



Iowa County EMS System Plan

Approved by the Iowa County Board of Supervisors on 12/20/2024.

Kevin Heitshusen, Chair

Abigail Maas, Vice-Chair

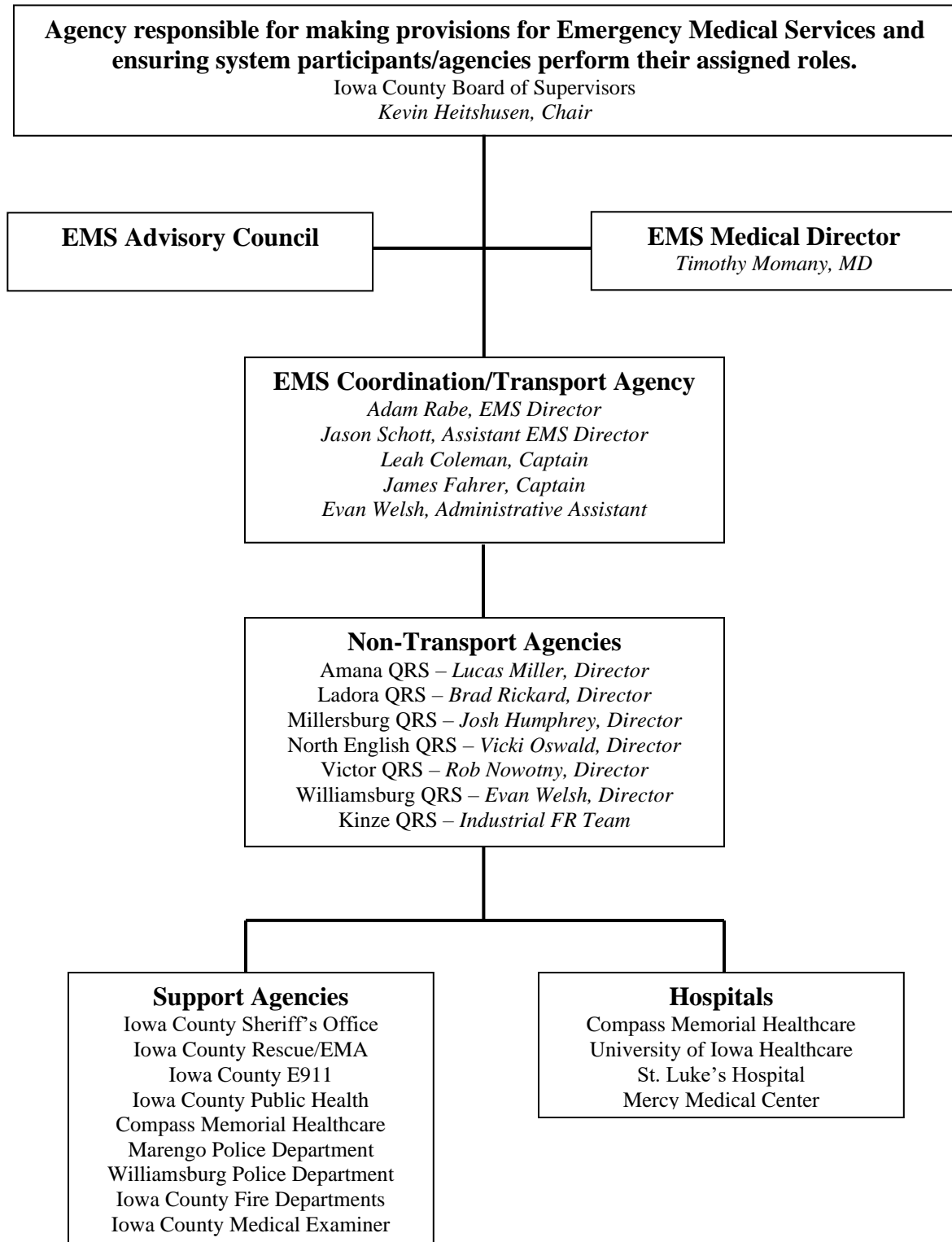
IOWA COUNTY EMS SYSTEM PLAN

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IOWA COUNTY EMS SYSTEM PLAN

Iowa County EMS System Organizational Chart



IOWA COUNTY EMS SYSTEM PLAN

PURPOSE

This plan describes the minimum infrastructure and EMS services that all residents and visitors of Iowa County can expect. It was developed to meet the minimum requirements of Iowa EMS System Standards (<https://hhs.iowa.gov/public-health/emergency-medical-services-trauma/emergency-medical-services>) This plan provides information about the roles and responsibilities of Iowa County EMS system participants.

DEFINITIONS

Board– Iowa County Board of Supervisors

EMS Association Board – One member from the following organizations: Amana QRS, Ladora QRS, Millersburg QRS, North English QRS, Victor QRS, Williamsburg QRS; Iowa County EMA/Rescue; two staff members of Iowa County Ambulance; EMS Director; and EMS Medical Director.

EMS System agencies –Iowa County Ambulance Service, Amana QRS, Ladora QRS, Kinze QRS, Millersburg QRS, North English QRS, Victor QRS, Williamsburg QRS, Iowa County Board of Supervisors, EMS Medical Director, Iowa County Sheriff's Department, Williamsburg Police Department, Marengo Police Department, Iowa County EMS Association, Compass Memorial Hospital, and Iowa County EMA and Rescue.

EMS Advisory Council – EMS Director, EMA Director, Sheriff, EMS Medical Director, Chair of Board of Supervisors, Public Health Director, ED Physician, EMT/Volunteer provider, and Paramedic/Career provider.

