

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Donnellson Fire Association 616 N Main Street PO Box 211 Donnellson, IA 52625</p> <p>Service #: 2420500</p>	<p>Case Number: 12-04-10</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;"><b>CITATION AND WARNING</b></p>
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Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.5 and Iowa Administrative Code (I.A.C.) 641—132.10(3), the Iowa Department of Public Health is proposing to issue a **Citation and Warning** to the service program identified above.

The Department may issue a citation and warning when a service program has committed any of the following acts or offenses:

*Failure or repeated failure of the applicant or alleged violator to meet the requirements or standards established pursuant to Iowa Code chapter 147A or the rules adopted pursuant to that chapter.  
IAC 641—132.10(3)f*

*Failure to correct a deficiency within the time frame required by the department.  
IAC 641-132.10(3)i*

*Service program operational requirements. Ambulance and nontransport service programs shall:  
IAC 641—132.8(3)*

*Utilize department protocols as the standard of care. The service program medical director may make changes to the department protocols provided the changes are within the EMS provider's scope of practice and within acceptable medical practice. A copy of the changes shall be filed with the department.  
IAC 641—132.8(3)b*

*Ensure that personnel duties are consistent with the level of certification and the service program's level of authorization.  
IAC 641—132.8(3)c*

*Maintain current personnel rosters and personnel files. The files shall include the names and addresses of all personnel and documentation that verifies EMS provider credentials including, but not limited to:*

- (1) Current provider level certification.*
- (2) Current course completions/certifications/endorsements as may be required by the medical director.*
- (3) PA and RN exception forms for appropriate personnel and verification that PA and RN personnel have completed the appropriate EMS level continuing education.*

*IAC 641—132.8(3)d*

*Ensure that the appropriate service program personnel respond as required in this rule and that they respond in a reasonable amount of time.*

*IAC 641—132.8(3)g*

*Implement a continuous quality improvement program that provides a policy to include as a minimum:*

- (1) Medical audits.*
- (2) Skills competency.*
- (3) Follow-up (loop closure/resolution).*

*IAC 641—132.8(3)m*

*Equipment and vehicle standards. The following standards shall apply:*

*IAC 641—132.8(4)*

*Pharmaceutical drugs and over-the-counter drugs may be carried and administered upon completion of training and pursuant to the service program's established protocols approved by the medical director*

*IAC 641—132.8(4)c*

*Preventative maintenance. Each ambulance service program shall document a preventative maintenance program to make certain that:*

*IAC 641—132.8(5)*

*Soiled supplies shall be appropriately disposed of according to current biohazard practices.*

*IAC 641—132.8(5)i*

*The medical director's duties include, but need not be limited to:*

*IAC 641—132.9(2)*

*Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcomes that reflect the goals and standards of the EMS system.*

*IAC 641—132.9(2)c*

*Developing and approving an applicable continuous quality improvement policy demonstrating type and frequency of review, including an action plan and follow-up.*

*IAC 641—132.9(2)g*

*The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:*

- a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance.*
- b. Response time and time spent at the scene.*
- c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response.*
- d. Completeness of documentation.*

*IAC 641—132.9(4)*

The following events have led to this action:

