



# **Application Standards for the Accreditation of Ambulance Services**

**Version 3.0, October 2009**

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## **Preamble**

The intent of the CAAS Standards is to define a "gold standard" for the medical transportation industry of a higher caliber than is typically required for state or local licensing. The revised CAAS Standards-- updated to reflect today's emergency medical services environment--are built upon this original intent. Clearly stated in the introduction to the original standards, "The applicant service desiring to become accredited should do so with the knowledge that it will fall into a class that has more to prove every day, rather than less. That is, the conferment of a Certificate of Accreditation is not justification to rest on that laurel, but to prove at all times that such recognition is warranted. Along with the certification that the agency has met these standards in the past must be the commitment to continue striving to meet new standards and excel in ways not yet adopted into standards."

## **A Brief History**

In March 1982, the American Ambulance Association (AAA) sponsored a Needs Assessment Workshop in Kansas City, Missouri, to analyze the status of the EMS industry. The participants compiled a list of the twenty most pressing issues facing emergency medical services, the first of which was the need for high quality industry standards. In May 1984, the AAA Board of Directors authorized the formation of its Ad Hoc Committee on Accreditation and Standards. The standards that grew out of this committee's work were consensus-based--with input from professionals across the EMS industry. The development of the process by which an agency could become certified to these standards followed.

In 1990, an independent Commission on Accreditation of Ambulance Services (CAAS) was incorporated, bringing together a board of representatives from the American Ambulance Association, the Emergency Nurses Association, the International Association of Fire Chiefs, the National Association of Emergency Medical Technicians, the National Association of EMS Physicians, and the National Association of State EMS Directors. In 1993, the first agencies were accredited by the Commission.

## **The CAAS Standards Revision 2.0 (2000)**

In 1997, a Standards Revision Committee was formed, and work began on the 2000 Edition with a solicitation to all professional EMS organizations for

updates. Input for the revision was received from agencies, associations, and individuals from around the country, making the new standards truly a product of the entire ambulance industry.

The committee approached the standard revisions with several goals in mind. They determined that the end product should continue to serve the primary purpose of Quality Improvement for EMS agencies, thus adding a strong Quality Improvement focus throughout. The committee also sought to bring a higher degree of consistency to the format and language of the original application. New topics were addressed in such areas as compliance programs, information systems, insurance coverage, and customer satisfaction.

The process used by the committee was based upon a traditional Continuous Quality Improvement method. Each standard characteristic was reviewed for its level of importance to determine if it should be included and updated or replaced by another. The root intent was described within the structure of each revised standard characteristic. From there, the result (or outcome) of meeting the standard was also described and included. The process by which an agency is to meet each standard was defined where indicated, but was also left flexible in many cases--encouraging agencies to determine the best methods for meeting their own needs.

## **Acknowledgments 2.0**

A debt of thanks is extended to Troy Hogue, Area Manager, Rural/Metro, Syracuse, who served as Project Manager and "author" for the new standards. Troy's quality expertise and personal commitment to the revision were essential to its successful completion.

At the inception of the revision process, requests for comments were solicited from EMS organizations and professionals across the country. The Commission would like to thank and acknowledge all those who provided initial input, including the American Ambulance Association's Professional Standards Committee; the Association of Air Medical Services; the National Academy of Emergency Medical Dispatchers; the National Association of Chiefs of Police; the National Association of EMS Physicians; the Society for Academic Emergency Medicine; Acadian Ambulance Services, Inc.; IMPACT Instrumentation, Inc.; Larry Anderson, Consultant; Pam Baker; Jonathan Best, NAEMT Board Representative to CAAS; Dean Cole, EMS

Program Director for the State of Nebraska; and CAAS site reviewers Dr. Bill Jermyn, George Johnson, Wilfred Chapleau, Dr. Patrick Lanzetta, and Dr. Vincent Verdile.

Many thanks are due to the members of the Standards Revision Committee, including: Kurt Krumperman, Chair, Rural/Metro Corporation, Syracuse, NY; Dale J. Berry, Huron Valley Ambulance, Ann Arbor, MI; Dr. Joseph Darin, Brookfield, WI; Dr. John W. "Bill" Jermyn, Moberly, MO; Chief Mary Beth Michos, Prince William County Department of Fire and Rescue, Prince William, VA; Mark Postma, MEDIC EMS, Davenport, IA; Lawson Stuart, AMR/NCTI, Sacramento, CA; and Susan D. McHenry, NHTSA, Washington DC.

A special thank you is also extended to the National Highway Traffic Safety Administration (NHTSA), for their generous financial contribution to the completion of this project.

## **The CAAS Standards Revision 2.5 (2004)**

In 2002, the CAAS Board of Directors responded to multiple requests for a mechanism to accredit ground Inter-Facility Transport (IFT) and Specialty Care Transport (SCT) agencies and directed the formation of a multidisciplinary task force to craft standards. Twenty-seven individuals from across the nation volunteered to work on six subcommittees. Work was completed in early 2004. During the process, multiple areas in the overall standards that required refinement were also identified, and these ideas were incorporated, as well as other minor revisions that had been recommended.

After considerable debate, CAAS elected to utilize both the IFT and SCT terms in its revision. Inter-Facility Transport (IFT) services are defined as those agencies that regularly accept or plan for scheduled transports between healthcare facilities. Specialty Care Transport (SCT) services are defined as those agencies that regularly accept or plan for transports between healthcare facilities that are outside of an EMS provider's normal scope of practice. There is a wide variation in IFT and SCT agencies that may be broad in scope or very limited (e.g., neonate transport services). The standards were written to be as inclusive of this diverse group as possible.

## **Using the IFT/SCT Standards**

Agencies performing IFT are required to meet all CAAS standards, unless specifically exempted in the IFT portion of the standard characteristic.

Agencies performing SCT are required to meet the additional standards marked by SCT. There is an assumption that a different standard of care is inherent in these services than in primary emergency response agencies, and the additional SCT standards address that difference.

The agency is asked to self-determine whether it needs to meet these additional requirements (see Application Document, page 3). It is important to note however, that for all application documentation received after June 1, 2005, site reviewers will have the obligation of applying the additional standards if they deem them relevant during their on-site review.

## **Acknowledgments 2.5**

CAAS wishes to thank Bill Jermyn, DO, FACEP, ACEP representative to the CAAS Board of Directors, for chairing the IFT/SCT Task Force. His commitment to the project has truly made the new standards a reality.

CAAS also wishes to thank the six sub-committee chairs who ably supported Dr. Jermyn and provided their expert advice in the development of the standards. They include: Jack Grandey, Program Director for FirstHealth of the Carolinas, Critical Care Transport, in Pinehurst, NC; Brian O'Neill, Vice-President, Emergency Systems, Center for Emergency Services-North Shore-Long Island and Jewish Health System, Syosset, NY; Heather Martin, Training Officer, West Des Moines EMS, West Des Moines, IA; Diane Baker, Nurse Manager, CARE Ambulance Service, Inc., Anaheim, CA; Patricia Peltier, AMR Project Manager Southwest Region, San Diego, CA; and Jon Krohmer, MD, FACEP, Medical Director, Kent County EMS, Grand Rapids, MI. The Commission also thanks C. T. Kearns, Executive Director, Pinellas Co. EMS Authority, Largo, FL; and Debbie Vass, Sunstar EMS, Largo, FL for their valuable insights.

As always, thanks are due to Troy Hogue, CAAS Standards Chair, and the revision committee for their dedication in keeping the CAAS standards current.

## **The CAAS Standards Revision 3.0 (2009)**

In the autumn of 2008 CAAS began its third standards revision process. Twelve individuals from across the country volunteered their time and expertise to review the existing standards, using input from EMS experts, CAAS agencies and site reviewers to update and expand the CAAS standards. The standards review committee focused on the refinement of existing standards, and increased safety and compliance requirements. All changes and revisions in this 3.0 version of the CAAS standards are indicated with a *NEW* or *Rev.10/2009* notice.

### **Acknowledgements 3.0**

CAAS would like to extend a special thank you to Jon Howell, CEO, Huntsville EMS for chairing the CAAS standards revision committee. CAAS would also like to thank Chuck Kearns, MBA, EMT-P who served as Project Manager and “editor” for the revised standards.

This revision would not have been possible without the dedication and commitment of our committee members: Diane Baker, RN, RCP, Care Ambulance, Orange CA; Will Chapleau III, RN, TNS, EMT-P American College of Surgeons, Chicago, IL; James Cusick, MD, FACEP, Medical Director, Denver CO; Troy Hogue, Manager, Rural Metro, Syracuse NY; Kurt Krumperman; Patricia Peltier, RN, BA, Escondido, CA; and Kathy Rinnert, MD, FACEP, Associate Professor, University of Texas/ SW Medical Center, Dallas, TX. The Commission also thanks Mike Taigman, General Manager, AMR; Randy Howell, Boise Fire Department, Boise ID; Scott Vivier, Henderson Fire Department, Henderson, NV; Doug Wolfberg, Page, Wolfberg and Wirth; and Susan McHenry, National Highway Traffic Safety Administration for their valuable insights.

### **Dedication**

This edition of the CAAS standards is dedicated to Dr. William “Bill” Jermyn, who passed away suddenly in May of 2008. Dr. Jermyn was a passionate CAAS Board Member and advocate for emergency medical services. Bill was a well loved and highly respected emergency physician with the unique ability to bring a diverse group of passionate people together to solve EMS and acute health care issues. He brought his physician expertise to the CAAS Board of Directors along with his expert

knowledge of ambulance administration. He was a key contributor to the CAAS standards revision process in 2000 and served as the chair on the 2004 Specialty Care Transport standards revision committee responsible for the development of the version 2.5 CAAS standards. Additionally, Bill served as a mentor and role model for many of our site reviewers and staff members. Bill's compassion, tenacity, and dedication to quality in EMS will truly be missed by our organization. The CAAS standards are a tribute to Bill and all he has done for emergency medical services.

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**101  
ORGANIZATION**

**Purpose**

*The clear delineation of service ownership and organizational structure is necessary to assure accountability to customers, partners, medical oversight, and local/state/federal authorities. These standards are important for the organization to maximize its own effectiveness and to be responsive to the public.*

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**101.01 Ownership**

**Full disclosure of the agency ownership is required.**

*Characteristics:*

**101.01.01 Legal Organization**

The agency shall maintain documents related to the legal organization of the agency, stating whether it is an individual proprietorship, partnership, corporation, or subsidiary of any other corporation, or a unit of government.

**101.01.02 Trade Names**

The agency shall disclose any fictitious or trade name(s) under which the organization operates, including but not limited to the name(s) by which said organization is known to the public.

**101.01.03 Parent Company**

The agency shall disclose any parent, subsidiary, or other relationships that involve ambulance or other health care business activities, shared overhead or resources, or that have interlocking directorates.

**101.01.04 Licensure**

The agency shall maintain documents certifying compliance with state and local licensure where such is applicable.

**101.02 Organizational Structure**

**Documentation of the organizational structure is required so that lines of responsibility and authority can be clearly delineated.**

*Characteristics:*

**101.02.01 Chain of Command**

The agency shall maintain a current, written document that clearly defines responsibility, authority, and chain of command for all necessary functions within the organization. Include, at a

minimum, identification of positions responsible for the following functions:

Executive Officer(s) (CEO, Chief, General Manager); Budgeting; Accounts Payable; Accounts Receivable; Purchasing; Human Resources; Operations; Supply/Materials Management; Fleet; Safety; Risk Management; Payroll; Communications; Quality Management/Improvement; Public Information; Marketing; Training/Education; Information Systems; Medical Direction. (Rev.10/2009)

**101.02.02 External Reporting**

The agency shall maintain a current, written document that clearly defines all lines of required reporting authority involving outside agencies.

**101.02.03 Job Descriptions**

The agency shall maintain current, written job descriptions for all positions. Each job description shall include, at minimum: title, general function, who the position reports to, duties/responsibilities, qualifications, physical requirements, and any Affirmative Action/EEOC/ADA/other legal requirements

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**102  
INTER-AGENCY RELATIONS**

**Purpose**

*Positive inter-agency relations are necessary to provide high quality patient care services. A high quality EMS system depends on cooperation between various types of public safety agencies and all local EMS providers. The following standards are to emphasize these relationships.*

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**102.01 Mutual Aid**

**The agency shall develop and maintain relationships with other ambulance/EMS organizations in its immediate or neighboring service areas.**

*Characteristics:*

**102.01.01 Mutual Aid Process**

The agency shall have a preplanned written process for dealing with mutual aid needs and requests, or shall demonstrate attempts to participate in the mutual aid process. *Applies to all levels of service provided (BLS, ALS, emergency, non-emergency, IFT, SCT)*

### **102.01.02 Mutual Aid Policies**

Mutual aid agreements/policies shall address, at minimum, issues of liability, fees charged for services, communications, reciprocity, and mutuality of assistance offered.

### **102.02 Disaster Coordination**

**The agency shall play an active role in the regional disaster plan and response.**

#### *Characteristics:*

#### **102.02.01 Disaster Plan**

The agency shall have a written plan describing its role(s) in a disaster. If a regional plan exists, the agency must participate in the plan. If no regional plan exists, the agency shall develop one internally. The plan must contain, at minimum, the following points as they relate to the specific agency: establishment of incident command; establishment of medical command; how triage will occur; how on-scene treatment will occur; how transportation and communication will occur in coordination with medical receiving facilities; how logistics planning will occur; how staging of vehicles will occur; how critical incident stress management will occur; how communications between agencies will occur; and how critiques are performed after the event. *(If the agency has crews/vehicles dedicated to IFT and/or SCT, the role of these crews/vehicles needs to be included in the disaster plan.)*

#### **102.02.02 Disaster Resources--Other**

The disaster plan shall include considerations for resources other than those internal to the agency, including at a minimum: how other resources (*e.g., Red Cross*) will be considered and used; responsibilities of various transportation services in the area; and when and how an EOC will be established.

