CHAPTER 131
BASIC EMERGENCY MEDICAL CARE
TRAINING AND CERTIFICATION OF FIRST RESPONDERS, EMERGENCY RESCUE TECHNICIANS AND EMERGENCY MEDICAL TECHNICIANS-AMBULANCE

Rescinded IAB 10/11/95, effective 11/15/95

CHAPTER 132
EMERGENCY MEDICAL SERVICES

[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:

"ACLS" or *"advanced cardiac life support"* means training and successful course completion in advanced cardiac life support according to American Heart Association standards.

"AED" means automatic external defibrillator.

"Air carrier" or *"air taxi"* means any privately or publicly owned 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.

"Ambulance" means any privately or publicly owned rotorcraft or ground vehicle 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.

"Ambulance service" means any privately or publicly owned service program which utilizes ambulances in order to provide patient transportation and emergency medical care at the scene of an emergency or while en route to a hospital or during transfer from one medical care facility to another or to a private home. An ambulance service may use first response or rescue vehicles (nontransport) to supplement ambulance vehicles.

"Automated defibrillator" means any external automatic or semiautomatic device that determines whether defibrillation is required. Automated defibrillators must meet or exceed design and performance guidelines stipulated by the Association for the Advancement of Medical Instrumentation for automated external defibrillators, published in February 1986.

"Basic ambulance service" means an ambulance service that provides patient treatment at the basic care level.

"Basic care" means treatment interventions, appropriate to certification level, that provide minimum care to the patient including, but not limited to, CPR, bandaging, splinting, oxygen administration, spinal immobilization, oral airway insertion and suctioning, antishock garment, vital sign assessment and administration of over-the-counter drugs.

"Board" means the state board of medical examiners appointed pursuant to Iowa Code section 147.14, subsection 2.

"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 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 and obstructed airway procedures according to American Heart Association or American Red Cross standards. This includes one rescuer, two rescuer, and child/infant cardiopulmonary resuscitation and adult and child/infant obstructed airway procedures.

"Current course completion card" means written recognition given for training and successful course completion of CPR or ACLS 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.

"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 trained in that procedure.

"Emergency medical care personnel" or *"provider"* means any FR, FR-D, EMT-A, EMT-B, EMT-D, EMT-I, or EMT-P currently certified by the department.

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

"Emergency medical technician-basic" means an individual who has successfully completed, as a minimum, the 1994 United States Department of Transportation's Emergency Medical Technician-Basic curriculum (excluding endotracheal intubation), passed the department's approved written and practical examinations, and is currently certified by the department as an EMT-B.

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

"Emergency medical technician-intermediate" means an individual who has successfully completed the United States Department of Transportation's EMT-intermediate curriculum (excluding endotracheal intubation), passed the department's approved written and practical examinations, and is currently certified by the department as an EMT-I.

"Emergency medical technician-paramedic" means an individual who has successfully completed the United States Department of Transportation's EMT-paramedic curriculum, 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.

"*Emergency rescue technician*" means an individual trained in various rescue techniques including, but not limited to, extrication from vehicles and agricultural rescue, and who has successfully completed a curriculum approved by the department in cooperation with the Iowa Fire Service Institute.

"*EMS*" means emergency medical services.

"*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-I*" means emergency medical services-instructor.

"*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.

"*EMT-A*" means emergency medical technician-ambulance.

"*EMT-B*" means emergency medical technician-basic.

"*EMT-D*" means emergency medical technician-defibrillation.

"*EMT-I*" means emergency medical technician-intermediate.

"*EMT-P*" means emergency medical technician-paramedic.

"*ERT*" means emergency rescue technician.

"*First responder*" means an individual who has successfully completed the United States Department of Transportation's First Responder curriculum, passed the department's approved written and practical examinations, and is currently certified by the department as an FR.

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

"*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.

"*FR*" means first responder.

"*FR-D*" means first responder-defibrillation.

"*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.

"*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.

"*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 retroactive 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 advice via radio or phone communications between the EMS provider and the medical director, supervising physician or physician designee.

"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.

"PA" means physician assistant.

"PAD" means public access defibrillation.

"PAD service program" means a nonemergency response business agency, public or private, that has trained its employees or associates in the use of an automatic external defibrillator and is authorized by the department as a PAD service program.

