Commission on Accreditation of Ambulance Services (CAAS)

First Draft of v4.0 Accreditation Standards

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This is the first draft of v4.0 Accreditation Standards for public review and comment. All materially affected parties are encouraged to review and comment on these proposed standards. This is the first public comment period, and all standards are open for comments. To submit comments, go to http://www.caas.org/caas-v4-0-accreditation-standards-first-draft. This public comment period will be open from March 26, 2021 until May 25, 2021.

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Section 100- ADMINISTRATION

101 Organization

The clear delineation of service ownership, organizational structure and mission/core values 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 be responsive to the public.

101.01 Ownership- Full disclosure of the agency ownership is required.

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.

Documentation: Provide name and business address of proprietor OR all partners OR head of corporation OR local government agency responsible for overseeing/evaluating the agency's functions, whichever is appropriate. Provide certificate of registration/license with the Secretary of State or other designated state official that authorizes the agency to do business/operate in each applicable state.

101.01.02 Mission and Values

The agency shall have a mission/vision/core value statement that embraces and fosters a culture of excellence, ethical values, and corporate and individual integrity.

Documentation: Provide a copy of the agency's mission/vision/core value statement.

101.01.03 Trade Names

The agency shall indicate 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. Note: Trade names should agree with names used in advertising and other promotional materials.

Documentation: List all fictitious or trade name(s) under which the organization operates.

101.01.04 Parent Company

The agency shall indicate and clearly identify any parent, subsidiary, Doing Business As (DBAs) or other relationships that involve ambulance or other health care business activities, shared overhead or resources, or that have interlocking directorates.

Documentation: Describe all parent, subsidiary, DBAs and other relationships that are health care related. Provide supporting documentation for each of these relationships. Examples would include organization Bylaws, Articles of Incorporation, DBAs, etc.

101.01.05 Licensure

The agency shall maintain full and unencumbered license(s) and other documents showing full authorization to operate in all areas covered under this application, for the entire duration of the accreditation cycle. Provisional or probationary licensure are not acceptable.   The agency is required to self-report any changes in licensure status to the Commission within 30 days of status change.

> *Documentation:* Provide copies of all required state/local licenses for operation of an ambulance service in your area. Provisional or probationary licensure are not acceptable. Provide copies of documents or letters from authorizing entities verifying that all required licenses are fully unencumbered and maintained in good standing by the agency.   Provide contact information on all license granting entities for verification.

101.01.06 Licensure History

 The agency shall maintain historical documentation of full and unencumbered licensure for all service areas covered in this application.

> *Documentation:* Provide the previous three years of all required state/local licenses for operation of an ambulance service for all areas of operation in your service area(s) covered under this application. First time applicants will show evidence of current full and unencumbered licensure.

101.02 Organizational Structure- documentation of the organizational structure is required so that lines of responsibility and authority can be clearly delineated.

101.02.01 Internal Reporting Structure

The agency shall maintain a current, written document that clearly defines the specific title, 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: (Many of these categories may contain multiple titles/ functions, please be specific.)

- Executive Officer(s)
- Budgeting
- Accounts Payable
- Accounts Receivable- Purchasing
- Human Resources
- Operations
-Clinical Providers
- Supply/Materials Management
- Fleet
- Safety
- Risk Management

- Legal
-Compliance
- Payroll
- Communications
- Performance Improvement
- Public Information
- Marketing
- Training/Education
- Information Systems
- Medical Direction

NOTE- POSITION TITLES MUST MATCH JOB DESCRIPTIONS IN 101.02.03

> *Documentation:* Provide an organizational chart that defines position title, responsibility, authority, and chain of command for each position listed.

101.02.02 External Reporting Structure

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

>   *Documentation:* Provide a written document that lists all required reporting functions with outside agencies, a description of the reporting relationship/oversight criteria, and identification of the applicant's representative to each. (Examples of such reporting include Medical Oversight, EMS Authorities, State Department of Health, etc.) Provide documents citing these reporting requirements.

