Iowa Administreate Code (IAC) 641-132 Emergency Medical Services – Service Program Authorization Proposed Revisions

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January 2019
OBJECTIVES OF WEBINAR

- Review the proposed changes to Iowa Administrate Code (IAC) 641-132 Emergency Medical Services – Service Program Authorization.
  - January 10, 2019 DRAFT version

- Discuss proposed updates to Scope of Practice.
  - January 2019 DRAFT version

- Review clinical practice guidelines and protocols.
  - June 2018 Version 2.1
REVISION HISTORY AND BACKGROUND

- IDPH Organizational Changes
- Regional Meetings 2015-2016
- System Concerns
- Grant Program reorganization
- EMS System Standards
- EMS System Survey 2017
OPENING COMMENTS

- The Emergency Medical Services Advisory Council (EMSAC) has been instrumental in the development and changes to the administrative rule, scope of practice and clinical guideline/protocols that will be discussed today.

- EMSAC has methodically reviewed and approved the proposed drafts.

- The current IAC 641 Chapter 132 (dated Oct 12, 2016) will be rescinded and replaced with this new proposed draft.

- The administrative rules have been re-organized for overall readability and structure.

- IAC 641 Chapter 132 is exclusively related to Emergency Medical Service Programs - all reference to an individual provider has been removed.
OPENING COMMENTS

- The Bureau has been transparent regarding the proposed changes to IAC 641 Chapter 132, the Scope of Practice and clinical guideline/protocols. Several drafts have been sent out through the service directors and healthcare coalitions.

- As a result of this transparency and requests for feedback, the Bureau has received numerous phone calls and e-mails from services, providers and healthcare coalition EMS Sub-Committees.

- All concerns and issues received to date have been reviewed and addressed in BETS and with EMSAC and are reflected in the draft to be reviewed today.

- The proposed draft documents that will be reviewed today were sent to all service directors on January 14, 2019.
OPENING COMMENTS

- Today’s presentation will review the proposed rules by section and the related scope of practice and protocols.

- Focus will be given to the chapter modifications that have initiated the greatest concern and interest from the EMS community.

- The presenters will refer to sections and page numbers of the documents for you to reference throughout the presentation.

- The Assistant Attorney General for the Bureau will have final review of the draft changes.
OPENING COMMENTS

- Once the final drafts are approved, the Bureau will submit notice of rule changes to the Iowa State Board of Health-planned in March.

- There will be public comment periods during the administrative rules review process.

- The rules will be presented to the state board of health for final adoption during the summer of 2019.

- The earliest the rules will be final is mid-fall (September-October) 2019.
OPENING COMMENTS

- The webinar will be recorded for future viewing.
- Slides will be posted with the recording.
- A FAQ will be created and posted with the webinar recording.
- Questions that are not addressed during the webinar should be e-mailed to:
  - rebecca.curtiss@idph.iowa.gov
  - steven.mercer@idph.iowa.gov
  - nicholas.bieber@idph.iowa.gov
OPENING COMMENTS

- All microphones will be muted throughout this session.
- We will address questions through the chat box, as time allows, at the end of the session.
- Formal education hours will be provided to attendees of this webinar.
- Send an e-mail to steven.mercer@idph.iowa.gov with your name, certification information, date of webinar, or a completed attendance sheet, Steve will then provide the CEH number.
641—132.1(147A) Definitions

- Very important to review for applicability in the rule.
- Provide clarification of usage throughout the rules.
- Definitions for EMS service programs only.
- Definitions to Note:
  - Conditional level service authorization
  - Credentialing
  - EMS Clinical Guidelines
  - Full Authorization
  - Distinction between medical director and medical direction
  - Protocols
  - Service Program affiliate and affiliate agreement
  - Service program ownership
  - Service program satellite
  - Transport Agreement, may be a component of an affiliate agreement
CHAPTER 132
EMERGENCY MEDICAL SERVICES
SERVICE PROGRAM AUTHORIZATION