"Paramedic" means an emergency medical technician-paramedic.

"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" 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, who holds a current course completion card in ACLS. The physician designee may act as an intermediary for a supervising physician in directing the actions of emergency medical care personnel in accordance with written policies and protocols.

"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.

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

"Primary response vehicle" means any ambulance, rescue vehicle or first response vehicle which is utilized by a service program and is normally dispatched as the initial vehicle to respond to an emergency call.

"Protocols" means written directions and guidelines established and approved by the service program's medical director that address the procedures to be followed by emergency medical care providers in emergency and nonemergency situations.

"Public access defibrillation" means the operation of an automatic external defibrillator by a nontraditional provider of emergency medical care.

"Public access defibrillation provider" means someone who has completed the public access provider AED course approved by the department and who is currently certified by the department as a PAD provider.

"Registered nurse" 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.

"RN" means a registered nurse.

"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.

"Secondary response vehicle" means any ambulance, rescue vehicle or first response vehicle which is utilized by a service program when dispatched for routine or convalescent transfers, when the service program's primary response vehicle would have a longer response time, is already in service or is otherwise unavailable or when a mutual aid request requires a different type of response vehicle. Secondary response vehicles may be staffed and equipped at any level up to and including the service program's level of authorization.

"Service program" or *"service"* means any 24-hour emergency 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.

"Specialty certification" means a nonmedical certification in an area related to emergency medical care including, but not limited to, emergency rescue technician and emergency medical services-instructor.

"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.

"Training program" means an area community college, law enforcement academy or hospital approved 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 any physician licensed under Iowa Code chapter 148, 150, or 150A who is responsible for directing an emergency medical care training program.

641—132.2(147A) Authority of emergency medical care personnel.

132.2(1) Emergency medical care personnel shall perform under the supervision of a physician in accordance with Iowa Code chapter 147A and these rules.

132.2(2) An emergency medical care provider may:

a. Render 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 when:

(1) Enrolled as a student or participating as a preceptor in a training program approved by the department;

(2) Fulfilling continuing education requirements;

(3) Employed by or assigned to a hospital as a member of an authorized service program, 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 or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician or registered nurse. However, when the physician 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 as a member of an authorized service program to perform nonlifesaving procedures for which trained 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 or registered nurse 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) Emergency medical care skills which may be performed if approved by the service program's medical director include:

a. At the FR and FR-D levels, skills identified in the United States D.O.T. FR curriculum, plus the following skills in which training can be documented:

(1) Automated defibrillation and external cardiac pacing (provided the pacing is part of an automated defibrillator device and requires no decision making by the FR and FR-D).

(2) Oral airway suctioning.

(3) Insertion of an oral or nasopharyngeal airway device.

(4) Oxygen administration.

(5) Endotracheal or esophageal intubation when using a blindly inserted, combined esophageal/endotracheal device approved by the department.

(6) Taking blood pressure.

(7) Applying a cervical collar, when used to assist in maintaining manual stabilization.

b. At the EMT-A, EMT-B and EMT-D levels, skills identified in the United States D.O.T. EMT-A and EMT-B curricula, plus the following additional skills in which training can be documented:

(1) Defibrillation and external cardiac pacing (provided the pacing is part of an automated defibrillator device and requires no decision making by the EMT-A, EMT-B and EMT-D).

(2) Monitoring and maintenance of nonmedicated intravenous solutions.

(3) All skills identified in 132.2(4)*"a."*

c. At the EMT-I level, skills identified in the United States D.O.T. EMT-I curriculum, plus the following additional skills in which training can be documented:

(1) Endotracheal intubation when using a blindly inserted, combined esophageal/endotracheal device.

(2) Gastric tube insertion.

(3) Defibrillation and external cardiac pacing (provided the pacing is part of an automated defibrillator device and requires no decision making by the EMT-I).

(4) All skills identified in 132.2(4)*"b."*

d. At the EMT-P level, skills identified in the United States D.O.T. EMT-P curriculum, plus the following additional skills in which training can be documented:

(1) Gastric tube insertion.

(2) Nasogastric tube insertion.

(3) Urinary catheterization.