#### **102.02.03 Disaster Simulations**

The agency will participate in simulations (tabletop or full-scale) to practice the content of the disaster plan. These simulations will be held, at minimum, once per year. All disaster simulations shall be critiqued. The critique must include, at a minimum: (a) the degree of success in implementing the plan, and (b) a review of tools, materials and supplies (*e.g., triage tags*) used to implement the plan. *(Rev.10/2009)*

### **102.03 Conflict Resolution**

**The agency shall develop and maintain a means to resolve conflicts among personnel of all organizations directly or indirectly involved in patient care (*e.g., other ambulance service providers, police and fire departments, medical personnel, etc.*)**

#### *Characteristics:*

#### **102.03.01 Conflict Resolution**

The agency shall have a conflict resolution policy that describes what is done when a complaint is received from another agency or individual professional. This policy shall also describe what is done when a complaint is raised about another agency or individual professional.

The policy shall include, at minimum, a timely means to document the following: (a) reporting of the complaint; (b) investigation of the complaint; (c) resolution of the complaint, and (d) feedback to involved individuals.

The policy shall also describe how these complaints are tracked for any trends and what is done with this information. *(Rev.10/2009)*

### **102.04 Inter-Agency Dialogue**

**The agency shall maintain on-going dialogue with area EMS agencies, public safety agencies, hospitals, and other healthcare and government officials to facilitate improved relationships and improved service coordination.**

#### **102.04.01 On-going Dialogue**

The agency shall maintain an on-going dialogue with area EMS agencies, public safety agencies, hospitals, and other healthcare and government officials.

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**103  
MANAGEMENT**

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**Purpose**

*The purpose of these standards is to establish general management policies and practices not specifically addressed in other sections.*

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**103.01 Policies and Procedures**

**The organization shall maintain written manuals of policies and procedures. These manuals shall include all aspects of the agency's operation.**

*Characteristics:*

**103.01.01 Policies & Procedures**

- (a) The policies and procedures manuals shall include, at a minimum, the following: (a) Description of the Service; (b) Chain of Command; (c) Employment Policies (work rules); (d) Safety; (e) Accounts Receivable; (f) Communications; (g) Clinical Performance Standards; (h) Operational Performance Standards; (i) Unusual Events; (j) Vehicle Maintenance; (k) Equipment Maintenance; (l) Customer Service; (m) Performance Improvement; and (n) Training; (o) Mandatory Training/Compliance Programs including, but not limited to: Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care Fraud and Abuse, Anti-kickback, and current Federally Required Training; (p) *If the agency provides IFT and/or SCT, policies and procedures addressing specific aspects of these service levels must be included. At a minimum, these shall include: A general description of how this is accomplished within the structure of the agency if an EMS unit is used for IFT or SCT, and what to do if an IFT/SCT unit comes upon a motor vehicle crash or other EMS scene. (Rev.10/2009)*

**103.01.02 Policy Access**

The agency shall have a process in place to assure that employees have access to the policies and procedures.

**103.01.03 Policy Changes**

The agency shall have a process in place to assure that employees are informed of changes in policy/procedure.

**103.01.04 Legal Review**

All current policy/procedure manuals will be reviewed by legal counsel for compliance with federal, state, and local requirements, at least every three years. (Rev.10/2009)

**103.01.05 Clinical Review**

Current Clinical Performance Standards will be reviewed by the Medical Director for clinical appropriateness and compliance with federal, state, and local requirements.

**103.02 Strategic Planning**

**The agency shall have a process in place for short- and long-range strategic planning.**

*Characteristics:*

**103.02.01 Strategic Planning**

The agency shall demonstrate that it uses a defined process of goal-setting and follow-through in its strategic planning process.

**103.03 Management Development**

**The agency shall demonstrate its commitment to the on-going development of its leadership.**

*Characteristics:*

**103.03.01 Management Training**

The agency shall have a process to provide managers with initial and on-going management training.

**103.04 Information Management**

**The agency shall have a process in place for managing written and electronic records.**

*Characteristics:*

**103.04.01 Records Maintenance**

The agency shall have a records maintenance policy for essential documents. The policy shall include, at a minimum, how/where stored, length of retention, and destruction method. Policy section(s) on duration of records retention shall reference any applicable federal and state guidelines. The policy shall include, at minimum, the following types of records and how/where stored: Dispatch Records; Patient Care Records; Financial Records\*; Vehicle & Equipment Maintenance; Performance Improvement; Unusual Incidents; Safety (including vehicle crashes); Compliance Program Documentation; Employee Health; Customer Comments; Training; and Certification & Credentialing.

*\*Note: Financial records shall be kept in accordance with Generally Accepted Accounting Practices. (Rev.10/2009)*

#### **103.04.02 Data Back-up**

The agency shall have a written policy and process in place for the back-up of electronic data. The policy and processes must be HIPAA compliant. The policy and processes must also be NEMSIS compliant if the agency's state requires NEMSIS data submission.

If the agency uses electronic patient care reports (ePCR), there must be a written, HIPAA compliant policy and procedure in place that describes how patient information/records will be exchanged, transmitted, reproduced and securely stored. (Rev.10/2009)

#### **103.04.03 Power Back-up**

The agency shall have back-up power capability for all computer equipment essential to providing ambulance service. Back-up power shall be tested on a regularly scheduled basis.

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## **104 FINANCIAL MANAGEMENT**

### **Purpose**

*Standards in this section relate to the general need for an emergency medical services provider to accurately track and plan for its fiscal resources while meeting its day-to-day management responsibilities.*

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#### **104.01 Financial Policy**

**The agency will make provisions and provide direction for the management of its fiscal affairs.**

*Characteristics:*

##### **104.01.01 Financial Authority**

The individual identified as the primary leader of the organization shall have the ultimate responsibility and authority for management of the financial affairs of the agency. This responsibility and authority shall be clearly outlined in writing. *NOTE: In subsidiary agencies, this individual is identified as having responsibility and authority for the scope of service covered in the application.*

##### **104.01.02 Delegated Responsibility**

The agency shall identify all individuals that have financial responsibility and authority delegated to them.

#### **104.02 Budgeting and Financial Statements**

**The agency shall utilize a written budget and financial performance measurements.**

*Characteristics:*

##### **104.02.01 Budgeting**

The agency shall demonstrate a clear relationship between its Strategic Plan and the development of its Budget.