641—132.2(147A) Service program—authorization and renewal procedures and inspections

Application:
An entity that desires to provide emergency medical care services in the out-of-hospital setting in this state shall apply to the department for service program full authorization and may apply for a conditional service level authorization if the entity can demonstrate advanced emergency medical care provider availability and medical director approval for conditional authorization at such level.
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Full Authorization Transport:

An entity seeking authorization as a *transporting service* program shall apply for full authorization at a minimum of the EMT level or the level of care which will be provided by the service program or through a service agreement for *initial* 911 or emergency calls 24 hours-per-day, 7 days-per-week from the following EMS Service levels:

1. EMT
2. AEMT
3. Paramedic
CHAPTER 132
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Full Authorization Nontransport:

An entity seeking authorization as a nontransport service program shall apply for full authorization at a minimum of the EMR level or at the level of care which will be provided by the service program for initial 911 or emergency calls 24-hours-per-day, 7 days-per-week. The nontransport service program shall have an executed written transport agreement ensuring simultaneous dispatch with an authorized transport service program for all 911 or emergency calls. The nontransport service shall apply from the following EMS Service levels:

(1) EMR
(2) EMT
(3) AEMT
(4) Paramedic
Authorization with Conditions-Transport Service:

An entity seeking authorization as a transport service which is capable of providing emergency medical care beyond the full authorization level on an intermittent basis may apply for conditional service level authorization at one or more of the following conditional service levels:

(1) AEMT

(2) Paramedic
Authorization with Conditions-Nontransport Service:

An entity seeking authorization as a nontransport service program that has an executed written transport agreement ensuring simultaneous dispatch with an authorized transport service program for all 911 or emergency calls and is capable of providing emergency medical care beyond the full authorization level on an intermittent basis may apply for conditional service level authorization at one or more of the following conditional service levels:

1. EMT
2. AEMT
3. Paramedic
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Conditional service level authorization restrictions and requirements:

A service program which has been granted conditional service level authorization shall only advertise or otherwise hold itself out to the public as an authorized service program at the level of full authorization.

A service program which has been granted a conditional service level authorization must ensure a response to an initial 911 or emergency call 24-hours-per-day, 7-days-per-week shall have an executed transport agreement.

A service program authorized to operate at a conditional service level shall operate at such level only when an emergency medical care provider certified at the advanced certification level is listed on the service roster, physically present and directly responsible for patient care.
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Authorization Period:
A new service program may be authorized as a service program when the department is satisfied that the program proposed by the applicant and associated satellites or affiliates will be operated in compliance with Iowa Code chapter 147A and these administrative rules.

*Initial service program authorization* shall be valid for a period of one year from its effective date unless otherwise specified on the certificate of authorization or unless sooner suspended or revoked or surrendered.

A service program shall receive a renewal of authorization only when the department is satisfied that the service program and all associated satellites and affiliates will be operated in compliance with Iowa Code chapter 147A and these administrative rules.

A service program *renewal authorization* shall be valid for a period not to exceed five years from its effective date unless otherwise specified on the certificate of authorization or revoked or suspended or surrendered.
Renewal of Full Authorization and Authorization with Conditions:

A service program shall complete a process initiated by the department for renewal of the service program that includes the service program base of operations, all associated satellites and affiliates at a full authorization or authorization with conditions.

The department shall review the application and complete an inspection of the service program base of operation and all associated satellites and affiliates prior to renewal of current authorization.

As of January 1, 2021 a service program which has submitted to the department less than one hundred 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. The department will provide technical assistance in developing affiliations.
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Affiliate Agreements:

Service program affiliate is an *independently owned* service program affiliated with one or more service programs or a separate management entity.

A Service program affiliate agreement is a *written agreement* between one or more service programs or one or more management entities that *clearly defines the responsibilities* of an individual service program to ensure *compliance* with the rules.