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 System Administration: County EMS System Structure

The Board has made provisions for emergency medical services treatment and transport for all within the county. The Board employs an EMS Director responsible for the planning, organizing, staffing, directing, coordinating, reporting, and budgeting of the EMS System.

1.02 System Administration: County EMS Mission

To coordinate, develop, improve, and maintain a comprehensive and dynamic emergency medical services system to prevent and reduce premature death and disability. The emergency medical services system will ensure prompt, effective, and unimpeded service to all residents and visitors of the County.

1.03 System Administration: Public Impact

Patient surveys are conducted on 10% of total patients and opportunities for improvement shall be identified, implemented, and measured.

The EMS Director or designee will attend meetings of various organizations to provide and seek information (i.e. hospital, LEPC, EMA, 911, senior groups, schools, etc...).

1.04 System Administration: Medial Director / Medical Direction

A county-wide EMS Medical Director shall be actively involved in planning and monitoring including attending meetings and providing timely feedback.

Protocols – All EMS services in Iowa County operate under the same patient care protocols (<https://iowacounty.iowa.gov/ems/protocols/>).

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Medical Control – Compass Memorial Healthcare will provide medical control.

Determination of Death – See APPENDIX D: Policy AMB1025

Child and Dependent Abuse – All EMS personnel in Iowa County are required to take the free mandatory reporter training through DHS every 3 years per state law.

Inter-facility Transfers –EMS personnel shall follow Iowa County EMS Patient Care Protocols if orders are not given by the transferring physician.

1.05 System Administration: Development & Review Plan

This plan shall:

- a. Assess how the current system meets the Iowa EMS System Standards.
- b. Identify system needs for patients within each of the targeted clinical categories/special populations.
- c. Provide a methodology and timeline for meeting these needs.
- d. Have a continuous quality improvement and evaluation process that is approved by the EMS System.
- e. Provide for review and monitoring of EMS system operations.
- f. Provide for an annual update to the EMS System Plan and submit the plan to the EMS Bureau. The update shall identify progress made in plan implementation and changes to the planned system design.

1.06 System Administration: Planning Activities – Advanced Life Support (ALS)

The Board provides the resources to staff two ALS transport units 24/7/365.

1.07 System Administration: Planning Activities – Inventory of Resources

The EMS Director in conjunction with the EMA Coordinator will maintain a detailed inventory of EMS resources within the county.

1.08 System Administration: System Participants

The Board shall ensure that system participants conform to their assigned EMS system roles and responsibilities.

1.09 System Administration: Policy and Procedures Manual

EMS system participants will follow the Iowa County EMS Department policies relevant to EMS responses. Participants may have service specific policies regarding membership or activities not directly related to EMS responses.

The EMS Director will continuously review, monitor, and ensure compliance with system policies.

1.10 System Administration: Funding Mechanism

The County will provide funding for EMS coordination and an ALS ambulance service if user fees are inadequate to fully fund such services. Non-transport services are responsible for securing their own funding source.

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1.11 System Administration: EMS Advisory Council

The Board of Supervisors has appointed an EMS Advisory Council to assist with planning, implementation, and monitoring of the EMS System. This includes but is not limited to staffing, training, facilities, equipment, and policies.

STAFFING AND TRAINING

2.01 Staffing: Assessment of Needs

The EMS Advisory Council will annually review staffing and training needs.

2.02 Staffing: Personnel

The EMS Director shall approve all EMS personnel, paid and volunteer. All applicants to the Iowa County EMS System must complete an application. A background check will be conducted prior to final approval of an applicant to the EMS System.

The EMS Director shall maintain a database of all EMS system personnel to include all necessary certification and medical director requirements.

Personnel not meeting the requirements of their certification and/or medical director will not be allowed in the EMS system until resolved. Personnel with an expired/suspended/revoked EMS certification will not be allowed to function as an EMS provider.

Personnel not meeting continuing education and skills maintenance requirements will be given written or electronic notice by the EMS Director or QA Designee that they have thirty days to comply with requirements. If they do not comply with requirements within thirty days, they will be suspended from responding to calls until the matter is resolved. The Medical Director, on the request of the EMS Director or QA Designee may extend the thirty-day time period for extenuating circumstances such as availability of training or illness/injury of personnel.

The Medical Director reserves the right to deny or revoke any EMS personnel operating under his/her medical license.

Iowa County EMA will provide county wide accountability ID tags for all EMS providers approved by the EMS Director.

2.03 Staffing: Dispatch

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) shall be trained/certified using an approved program and maintain certification with continuing education.

2.04 Staffing: Non-Transport

At least one person on each non-transporting service shall be a currently certified EMS provider. Drivers or non-certified personnel shall not respond without a certified provider or with the ambulance on scene.

2.05 Staffing: Transport

The EMS Director will ensure that all transport units meet state personnel minimum staffing requirements.

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2.06 Training: Hospital Communication

The Hospital will ensure all hospital base station personnel who provide medical direction to out of hospital personnel shall be knowledgeable about county EMS system policies and procedures.

Iowa County EMS Patient Care Protocols are located in the Compass Memorial Healthcare Emergency Department.

Iowa County EMS Patient Care Protocols and Policies are available to all personnel on the county website. The link to find Iowa County EMS protocols is <https://iowacounty.iowa.gov/ems/protocols/> and click the *PROTOCOLS* tab.

COMMUNICATIONS

3.01 Communications: Plan

Iowa County Radio Governance Board: The Radio Governance Board provides administrative guidance, oversight, and governance to the Iowa County Radio System and associated issues of operational importance.

Communications Policy – See APPENDIX A: Policy AMB 1002

Each Ambulance and First Responder vehicle has the capability of communicating by mobile radio or cell phone.