##### **104.02.02 Monitoring Financials**

The agency shall have a procedure to monitor financial performance measurements (both revenues and expenses) during the budget period. The procedure shall include at a minimum: (a) a description of how the agency defines and identifies budget variances (b) how they are tracked for any trends, and (c) what is done with this information. (Rev.10/2009)

##### **104.02.03 Accountant Review**

The agency shall have an annual external, independent accountant review financial records, to verify that Generally Accepted Accounting Practices (GAAP) are being used. (Rev.10/2009)

#### **104.03 Accounts Receivable**

**If patient/billing collection is a function carried out by or on behalf of the agency, the agency shall have written accounts receivable policies.**

*Characteristics:*

##### **104.03.01 AR Policies**

Accounts Receivable policies and procedures must include at a minimum sections on (a) Customer Service, (b) Collections, (c) Exceptions/Write-Offs, (d) Complaint Handling, and (e) Insurance Denials. (Rev.10/2009)

##### **104.03.02 Education and Training**

The agency shall maintain documentation of comprehensive training for all billing and coding personnel. This shall include training in all relevant ambulance billing and coding topics, including at a minimum, the role Call Intake and Dispatch play in compliant billing; interpretation of, and the billing requirements of proper Patient Care Documentation; proper coding and submission of ambulance claims; specific requirements of common payors, including Medicare, Medicaid and any other payors commonly found in the agency's patient population; proper follow-up of ambulance claims, including payment handling, over-payments, denials and appeals; and comprehensive training on billing compliance,

including false claims, the anti-kickback statute, HIPAA and general ambulance billing compliance. (NEW 10/2009)

#### **104.03.03 Continuing Education**

The agency shall maintain documentation of annual continuing education for all AR/Billing/Coding personnel, to assure the agency of ongoing compliance with regard to their billing practices. (NEW 10/2009)

#### **104.04 Insurance**

**The agency shall have insurance coverage to address financial risk issues.**

#### *Characteristics:*

##### **104.04.01 Insurance**

The service shall have insurance coverage based on a self-assessment of financial risk. At a minimum, the insurance coverage shall include: General Liability; Automobile Liability; Workers Compensation/Employers Liability; Medical Professional Malpractice; and Directors & Officers Insurance for Board of Directors.

#### **105.01.02 Community Education**

Through community education initiatives, the agency shall be actively involved in informing the public of out-of-hospital care, health promotion, and injury prevention.

The agency must maintain summarized reports of all community education initiatives. The summary shall contain, at a minimum: (a) dates of programs; (b) brief descriptions of the programs; (c) goals of the programs, and (d) estimated number of participants. (Rev.10/2009)

#### **105.01.03 SCT Facility Education**

*NOTE: This standard only applies to agencies providing SCT level service.*

The agency shall have in place a program to educate the transferring and receiving facilities in their catchment areas about their SCT standards, capabilities, procedures, benefits to the patient, appropriateness of transfers, and guidelines.

#### **105.02 Community Relations**

**The agency shall have practices in place to strengthen its image within the community.**

#### *Characteristics:*

##### **105.02.01 Customer Feedback**

The agency shall have an established method for requesting feedback on the services it provides for the purpose of improving future service.

##### **105.02.02 Complaints**

The agency shall have a policy that describes what is done when a complaint is received from patients or other members of the community.

The policy shall include, at minimum, a timely means to document the following: (a) reporting of the complaint; (b) investigation of the complaint; (c) resolution of the complaint, and (d) feedback to involved individuals.

The policy shall also describe how these complaints are tracked for any trends and what is done with this information. (Rev.10/2009)

##### **105.02.03 Donation Policy**

The agency shall have a policy on handling requests for donations or contributions, whether in-kind or monetary.

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## 105 COMMUNITY RELATIONS AND PUBLIC AFFAIRS

### Purpose

*Due to the high visibility and unique expertise of EMS agencies, there exists a responsibility to keep the public well informed about out-of-hospital care and related health issues. These agencies must maintain a respected, high profile to enhance out-of-hospital care in their communities.*

---

#### **105.01 Community Education, Health Promotion, & Injury Prevention**

**The agency shall have established programs designed to inform the public of out-of-hospital care, health promotion, and injury prevention.**

##### **105.01.01 Telephone Directories**

The agency shall have clear listings in local directories indicating telephone numbers, including when to use 911 if applicable to the agency. When advertising exists, levels of service and response areas shall be delineated.

#### **105.02.04 Community Service**

The agency shall be involved in supporting community service activities, other than providing ambulance service.

#### **105.02.05 Community Diversity**

The agency shall demonstrate efforts to assess and address cultural and language diversity within the community. *NOTE: Examples could include such things as printed materials supplied in different languages, training programs for field providers to understand cultural differences, etc.*

#### **105.03 Media Relations**

**The agency shall have established methods to promote positive media relations.**

##### *Characteristics:*

##### **105.03.01 Media Inquiries**

The agency shall have a policy on responding to media inquiries.

##### **105.03.02 Contacting Media**

The agency shall have an established method for contacting the media to generate positive coverage.

##### **105.03.03 Tracking Media Coverage**

The agency shall have an established method for tracking and logging media coverage related to the agency.

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## **106 HUMAN RESOURCES**

### **Purpose**

*The process by which an EMS agency selects, trains, and maintains a working relationship with employees is critical to the success of the agency.*

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#### **106.01 Credentials**

**All operations level employees shall maintain current credentials by the applicable authorities to fulfill the requirements of their job descriptions.**

##### *Characteristics:*

##### **106.01.01 Credentials**

The agency shall maintain current credentialing documents as required by federal, state, local, or agency authorities. *(Rev.10/2009)*

#### **106.02 Compensation Package**

**The agency shall describe its compensation & benefits package for employees.**

##### *Characteristics:*

##### **106.02.01 Compensation Rules**

If the agency compensates its employees for work, the agency shall have a policy describing work rules related to pay, benefits, and other compensation. This policy shall include, at a minimum, description of time or duties to be compensated and paid time away from work.

##### **106.02.02 Compensation Description**

The agency shall provide employees with documentation describing the compensation and benefit programs available to them.

#### **106.03 Discipline/Corrective Action**

**Disciplinary consequences and the events that result in discipline must be clearly delineated.**

##### *Characteristics:*

##### **106.03.01 Corrective Action**

The agency will have a policy that addresses discipline/corrective action.

The policy shall contain, at minimum, the following: (a) examples of types of actions leading to levels of discipline; (b) description of who in the organization decides on use of disciplinary action; (c) process for employee grievance of corrective action; (d) conduct resulting in termination, and (e) progressive discipline. *(Rev.10/2009)*

#### **106.04 Problem Resolution**

**The agency shall have a clearly defined policy for handling employee grievances and concerns.**

##### *Characteristics:*

##### **106.04.01 Problem Resolution**

The agency shall have a procedure for employees to follow in reporting alleged unfair policy/procedure/actions of the agency.

The policy shall include, at minimum, the following: (a) process for reporting an issue; (b) investigation process; (c) decision making process, and (d) feedback to the employee. *(Rev.10/2009)*

### **106.05 Recruitment & Hiring**

**The agency shall have recruitment practices that consistently allow for hiring of qualified employees in accordance with Equal Employment Opportunity Act guidelines.**

#### *Characteristics:*

#### **106.05.01 Job Postings**

The agency shall have a policy describing how job openings are advertised, both internally and externally.

#### **106.05.02 Selection Process**

The agency shall have a selection process policy. At a minimum, the selection process shall include qualifications as related to the agency's job descriptions, a description of how EEOC guidelines are met, and a Medical Director review of any clinical standards used in hiring medical personnel.

#### **106.05.03 Affirmative Action/Diversity**

If required by law, the agency shall have an Affirmative Action plan. If no Affirmative Action Plan is required, the agency shall have a Diversity Plan to strive for hiring patterns reflective of the community.

