

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

“*Ambulance*” means any privately or publicly owned ground vehicle specifically designed, modified, constructed, equipped, staffed and used regularly to transport the sick, injured or otherwise incapacitated.

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

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

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

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

“*Continuous quality improvement (CQI)*” means a program that is an ongoing process to monitor standards at all EMS operational levels including the structure, process, and outcomes of the patient care event.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*“Emergency medical technician-paramedic (EMT-P)”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-intermediate curriculum or the 1985 or earlier DOT EMT-P 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.

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

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

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

*“Endorsement”* means providing approval in an area related to emergency medical care including, but not limited to, CCP and emergency medical services.

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

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

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

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

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

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

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

*“Medical director”* means any physician licensed under Iowa Code chapter 148, 150, or 150A who shall be responsible for overall medical direction of the service program and who has completed a medical director workshop, sponsored by the department, within one year of assuming duties.

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

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

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

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

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

*“Paramedic (EMT-P)”* means an emergency medical technician-paramedic.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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