and warning.
- b.* Impose a civil penalty not to exceed \$1,000.
- c.* Require additional education or training.
- d.* Impose a period of probation under specified conditions.
- e.* Prohibit permanently, until further order of the department, or for a specific period a service program's ability to engage in specific procedures, methods, acts, or activities incident to the practice of the profession.
- f.* Suspend an authorization until further order of the department or for a specific period.
- g.* Revoke an authorization.
- h.* Impose such other sanctions as allowed by law and as may be appropriate.

**144.6(5)** The department shall notify the applicant of the granting or denial of authorization or renewal, or shall notify the alleged violator of action to issue a citation and warning, place on probation, suspend or revoke authorization or renewal pursuant to Iowa Code sections 17A.12 and 17A.18. Notice of issuance of a denial, citation and warning, probation, suspension or revocation shall be served by restricted certified mail, return receipt requested, or by personal service.

**144.6(6)** Any requests for appeal concerning the denial, citation and warning, probation, suspension or revocation of service program authorization or renewal shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If such a request is made within the 20-day time period, the notice shall be deemed to be suspended. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. After the hearing, or upon default of the applicant or alleged violator, the administrative law judge shall affirm, modify or set aside the denial, citation and warning, probation, suspension or revocation. If no request for appeal is received within the 20-day time period, the department's notice of denial, probation, citation and warning, suspension or revocation shall become the department's final agency action.

**144.6(7)** Upon receipt of an appeal that meets contested case status, the appeal shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**144.6(8)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

**144.6(9)** When the administrative law judge makes a proposed decision and order, it shall be served by restricted certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 144.6(10).

**144.6(10)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**144.6(11)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections, and rulings thereon.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**144.6(12)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by restricted certified mail, return receipt requested, or by personal service.

**144.6(13)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**144.6(14)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Bureau of Emergency Medical Services, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**144.6(15)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**144.6(16)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or an employer.

**144.6(17)** This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

**144.6(18)** Emergency adjudicative proceedings.

*a.* Necessary emergency action. To the extent necessary to prevent or avoid immediate danger to the public health, safety, or welfare, and consistent with the Constitution and other provisions of law, the department may issue a written order in compliance with Iowa Code section 17A.18 to suspend authorization in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the department by emergency adjudicative order.

*b.* Before issuing an emergency adjudicative order, the department shall consider factors including, but not limited to, the following:

(1) Whether there has been a sufficient factual investigation to ensure that the department is proceeding on the basis of reliable information;

(2) Whether the specific circumstances which pose immediate danger to the public health, safety, or welfare have been identified and determined to be continuing;

(3) Whether the program required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety, or welfare;

(4) Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety, or welfare; and

(5) Whether the specific action contemplated by the department is necessary to avoid the immediate danger.

*c.* Issuance of order.

(1) An emergency adjudicative order shall contain findings of fact, conclusions of law, and policy reasons to justify the determination of an immediate danger in the department's decision to take immediate action. The order is a public record.

(2) The written emergency adjudicative order shall be immediately delivered to the service program that is required to comply with the order by utilizing one or more of the following procedures:

1. Personal delivery.

2. Certified mail, return receipt requested, to the last address on file with the department.

3. Facsimile. Fax may be used as the sole method of delivery if the service program required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose.

(3) To the degree practicable, the department shall select the procedure for providing written notice that best ensures prompt, reliable delivery.

(4) Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order issues, the department shall make reasonable immediate efforts to contact by telephone the service program that is required to comply with the order.

(5) After the issuance of an emergency adjudicative order, the department shall proceed as quickly as feasible to complete any proceedings that would be required if the matter did not involve an immediate danger.

(6) Issuance of a written emergency adjudicative order shall include notification of the date on which department proceedings are scheduled for completion. After issuance of an emergency adjudicative order, continuance of further department proceedings to a later date will be granted only in compelling circumstances upon application in writing unless the service program that is required to comply with the order is the party requesting the continuance.

[ARC 8662B, IAB 4/7/10, effective 5/12/10]

**641—144.7(147A) Temporary variances.**

**144.7(1)** If during a period of authorization there is some occurrence that temporarily causes a service program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances from these rules (not to exceed six months in length per any approved

request) may be granted by the department to a currently authorized service program. Requests for temporary variances shall apply only to the service program requesting the variance and shall apply only to those requirements and standards for which the department is responsible.

**144.7(2)** To request a variance, the service program shall:

*a.* Notify the department verbally (as soon as possible) of the need to request a temporary variance. Submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request. The address and telephone number are Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075; (515)725-0326.

*b.* Cite the rule from which the variance is requested.

*c.* State why compliance with the rule cannot be maintained.

*d.* Explain the alternative arrangements that have been or will be made regarding the variance request.

*e.* Estimate the period of time for which the variance will be needed.

**144.7(3)** Upon notification of a request for variance, the department shall consider, but shall not be limited to the following:

*a.* Examining the rule from which the temporary variance is requested to determine if the request is appropriate and reasonable.

*b.* Evaluating the alternative arrangements that have been or will be made regarding the variance request.

*c.* Examining the effect of the requested variance upon the level of care provided to the general populace served.

*d.* Requesting additional information if necessary.

**144.7(4)** Preliminary approval or denial shall be provided verbally within 24 hours. Final approval or denial shall be issued in writing within ten days after department receipt of the written explanation for the temporary variance request and shall include the reason for approval or denial. If approval is granted, the effective date and the duration of the temporary variance shall be clearly stated.

**144.7(5)** Any request for appeal concerning the denial of a request for temporary variance shall be in accordance with the procedures outlined in rule 641—144.6(147A).

[ARC 8662B, IAB 4/7/10, effective 5/12/10]

#### **641—144.8(147A) Transport options for air medical services.**

**144.8(1)** Upon responding to an emergency call, air medical services may make a determination at the scene as to whether air medical transportation is needed. The determination shall be made by a medical crew member and shall be based upon protocol and concurrence of medical control approved by the service program's medical director. When the medical crew member applies this protocol to determine the appropriate transport option, the following criteria, as a minimum, shall be used:

*a.* Primary assessment;

*b.* Focused history and physical examination;

*c.* Chief complaint;

*d.* Name, address and age of the individual in need of emergency assistance; and

*e.* Nature of the call for assistance.

**144.8(2)** Air medical transportation shall be provided whenever any of the above criteria indicate that treatment should be initiated. If treatment is not indicated, the air medical service program shall make arrangements for alternate transportation, if indicated.

[ARC 8662B, IAB 4/7/10, effective 5/12/10]

These rules are intended to implement Iowa Code chapter 147A.

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