All personnel are paged on VHF pagers and backed up with a commercial paging app.

Ambulances and First Responder Services shall communicate with dispatch on the Iowa County EMS channel or assigned Event channel.

Dispatch will assign an Event channel for each ambulance call and all units will communicate on that channel until the event is complete or dispatch gives other instructions.

All EMS radios have multiple channel communication capability with a minimum of: EMS, Fire, Law, and Mutual Aid.

Ambulances also have the capability to communicate on 700/800 hospital channels, Regional EMS and State EMS (VMED28).

Compass Memorial Healthcare has capability to communicate by radio on the Iowa County Radio System. There is an assigned Compass channel for patient care report.

3.02 Communications: Equipment

All EMS system participants have two-way communications that provides for dispatch and ambulance-to-hospital communication.

3.03 Communications: Dispatch

All emergency medical transport vehicles have the ability to communicate with dispatch.

The Iowa County Radio Governance Board will review, annually, communication linkages (inter-operability) among providers (out of hospital and hospital) and recommend needed changes for their capability to provide service in the event of multi-casualty incidents and disasters.

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The Iowa County Sheriff's Office is the central dispatch and PSAP for the EMS system.

3.04 Communications: 911 Coordination

The EMS Director shall be a non-voting member of the Iowa County Joint E911 Service Board.

3.05 Communications: Education

Participants in the EMS system will provide public education regarding system access.

3.06 Communications: Radio Frequencies and Phone Numbers

Phone Numbers

A16	319-330-3356		Compass Memorial	319-642-5543
A17	319-330-3355		Mercy Cedar Rapids	319-398-6037
A19	319-330-3357		St. Luke's Hospital	319-369-7105
U-of-I = Air Care	1-800-272-6440		University of Iowa – Downtown	319-339-3600
Iowa County Dispatch	319-642-7307		University of Iowa – Main Campus	319-353-8833
EMS Director (#26)	319-551-6273		Grinnell Regional	641-236-2380
Asst. EMS Director (#35)	319-721-5236		Keokuk Co. Sigourney	641-622-2720
EMA Coordinator (48-20)	641-990-1197		VA Medical Center	319-338-0581 ext. 5937

Mobile Fleet Map					
EMS	VMED28+	57FIRE 5	NEQRS	79_EMA	IACALL1+
EVENT 1	VFIRE21+	57FIRE 6	WQRS	79_FTAC1	IATAC2+
EVENT 2	VLAW31+	KEO FR+	VQRS	79_FTAC2	IATAC3+
EVENT 3	52FR OPS	POW FR+	ROADS	79_FTAC3	IATAC4+
EVENT 4	52EVNT 6	BENT FR+	CONSRV	06DISP1	IATAC5+
EVENT 5	52EVNT 7	UI MED	GRNL_OPS	06EVENT2	IATAC6+
EVENT 6	52EVNT 8	MERCY IC	BRKL_OPS	06EVENT3	R6CAL61+
FIRE	52EVNT 9	ST LUKES	DPRV_OPS	06EVENT4	R6TAC62+
EMA	57FIRE 1	MERCY CR	HWIK_OPS	06EVENT5	R6TAC63+
LAW 1	57FIRE 2	AQRS	MALC_OPS	06 EMA	R6TAC64+
MMH	57FIRE 3	LQRS	MNTZ_OPS	06VGHOSP	R6TAC65+
REG EMS+	57FIRE 4	MQRS	SEAR_OPS	06FIEMST	R6TAC66+

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Portable Fleet Map							
EMS	EMS	EMS	7CALL50	7MOB59	7CALL70	7MOB79	8CALL90
MMH	52FR OPS	MMH	7CALL50D	7MOB59D	7CALL70D	7MOB79D	8CALL90D
EVENT 1	52EVNT 6	UI MED	7TAC51	7LAW61	7TAC71	7LAW81	8TAC91
EVENT 2	52EVNT 7	MERCY IC	7TAC51D	7LAW61D	7TAC71D	7LAW81D	8TAC91D
EVENT 3	52EVNT 8	ST LUKES	7TAC52	7LAW62	7TAC72	7LAW82	8TAC92
EVENT 4	52EVNT 9	MERCY CR	7TAC52D	7LAW62D	7TAC72D	7LAW82D	8TAC92D
EVENT 5	57FIRE 1	VMED28+	7TAC53	7FIRE63	7TAC73	7FIRE83	8TAC93
EVENT 6	57FIRE 2	VLAW31+	7TAC53D	7FIRE63D	7TAC73D	7FIRE83D	8TAC93D
REG EMS+	57FIRE 3	AQRS	7TAC54	7FIRE64	7TAC74	7FIRE84	8TAC94
VMED28+	57FIRE 4	LQRS	7TAC54D	7FIRE64D	7TAC74D	7FIRE84D	8TAC94D
VFIRE21+	57FIRE 5	MQRS	7TAC55	7MED65	7TAC75	7MED86	8ITALK1D
VLAW31+	57FIRE 6	NEQRS	7TAC55D	7MED65D	7TAC75D	7MED86D	8ITALK2D
R6CAL61+	KEO FR+	WQRS	7TAC56	7MED66	7TAC76	7MED87	8ITALK3D
IACALL1+	POW FR+	VQRS	7TAC56D	7MED66D	7TAC76D	7MED87D	7ITALK1D
FIRE	BENT FR+	ROADS	7GTAC57	7DATA69	7GTAC77	7DATA89	7ITALK2D
8ITALK1D	8ITALK1D	CONSRV	7GTAC57D	7DATA69D	7GTAC77D	7DATA89D	7ITALK3D

RESPONSE AND TRANSPORTATION

4.01 Response and Transportation: Service Area

Iowa County Ambulance Service's response area is all of Iowa County.