Evidence shall demonstrate emphasis is placed upon local recruiting efforts. The agency will document the demographic/diversity makeup in their service area and compare it to the demographic/diversity of the workforce. The agency shall have a plan to strive to match community diversity in their hiring practices. (Rev.10/2009)

### **106.06 Employee Training & Development**

**The agency shall have established programs designed to appropriately train new employees and to provide ongoing training for all employees.**

#### *Characteristics:*

#### **106.06.01 Orientation Training**

The agency shall have an orientation program for all new employees specifically tailored to their job description. At a minimum, the orientation program shall include a review of all policies/procedures and standards relating to the employee and the position for which they were hired; a mechanism for evaluation and feedback on the employee's progress in orientation; and a mechanism to verify and document successful completion of all required orientation standards, including but not limited to current Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care

Fraud and Abuse, Anti-kickback & current Federally Required Training. (Rev.10/2009)

#### **106.06.02 Ongoing Training**

The agency shall have a policy describing the ongoing training requirements for employees specifically tailored to their job description. . At a minimum, the policy shall include Continuing Medical Education requirements (see also 106.06.03); all federal/state/local mandated education requirements including but not limited to current Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care Fraud and Abuse, Anti-kickback & current Federally Required Training. Optional education opportunities for employees: Optional Special Rescue Team(s) Training; Optional Specialty Care Transport Training and remedial training process. (Rev.10/2009)

#### **106.06.03 Continuing Medical Education**

With Medical Director input and approval, the agency shall have a Continuing Medical Education program that meets or exceeds local and state requirements. The Continuing Medical Education Program shall be clearly linked to the agency's Performance Improvement Program and shall address each level of service provided. Individual CME requirements may differ among different levels of providers. (Rev.10/2009)

### **106.07 Conduct**

**The agency shall have an established standard for professional conduct.**

#### *Characteristics:*

#### **106.07.01 Professional Conduct**

The agency shall have a policy describing standards for professional conduct. This policy shall include, at a minimum, patient confidentiality, customer service philosophy, nondiscrimination, and standards for dress & personal hygiene.

#### **106.08 Performance Evaluations**

**The agency shall have established standards for providing regular performance feedback to employees.**

#### *Characteristics:*

#### **106.08.01 Performance Evaluation**

The agency shall have a policy describing the method(s) used to evaluate employee performance. At a minimum, the policy shall include written evaluation(s), based on job descriptions and other standards of performance; written evaluation(s) made

available to employees so they are aware of what will be measured; a mechanism for ongoing feedback to employees, with a summary review done at least annually; a mechanism for the employee to provide written input on their evaluation(s); a mechanism for evaluations to be reviewed and signed by employees and their supervisors; and a mechanism for employees to review their past performance evaluations upon request.

#### **106.09 Subcontractor Personnel**

**If the agency utilizes subcontractor personnel, it must insure that they meet all CAAS standards for employees.**

##### **106.09.01 Subcontractor Personnel**

If an agency utilizes subcontractor personnel for staffing, it must insure that they meet all CAAS standards for employees.

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## 201 CLINICAL STANDARDS

### Purpose

*Well-defined clinical standards are an essential foundation to the provision of quality out-of-hospital health care.*

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#### **201.01 Medical Oversight**

**Strong leadership from an agency's Medical Director is key to establishing current, appropriate clinical standards.**

##### *Characteristics:*

##### **201.01.01 Medical Direction**

The agency shall have a duly licensed physician, or physicians, responsible for medical oversight. Responsibilities shall include, at a minimum, development and authorization of clinical dispatch, patient care, and transport protocols; advisory and approval role in training/education of medical employees; advisory and approval role in clinical Performance Improvement initiatives; and advisory and approval role in EMS system design. (Rev.10/2009)

##### **201.01.02 SCT Medical Direction**

*NOTE: This standard only applies to agencies providing SCT level service.*

The need and use of specialty consultation shall be identified in areas of medicine where the Medical

Director lacks specific knowledge. The Medical Director, in conjunction with administration, shall have in place a policy/procedure that ensures continuous physician responsibility and availability for all phases of the transfer. This policy should specifically address the relationship of the patient care providers with the Medical Director, transferring physician, and accepting physician to clarify who is responsible for patient care during all parts of the transfer. On-line medical oversight physicians, including specialty consultants (if utilized), must be approved by the program Medical Director. They should be immediately available for consultation by the transferring crew throughout the transport.

#### **201.02 Clinical Protocols**

**Consistently following established medical protocols is necessary for the delivery of quality patient care.**

##### *Characteristics:*

##### **201.02.01 Protocol Existence**

The agency shall have a set of written protocols for medical employees. At a minimum, the protocols shall include a clear delineation of the scope of practice for each level of medical employee; be consistent with state and local statutory and regulatory protocols; include documentation of physician authorization; and be reviewed at least every three years and more often when there are widely accepted scientific changes to consider.

Protocol and Protocol changes shall be based upon current medical evidence, local practice standards, emerging technologies and national organization positions (e.g. American Heart Association guidelines.) (Rev.10/2009)

#### **201.03 Medical Records**

**Complete and accurate medical records are necessary to report and track patient care.**

##### *Characteristics:*

##### **201.03.01 Patient Care Records**

Medical records shall be kept on all patients contacted. At a minimum, the records shall contain incident location & location type; date, call times; patient name, gender, DOB; agency, vehicle & crew identification; assessment of patient, including vital signs; clinical impression; treatment, and response to treatment; disposition of patient, and the date and time the report was distributed\* to receiving facility. \*additional standards apply(Rev.10/2009)

### **201.03.02 Distributing Medical Records**

A copy of the medical record shall be left at the receiving healthcare facility at the time the patient is delivered.

If the local medical protocol allows the emergent departure of the crew prior to the written or electronic report being completed, then a verbal report or a short written form with essential medical information (see 201.03.01) must be presented at the time patient care is transferred. Essential medical information beyond that required in 201.03.01 shall be determined by local Medical Direction.

Agency personnel must use their best efforts to transfer complete medical documentation at the time the patient is delivered. The complete written record must be delivered to the healthcare facility consistent with local protocol but at a minimum before the agency's transporting, clinical personnel go off shift.

A copy of the medical record shall be maintained on file with the agency (*see 103.04.01*). If required, a copy of the medical record is to be filed with state/local authorities. (*Rev.10/2009*)

### **201.04 Staffing**

**Appropriate levels of trained staff will be assigned to requests for service.**

#### *Characteristics:*

#### **201.04.01 Staffing**

With input and approval from the Medical Director, the agency shall have established staffing certification and qualification standards for each level of service provided as indicated in Introduction Section XII, E., (BLS, ALS, SCT & Specialty Teams).

The minimum acceptable staffing standard for patient care is two Emergency Medical Technicians. All staffing standards shall be reviewed, at minimum, once per year.

If the agency operates specialty teams and/or services (water rescue, swiftwater rescue, high angle rescue, confined space rescue, bike team(s), technical rescue, etc.), the agency will have policies and procedures in place to guide personnel in the discharge of those duties with evidence of Medical Director input.