(4) Intraosseous infusion.

(5) All skills identified in 132.2(4)*"c."*

132.2(5) The department may approve other emergency medical care skills on a limited pilot project basis. Requests for pilot projects shall be submitted in writing 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.

641—132.3(147A) Emergency medical care providers—requirements for enrollment in training programs.

132.3(1) To be enrolled in a training program, an applicant shall:

a. Be at least 17 years of age at the time of enrollment.

b. Have a high school diploma or its equivalent if enrolling in an EMT-I or EMT-P course.

c. Be able to speak, write and read English.

d. Hold a current course completion card in CPR if enrolling in an EMT-B, EMT-I, or EMT-P course.

e. Be currently certified as an FR, if enrolling in an FR-D course.

f. Be currently certified, as a minimum, as an EMT-A, if enrolling in an EMT-I or paramedic course.

132.3(2) Audits.

a. With training program approval, persons who are not enrolled in an emergency medical care provider course may audit those courses. They shall not be eligible to take the practical and written certification examinations.

b. Students enrolled in an out-of-state training program may participate in clinical or field experience in Iowa provided:

(1) The out-of-state training program has been approved by that state to conduct emergency medical care training, and

(2) A written agreement exists between the out-of-state training program and the clinical or field experience provider.

641—132.4(147A) Emergency medical care providers—certification, renewal standards and procedures, and fees.

132.4(1) *Application and examination.*

a. Applicants shall complete an "EMS Student Registration" form at the beginning of the course. Courses which are completed within two weeks are exempt from this requirement. "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 a student 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 for the written examination. 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. The fee for grading and processing each EMT-I and EMT-P written examination is $20 payable to the Iowa Department of Public Health.

l. 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. If a student fails the written examination, the practical examination remains valid for a 12-month period from the date it was successfully completed.

m. 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 scores for the Iowa certification examinations are: FR, EMT-A, or EMT-B—70 percent; EMT-I and EMT-P—75 percent. Passing criteria for the National Registry of EMT's written examinations is established by the National Registry.

n. A student who fails to pass the written certification examination on the third attempt and who wishes to pursue certification must submit, at a minimum, written verification (card or certificate) of successful completion of an appropriate D.O.T refresher course or equivalent. Students failing the examination on six attempts must repeat the entire EMT training program to be eligible for certification.

o. 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 the 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.

p. 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.

q. To be eligible to take the practical examination, FR candidates shall have a current course completion card in CPR.

r. Applicants for EMS-I certification shall:

(1) Be currently certified as an emergency medical care provider or currently licensed as a registered nurse, physician assistant or physician.

(2) Successfully complete an EMS-Instructor curriculum approved by the department.

s. Applicants for ERT certification shall successfully complete an ERT curriculum approved by the department in cooperation with the Iowa Fire Service Institute.

132.4(2) *Multiple certificates and renewal.*

a. With the exception of specialty certifications, only one certificate issued by the department shall be considered active. That certificate shall be for the individual's highest level of certification. Any lower levels of certification shall be considered inactive.

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 written request for the lower level.

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

(3) Complete the reinstatement process in 132.4(3) if renewal of the higher level is later requested.

c. A denial, probation, 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.

132.4(3) *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. Emergency medical 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 the 90 days prior to the expiration date, shall be required to submit a late fee of $30 (in addition to the renewal fee) 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:

(1) Complete continuing education courses equivalent to the renewal requirements for that particular level of certification within six years following the certificate's expiration date. Refer to Table 1 for total number of hours required.

(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 written certification examinations.

TABLE 1

	REQUIRED CONTINUING EDUCATION HOURS FOR REINSTATEMENT (including required topics)			
CERTIFICATION EXPIRED FOR	FR-D FR	EMT-D EMT-A EMT-B	EMT-I	EMT-P
Less than 2 years	14	24	48	60
2-4 years	28	48	96	120
4-6 years	42	72	144	180

e. If certification has been expired for more than six years, the individual shall repeat the entire course, pass the practical and written certification examinations, meet all applicable eligibility requirements and submit the applicable fees and forms to again become certified.

f. 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.

132.4(4) *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, and the applicable fee 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 the continuing education requirements during the certification period including:

(1) FR, FR-D—14 hours of approved continuing education including at least 1 hour in each of the required topic areas listed in subparagraph (5).