The EMS Director determines non-transport response service areas within the county.

Maps of the transport and non-transport service areas are available from the E911 Coordinator or can be viewed in the office of the EMS Director.

4.02 Response and Transportation: Monitoring

The EMS Director shall monitor compliance with appropriate code, rules, policies, and procedures.

4.03 Response and Transportation: Contingency Response / Mutual Aid

The EMS Director shall ensure contingency plans are in place to provide for emergent and non-emergent response during increased system volume.

4.04 Response and Transportation: Response Time Standards

Emergency medical serve areas (response zones) shall be designated so that, for eighty percent of emergent responses:

- The response time for first responders does not exceed:
 - Urban—5 minutes
 - Rural—15 minutes
 - Wilderness—as quickly as possible
- The response time for an ambulance (not functioning as the first responder) does not exceed:

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- Urban-8 minutes
 - Rural- 20 minutes
 - Wilderness—as quickly as possible
- The response time for an advanced life support does not exceed:
 - Urban-8 minutes
 - Rural-20 minutes

4.05 Response and Transportation: Air – Medical Services

See APPENDIX C: Policy AMB 1024

4.06 Response and Transportation: Special Vehicles

Iowa County Rescue shall be requested if specialty vehicles are needed such as all-terrain vehicles, snowmobiles, water rescue, and transportation vehicles.

The EMA Coordinator is responsible for the operations of Iowa County Rescue and maintains an inventory of available specialty vehicles.

4.07 Response and Transportation: Multi-Casualty Disaster Response

See Multi Casualty Incident Policy AMB 1055. Iowa County will utilize the processes, protocols, and procedures established through the National Incident Management System (NIMS). NIMS standardizes incident management for all hazards across all levels of government through the use of the Incident Command System (ICS). This plan meets requirements outlined in ICS 420, Chapter 20 “Multi-Casualty” (2004).

FACILITIES/CRITICAL CARE

5.01 Facilities: Assessment of Capabilities

The EMS Director will assess, at least annually, the EMS-related capabilities of acute care facilities in the service area.

5.02 Facilities: Triage, Transport, and Transfer Protocols

The EMS Director will assist hospitals with coordination of pre-hospital triage, transport, and transfer destination protocols and agreements.

5.03 Facilities: Mass Casualty Management

The EMS Director will meet with Compass Memorial Healthcare’s Disaster Preparedness Coordinator/Committee annually to assist with planning and preparation for mass casualty management, including procedures for coordinating hospital communications, evacuation, and patient flow.

5.04 Facilities: Trauma Care System

The EMS Director will monitor the use of the Out of Hospital Triage Destination Decision Protocol in cooperation with the Hospital.

5.05 Trauma Care Facility Verification

The EMS system shall participate in the trauma verification process

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DATA COLLECTION/SYSTEM EVALUATION

6.01 System Evaluation: Continuous Quality Improvement

See APPENDIX E: Policy AMB 1020

6.02 System Evaluation: Out of hospital Care Audits

See APPENDIX E: Policy AMB 1020

6.03 System Evaluation: Medical Dispatch

The EMS Director and Dispatch Supervisor will communicate regularly to review that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

6.04 System Evaluation: System Design Evaluation

The EMS Advisory Council will meet at least annually to discuss EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations.

6.05 System Evaluation: Provider/Service Participation

All EMS system providers/services shall be able to participate in the system wide evaluation.

6.06 System Evaluation: Reporting

The EMS Director will publish an annual report on EMS system data and operations.

6.07 Data Collection: Pre-hospital record

Pre-hospital records for all patient responses shall be completed and forward to appropriate agencies as defined by Iowa Administrative Code.

6.08 Data Collection: Data Management System

The EMS System will participate in an integrated data management system that includes system response and clinical (pre-hospital, hospital, and public health) data as funding becomes available.

6.09 Data Collection: Patient Care Reports

Both transport and non-transport units will utilize an electronic patient care record reporting system.

See APPENDIX B: Policy AMB1023 First Responder Teams

See APPENDIX G: Policy AMB 1047 Patient Care Reports

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PUBLIC INFORMATION

7.01 Public Information: Materials

The EMS system will promote the development and dissemination of information materials for the public that address:

- Understanding of EMS system design and operation
- Proper access to the system
- Self help (e.g. CPR, first aid, etc.)
- Patient and consumer rights as they relate to the prevention and reduction of health risks in target areas
- Appropriate utilization of emergency departments
- Promote injury control and preventive medicine

7.02 Public Information: Disaster Preparedness

Iowa County EMA will promote citizen disaster preparedness activities.

7.03 Public Information: First Aid and CPR Training

Iowa County Ambulance service will promote the availability of first aid and CPR training for the general public.

DISASTER MEDICAL RESPONSE

8.01 Disaster Medical Response: Planning

The EMS Director will participate in LEPC (Local Emergency Planning Committee) meetings with EMA, Public Health, and Hospital to develop plans, procedures, and policies to respond effectively to the medical needs created by disasters.

8.02 Disaster Medical Response: Response Plans/Review

Iowa County EMA will maintain a comprehensive multi-hazard plan including medical response. The EMS Director shall meet annually with the EMA Coordinator to review medical response plans.

8.03 Disaster Medical Response: Emergency Operations Centers

The EMS system will participate with EMA in the development and exercise of a plan for activation, operation, and deactivation of the emergency operations center.

8.04 Disaster Medical Response: Hazardous Materials Training

HAZMAT training for EMS providers will be provided at a minimum every two years. The training will be determined by their system role and responsibility.

8.05 Disaster Medical Response: Plan Participation (ICS)

All EMS providers shall be trained in the incident command system.

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8.06 Disaster Medical Response: Inventory

Iowa County EMA maintains and updates annually an inventory of disaster medical resources that are available for deployment.

8.07 Disaster Medical Response: Continuation of Service

Iowa County EMS has contingency plans for medical transportation with at least four neighboring services.

8.08 Disaster Medical Response: Hospital Plans

The Hospital Disaster Preparedness Coordinator/Committee will meet at least annually with the EMA Coordinator and EMS Director to ensure that hospital plans for internal and external disasters are fully integrated with the system's medical response plans.

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APPENDIX A

Reference #: AMB 1002

Title: **Communications**

Date Effective/Revised: 1/24/20

Policy

Ambulances stationed in Marengo and Williamsburg will respond to calls in Iowa County. Iowa County will respond to calls if available when requested in adjoining counties per contingency agreements with neighboring ambulance service.

Ambulance Designated Numbers

- Adam 16 Ambulance
- Adam 17 Ambulance
- Adam 18 Ambulance
- Adam 19 Ambulance
- EMS 2 EMS Explorer

PROCEDURE:

Service Area

- Iowa County will be divided in half by interstate 80.
- The Marengo unit will respond to all calls north of interstate 80.
- The Williamsburg unit will respond to calls on Interstate 80 and South, as well as calls in the immediate area of Conroy north of the Interstate. (see response map)
- When one unit is out the other unit will cover the entire county.
- When both units are out the dispatcher will page for off duty personnel to staff a backup unit following the policy "AMB 1015, Staffing Backup Unit".
- If unable to staff a backup unit or all units are busy, the closest QRS team will be dispatched along with an ambulance from the closest neighboring service to take the call.
- If an extreme emergency the dispatcher may also request an air ambulance to respond direct to the scene.

Dispatching:

- Each EMT/Paramedic will have a pager and radio available when on duty.
- Each EMT/Paramedic will advise the dispatcher that they are 10-41 (on duty) at the beginning of each shift.
- Pager Assignments
 - Marengo: A-16
 - Williamsburg: A-17
 - Third Unit: A-19
 - Fourth Unit: A-18
- The dispatcher will send a page out through the paging system and assign an event channel for the radio system.
- The EMT/Paramedic will acknowledge the page through the radio system on the assigned event channel.
- If the dispatcher is unable to make contact with a crew to advise them of a call, the dispatcher should send the other unit and continue to attempt to make contact with the first crew. Ambulance should be sent "Emergency" "Immediate" or "Routine". Please DO NOT use Code 1, Code 2 or Code 3.

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Standby

- Iowa County Ambulance Service staff is “ON STANDBY” 24 hours a day, if a request for “Standby” is received, the crew should respond to the scene “NON EMERGENCY” until otherwise notified.

Delaying Non-Emergency Transfers

Our primary service is answering 911 calls for service and providing emergency transfers. For this reason it is important that we keep an ambulance available as much as possible for 911 calls and emergency transfers. A Non-Emergency Transfer is defined as any transfer from a hospital or nursing facility that could be delayed for more than 30 minutes.

If an ambulance is paged for a non-emergency transfer.

1. The ambulance crew should check to make sure the other ambulance is not out of county or going out of county.
2. If the other ambulance is not out of county or going out of county, then the ambulance paged should proceed to respond to the non-emergency transfer.
3. If the other ambulance is out of county or going out of county then the ambulance paged should delay responding using the following procedure.
 - a. Notify the transferring facility and dispatch of the delay.
 - b. Remain available for 911 calls and emergency transfers.
 - c. If dispatch can get a Backup unit staffed then proceed to the non-emergency transfer.
 - d. If a Backup unit cannot be staffed then the ambulance should proceed to a staging point near the transferring facility, but within the county (i.e. Ambulance or QRS Station).
 - e. Once the other ambulance is back in the county or close enough to respond to the county then proceed with the non-emergency transfer.

Mutual Aid

- If another ambulance calls for mutual aid the dispatcher should find out the problem. (If it is a break down or if they need paramedic assistance.)
- The closest ambulance should be sent to assist.

NEIGHBORING AMBULANCE SERVICES

On occasion dispatch will be notified that a neighboring ambulance service (i.e. Wellman or Belle Plaine) has been dispatched to a call in Iowa County. Iowa County should advise that they will also have an ambulance enroute until the neighboring service has arrived at the scene with appropriate staff to care for the patient, at which time the Iowa County unit may be cancelled.

If a call is received by Iowa County and the location is very near to a neighboring ambulance territory, an Iowa County Ambulance should be dispatched as usual. The dispatcher or ICAS staff may request that the neighboring service also be dispatched. If the outside service arrives at the scene with appropriate staff to care for the patient they may cancel the Iowa County unit.

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APPENDIX B

Reference #: AMB 1023

Title: **First Responder Teams**

Date Effective/Revised: 3/15/24

Policy

DISPATCHING

- First responder teams:
 - Are located in Amana, Ladora, Victor, Millersburg, North English, Williamsburg, and Kinze Manufacturing.
 - All are dispatched by pager. (Except Kinze MFG & Amana Refrigeration Products).
 - Should be dispatched on all NON-routine calls in their area.
 - Do not respond to nursing homes unless the caller requests.
 - Should not be dispatched without having an ambulance paged also. Upon arrival of the first responders they may cancel the ambulance.
 - May be called into any area in the county to assist in a disaster or other situation where they are needed.

Williamsburg First Responders are dispatched only if the Williamsburg Unit is out on another call, are requested by the ambulance, or for all Motor Vehicle Crashes.