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 functions
- Who the position reports to
- Duties/responsibilities
- Qualifications
- Physical requirements
- Any Affirmative Action/EEOC/ADA/other legal requirements

NOTE- ALL POSITIONS MUST MATCH POSITIONS LISTED IN 101.02.01

>   *Documentation:* Provide copies of current job descriptions for all positions identified in 101.02.01, and all other jobs within the agency (for example, Operations employees, Communications employees, Maintenance employees, etc.)

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

102.01 Policies and Procedures- The organization shall maintain written policies and procedures for all aspects of the agency's operation.

102.01.01 Policies and Procedures

The agency shall maintain policies and procedures manual(s) that are accessible to all employees. Manuals can be maintained in paper or electronic format. The manuals shall include, at a minimum, all policies referenced within the CAAS standard documents.

Documentation: Provide the tables of contents of all policy and procedure manual(s). One full copy of all policy and procedure manual(s) must be submitted to CAAS. If the manual(s) are in electronic format, access must be provided to CAAS staff and site reviewers.

102.01.02 Policy Access

The agency shall have a policy that assures all employees have unrestricted access to all applicable policies and procedures.

Documentation: Provide a copy of the written policy/procedure pertaining to employee access to policy and procedure manuals.

102.01.03 Policy Changes and Archiving

The agency shall have a policy in place that includes, at a minimum:
-How policy changes are made
-How previous versions of a policy are archived
-how employees are informed and educated of any changes in policy/procedure.

Documentation: Provide a copy of the written policy/procedure pertaining to the development, education, distribution, and acknowledgement of policy changes.   Provide recent examples of policy/procedure changes that have been distributed, how employees have been educated on policy changes, and how employees have acknowledged receipt of policy changes. Provide evidence of archival process for previous policy versions.

102.01.04 Legal Review

All current policy and procedure manuals will be reviewed by legal counsel for compliance with federal, state, and local requirements. Include process for how new or revised policies are also reviewed by legal counsel.

Documentation: Provide documentation evidence from the corporate counsel attesting that legal counsel has completely reviewed all aspects of the policy/procedure manuals, including existing, new, or revised policies.

102.01.05 Clinical Review

All policies affecting Clinical Performance Standards and protocols shall also be reviewed by the agency's Medical Director for clinical appropriateness and compliance with federal, state, and local requirements.

Documentation: Provide evidence that the agency's Medical Director has reviewed all policies affecting Clinical Performance Standards and protocols.

102.02 Strategic Planning- The agency shall have a process in place for short, mid-range and long-term strategic planning.

102.02.01 Strategic Planning

The agency shall have a written strategic plan policy procedure that clearly describes the process of identifying and establishing short/mid-range and long-term goals, as well as how the agency will follow-through in its established strategic planning process.

Documentation: Provide a copy of the written Strategic Planning policy and a copy of the most recent strategic plan. Provide a summary report/document outlining the agency's strategic plan for the preceding three years, including progress reporting. First time applicants will show, at a minimum, the strategic report and progress reporting for the preceding year.

102.03 Leadership Development- The agency shall demonstrate its commitment to the ongoing development of its leadership.

102.03.01 Management Training

The agency shall have a written policy and procedure addressing how the agency will provide all management and leadership personnel with initial, on-going and career development focused management/leadership training specific to the roles and responsibilities of the current job positions as listed on the organizational chart and agency job descriptions.

Documentation: Provide education/training schedules, agendas, course descriptions, attendance records, and, if applicable, certificates of completion for management training programs attended by all agency managers and leadership for the previous three years. First time applicants will show, at a minimum, the training records for the preceding year.

102.03.02 Succession Planning

The agency shall have a written Succession Plan Development policy/procedure that describes how future leadership is identified, educated, mentored, and prepared for leadership roles within the organization.

> *Documentation:* Provide a copy of the written succession plan policy. Provide examples of succession planning within the organization.

102.04 Information Management- The agency shall have a process in place for the security and retention of essential documents.