(2) EMT-A, EMT-B, EMT-D—24 hours of approved continuing education including at least 1 hour in each of the required topic areas listed in subparagraph (5).

(3) EMT-I—48 hours of approved continuing education including at least 1 hour in each of the required topic areas listed in subparagraph (5).

(4) EMT-P—60 hours of approved continuing education including at least 1 hour in each of the required topic areas listed in subparagraph (5).

(5) Required topics for all levels include the following:
Infectious diseases
Abuse (child and dependent adult)
Trauma emergencies (should include skills practice)
Medical emergencies (should include skills practice)

(6) EMS-I—Attend at least one EMS-I workshop sponsored by the department.

(7) ERT—It is recommended that at least 1 hour in each of the following topic areas be completed:
Agricultural/industrial rescue
Rescue equipment/techniques
Special hazards
Vehicle rescue

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, number of hours approved, and appropriate supervisor signatures if clinical or practical evaluator hours are claimed. 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.

132.4(5) *Continuing education approval.* Continuing education hours (CEHs) may be issued for the following types of training during the certification period:

a. Courses which are based upon the department's curricula for EMS providers and other courses pertinent to emergency medical care. Approved self-study and video courses are permitted (4 hours maximum for FR and FR-D; 8 hours maximum for EMT-A, EMT-B and EMT-D; 16 hours maximum for EMT-I; 20 hours maximum for EMT-P).

b. In-hospital clinical experience in areas relating to emergency medical care (4 hours maximum for FR and FR-D; 8 hours maximum for EMT-A, EMT-B and EMT-D; 16 hours maximum for EMT-I; 20 hours maximum for EMT-P).

c. Disaster drills (4 hours maximum).

d. Continuing education course instructors will be granted the appropriate number of CEHs for the courses taught.

e. EMS course instructors will be granted the appropriate number of CEHs for the courses taught. When identical courses are taught, CEHs will be granted for the first course only.

f. Practical certification examination evaluation (6 hours maximum).

g. EMS course attendance (or audit) will qualify as continuing education based upon the number of hours attended (or audited).

h. ACLS training and successful course completion (6 hours maximum).

132.4(6) *Out-of-state continuing education.* Out-of-state continuing education courses will be accepted for CEHs if they meet the criteria in subrule 132.4(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 "Application for Renewal of Certification."

132.4(7) *Nonapproval of CEHs.* CEHs shall not be approved for:

a. CPR course attendance, CPR course instruction or CPR instructor training.

b. Courses or portions of courses which are beyond the scope of training and authority for emergency medical care personnel.

132.4(8) *Certification and renewal fees.* The following fees shall be collected by the department and shall be nonrefundable:

a. EMT-I and EMT-P written examination/certification fee—$20.

b. FR-D and EMT-D certification fee—$10.

c. Renewal of EMT-I and EMT-P certification(s) fee—$10.

d. Endorsement certification fee—$30.

e. Reinstatement fee—$30.

f. Late fee—$30.

132.4(9) *Certification through endorsement.* An individual currently certified by another state or by the National Registry of EMTs must also possess a current Iowa certificate to be considered certified in this state. The department shall contact the state of certification or the National Registry of EMTs to verify certification or registry and good standing. To receive Iowa certification, the individual shall:

a. Complete and submit the "EMS Endorsement Application" available from the department.

b. Provide verification of current certification in another state or with the National Registry of EMTs.

c. Provide verification of current course completion in CPR. Applicants for paramedic endorsement shall also provide verification of current course completion in ACLS.

d. Pass the appropriate Iowa practical and written certification examinations in accordance with subrule 132.4(1) within one year of the department's approval of the endorsement candidate's application. Current National Registry endorsement candidates are exempt from testing.

e. Meet all other applicable eligibility requirements necessary for Iowa certification pursuant to these rules.

f. Submit all applicable fees to the department.

g. An individual certified through endorsement must satisfy the renewal and continuing education requirements set forth in subrule 132.4(4) to renew Iowa certification.

132.4(10) *Temporary certification through endorsement.* Upon written request, the endorsement applicant may be issued temporary certification by the department. Justification for issuance of the temporary certification must accompany the request. Temporary certification shall not exceed six months.

641—132.5(147A) Training programs—standards, application, inspection and approval.

132.5(1) *Curricula*.

a. The training program shall use, as a minimum, the course curricula approved by the department and shall include, as a minimum, the following course components:

(1) Defibrillation course:

1. Four hours of classroom instruction for automated defibrillators.
2. Sixteen hours of classroom instruction for manual defibrillators.
3. Clinical experience as may be required by the training program.
4. Ambulance field experience as may be required by the training program.

(2) Emergency medical technician-intermediate (EMT-I) course:

1. Sixty hours of classroom instruction.
2. Fifty hours of clinical experience.
3. Fifty hours of ambulance/rescue field experience.

(3) Emergency medical technician-paramedic (EMT-P) course:

1. Three hundred hours of classroom instruction.
2. One hundred fifty hours of clinical experience.
3. One hundred fifty hours of ambulance/rescue field experience.

(4) First responder course:
1. Forty hours of classroom instruction.
2. Clinical experience as may be required by the training program.
3. Ambulance/rescue field experience as may be required by the training program.
(5) Emergency rescue technician course:
1. Forty hours of classroom instruction.
2. Clinical experience as may be required by the training program.
3. Ambulance/rescue field experience as may be required by the training program.
(6) Emergency medical technician-basic:
1. One hundred and ten hours of classroom instruction.
2. Eighteen hours of clinical time.
3. Ambulance/rescue 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. Currently certified first responders who were certified before January 1, 1996, may perform the skills outlined in 132.2(4)*"a,"* upon successful completion of a transition course approved by the department. The transition course shall not exceed 14 hours.

d. Individuals currently certified at the EMT-A or EMT-D level and who were certified prior to January 1, 1996, may perform the skills outlined in 132.2(4)*"b,"* upon successful completion of a transition course approved by the department. The transition course shall not exceed 24 hours.

e. Individuals currently certified at the FR level and who were certified prior to January 1, 1996, may obtain EMT-B certification upon successful completion of a transition course approved by the department. Candidates shall successfully pass the EMT-B state certifying practical and written examinations. The transition course shall not exceed 70 hours.

f. FR-D, EMT-D, and EMT-A courses shall not be initiated after July 1, 1996.

132.5(2) *Cardiac arrest tape review.* Training programs may apply to the department for approval to provide cardiac arrest tape review if:

a. A written agreement between the service program medical director and the training program exists to ensure responsibility for the review of cardiac arrest tapes and the maintenance of statistical information; and

b. The training program has the necessary equipment and staff available to perform cardiac arrest tape review and to report statistical information; and

c. The training program provides a written review of the cardiac arrest tape to the service program, the service program medical director and the department; and

d. The training program submits to the department on a monthly basis a standardized data collection sheet for each cardiac arrest tape review. The standardized data collection sheets are available upon request from: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.5(3) *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.

132.5(4) *Facilities.*

a. There shall be 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. Opportunities for the student to accomplish the appropriate skill competencies in the clinical environment shall be ensured. The following hospital units should be available for clinical experience for each training program as required in subrule 132.5(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. Opportunities for the student to accomplish the appropriate skill competencies in the field environment shall be ensured. The training program shall use an appropriate emergency medical care service program to provide field experience as required in subrule 132.5(1).

d. The training program shall have liability insurance and shall offer liability insurance to students while enrolled in a training program.

132.5(5) *Staff.*

a. The training program medical director shall be a physician licensed under Iowa Code chapter 148, 150, or 150A. It is recommended that the training program medical director complete a medical director workshop sponsored by the department.

b. A training program director shall be appointed who is an appropriate health care professional. This individual shall be a full-time educator or a practitioner in emergency or critical care. Current EMS instructor certification is also recommended, but not mandatory.

c. Course coordinators, outreach course coordinators, and primary instructor(s) used by the training program shall be currently certified 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. Current EMS instructor certification is also recommended, but not mandatory.

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. The training program shall maintain records for each instructor used which include, as a minimum, the instructor's qualifications.

h. The training program is responsible for ensuring that each course instructor is experienced in the area being taught and adheres to the course curricula.