ORGANIZATION

Each first responder team operates as an individual service or group.

RESPONSIBILITIES

Iowa County Ambulance Service

1. Provide patient transport twenty-four hours a day, seven days a week. In the event that Iowa County Ambulance Service does not have a unit available, the next closest ambulance will be requested
2. Offer guidance and leadership. First Responder teams will operate under the basic guidelines of Iowa County Ambulance Service policy and procedure and standing order protocol.
3. Assist with initial, continuing education, and quarterly training.
4. Assist with replacing disposable supplies.
5. Assist with state certification requirements.
6. Act as a backup and mutual aid service for First Responder teams.
7. Provide Quality Assurance in Audits, Critiques, Questionnaires, and skills review.
8. Provide annual on-site inspection to review procedures, equipment, and vehicle.

First Responder Teams

1. Notify the EMS Director of any personnel changes.
2. Provide the EMS Director with current copies members CPR cards.
3. Provide the EMS Director with copies of quarterly AED and Airway training roster.
4. Provide the EMS Director with copies of monthly equipment and vehicle checks at least quarterly.

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FIRST RESPONDER (NON-TRANSPORT) ELECTRONIC PATIENT CARE REPORTS (ePCR)

- All non-transport EMS services in Iowa County are required to complete an electronic patient care report (ePCR).
- For efficiency of operations non-transport teams will be allowed to use the same ePCR software as the ambulance for emergency medical calls. Any team providing occupational health will have to provide their own software for recording occupational health illness/injuries.
- The ambulance service will only provide access to the ePCR software which requires internet access. If a non-transport service wishes to use the mobile version of the ambulance PCR software, they will be responsible for the cost of the mobile software.
- Non-transport services/personnel should complete either a written PCR or ePCR within 48 hours of the call.
- All written PCR's should be entered into an ePCR by the 5th day of the month following the date of service so monthly statistics can be completed and data transmitted to IDPH.
- Once all the information from a written PCR is entered into a ePCR, the written PCR may be
 - Scanned and attached to the ePCR (optional)
 - Shredded
 - Stored in a secure file cabinet or other secure location.
- Services not meeting the above standards may be subject to disciplinary action from the Iowa County EMS System.

COMPENSATION FOR TRANSPORT ASSISTANCE

If a volunteer First Responder member is requested by the Ambulance Crew to either drive or assist in patient care during transport to a hospital, they will be compensated \$25.00 per occurrence.

A volunteer only doing a ride along for training experience will not be compensated.

This compensation does not apply to Ambulance Department employees who may also be First Responder volunteers. The Ambulance employee would "clock in" to the regular payroll procedures if requested to assist on a transport during their normal off duty time.

The EMS Director will be responsible for tracking this assistance and will submit payment requests on behalf of the volunteer(s) annually to the Auditor.

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APPENDIX C

Reference #: AMB 1024

Title: **Air Medical Transport**

Date Effective/Revised: 7/1/14

Policy

- 1) Air medical transport should be utilized when:
 - a) Transport time to definitive care can be significantly reduced for critically ill or injured patients, where saving time is in the best interest of the patient.
 - b) There are multiple ill or injured patients where the needs exceed the means available.
 - c) There is difficult access to the patient due to
 - i) Wilderness or water
 - ii) Road Conditions
 - iii) Other locations difficult to access
 - iv) Entrapment in vehicles or machinery
 - d) EMS provider "index of suspicion" based upon mechanism of Injury and patient assessment
- 2) General information that the helicopter may request, and should be relayed to the helicopter dispatch center
 - a) Weight of patient
 - b) Age of patient
 - c) Receiving facility
 - d) Landing zone – secured
 - e) Ground contact information

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APPENDIX D

Reference #: AMB 1025

Title: **DOA's – Death in the Field**

Date Effective/Revised: 7/1/14

Policy

- 1) Notify the Iowa County Sheriff's Office of death; request medical examiner to be contacted and officer to be dispatched to scene.
- 2) If crime scene, every effort should be made to preserve the scene. Do only necessary steps to determine if the patient is D.O.A.
- 3) Notify Medical Control with brief patient report.
- 4) Obtain EKG Strip for documentation.
- 5) Offer comfort to family and assure their well being
- 6) Gather appropriate patient information for documentation on ambulance run report. Report should also include:
 - a) Time when medical control notified of death
 - b) Time when sheriff's office notified of death
 - c) Arrival time of medical examiner to scene, if appropriate.
 - d) Time patient released to officer and/or funeral director.
- 7) After exam and release by medical examiner and providing no officer is available, contact funeral home of family choice. (EMS or law enforcement must stay with the body until released to funeral home staff.)
- 8) If medical examiner has delayed ETA, the ambulance personnel may, at the direction of the Medical Examiner or law enforcement after making contact with the medical examiner, transport the body to the Marengo Memorial Healthcare or funeral home to await the Medical Examiner.

Obvious Death

- When signs of obvious death (physical decomposition, rigor mortis, mottling, etc.) it may not be necessary to obtain an EKG strip or notify medical control. Document reason of obvious death and why no resuscitation was initiated.

Medical Examiner should be contacted and all other steps above should be followed.

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APPENDIX E

Reference #: AMB 1020

Title: **Continuous Quality Improvement**

Date Effective/Revised: 8/28/24

Policy

The Iowa County Ambulance Service will use the following steps to ensure a standard level of quality patient care. All Iowa County EMS Non-Transport (QRS) teams will also follow this policy: Amana, Kinze, Ladora, Millersburg, North English, Victor, and Williamsburg.