*The minimum acceptable staffing standard for patient care is two Emergency Medical Technicians. (Rev.10/2009)*

### **201.05 Response Plan**

**A comprehensive Response Plan is essential in providing timely, appropriate resources to requests for service.**

#### *Characteristics:*

#### **201.05.01 Triaging Service Requests**

With input and approval from the Medical Director, the agency shall have established protocols for triaging requests for service. At a minimum, these protocols shall include determining the level of urgency, determining and sending the closest appropriate resources (including when to request mutual aid), an ability to prioritize multiple requests for service made at one time, a listing of service levels that outlines which types of requests are appropriate for the agency to accept/decline (including SCT requests), and a procedure to help callers locate an appropriate alternative when the agency must decline a request for service (when declined for any reason—service level, resources not available, weather, etc.)

#### **201.05.02 Response Time Standards**

The agency shall have established standards for the following time intervals: total time to process a request prior to it being assigned to an ambulance; total time for an ambulance to start responding once notified of a request; total response time (defined as the difference in time from the point where the location of the patient, the call-back number, and the problem type are known--if possible--until the time when an appropriate responding crew advises that they have arrived at the scene.) These time intervals will be defined for life-threatening, emergency, and non-emergency requests. Differences in response time standards by geographic area will be described. In life-threatening requests, the default, total response time standard will be eight minutes and fifty-nine seconds, 90% of the time unless the Medical Director and the oversight agency have established a different system standard is appropriate due to system design.

*Note: If the agency provides IFT and/or SCT, response time standards for these levels of service shall be included. (Rev.10/2009)*

### **201.05.03 Response Time Reporting**

Analysis Reports for all Response Time Standards, in all geographic areas, will be compiled on a weekly, monthly, and annual basis. Analysis of response times shall at a minimum use a fractile (reliability percentages) method and compare results to community and clinical standards set by the Medical Director. Response Time Analysis Reports shall be shared with employees and management. (Rev.10/2009)

### **201.05.04 Response Time Monitoring**

Trends in response time exceptions will be identified from the Response Time Analysis Reports. Operational changes shall be implemented, and ongoing reassessment of the need for further operational changes will continue until the trend in response time exceptions is no longer present.

## **201.06 Clinical Standards Performance Improvement**

**The agency shall have a comprehensive Performance Improvement Program addressing clinical quality.**

### *Characteristics:*

#### **201.06.01 Performance Improvement Program**

The agency's Clinical Performance Improvement Program shall include prospective, concurrent, and retrospective initiatives designed to improve the care delivered by the agency's providers (whether ALS or BLS levels of care).

All aspects of the Clinical Performance Improvement Program shall be developed in conjunction with the Medical Director. (Rev.10/2009)

#### **201.06.02 Clinical Indicators**

The agency's Clinical Performance Improvement Program shall have measurable clinical indicators that are regularly assessed for compliance with established thresholds. These indicators shall include, at a minimum, the following: accurate patient assessment; medical interventions delivered in accordance with established protocols; success of skills; clinical documentation quality, and outcome data. *Note: If the agency provides SCT, the agency shall also conduct appropriate Utilization Review of these services which includes medical benefits to the patient and appropriateness of the transfer.* (Rev.10/2009)

### **201.06.03 Indicator Exceptions**

The agency's Clinical Performance Improvement Program shall have a process for identifying and addressing instances where measurable indicators are not in compliance with established thresholds. This process shall include individual exceptions, as well as trends. (Rev.10/2009)

### **201.06.04 Other Clinical Issues**

The agency's Clinical Performance Improvement Program shall have a process for investigating & addressing clinical issues raised by any means other than measured indicators. (Rev.10/2009)

### **201.06.05 Reporting Performance Improvement Data**

The agency shall have a defined reporting process for Performance Improvement activities and issues. This shall include, at a minimum: documenting & reporting individual issues and individual clinical indicator results to the respective individuals, and documenting & reporting aggregate data of clinical indicators and other activities to employees, management, and the Medical Director. (Rev.10/2009)

### **201.06.06 Assessing Performance Improvement Effectiveness**

The agency shall measure and report the effectiveness of its Clinical Performance Improvement initiatives to management, at least annually. Areas of the program determined to be in need of improvement will be identified, changed, reassessed, and reported on. (Rev.10/2009)

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## **202**

## **SAFE OPERATIONS & MANAGING RISK**

### **Purpose**

*Comprehensive safety standards are required to assure that patients, employees, and the agency are protected from unnecessary risk.*

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### **202.01 Vehicle Safety**

**Programs shall be in place to address the safe operation of agency vehicles.**

*Characteristics:*

**202.01.01 Driving Standards**

The agency shall have a written policy/procedure addressing driving standards. At a minimum, this policy/procedure shall include sections on acceptable driving record criteria, including initial check, biennial check, and employee responsibility to report all changes to driving record; all requirements to achieve and maintain driving privileges; emergency and non-emergency vehicle operation standards including speed, lights/siren use, safety restraint use\*, crew responsibilities, all applicable laws; driver training program\*; and vehicle crashes\*.

*(Rev.10/2009)*

*\*additional standards apply to these items.*

**202.01.02 Safety Restraints**

The agency shall have a written policy/procedure addressing safety restraints. At a minimum, this policy/procedure shall include required use of seat belts for everyone in the front of moving vehicles; required use of seat belts for everyone in patient care compartment (including patients) unless impractical to provide patient care; use of child safety seats; securing of all equipment in moving vehicle; and safety restrictions for front seat passengers in vehicles equipped with passenger-side airbags. *Note: If the agency has dedicated vehicles for SCT, seating shall be designed so that the majority of patient care may be administered from a seat-belted position.*

**202.01.03 Driver Training**

The agency shall have a driver training program applicable to all personnel with driving privileges. At a minimum, this program shall include initial classroom training covering the safe operation of vehicles and all driving policies/procedures; initial hands-on training; initial evaluation process to authorize driving privileges; annual driver training review/update; and procedure for remedial driver training as needs are identified.

**202.01.04 Vehicle Crashes**

The agency shall have a written policy/procedure addressing vehicle crashes. At a minimum, the policy/procedure shall include procedures that employees are to follow in the event of a vehicle crash; required reporting process for vehicle crashes; process for investigation and follow-up of vehicle crashes, including but not limited to determining if preventable, any remediation and/or corrective action.

**202.02 Employee Safety**

**The agency shall have programs in place to protect the safety of employees.**

*Characteristics:*

**202.02.01 Employee Safety**

The agency shall have a policy/procedure addressing safety of its employees. At a minimum, this policy/procedure shall include Facility Safety, Exposure Control, Safety at Scenes (including protective vests or outer garments compliant with current federal standards), Safe Lifting, Hazardous Materials, Special Rescue Responses, Employee Wellness Programs, Safety Committee Structure and Duties, Employee duty and rest cycles, and any applicable local/state/federal requirements for employee safety.