Each service program will have a unique authorization number assigned by the department.
Affiliate Agreements:

An affiliate agreement is a tool to ensure an emergency response and comply with statute and administrative rule.

The agreements should not be viewed as punitive but a mechanism to create efficiencies and fill administrative gaps or inability to respond 24/7.
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132.2(5) Service program inspections:

The department at a minimum shall complete an inspection of each base of operation, all associated satellite, and all affiliate locations prior to initial authorization or renewal of current full authorization or conditional service level to ensure compliance with Iowa Code chapter 147A and these administrative rules.

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 administrative rules.

A service program shall correct deficiencies identified during a service program inspection within the time period specified by the department on the inspection form. Failure to correct identified deficiencies within the specified time period may result in disciplinary action.
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641—132.3(147A) Service program operations

Ownership:

Each service program will have a unique authorization number assigned by the department.

A service program with satellites will have a single authorization number assigned by the department for all locations.

A service program owner shall ensure compliance with Iowa Code chapter 147A and these administrative rules.
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Medical Director Shall:

Be accessible for medical direction 24-hours-per-day, 7-days-per-week or assure accessibility to alternate medical direction.

Complete a department sponsored medical director training within one year of assuming duties as a medical director and at a minimum once every three years thereafter.

Develop, approve, and update service program protocols that meet or exceed the minimum EMS clinical guidelines approved by the department.
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Medical Director Shall:

Ensure that the emergency medical providers on the service program are credentialed in the emergency medical skills to be provided and the duties of the emergency medical care provider do not exceed the provider’s scope of practice as referenced in 641-131 and the service program’s EMS Service level of authorization.

Have authority to restrict a service program’s authorized functional EMS Service level

Have the authority to permanently or temporarily restrict a service program member to function within a lower level scope of practice or prohibit a service program member from providing patient care.
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Medical Director May:

Make *additions* to the department approved EMS clinical guidelines when developing service protocols provided the additions are *within* the service program’s level of authorization, the EMS provider’s scope of practice and within acceptable medical practice.

*Approve* the PA and RN exception form identifying the level of EMS provider equivalency not to exceed the service program’s EMS Service level authorization for each PA and RN who will be providing emergency medical care as part of the service program.

A 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 emergency medical services medical director.

Compensation does not include payments for reimbursement of expenses.
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Medical Director:

A medical director, supervising physician, PA, or ARNP who gives orders 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.

Nothing in these rules requires or obligates the medical director, supervising physician, PA, or ARNP to approve requests for orders received from an emergency medical care provider.

A service program medical director who fails to comply with Iowa Code chapter 147A or these rule may be referred to the Iowa Board of Medicine.
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*Service Director Shall:*

Be *accessible* 24-hour-per-day, 7-day-per-week or *assure* accessibility to a service director designee.

Be responsible for providing *direction* and overall *supervision* of the administrative and operational aspects of the service program.

*Ensure* that all duties and responsibilities of the service director are not relinquished before a new or temporary replacement is functioning in that capacity.
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Service Director Shall:

Complete a department sponsored training within one year of assuming duties as a service director and at a minimum once every three years thereafter.

Ensure the service program is in compliance with service program policy, Iowa Code chapter 147A and these administrative rules.

Ensure that duties of the service program’s emergency medical care providers do not exceed the provider’s scope of practice as referenced in 641-131 or the service program’s EMS Service level of authorization.
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Service Program Requirements:

Not advertise or otherwise imply or hold itself out to the public as a service program unless currently authorized by the department and only at the full authorization level.

Notify the department when entering into agreements with one or more service programs or a management entity to form multi-service systems for shared service program management, administration, data submission, or other services to ensure compliance with these rules.

Report the termination or resignation in lieu of termination of an emergency medical care provider due to negligence, professional incompetency, unethical conduct, substance use, or violation of any of these rules to the department in writing within ten days.
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**Service Program Requirements:**

*Report* theft of drugs to the department in writing within 48 hours following the occurrence of the incident.

Develop a *notification process* for service members in the event of a motor vehicle collision involving a first response vehicle, ambulance, rescue vehicle or personal vehicle when used by a service program member responding as a member of the service program.

*Notify* the department in writing within 48 hours of a motor vehicle collision resulting in *personal injury or death*.

*Ensure* a *response* to initial 911 or emergency request to the service program, 24-hour-per-day, and 7-day-per-week.
Service Program Requirements:

Utilize protocols developed and approved by the service program medical director that meet or exceed the minimum EMS clinical guidelines approved by the department.

Ensure alterations to the minimum department EMS clinical guidelines by the service program’s medical director are approved by and filed with the department.

Maintain a communications system at a minimum between medical direction, receiving facility, and other emergency responders.

Maintain a current personnel roster utilizing a department approved registry system.
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Service Program Requirements:

*Maintain* files with medical director and department approved PA and RN exception forms for appropriate personnel.

*Ensure* all service program members that operate motorized emergency response vehicles, ambulances, rescue vehicles when used by a service member responding as a member of the service shall have a *valid driver’s license* and *attend driver training prior* to driving an emergency vehicle.
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Service Program Requirements:

Ensure all driver training include a review of Iowa laws regarding emergency vehicle operations (Iowa Code chapter 321.231), service program criteria for response with lights or sirens or both, speed limits, procedure for approaching intersections, behind-the-wheel driving and use of the service program communications equipment.

Ensure the emergency medical care provider with the highest level of certification shall attend the patient unless otherwise indicated by patient assessment and approved by the service program’s protocols.
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Minimum Staffing:

Transport service programs shall:

Provide as a minimum, on initial 911 or emergency calls, the following staff on each primary response ambulance:

- One currently certified emergency medical care provider certified at the service program full level of authorization.
- One driver.

Provide as a minimum on each subsequent call or non-emergency call, when responding, the following staff

- One currently certified EMT.
- One driver.
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Minimum Staffing:

Non-transport service programs:

Non-transporting service programs, when responding to 911 or emergency calls, shall provide as a minimum one currently certified emergency medical care provider certified at the service program full level of authorization.

Non-transport service programs shall have an executed written transport agreement ensuring simultaneous dispatch with an authorized transport service program for all 911 or emergency calls.

Non-transport service programs may transport patients in an ambulance only in an emergency situation when lack of transporting resources would cause an unnecessary delay in patient care.
Data Reporting:

A service program shall report data electronically to the department.

A service program shall submit data in a format approved by the department.

A service program shall submit reportable data to the department no later than the last day of the month following the month services were provided.

The data collected by the EMS data registry and furnished to the department pursuant to this rule are confidential records of the condition, diagnosis, care, or treatment of patients or former patients including outpatients, pursuant to Iowa Code section 22.7.

A service program will develop, maintain and follow a written data submission policy.
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Patient Care Reporting:

Each service program, satellite, and affiliate shall complete and maintain a patient care report documenting the care provided to each patient.

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.

Transport service programs shall provide at a minimum a verbal patient care report upon delivery of a patient to a receiving facility that contains details of the assessment and care provided to facilitate the continuum of care.
Patient Care Reporting:

Transport service programs shall provide a final patient care report within 24 hours to the receiving facility. Transport services and receiving facilities must work together to initiate reasonable and realistic mechanisms (including but not limited to paper, secure e-mail, secure links, secure electronic system retrieval, access to printers at the receiving facility) to assure the delivery of the patient care report.

A service program will develop, maintain and follow a written patient care report policy.
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Continuous Quality Improvement:

*A service CQI program shall:*

Develop, maintain, and follow a CQI program that follows a written CQI policy.

Include medical audits that review patient care provided.

Be utilized to identify deficiencies or potential deficiencies regarding medical knowledge or skill or procedure performance.

Review at a minimum 911 response and scene times.
Continuous Quality Improvement:

A service CQI program shall:

Develop a written plan that monitors, identifies and documents at a minimum continuing education, credentialing of skills and procedures, and personnel performance for the service program’s emergency medical care providers, drivers, PA and RN exceptions.

Establish measurable outcomes that reflect the goals and standards of the service program.

Assure completion of loop closure/resolution of identified areas of concern.
Medications:

A service program shall have written pharmacy agreements in accordance with the Iowa Board of Pharmacy’s IAC 657-11.

A service program shall maintain all medications in accordance with the rules of the Iowa Board of Pharmacy’s IAC 657-10 and IAC 657-11.

A service program shall develop, maintain and follow a written pharmacy policy.
Vehicle Standards, Supplies, Equipment and Maintenance:

Effective January 1, 2021 all service programs, regardless of their designation as governmentally owned, not-for-profit, or privately operated, shall annually systematically inspect, repair, and maintain, or cause to be systematically inspected, repaired, and maintained all ambulances operated by the service program.

A service program shall utilize a vehicle inspection report approved by the department to record the results of an annual ambulance safety inspection. Annual safety inspection forms which comply with the requirements of 49 CFR 396 shall be approved by the department. A sample annual vehicle inspection form which complies with the reporting requirements of 49 CFR 396 can be found at the Iowa Department of Public Health, Bureau of Emergency and Trauma Services Web site (www.idph.iowa.gov/BETS/EMS).
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Vehicle Standards, Supplies, Equipment and Maintenance:

A service program shall ensure individuals performing annual safety inspections are qualified and capable of performing an inspection by reason of experience, training, or both.

A service program shall not use an ambulance that fails to meet or maintain these requirements to transport patients.

A service program shall house primary response ambulances in a garage or other enclosed facility that is maintained in a clean, safe condition, free of debris or other hazards, is temperature controlled, and has an unobstructed exit to the street.
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Vehicle Standards, Supplies, Equipment and Maintenance:

*New* ambulances *manufactured* and placed into service after December 31, 2021 shall meet at a minimum *either* the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances or the National Fire Protection Association (NFPA) Standard for Automotive Ambulance (NFPA 1917).

A service program shall maintain first response and rescue vehicles in safe operating condition and provide regular maintenance. Vehicles shall have the exterior clean and the interior clean and disinfected.

A service program shall *ensure* medical and patient care supplies are *monitored* for expiration dates, cleaned, laundered or disinfected. All medical supplies and stored in clean environments.
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Vehicle Standards, Supplies, Equipment and Maintenance:

A service program shall *ensure* personal protection equipment and supplies are *available* to assure emergency medical care responder safety during every response.

A service program shall *ensure* supplies are available in all response vehicles to *properly* dispose of biomedical hazardous waste, all waste shall be disposed of according to *accepted* biomedical waste practices.

A service program shall develop, maintain and follow vehicle standards, supplies and, equipment maintenance policies.
Variances:

If during a period of authorization, a service program is unable to maintain compliance with Iowa Code chapter 147A and these administrative rules, the department *may* grant a variance.

Variances to these rules may be granted by the department to a *currently authorized* service program.

Requests for 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*.

A service program shall apply for a variance in accordance with IAC 641-178.
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Complaints and Investigations:

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.

Complaints and the investigative process will be treated as confidential in accordance with Iowa Code section 22.7 and 272C.

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 following knowledge of the violation.

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).
Question and Answers
Iowa Emergency Medical Provider Scope of Practice

JANUARY 2019 - DRAFT
IOWA EMERGENCY MEDICAL CARE PROVIDER
SCOPE OF PRACTICE

The “Iowa Emergency Medical Care Provider Scope of Practice” document is a description and chart of the distinction between certified Iowa EMS providers and the lay public.

It describes the authority vested by Iowa in individuals that are certified as EMS providers. In general, the scope of practice focus on activities that are regulated by law (for example, starting an intravenous line, administering a medication, etc.). This includes technical skills that, if done improperly, represent a significant hazard to the patient and therefore must be regulated for public protection.

Scope of practice establishes which activities and procedures that would represent illegal activity if performed without certification.
IOWA EMS SCOPE OF PRACTICE

The DRAFT Iowa Emergency Medical Care Provider Scope of Practice (January 2019) is based on the 2018 National EMS Scope of Practice Model produced by the National Association of State EMS Officials (NASEMSO) with support from the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Services (OEMS) and released in September 2018.

- The Universe of EMS Knowledge and Skills
- Delineation of Provider Practice Levels
- Replaces the National Standard Curricula

- National EMS Core Content
- National EMS Scope of Practice
- National EMS Educational Standards
- National EMS Certification
- National EMS Education Program Accreditation
Interdependent Relationship Between Education, Certification, Licensure, & Credentialing
Increasing Depth & Breadth of EMS Providers

Amount of detail a student needs to know about a particular topic

Number of topics or issues a student needs to learn in a particular competency

Depth

Breadth

Paramedic Level

AEMT Level

EMT Level

EMR Level
Major Changes

Deletions
- Military Antishock Trousers
- Spinal "Immobilization"
- Demand valves
- Carotid massage
- Automated transport ventilations (EMT)
- Modified jaw thrust
- "Assisting" patients with own medications

Additions - EMR
- Administration of narcotic antagonists
- Hemorrhage control (tourniquets and wound packing)
- Spinal motion restriction

Additions - EMT
- Providing assistance to higher levels
- Administration of beta agonists and anticholinergics
- Oral OTC analgesics
- Blood glucose monitoring
- CPAP
- Pulse oximetry

Major Changes

Additions - AEMT
- Monitoring and interpretation of waveform capnography
- Additional intravenous medications (such as epinephrine during cardiac arrest)
- Parenteral analgesia for pain

Additions - Paramedic
- High-flow nasal cannula
- Expanded use of OTC medications

Immunizations
- Required education
- Credentialing by the EMS medical director
- States retain authority to determine role
IOWA SCOPE OF PRACTICE

Medical Supervision:

EMS medical directors are expected to provide appropriate supervision in the interest of public safety and are obligated to revoke or restrict local credentialing as appropriate. An authorized Iowa EMS medical director may choose to limit the skills or procedures performed by an Iowa Emergency Medical Care Provider but cannot authorize a provider to perform skills or procedures outside or beyond the provider’s scope of practice.
IOWA SCOPE OF PRACTICE

Assisting with a Skill or Procedure:

Certain procedures can benefit from the assistance of a lower level certified EMS provider. A lower level certified EMS provider *may* provide non-invasive assistance to a higher level certified EMS provider with skills or procedures normally outside of their identified scope of practice *under certain conditions.*
Assisting with a Skill or Procedure

• The higher level certified EMS provider is operating within their authorized scope of practice, and

• The higher level certified EMS personnel performs the invasive or key portion(s) of the skill or procedure which makes the skill within the scope of practice of a higher level provider, and

• The assistance of the lower level certified EMS provider is in the physical presence and physical supervision of the higher level certified EMS provider, and

• The service program’s medical director has approved the lower level certified EMS provider to assist the higher level certified EMS provider and established in the service program’s protocols what assistance is deemed acceptable
IOWA SCOPE OF PRACTICE

Skills Tables:

The skill tables found in the Scope of Practice identify the authorized skills and procedures (*Scope of Practice*) for each level of certified Iowa Emergency Medical Care Provider.

Iowa Emergency Medical Care Providers may only perform skills and procedures authorized within their active Iowa certification and approved by their service program medical director.
## Airway/Ventilation/Oxygenation

<table>
<thead>
<tr>
<th>Skill - Procedure</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
<th>PM</th>
<th>CCP</th>
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</thead>
<tbody>
<tr>
<td>Airway – nasal</td>
<td>X</td>
<td>X</td>
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<td>Airway – oral</td>
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<td>Airway – bridge/multi-lumen/supraglottic</td>
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<td>Chest decompression – needle</td>
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<td>Chest tube placement – assist only</td>
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<tr>
<td>Chest tube – monitoring/management</td>
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<td>Crichothyrotomy – percutaneous</td>
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<td>Crichothyrotomy – surgical</td>
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<td>End Tidal CO₂ (ETCO₂) – monitoring of non-waveform capnometry</td>
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<tr>
<td>End Tidal CO₂ (ETCO₂) – monitoring and interpretation of waveform capnography</td>
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<td>Gastric decompression – NG/OG tube</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Medication/Administration Routes

<table>
<thead>
<tr>
<th>Skill – Procedure</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
<th>PM</th>
<th>CCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosolized/nebulized route</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Aerosolized/nebulized – <em>limited</em> to beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Buccal glucose for suspected hypoglycemia</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Endotracheal tube route</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inhaled route</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inhaled – <em>limited</em> to patient-administered nitrous oxide</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intradermal route</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Intramuscular (IM) route</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Intramuscular (IM) auto-injector – <em>limited</em> to opioid antagonist</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intramuscular (IM) auto-injector – <em>limited</em> to self or peer administration for chemical/hazardous material antidote</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intramuscular (IM) auto-injector epinephrine for anaphylaxis – <em>limited</em> to supplies carried by service program</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intramuscular (IM) – <em>limited</em> to opioid antagonist, epinephrine, and glucagon</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Questions & Answers
EMS Clinical Guidelines
IOWA EMS CLINICAL GUIDELINES

The Emergency Medical Services Advisory Council and the Bureau of Emergency and Trauma Services have determined that use of research and science based national clinical guidelines are the best practice for the development of pre-hospital protocols in the State of Iowa.

The *National Model EMS Clinical Guidelines* will be posted on the BETS website and added as a WiKi page for ease of use - Page will be made public at the end of January.
EMS Clinical Guidelines

National Model EMS Clinical Guidelines

These guidelines will be maintained by NASEMSO to facilitate the creation of state and local EMS system clinical guidelines, protocols or operating procedures. System medical directors and other leaders are invited to harvest content as will be useful. These guidelines are either evidence-based or consensus-based and have been formatted for use by field EMS professionals.

Version 2.1

June 2018

NASEMSO Medical Directors Council

www.nasemso.org
EMS Clinical Guidelines

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June 2018

NASEMSO Medical Directors Council

www.nasemso.org
**Syncope and Presyncope**

**Aliases:** Loss of consciousness, passed out, fainted  
**Revision Date:** September 8, 2017

**Presentation**

Syncope is heralded by both the loss of consciousness and the loss of postural tone and resolves spontaneously without medical interventions. Syncope typically is abrupt in onset and resolves equally quickly. EMS providers may find the patient awake and alert on initial evaluation. Presyncope is defined as the prodromal symptoms of syncope. It usually lasts for seconds to minutes and may be described by the patient as “nearly blacking out” or “nearly fainting.”

**Inclusion Criteria**

1. Abrupt loss of consciousness with loss of postural tone
2. Prodromal symptoms of syncope

**Exclusion Criteria**

Conditions other than the above, including patients:

1. Patients with alternate and obvious cause of loss of consciousness (e.g. trauma – go to Head Injury guideline)
2. Patients with ongoing mental status changes or coma should be treated per the Altered Mental Status guideline
Syncope and Presyncope

**Aliases:** Loss of consciousness, passed out, fainted

**Revision Date:** September 8, 2017

### Assessment

1. **Pertinent History**
   
   i. Review the patient's past medical history, including a history of:
      
      i. Cardiovascular disease (e.g. cardiac disease/stroke)
      
      ii. Seizure
      
      iii. Recent trauma
      
      iv. Anticoagulation
      
      v. Dysrhythmia
      
      vi. Congestive heart failure (CHF)
      
      vii. Syncope
   
   ii. **History of Present Illness**, including:
      
      i. Conditions leading to the event
      
      ii. Patient complaints before or after the event including prodromal symptoms
Patient Care Goals

1. Stabilize and resuscitate when necessary
2. Initiate monitoring and diagnostic procedures
3. Transfer for further evaluation

Notes/Educational Pearls

Key Considerations

1. By being most proximate to the scene and to the patient’s presentation, EMS providers are commonly in a unique position to identify the cause of syncope. Consideration of potential causes, ongoing monitoring of vitals and cardiac rhythm as well as detailed exam and history are essential pieces of information to pass onto hospital providers.

2. All patients suffering from syncope deserve hospital level evaluation, even if they appear normal with few complaints on scene

3. High risk causes of syncope include the following:
   i. Cardiovascular
   ii. Myocardial infarction
Syncope and Presyncope

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Revision Date: September 8, 2017

Associated NEMSIS Protocol(s) (eProtocol.01)

- 9914149 – Medical-Syncope

Key Documentation Elements

- Presenting cardiac rhythm
- Cardiac rhythm present when patient is symptomatic
- Any cardiac rhythm changes

Performance Measures

Acquisition of 12-lead EKG

- Application of cardiac monitor
- EMS Compass® Measure (for additional information, see www.emscompass.org)

- Stroke-01: Suspected stroke receiving prehospital stroke assessment. To measure the percentage of suspected stroke patients who had a stroke assessment performed by EMS
Syncope and Presyncope

Aliases: Loss of consciousness, passed out, fainted

Revision Date: September 8, 2017


IV. Medications

The project team considered the use of Institute for Safe Medication Practices (ISMP) Tall Man Letters methodology to avoid the miscommunication of lookalike drug names. Upon review of the list and the limited number of medications carried by EMS, as well as the expected use of this document, it was elected not to institute this measure into our medication list. We recommend EMS agencies consider incorporating these measures into practice where appropriate.


Medication List

Dexamethasone

**Name** – Decadron®, Dexasone®

**Class** – Corticosteroid, anti-inflammatory drugs

**Pharmacologic Action** - Potent glucocorticoid with minimal to no mineralocorticoid activity

Decreases inflammation by suppressing migration of polymorphonuclear leukocytes (PMNs) and reducing capillary permeability; stabilizes cell and lysosomal membranes, increases surfactant synthesis, increases serum vitamin A concentration, and inhibits prostaglandin and proinflammatory cytokines; suppresses lymphocyte proliferation through direct cytolyis, inhibits mitosis, breaks down granulocyte aggregates, and improves pulmonary microcirculation

**Indications** - Used in the management of croup and bronchospasm, as well as the management of patients suffering from high altitude cerebral edema (HACE)

**Contraindications** – Documented hypersensitivity, systemic fungal infection, cerebral malaria
"EMS Clinical Guidelines" or "Minimum EMS Clinical Guidelines" means a minimum clinical standard approved by the department upon which a service program’s medical director shall base service program protocols.

"Protocols" means written directions and orders approved by a service program’s medical director utilizing the EMS clinical guidelines.

The medical director is responsible to develop, approve, and update service program protocols that meet or exceed the minimum EMS clinical guidelines approved by the department.

The service program will utilize protocols developed and approved by the service program medical director that meet or exceed the minimum EMS clinical guidelines approved by the department.

The service program will ensure alterations to the minimum department EMS clinical guidelines by the service program’s medical director are approved by and filed with the department.
Questions from participants

Questions that are not addressed during today’s webinar should be e-mailed to:

- rebecca.curtiss@idph.iowa.gov
- steven.mercer@idph.iowa.gov
- nicholas.bieber@idph.iowa.gov
Thank You
for participating in today’s webinar

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ACUTE DISEASE PREVENTION, EMERGENCY RESPONSE AND ENVIRONMENTAL HEALTH
BUREAU OF EMERGENCY AND TRAUMA SERVICES