SCOPE OF PRACTICE

Certified EMS providers will read and function within the *Scope of Practice for Iowa EMS Providers (most current)* and as authorized, in writing, by the medical director.

PROTOCOLS

1. Certified EMS providers will function as directed in the Iowa County Ambulance Service medical director approved protocols.
2. Any treatment rendered that deviates from the service program protocols will immediately be brought to the attention of the Iowa County Ambulance Administrative staff as appointed by the medical director to assist with medical auditing.
3. Iowa County Ambulance Service will provide an annual review of approved protocols (including changes) and document attendance at the review.

CREDENTIALING

Ambulance: The ambulance director or designee shall be responsible for credentialing and orientation of new staff. This shall be documented in an orientation checklist.

First Responder Teams: The FR Service Director or designee shall be responsible for credentialing and orientation of new staff. This shall be documented in an orientation checklist.

FTO (FIELD TRAINING OFFICER): AMBULANCE

The Director will appoint employees to be FTO's. FTO's will be employees who have demonstrated excellence in patient care, accuracy, work habits, compliance of policy/procedures, and positive attitudes. During the hiring of a new employee(s), FTO's will be invited to be a part of the interview process, ask a couple of questions, and then give their input afterwards. FTO's will work with new employees to ensure all aspects of the orientation are complete and accurate. FTO's will work with current employees when performance improvement is necessary.

STAFFING WITH PA AND/OR RN, or MD's

1. The service director or designee shall be responsible for providing equivalent training for RN's, PA's and MD's that the medical director has approved to routinely staff the service program.
2. The Iowa EMS RN or PA Exception Form shall be utilized to document training.
3. The RN, MD or PA must be and remain competent in all physician approved EMS provider skills to the level they are seeking approval.
4. The service director or designee shall forward the completed form to the IDPH/Bureau of EMS.
5. The RN, MD or PA shall meet the CEH requirements as approved by the medical director.
6. The service competency policy shall apply to approved RN's, MD's and PA's.

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PHARMACY AGREEMENT

All staff shall read and abide by the policies and procedures set forth in the pharmacy policy. The pharmacy agreement and policies and procedures shall be reviewed, as a minimum, every three years to coincide with the service program authorization.

EMPLOYEE EVALUATIONS: AMBULANCE

Employee evaluations will be done yearly with input from the employee, director, and if requested medical director. Employees will be evaluated on Job Knowledge, Job Tasks, Quality of Work, and Behaviors/Attitudes.

MEDICAL AUDITS

All responding staff shall perform a verbal audit immediately following each response. Any deviation from written protocol or standard of care shall immediately be brought to the attention of the Ambulance Administrative staff.

WRITTEN AUDITS

At least monthly the Medical Director and/or CQI Designees will complete written audits of the following EMS responses:

- Cardiac Arrest
- Pediatrics
- Nitroglycerin Infusion
- Ketamine Administration
- Metoprolol Administration
- Norepinephrine Infusion
- Random 25% of Ambulance Calls
- Random 1-2 First Responder calls from each First Responder Team

A CQI Follow-Up and Action Plan should be submitted to the EMS Director for any of the following situations:

- Significant deviation from protocol or standard of care
- Medication error
- Significant delay of response, treatment, or transportation.
- System difficulty

PATIENT SATISFACTION SURVEYS

Each month 10-20 patients will be sent surveys requesting an opinion of the care and service which they received. The Ambulance Director will follow up on any concerns. Completed surveys will be shared with all EMS providers, the Medical Director, and Board of Supervisors.

VEHICLE & EQUIPMENT CHECKLIST AND MAINTENANCE

Ambulance Employees should follow the Vehicle Maintenance-Shift Check Policy in the Iowa County Ambulance Policy Manual. First Responder services should complete a monthly vehicle and equipment check.

FOLLOW-UP (LOOP CLOSURE)

1. The medical director or designee shall utilize a written action plan that addresses personnel, vehicle and/or equipment, and system challenges.
2. The action plans shall be implemented for:
 - a. Significant deviation from protocol or standard of care

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- b. Delay of response, treatment or transportation
 - c. Vehicle or equipment failure
 - d. System difficulty
- 3. The medical director or designee shall monitor the situation until the desired improvement has been achieved.

MEASUREABLE OUTCOMES

- 1. The medical director shall establish measurable outcomes consistent with the mission statement, strategic planning goals, and unique needs of the local EMS system to appraise the overall effectiveness and efficiency of the system.
- 2. The Ambulance Administrative staff will review all Iowa County Ambulance & First Responder calls for service; any areas of concern will be taken to the medical director for review. Areas reviewed may be:
 - a. First dispatch time to enroute time
 - b. Response time to scene
 - c. On scene time
 - d. Transport time
 - e. Protocol followed and treatment appropriate
 - f. Destination decision appropriate
- 3. The designee will monthly measure and report to the medical director, staff, and administrative staff:
 - a. Response by Station
 - b. Response Outcome
 - c. Transport Mode
 - d. Assisting Units
- 4. The designee will annually measure and report to the medical director, staff, and administrative staff:
 - a. Total annual calls for Marengo & Williamsburg ambulances
 - b. Transport Outcomes
 - c. Total First Responder Calls
 - d. Incident Locations
 - e. Admission Summary
 - f. Destination Determination
 - g. Dispatch to Enroute Time Summary
 - h. Enroute to On Scene Time Summary
 - i. On Scene Time Summary
 - j. Provider Impression

STRATEGIC PLANNING

- 1. Annually, all service program staff shall attend and contribute to a strategic planning session with the medical director.
- 2. All service program staff shall use teamwork to achieve the stated common goals and objectives.
- 3. Protocol Committee: Each year the Director/Assistant Director will invite all employees to participate in an annual review of the protocols to help review, research, and implement changes/updates to the protocols.