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

132.5(6) *Advisory committee.* There shall be an advisory committee which includes training program representatives and other groups such as affiliated medical facilities, local medical establishments, and ambulance, rescue and first response service programs.

132.5(7) *Student records.* The training program shall maintain an individual record for each student. Training program policy and department requirements will determine contents. These requirements may include:

a. Application;

b. Current certifications;

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

132.5(8) *Selection of students.* There may be a selection committee to select students using, as a minimum, the prerequisites outlined in subrule 132.3(1).

132.5(9) *Students.*

a. Students may perform any procedures and skills that certified emergency medical care personnel may perform, if they are 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. Students shall not be substituted for personnel of any affiliated medical facility or service program, but may be employed while enrolled in the training program.

132.5(10) *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. The training program shall provide to each student, within two weeks of the course starting date, a guide which outlines as a minimum:

(1) Course objectives.

(2) Minimum acceptable scores on interim testing.

(3) Attendance requirements.

(4) Disciplinary actions that may be invoked and the reasons for them.

132.5(11) *Training program application, inspection and approval.*

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

(1) Appropriate officials of the applicant;

(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 patients receiving emergency medical care within the scope of the training program; and

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

b. New training programs shall submit a needs assessment which justifies the need for the training program.

c. Applications shall be reviewed in accordance with the current "Essentials and Guidelines of an Accredited Educational Program for the Emergency Medical Technician-Paramedic," published by the American Medical Association.

d. An on-site inspection of the applicant's facilities and clinical resources will be performed. 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.

e. 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.

f. Representatives of the applicant may be required by the department to meet with the department at the time the application and inspection report are discussed.

g. A written report of department action accompanied by the department inspection reports shall be sent to the applicant.

h. Training program approval shall not exceed five years.

i. The training program shall notify the department, in writing, of any change in ownership or control within 30 days.

641—132.6(147A) Continuing education providers—approval, record keeping and inspection.

132.6(1) Continuing education courses for emergency medical care personnel may be approved by the board, the department, training program or a national EMS continuing education accreditation entity.

132.6(2) A training program may conduct continuing education courses (utilizing appropriate instructors) which are within the scope of training and authority for emergency medical care personnel.

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

b. Each training program shall maintain a student record that includes, as a minimum:

Name	Address
Certification number	Social security number

c. Each training program shall submit to the department the "Approved EMS Continuing Education" form on a quarterly basis.

132.6(3) Record keeping and record inspection.

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

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.

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.

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.

g. The certificate of authorization shall be issued only to the service program based in the city named in the application and shall not be inclusive of any other base of operation when that base of operation is located in a different city. Any ambulance service or nontransport service that is based in and operates from more than one city shall apply for and, if approved, shall receive a separate authorization for each base of operation that desires to provide emergency medical care.

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. Nontransporting service programs that only provide basic care need only complete the application process of these rules for authorization.

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) *Rotorcraft ambulances and air taxis or air carriers.*

a. Rotorcraft ambulances shall meet all applicable requirements of Iowa Code chapter 147A and these rules except for subrule 132.7(2), paragraphs 132.8(1)*"b"* and *"c,"* and subrules 132.8(8) and 132.8(9).

b. Air taxis or air carriers shall not be subject to the requirements of Iowa Code chapter 147A and these rules except when utilizing emergency medical care personnel to provide emergency medical care. In such instances, emergency medical care personnel shall be members of an authorized service program (assigned by that service program) and shall be provided with the appropriate equipment and medical direction deemed necessary by that service program's medical director.

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 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 requirement of these rules, but may apply for a variance using the criteria outlined in rule 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.* Any service that is unable to meet the staffing requirement to receive full authorization that wishes to provide emergency medical care shall apply to the department. The service shall:

a. Justify why the service is unable to meet the staffing requirements of subrule 132.8(1), paragraphs *"a"* and *"b."*

b. Rescinded IAB 2/3/93, effective 3/10/93.

c. If approved, receive a conditional certificate of authorization from the department, but the service shall not advertise or otherwise imply or hold itself out to the public as a fully authorized service program.

d. If approved, utilize emergency medical care providers as appropriate to their level of certification up to and including the level of conditional authorization.

e. Meet all applicable requirements of these rules with the exception of subrule 132.8(1), paragraphs *"a"* and *"b."*

f. If an ambulance service, provide as a minimum, one EMT-B and one licensed driver, who holds a current course completion card in CPR, on each primary response vehicle call (see Table 2). The service shall document each driver's training in emergency driving techniques and in the use of the service's communications equipment.

g. If a nontransporting service, have, as a minimum, a written mutual aid agreement with at least one ground ambulance service to ensure coverage when no certified personnel are available (see Table 3). Simultaneous dispatching may be used in lieu of a written mutual aid agreement.

