

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Murray First Responders 421 Maple Street PO Box 117 Murray, Iowa 50174-0117</p> <p>Service #: 9206200</p>	<p>Case Number: 16-07-23</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;"><b>SUSPENSION</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 **Suspend** the service program authorization identified above.

The Department may suspend a service program authorization when the 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

Specifically:

*An ambulance or nontransport service in this state that desires to provide emergency medical care, in the out-of-hospital setting, shall apply to the department for authorization to establish a program utilizing certified emergency medical care providers for delivery of care at the scene of an emergency or nonemergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private home, or while in the hospital emergency department and until care is directly assumed by a physician or by authorized hospital personnel. Application for authorization shall be made on forms provided by the department. Applicants shall complete and submit the forms to the department at least 30 days prior to the anticipated date of authorization.*  
IAC 641—132.7(1)a

*A service program seeking ambulance authorization shall:*  
IAC 641—132.8(1)

*Provide as a minimum, on each ambulance call, the following staff:*

- (1) One currently certified EMT-B or EMT.*
- (2) One currently licensed driver. The service shall document each driver's training in CPR (AED training not required).*

*IAC 641—132.8(1)c*

*Service program operational requirements. Ambulance and nontransport service programs shall:*

*IAC 641-132.8(3)*

*Ensure that any member of the service driving a service's first response vehicle, ambulance, or rescue vehicle or a personal vehicle when responding as a member of the service has documented training in emergency driving techniques and in the use of the service's communications equipment. Training in emergency driving techniques shall include:*

*(1) A review of Iowa laws regarding emergency vehicle operations.*

*(2) A review of the service program's driving policy for first response vehicles, ambulances, rescue vehicles or personal vehicles when used by a service member responding as a member of the service.*

*The policy shall include, at a minimum:*

*1. Frequency and content of driver's training requirements.*

*2. Criteria for response with lights or sirens or both.*

*3. Speed limits when responding with lights or sirens or both.*

*4. Procedure for approaching intersections with lights or sirens or both.*

*5. Notification process in the event of a motor vehicle collision involving a first response vehicle, ambulance, rescue vehicle or personal vehicle when used by a service member responding as a member of the service.*

*(3) Behind-the-wheel driving of the service's first response vehicles, ambulances and rescue vehicles.*

*IAC-641- 132.8(3)s*

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

*IAC 641—132.8(4)*

*All EMS service programs shall carry equipment and supplies in quantities as determined by the medical director and appropriate to the service program's level of care and available certified EMS personnel and as established in the service program's approved protocols.*

*IAC 641—132.8(4)b*

The following events have led to this action:

The Bureau of Emergency and Trauma Services performed an on-site inspection of Murray First responders on March 30, 2016. At the time of the inspection, deficiencies were identified and the service was given 30 days to resolve the deficiencies. The service failed to correct the deficiencies within 30 days.

Murray First Responders received a Notice of Proposed Action: Citation and Warning on May 19, 2016 for failure to correct the identified deficiencies. Murray First Responders was warned that continued failure to correct the deficiencies could result in further disciplinary action, including suspension or revocation of the service program authorization. Murray First Responders did not appeal the proposed action and the Citation and Warning became final agency action on June 13, 2016. As of the date of this action, Murray First Responders has failed to correct the deficiencies identified above.

Reinstatement of service authorization shall require submission of a new service application, on-site inspection and compliance with all service program rules and regulations.

**You have the right to request a hearing concerning this notice of disciplinary action.** A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be submitted to the Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Lucas State Office Building, 321 E 12<sup>th</sup> St, Des Moines, Iowa 50319. If the request is made within the twenty (20) day time limit, the proposed action is suspended pending the outcome of the hearing. Prior to or at the hearing, the Department may rescind the notice upon satisfaction that the reason for the action has been or will be removed.

**If no request for a hearing is received within the twenty (20) day time period, the disciplinary action proposed herein shall become effective and shall be final agency action.**



Rebecca Curtiss, Bureau Chief  
Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

7/18/2016  
Date