

FAQ for IAC 131, 132, 139 and The Iowa EMS Provider Scope-of-Practice Sept 2019

IAC 131

Q1. What is the difference between an active and inactive certification?

A. The term active means a provider can function as an EMS provider. For example an EMS provider on probation still is active. A provider on probation must abide by the terms of the probation. An EMS provider with an inactive status may not function as an EMS provider.

Q2. Is the state not recognizing the EMS evaluator?

A. The EMS Evaluator endorsement language was removed from IAC Chapter 131 and moved to IAC 139.

Q3. Why aren't there any continuing education requirements for the CCP endorsement?

A. IAC Chapter 131 does not have a continuing education requirement to maintain the CCP endorsement. EMS providers will maintain their CCP endorsement based on credentialing and continuing education requirements identified by the service program medical director.

Q4. The new continuing education requirements say in order for the content to count for continuing education credit, the class must have a sponsor number. When an EMS provider is taking a class for EMS certification, can they use class hours for continuing education?

A. Yes, the training programs may assign a sponsor number for the class however, the content must meet the core topics requirement.

Q5. I renew my license in March of 2021. Do I renew my license under the old IAC 131 or the new?

A. Allowance has been made for EMS providers renewing prior to April 1, 2021. Anyone renewing prior to April 1, 2021 may choose to renew under previous IAC Chapter 131 10/12/2016 or the new IAC Chapter 131 requirements.

- Q6. With chapter 132 what is going to be required for con-ed for our CC-P?**
- A. Continuing education requirements are not covered in IAC Chapter 132; they are in Chapter 131. There are no longer any continuing education requirements for the CCP endorsement other than those of a medical director initiates. Once a CCP successfully completes the education needed to request and receive CCP endorsement they will need to be credentialed by the service programs medical director to function. The amount and content of CCP endorsement continuing education shall be decided by the services medical director.
- Q7. If you are a CCP and not working on a CCP level service is it the medical director that will be signing off that you can continue to keep your certification? Will we be clicking the same check box that we have met the 8 HR con-ed requirements for the CCP?**
- A. Yes providers currently having the CCP endorsement will retain it. Once they join a CCT service then they will have to be credentialed by the service's medical director in order to utilize the CCP skills.

IAC 132 FAQ

- Q1. What is involved in credentialing a licensed individual on an EMS service?**
- A. Service programs shall maintain files showing that an individual has been credentialed to perform the skills they are going to be using. The medical director may assign a designee to credential a service EMS provider.
- Q2. Does the affiliation 100 call requirement mean a service has to affiliate if they do less than 200 calls over two years?**
- A. The Administrative Code requires every service program which has submitted to the Department fewer than 100 data reports per year for each of the previous two consecutive calendar years shall only be eligible for renewal of current authorization as an affiliate. This means a service has to affiliate if they report less than 100 calls per year for two consecutive years.

- Q3. Are affiliates responsible for entering their own data and maintaining their own Amanda portal?**
- A. When services affiliate sign an agreement with another service, the service retains their unique service authorization ID number. Even though an affiliation agreement may specify that one service will manage certain administrative duties for another service, each service is still responsible for ensuring that they remain in compliance with the administrative rules.
- Q4: When will the new vehicle standard requirements be enforced? What vehicles must meet these requirements?**
- A. This rule applies to ambulances manufactured and placed into service after 1/1/2022.
- Q5. The CPR requirements are no longer in the rules for EMS licensed individuals and rostered drivers.**
- A. It is up to a service program and the medical director to credential their service program rostered individuals.
- Q6. My service and our neighboring service have scheduled training with each other every month. We build a yearly calendar and have done this for the past 5 years. Could this be considered an affiliation?**
- A. Yes. As long as it is defined in a written agreement, the responsibilities of each service and each service continues to maintain training/credentialing records for service staff. Be sure to reference your service's CQI policy and maintain records as appropriate. This could be simplified by having all services under the affiliation agreement combine and share the same CQI policy.
- Q7. All of the services in my county have the same physician medical director. Could this be considered an affiliation?**
- A. Yes. Services that have the same physician medical director and share protocols and other policies could be considered to have an affiliation, as long as there is a written agreement between all services defining who is responsible for which administrative duties in order to remain in compliance with 641-132(147A).
- Q8. Our service has an inspection coming up and one of the services that we are affiliated with completes patient care audits for our CQI program. Who is held responsible if the audits are not completed?**
- A. Each individual service is responsible for ensuring that their service remains in compliance with IAC 641-132(147A). If you have another service completing audits for you as part of your affiliation agreement, and that service has not completed them as

defined in your CQI policy, your service will be issued a deficiency, as it is your responsibility to follow up with the other service and ensure that they are being completed.

Q9. My service and another service wish to build an affiliation, but each service has only entered 50 data submissions each year for the last two years. Can we affiliate with each other or do we need to affiliate with a service that has entered more than 100 data submissions each year for the last two years?

A. Yes, you can affiliate with each other as long as the combined number of data reports submitted among all affiliates is at least 100 per year.

Q10. We would like to affiliate with another service to assist with our patient care audits, but that service is in another county about 80 miles away. Can we affiliate with them even if they are not “local”?

A. Yes, you can affiliate with them even if they are not “local”.

Q11. A neighboring service approached me about affiliating. I’m not sure that I want to. Do I have to?

A. Unless required by IAC 641-132.2(2)h, you do not have to affiliate with another service, but The Department strongly encourages services to work together to build positive working relationships that could benefit all involved, most importantly patient care.



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IAC 139 FAQs

Q1. I live in a Compact state, so can I apply for certification in Iowa without going through NREMT?

A. No. The EMS Compact is not a form of EMS licensure reciprocity. The EMS Compact extends a privilege for EMS personnel from member states to practice on a short-term, intermittent basis under approved circumstances in other member states.

<https://www.emscompact.gov/compact-information/ems-personnel/>

Iowa EMS provider Scope of Practice September 2019 FAQs

Q1. What is meant by “Maintenance/monitoring – blood/blood product?”

A. A paramedic or CCP may not initiate or start blood products, but they may continue a blood product infusion during a transfer. For example, if an entire unit of blood has been infused, the paramedic or CCP may change out the bag to continue or maintain the infusion.

Q2. Can an EMR apply a capnometry or capnography device?

A. If the EMR service has a protocol for it and the EMR is not basing any treatment decisions off of the capnometry or capnography device they can.

Q3: What analgesics can an AEMT administer?

A. The department does not make any recommendations on equipment or medications. The type of analgesics is at the discretion of the medical director within the EMS provider’s scope of practice based on clinical guidelines and standards of care and included in the service program’s patient care protocols.

Q4. Can an EMR use a Lucas device?

A. Yes, mechanical CPR devices are in the scope of practice for EMR, EMT, AEMT, and paramedic. A service provider must have a protocol for the device and be credentialed to use it.

Q5. What settings can a paramedic change on a ventilator?

A. This is directly from the new scope of practice: EMT may initiate or maintain use of ventilator without making adjustments to any settings AEMT may only adjust ventilator setting of rate, tidal volume, and inspiratory time setting. A Paramedic and CCP may adjust ventilator setting established by protocol/physician orders”

Q6. Can EMTs transport a patient with an IV lock in place?

A. Yes, however an EMT is not allowed to access or remove or utilize an IV lock in any way.

Q7. I read the scope of practice as "automatic transport vent". We currently have the E600 ventilator. Our service bought the Zoll ventilator and are scheduled to do some more extensive training on these before they are put into service. Can we still run these two ventilators as long as we stay within the scope of practice?

A. The department does not regulate devices. We regulate skills and procedures. If you have a protocol for the device and the skill is in the scope of practice, and the licensed EMS providers who will be using the device are credentialed to do so then the answer would be yes. The Iowa EMS Provider Scope-of-Practice Sept 2019 document adopted September 16, 2020, does not reference "Automatic Transport Ventilator."

Q8. If you are a CCP and not working on a CCP level service is it the Medical Director that will be signing off that you can continue to keep your certification? Will we be clicking the same check box that we have met the 8 HR continuing education requirements for the CCP?

A. Yes they maintain their CCP endorsement. Once they join a CCT service then they will have to be credentialed by the service's medical director in order to utilize the CCP skills authorized by that service's medical director. Yes it would be appropriate to check the box to renew your CCP endorsement if the CCP endorsed individual would like to keep the CCP endorsement.

Q9. Are we able to transport with a peep higher than 6 as long as we are not changing the settings during transport?

A. The Department does not regulate what level of PEEP a service program utilizes. If the service program has a protocol, or written order, from a physician, it's in the scope of practice for the provider, and the individual provider has been credentialed to change peep levels, then the answer is yes.

Q10. Does our scope limit us with certain medication drips? This is another question that has come up recently with Propofol.

A. The Department does not regulate what medications a service uses. In order to use a medication the procedure or skill must be in the provider's scope of practice, there must be a protocol or a physician order for it, and the ems provider must be credentialed in the use of the medication.

Q11. Did the department really mean to allow the AEMT to use the IM route of administration without limitations as they did with nebulized, IV and intraosseous routes of administration?"

A. Yes, the National EMS Scope of Practice Model 2019 (page 35) allows the AEMT to administer intramuscular injections, and this was adopted Iowa's Sept. 2019 Scope of Practice). There are no limitations regarding the medications that may be administered by the AEMT via the IM route, as long as there is a medical-director approved protocol and the provider has been credentialed on the use of the medication.

Q12. EMTs can only use a capnometer, such as a handheld device that gives a reading through a probe similar to pulse oximetry, or a disposable capnometer that attaches to a king or ETT, but can't attach or monitor the waveform capnography device on our LP15? Or can they attach the capnography and record the numbers without interpreting the waveform? Can an EMT use a LifePak 15 to monitor capnography/capnometry, or can they only use a device that does not display a waveform?

A. The department does not regulate devices. As long as the EMT does not make any clinical decisions based on the waveform, the EMT has been trained and credentialed on the device, and there is a protocol in place, an EMT or higher can use any device to monitor capnometry.

Q13. I was looking on the website and noticed that the new rules are out but the scope of practice still says 9/2019. Is this the correct one?

A. The September 2019 is the current Iowa EMS provider Scope of Practice. It was finalized and approved by State Board of Health in September of 2019. When new chapter 131 became effective the September 16, 2020 the Iowa EMS Provider Scope of Practice September 2019 document also became effective at that time.