641—132.8(147A) Service program—operational requirements, record keeping, equipment and supply standards.

132.8(1) Service programs shall:

a. Maintain an adequate number of primary response vehicles and personnel to provide 24-hour-per-day, 7-day-per-week service at their authorized level. The adequate number of primary response vehicles 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.

b. Provide on each primary response vehicle call, as appropriate to the service program's level of authorization, the following:

(1) Fully authorized basic care and EMT-B ground ambulance service programs shall provide, as a minimum, one EMT-B and a licensed driver (see Table 2). The service shall document each driver's training in emergency driving techniques and in the use of the service's communications equipment. Fully authorized EMT-I ambulance services shall provide, as a minimum, one EMT-I and one EMT-B. Fully authorized EMT-P ambulance services shall provide, as a minimum, one EMT-P and one EMT-B (see Table 2).

(2) Fully authorized nontransporting service programs shall provide, as a minimum, one appropriately certified emergency medical care provider at the level of service authorization (see Table 3).

(3) Nontransporting service programs that may also want to transport patients shall:

1. Apply to the department for authorization to transport patients on an occasional basis.
2. Use a vehicle that complies with subrule 132.8(4).
3. Provide staffing in accordance with 132.7(6)*"f."*

TABLE 2: AMBULANCE SERVICE STAFFING				
Level of Authorization				
	Basic Care	*EMT-B*	*EMT-I*	*EMT-P*
Full authorization Minimum staffing	1-EMT-B 1-Licensed Driver	1-EMT-B 1-Licensed Driver	1-EMT-I 1-EMT-B	1-EMT-P 1-EMT-B
Conditional Authorization Minimum staffing	Not Applicable	Not Applicable	1-EMT-B 1-Licensed Driver	1-EMT-B 1-Licensed Driver

TABLE 3: NONTRANSPORTING SERVICE STAFFING					
Level of Authorization					
	Basic Care	*First Responder*	*EMT-B*	*EMT-I*	*EMT-P*
Full Authorization Minimum Staffing	Not Applicable	1-FR	1-EMT-B	1-EMT-I	1-EMT-P
Conditional authorization Minimum staffing	Not Applicable	Mutual aid agreement with a transporting service	Mutual aid agreement with a transporting service	Mutual aid agreement with a transporting service	Mutual aid agreement with a transporting service

(4) Nothing in these rules shall prevent a nontransporting service program from transporting patients in an emergency situation when lack of transporting resources would cause an unnecessary delay in patient care.

(5) 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.

c. Ensure that personnel duties are consistent with their 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 the following qualifications:

(1) Current provider level certification.

(2) Current course completion card in CPR.

(3) If a paramedic, and working for an EMT-P service, current course completion card in ACLS.

(4) Other current certifications/endorsements as may be required by the medical director.

(5) Documentation of emergency driving and use of the service's communications equipment.

e. If requested by the department, notify the department in writing of any changes in their personnel rosters.

f. Have a medical director and on-line medical direction available on a 24-hour-per-day, 7-day-per-week basis.

g. Utilize a dispatching and scheduling system which ensures 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 ownership or control or of any reduction or discontinuance of operations.