*Note: If the agency provides SCT, policies and procedures must address the special requirements of infection control and employee safety inherent in such programs. Specific areas to be addressed are, at a minimum: durable medical equipment disinfection, personal protective equipment, and exposure risk management which shall include prospective attempts by triage to identify potential risk for caregivers. (Rev.10/2009)*

**202.03 Patient Safety**

**The agency shall have programs in place to protect the safety of patients.**

*Characteristics:*

**202.03.01 Patient Safety**

The agency shall have a policy/procedure addressing safety of patients. This policy/procedure shall include, at a minimum, patient lifting; patient movement/carrying devices; appropriate use of stretcher shoulder/torso/leg straps for patient safety; consideration for special needs or SCT patients such as: bariatric, LVAD, ECMO, ventilator dependent, etc.. *(Rev,10/2009)*

#### **202.04 Patient Personal Property**

**The agency shall have a method to properly care for patients' personal property.**

*Characteristics:*

##### **202.04.01 Patient Personal Property**

The agency shall have a written policy/procedure addressing handling of patients' personal property.

#### **202.05 Incident Reporting**

**The agency shall have a process for reporting, tracking, and resolving unplanned incidents.**

*Characteristics:*

##### **202.05.01 Incident Reporting**

The agency shall have a written policy/procedure addressing the process for employees to report incidents or unusual occurrences. At a minimum, this shall include the process and documentation of definition of incidents requiring reporting; investigation of incidents; resolution of incidents; feedback to involved individuals; and how incidents are tracked for any trends and what is done with this information.

##### **202.05.02 Critical Failures**

The agency shall have a written policy/procedure addressing the process for employees to report failures of equipment or vehicles that occurred during patient care delivery. At a minimum, this shall include the process and documentation of definition of failures requiring reporting; investigating the cause of the failure; reporting failures to any local/state/federal authorities as required; repair/replacement of failed equipment; feedback to involved individuals; and how failures are tracked for any trends and what is done with this information.

##### **202.05.03 Medical Error Reporting**

The agency shall have a written policy/procedure addressing the confidential process for employees to report medical errors. At a minimum, this shall include the process and documentation of: a definition of incidents requiring reporting; Medical Director involvement; investigation of incidents; resolution of incidents; feedback to involved individuals, and how incidents are tracked for any trends and what is done with this information. (NEW 10/2009)

#### **202.06 Loss Control**

**The agency shall take measures to protect itself and its employees from unnecessary loss.**

*Characteristics:*

##### **202.06.01 Loss Control**

The agency shall have an ongoing process to manage loss control and prevention. At a minimum, this process shall include reporting and review of the following: work-related injuries and infectious disease exposures; damage to company property; loss or theft of company property; potential clinical errors; and any suspected civil risk.

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## 203 EQUIPMENT & FACILITIES

### Purpose

*All equipment and facilities must be maintained to a high standard to assure the delivery of quality patient care.*

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#### **203.01 Vehicles**

**Agency vehicles shall be in good working order, allowing for safe, reliable transportation.**

*Characteristics:*

##### **203.01.01 Vehicle Specifications**

All vehicles used by the agency in the delivery of patient care shall be designed and maintained in good working order, in accordance with applicable federal/state/local specifications. All vehicles must adhere to manufacturer's gross vehicle weight recommendations. The agency shall have documented guidelines for total weight restrictions for each vehicle. *If the agency provides SCT, all vehicles used for SCT shall have a minimum of one level of redundancy in each of the following: patient compartment lighting, communication system, and biomedical equipment power system.)*

##### **203.01.02 Vehicle Cleanliness**

The agency shall have a written policy/procedure addressing vehicle cleanliness. At a minimum, the policy/procedure shall include minimum vehicle cleanliness standards; cleaning required after each patient; detailed cleaning schedule (describe frequency); and additional cleaning required after transport of patients with communicable diseases.

### **203.02 Vehicle Maintenance**

**Programs shall be in place to provide comprehensive vehicle maintenance.**

*Characteristics:*

#### **203.02.01 Preventive Maintenance**

The agency shall have a preventive maintenance program for all vehicles. At a minimum, this program shall include checks of fluid levels, lights, brakes, and tires each day the vehicle is to be used; scheduled preventive maintenance in accordance with vehicle manufacturer recommendations; and record-keeping.

#### **203.02.02 Vehicle Maintenance Records**

The agency shall have a program to document all vehicle maintenance, both scheduled & unscheduled. Summary reports of all vehicle maintenance records shall be provided to management at least quarterly.

### **203.03 Medical Equipment**

**Medical equipment shall be sufficiently stocked and maintained to allow for delivery of quality patient care.**

*Characteristics:*

#### **203.03.01 Minimum Equipment**

The agency shall have criteria for portable medical equipment to be carried on each vehicle. These criteria shall be developed by administration, in conjunction with the Medical Director, and shall meet state/local requirements for level of service provided. Equipment shall include, at a minimum: oxygen, oxygen delivery equipment, and ventilation equipment; suction; stethoscope, BP cuffs; bandaging, splinting, and spinal immobilization equipment; defibrillator; OB delivery kit; hospital communications equipment; and infection control personal protective equipment. *Required equipment must be available for adult and pediatric patients.*

*NOTE: This standard applies to all levels of service provided (BLS, ALS, emergency, non-emergency, IFT, SCT) (Rev.10/2009)*

#### **203.03.02 Checking Equipment**

The agency shall have a policy/procedure for checking each vehicle's medical equipment each day it is to be used. At a minimum, this policy/procedure shall include proper function of durable medical equipment, adequate supply of all equipment, expiration dates on applicable items, and documentation of the check.

### **203.03.03 Locking Ambulances and ALS Supplies Security**

The agency shall have a policy/procedure requiring ambulances to be locked or otherwise secured when they are unattended.

The agency shall have a policy/procedure requiring medications, needles, and syringes to be locked when vehicles are unattended.

When locking medications and medication administration supplies, the agency shall incorporate the use of devices that will present obvious evidence of any tampering. *(Rev.10/2009)*

### **203.03.04 Temperature Extremes**

The agency shall have a policy/procedure for the storage of medications and IV fluids that allows for protection from extreme temperature changes. The policy shall also include a procedure for what to do if medications or IV fluids do get exposed to extreme temperatures.

### **203.04 Durable Medical Equipment Maintenance Programs shall be in place to provide comprehensive maintenance for medical equipment.**

*Characteristics:*

#### **203.04.01 DME Maintenance**

The agency shall have a preventive maintenance program for durable medical equipment. At a minimum, this program shall include scheduled testing, calibration, and/or preventive maintenance based on manufacturer recommendations (if there are no manufacturer recommendations, schedule determined by the agency to be effective in preventing equipment failures); and planned replacement schedule, prior to projected equipment failure. *Equipment to be included in the DME maintenance program will include all equipment that is electrical and/or mechanical.*

### **203.05 Disposable Items**

**Programs shall be in place that cover the use, disposal, and restocking of disposable medical items.**

*Characteristics:*

#### **203.05.01 Disposable Items**

The agency shall have a written policy/procedure identifying items that are single-use only. The policy/procedure shall also include the method for

restocking used disposable items, and storage, transportation, and disposal of disposable items/medical waste.