PROVIDER SKILLS COMPETENCY

A) SKILLS MAINTENANCE

The EMS Director or their designee shall keep records of employees' advanced skills performed in the field. Should poor performance be noted or a lack of performance of a skill is noted, a training session shall be arranged.

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B) ANNUAL SKILLS REVIEW

Advanced/Basic skills review stations will be set up at least annually for the purpose of member/employee hands on review and practice of skills. More frequent or individual practice will be done at the member/employee, director or medical director request. Skills review will be MANDATORY for all ambulance personnel; CEH's will be awarded.

EMS Training Staff will coordinate semi-annual competency training for individual First Responder Teams in the use of an AED and insertion of an Igel or King airway.

C) CONTINUING EDUCATION

To remain an active member of Iowa County Ambulance Service, First Responder Service, each individual shall maintain as a minimum the following:

1. Continuing education hours (CEH) and required topics necessary to renew Iowa EMS certification.
2. Current course completion in CPR, AED, and obstructed airway procedures for all age groups according to national standards. AHA BLS Healthcare Provider or ARC CPR for Healthcare Providers.
3. Complete monthly skills lab assigned by the training officer.
4. Review any skills that may be required by the medical director.
5. Ambulance employees are required to complete annual Iowa County Safety Training.
6. Paramedics must also maintain current course completion in American Heart Association ACLS.
7. CEH/CEU for RN/PA/MD exception: maintain current certification required by your service and the medical director. Must also maintain skill competency to the level of the exception.
8. As a minimum, the CQI appointee(s) shall ensure and document that the certified EMS providers maintain competency in the following skills:

Skill	Level of Provider	Frequency of Practice
Automated External Defibrillator	EMR & EMT	Semi-Annually
i-gel® Insertion	EMR & EMT	Semi-Annually
Intravenous Access	AEMT, EMT-P & PM	Annually
Endotracheal Intubation	EMT-P & PM	Annually
Intraosseous Infusions	AEMT, EMT-P & PM	Annually
Needle Thoracostomy/Cricothyrotomy	EMT-P & PM	Annually
Cardiac Arrest Management	All levels	Annually

Iowa County Ambulance Service will provide at least 2 hours of in person training quarterly including a full day of 7 hours in person training. Other training will be provided on an as needed basis.

I reserve the right as Medical Director to audit any service run report and/or individual's skills competency log or compliance with CQI provider skills competency at any time and hereby direct those acting on my behalf to bring to my attention, at the earliest possible convenience, any significant departure from written protocol or standard of care.

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Approval & Affirmation: The signatures within this document indicate approval of the policy and agreement to perform the duties as an official designee of the physician medical director.

Policy Approval	Print Name	Signature	Date
Medical Director	Timothy Momany, M.D.		
Service or System Director	Adam Rabe		

Designee Appointment: The medical director shall conduct CQI activities or appoint individual(s) to ensure written audits of the patient care reports are completed; staff orientation, CEH and skill competencies are conducted and documented; and actions plan, follow-up and resolution are done as defined within this policy.

I acknowledge that I am appointed, by the medical director, as an official CQI designee. I understand my duties and will implement and maintain this CQI program as directed.

Print Name	Signature	Date
Adam Rabe		
Jason Schott		
Leah Coleman		
James Fahrer		
Stephanie Schott		
Shane Daniels		

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APPENDIX F

Reference #: AMB 1047

Title: **Patient Care Report**

Date Effective/Revised: 8/28/24

Policy

- The attending EMT/Paramedic on each call will be responsible for completing an electronic Patient Care Report or ePCR.

Procedure

- At the beginning of each shift the duty crew shall log into ESO mobile and check for messages.
- A report shall be completed in ESO for all calls for service.
- Per Iowa Code 132.3(6) a final patient care report shall be completed and provided to the receiving hospital within 24 hours.
- Refusals, Cancells, and other non-transport reports shall be completed in 72 hours unless it is the end of the month, then they shall be completed in 24 hours after the last day of the month.
- A Billing Authorization and Privacy Acknowledgment Form should be completed electronically when equipment is available or hard copy if electronic equipment is not available. (See policy AB 1051)
- Refusal Form should be completed electronically if available and reasonable, transport should not be delayed if there is a patient requiring transport and others requiring refusals. (See policy AB 1049)
- ABN Form should be completed on hard copy form when applicable. (See policy AB 1052)
- Provider signatures should be completed electronically in the ePCR mobile software. If providers cannot sign on the mobile software due to technical or equipment issues then they shall sign the Billing Authorization and Privacy Acknowledgment Form.
- At a minimum the patient and staff signatures should be completed on ESO mobile.
- Before locking a report for completion staff shall use the validation feature to ensure all required data is entered.
- All hard copy attachments should be scanned and attached to ePCR. These include:
 - Hospital facesheet
 - EKG's (if not uploaded in ePCR)
 - QRS report
 - Billing Authorization Form (if not completed in ePCR)
 - Refusals (if not completed in ePCR)
 - ABN and PCS forms if applicable
- Once all the above process is completed the ePCR should be faxed to the receiving hospital.
- Once all hard copy attachments are scanned they should be shredded.

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GLOSSARY

ALS – Advanced Life Support

EMA – Emergency Management Agency

EMS – Emergency Medical Service

ePCR – Electronic Patient Care Report

LEPC – Local Emergency Planning Committee

PCR – Patient Care Report

PHI – Protected Health Information

QA – Quality Assurance

QRS – Quick Response Service, aka First Responders. A non-transport agency that provides EMS care until the ambulance arrives or in conjunction with the ambulance.