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

j. Within seven days of any change in medical directors, 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. Rescinded IAB 2/2/94, effective 3/9/94.

l. Secondary response vehicles are not required to meet the vehicle standards, staffing and equipment requirements of primary response vehicles. When emergency medical care is to be provided, however, appropriate staff, equipment and supplies shall also be provided to ensure continuity of care. If an appropriate emergency medical care provider is not available to staff and to provide emergency medical care on a secondary response vehicle, a registered nurse, physician or physician's assistant may provide that care pursuant to their license.

m. Nothing in these rules shall prevent a registered nurse, physician or physician's assistant from supplementing the staff of a primary or secondary response vehicle.

n. Nothing in these rules shall prevent an authorized ambulance service program from utilizing a rescue or first response vehicle as a secondary response vehicle.

o. The service program shall maintain a skills maintenance log (or a similar form or system containing comparable data) available upon request from: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. The medical director shall designate, in writing, the minimum number and type of monthly or quarterly mandatory skills to be performed. Individuals who are certified as an FR, FR-D, EMT-B, EMT-D or EMT-I shall complete defibrillation practice sessions (monthly for individuals who utilize manual defibrillators and quarterly for individuals who utilize automated defibrillators).

p. No initial authorization shall be issued to EMT-D, EMT-B or EMT-I services wishing to utilize a manual defibrillator. This provision does not apply to EMT-D or EMT-I services authorized prior to January 1, 1990.

q. Provide appropriate patient care skills by level of authorization (see Tables 4 and 5).

TABLE 4: AMBULANCE LEVEL SKILLS

BASIC LEVEL	*EMT-B LEVEL*	*EMT-I LEVEL*	*EMT-P LEVEL*
CPR, oxygen, bandaging, splinting, traction splint, vital sign assessment, antishock garment, spinal immobilization, oral airway insertion and suctioning	Skills identified in 132.2(4)*"b"* including defibrillation esophageal/tracheal/ double-lumen airway IV maintenance* patient-assisted meds *optional	Skills identified in 132.2(4)*"c"* including: IV initiation EOA EGTA	Skills identified in 132.2(4)*"d"* including: Pharmacologic agents endotracheal intubation

TABLE 5: NONTRANSPORT LEVEL SKILLS				
FR BASIC	*FR*	*EMT-B*	*EMT-I*	*EMT-P*
CPR oxygen bandaging splinting	Skills identified in 132.2(4)*"a"* including: AED esophageal airway	Skills identified in 132.2(4)*"b"* including: defibrillation esophageal airway Pt. assisted meds	Skills identified in 132.2(4)*"c"* including: IV initiation EOA EGTA	Skills identified in 132.2(4)*"d"* including: Pharmacologic agents endotracheal intubation

132.8(2) Iowa EMS Service Program Registry Data Dictionary 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 Service Program 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.

b. An EMS service program shall:

(1) Submit reportable patient data identified in this subrule via electronic transfer or in writing. Data shall be submitted in a format approved by the department.

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

(3) Submit minimum reportable patient data to the hospital upon delivery of the patient or within 24 hours if an immediate emergency response occurs and delays submission. The data shall be submitted in a format approved by the department.

c. 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.

d. 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 those requesting the data to pay any or all of the reasonable costs associated with furnishing the reportable patient data.

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

f. 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's medical records as necessary to verify or clarify all reportable patient data submitted by a service program.

(2) Review of a patient's medical records by the department shall be scheduled in advance with the service program and completed in a timely manner.

g. All EMS service programs shall comply with these rules prior to January 1, 2001. 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(3) 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 those 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 those reports.

132.8(4) Required equipment and vehicle standards.

a. Ground ambulance service programs shall, as a minimum, use primary response vehicles that meet the Iowa ambulance standards listed in subrule 132.8(8). These vehicles shall be equipped, as a minimum, with the Iowa essential EMS equipment listed in subrule 132.8(10). In addition to the Iowa EMS essential equipment listed in subrule 132.8(10), ambulance services shall carry equipment and supplies in quantities as determined by the medical director, and appropriate to the service program's level of care as established in the service program's approved protocols.

b. Rotorcraft ambulances shall be equipped, as a minimum, with the Iowa essential EMS equipment (excluding lower extremity traction splints and long spine boards) listed in subrule 132.8(10).

c. Rescinded IAB 2/2/94, effective 3/9/94.

d. Nontransport service programs shall be equipped, as a minimum, with the Iowa essential EMS equipment listed in subrule 132.8(10). In addition to the Iowa essential EMS equipment listed in subrule 132.8(10), nontransport 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 as established in the service program's approved protocols.

e. Primary and secondary response ambulances shall be maintained in a safe operating condition or shall be removed from service.