### **203.06 Facilities**

**The agency shall maintain facilities in good condition, creating an appropriate work environment.**

#### ***Characteristics:***

##### **203.06.01 Facility Space**

All agency facilities shall be adequately equipped and maintained for their typical use, including adequate sleeping space; showering facilities; food preparation & eating space; bathrooms; vehicle & equipment cleaning areas; building accessibility; safety equipment (fire extinguishers, smoke detectors, etc.); and any required federal/state/local facility requirements (this could include OSHA requirements, elevator inspections, local fire codes, etc.)

##### **203.06.02 Walk-in Care Requests**

For all facilities that are accessible to the public and with agency signage, there shall be clearly labeled instructions posted outside the facility for anyone seeking emergency medical care.

policies and procedures required; and meet all applicable communications standards. (Rev.10/2009)

##### **204.01.02 Call-taking**

Communications Center procedures shall, at a minimum, include the following for each request for service: determining & documenting address of incident; determining & documenting call-back telephone number; determining & documenting the problem/nature of the request; determining & documenting emergency vs. non-emergency requests; providing pre-arrival instructions if indicated; determining & sending the closest appropriate vehicle to emergency requests for service; and determining any need for, and requesting assistance from, any other agencies as indicated.

If the agency does not regularly provide SCT services as defined by any government authority, the agency will have policies and procedures in place for Communications and Operations personnel to address handling requests for SCT services. (Rev.10/2009)

##### **204.01.03 SCT Call-taking**

***NOTE:*** *This standard only applies to agencies providing SCT level service.* The agency shall have a policy that addresses at a minimum: the appropriate triage of requests for service, data collected for each request, tracking of crew availability/status, medical oversight responsibilities, personnel and equipment requirements, infectious disease exposure potential, and communication requirements. The Performance Improvement process will evaluate the triage process. There shall be a resource to provide geographical directions for the crew in case they should become lost. There shall be a mechanism in place to assure that the transfer has been accepted by a receiving facility and appropriate documents are transferred. This confirmation does not have to occur before a crew is dispatched to the transferring facility, but must occur before the patient transport begins prior to departure from the transferring facility. (Rev.10/2009)

##### **204.01.04 Times**

The Communications Center shall have a mechanism in place to document time events for each request for service. At a minimum, these time events shall include: time of request, time vehicle was alerted, time vehicle began responding, time vehicle arrived at scene, time vehicle left scene, time vehicle arrived at destination, time vehicle returned to service.

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## **204 COMMUNICATIONS CENTER**

### **Purpose**

***Efficient call taking, effective resource deployment, and continuous communications capabilities are required to maintain an effective EMS agency.***

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### **204.01 Policies and Procedures**

**The agency shall have comprehensive policies & procedures dealing with all aspects of its Communications Center.**

#### ***Characteristics:***

##### **204.01.01 Policies & Procedures**

The Communications Center shall have a written policy/procedure addressing requests for service. The agency Medical Director shall have input into the development of these policies/procedures.

If the agency contracts with an outside entity for dispatch, the dispatch entity must have all of the

#### **204.01.05 Communications Abilities**

The Communications Center and field personnel shall have communications capabilities allowing for immediate communications with one another at any time a vehicle is operating within the agency's service area. There shall be a minimum of two agency issued portable communications devices per vehicle. Each of the portable communications devices must be capable of instant/immediate, direct communication (push to talk) with the Communications Center. It is required that the agency shall have a demonstrable plan to address the means for field personnel to have consistent communication with each other and the Communications Center in the event of separation during an event.

If the agency provides SCT, there shall be effective communication mechanisms between the driver and patient compartments, ambulance to medical oversight, and ambulance to communication center systems.

Agency-issued wireless telephone communications may be used to meet the portable communication requirements for crews that are dedicated to IFT and/or SCT use. (Rev.10/2009)

#### **204.02 Contingency Plans**

**The agency shall have sufficient back-up means to continue operation in the event of equipment or power failure.**

*Characteristics:*

##### **204.02.01 Contingency Plan**

The Communications Center shall have a contingency plan to provide immediate back-up communications equipment and/or power source as may be necessary for its continued operation in the event of equipment or power failure. The contingency plan shall include: Telephone communications, radio communications, paging systems (if applicable), CAD Hardware & Software, back up power supply and off-site capabilities in the event of an incident with the Communications Center building. The contingency plan shall have, at a minimum, two levels of back-up. (Rev.10/2009)

##### **204.02.02 Practice Plan**

The contingency plan shall be implemented as a test, and critiqued a minimum of two times each year. Back-up equipment, such as power generators, shall be tested at a minimum, according to manufacturer recommendations.

In the event the agency experiences a communications center disaster, evidence of implementing the communications contingency plan, with a follow-up critique may serve as one of the required simulation exercises. (Rev.10/2009)

#### **204.03 Preventive Maintenance**

**Programs shall be in place to provide comprehensive communications equipment maintenance.**

*Characteristics:*

##### **204.03.01 Communications Maintenance**

The Communications Center shall have a preventive maintenance program for all communications equipment. At a minimum, this program shall include: scheduled testing, calibration, and/or preventive maintenance based on manufacturer recommendations (if there are no manufacturer recommendations, schedule determined by the agency to be effective in preventing equipment failures); service contracts for maintenance of all Communications Equipment, any planned component(s) replacement schedule, prior to projected equipment failure. (Rev.10/2009)

#### **204.04 Training**

**The agency shall have an established training program to assure that employees are trained to properly perform the Communications Center duties.**

*Characteristics:*

##### **204.04.01 Training**

All Communications Center employees shall have initial and on-going training (including evaluation of training results), on policies/procedures, standards, and equipment used.

The agency shall have a policy describing the initial and ongoing communications training requirements for employees.

At a minimum, the policy shall include: Continuing Dispatch Education requirements (see also 106.06.03), training performed as a result of Performance Improvement initiatives (204.07.01), All federal/state/local mandated education requirements including but not limited to Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care Fraud and Abuse, Anti-kickback & current Federally Required Training, Optional education opportunities for employees.

Optional Special Rescue Team(s) Training, Optional Specialty Care Transport Training and Remedial training process. (Rev.10/2009)

#### **204.05 Licensure**

**The agency shall maintain all necessary licenses for the operation of the communications frequencies and equipment.**

*Characteristics:*

##### **204.05.01 Licensure**

Licenses covering the operation of all radio/communications equipment and frequencies utilized by the agency shall be current and conspicuously displayed in the Communications Center.

#### **204.06 Communications Inter-Agency Dialogue**

**The agency shall maintain on-going dialogue with other area communications agencies to facilitate improved relationships and improved service coordination.**

*Characteristics:*

##### **204.06.01 Inter-Agency Dialogue**

The Communications Center shall maintain an on-going dialogue with other area communications agencies with which it relates (*for example, 911 Centers*).

#### **204.07 Communications Performance**

##### **Improvement Program**

**The agency shall have a comprehensive Performance Improvement program addressing Communications Center quality.**

*Characteristics:*

##### **204.07.01 Communications Performance**

##### **Improvement**

The Communications Center's Performance Improvement Program shall include prospective, concurrent, and retrospective initiatives designed to improve the service provided by the Communications Center. (Rev.10/2009)