102.04.01 Records Maintenance

The agency shall have a Records Maintenance policy and procedure for the retention of essential documents regardless of format (paper, electronic, or other.) The policy shall include, at a minimum:
- How/where records are stored
- Length of retention
- Destruction method(s)

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	-Safety (including vehicle contacts)
-Patient Care Reports	-Compliance Program Documentation
-Financial Records	-Employee Health
-Vehicle & Equipment Maintenance	-Customer Comments
-Performance Improvement	-Training
-Unusual Incident	-Certification & Credentialing

> *Documentation:* Provide a copy of the written policy and procedure for records maintenance. Provide the current retention schedule for all applicable documents. Provide evidence of cyber security for electronic records.

102.04.02 Technology Vulnerability Analysis

The agency shall perform a vulnerability analysis on at least an annual basis that addresses all technology that is essential to providing ambulance services. This should include, at a minimum, security and backup of electronic data and HIPAA compliance and back-up power capability for all technology essential to providing ambulance service.

> *Documentation:* Provide a copy of the agency's technology vulnerability analysis document(s).

102.04.03 Technology Response Plan

The agency shall establish written plans for mitigation, preparedness, response, and recovery to any hazards noted in the analysis performed under Standard 102.04.02. These plans should include, but are not limited to, technology continuity of operations and connectivity plan, backup of electronic data plan, data breach response plan, computer device use policy, security policy, and back-up power plan.

Documentation: Provide a copy of the agency's plans for response to hazards identified in 102.04.02, including all required elements.

102.04.03 Technology Response Evaluations

The agency shall perform an evaluation of response plans identified in 102.04.03 and shall document these evaluations. These evaluations should include, at a minimum, regular testing of the technology, continuity of operations and connectivity plan, backup of electronic data plan, and back-up power plan.

Documentation: Provide a written evaluation of any simulations, drills, or actual events conducted under the standard. Provide examples of technology changes made as a result of the technology response evaluation(s).

103 Financial Management

The 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.

103.01 Financial Policy- The agency will make provisions and provide direction for the management of its fiscal affairs.

103.01.01 Financial Authority

The individual identified as the Chief Financial Officer 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.

Documentation: Provide a copy of the written description of the chain of ultimate financial responsibility and authority within the agency.

NOTE- IN SUBSIDIARY AGENCIES, THIS INDIVIDUAL IS IDENTIFIED AS HAVING ULTIMATE RESPONSIBILITY AND AUTHORITY FOR THE SCOPE OF SERVICE COVERED IN THIS APPLICATION.

103.01.02 Delegated Responsibility

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

Documentation: Identify all individuals (by title and position) with delegated financial responsibility and authority.   Provide a copy of the document(s) authorizing all the delegation of financial responsibility and authority within the agency.

103.02 Budgeting and Financial Statements- The agency shall utilize a written budget and financial performance measurements.

103.02.01 Budgeting and Financial Planning

The agency shall have a written budget development process that clearly demonstrates robust financial planning and addresses financial reserves. This process must demonstrate a relationship between the agency's Strategic Plan and the development of its Budget.

Documentation: Provide the written budget development process/policy used for developing the Budget. Include examples of financial planning and adequate financial reserves. Include evidence of how the Strategic Plan is used in the budget development process. Budget must be available for on-site review.

103.02.02 Monitoring Financials

The agency shall have a written policy/procedure to monitor financial performance measurements (both revenues and expenses) during the budget period. The procedure shall include at a minimum:

-Description of how the agency defines and identifies budget variances

-How those variances are monitored and tracked for any trends

-What is done with this information to improve financial performance

Documentation: Provide a written policy/procedure describing the process for reviewing financial performance. Provide examples of reports used for financial performance monitoring and review.

103.02.03 Accountant Review

The agency shall have an annual, external, independent accountant review of financial records, to verify that generally accepted accounting practices are being used.

Documentation: Provide a statement from the agency's external, independent accountant that generally accepted accounting practices are being used.

103.03 Accounts Receivable- If patient billing and collection is a function carried out by or on behalf of the agency, the agency shall have written accounts receivable policies.

103.03.01 Accounts Receivable Policies and Guidelines

Accounts Receivable policies and procedures must include at a minimum:

-Sections on customer service

-Collections/refunds

-Exceptions/write-offs

-Complaint handling

-Insurance denials

NOTE- IF AN AGENCY ELECTS TO OUTSOURCE AR/BILLING SERVICES THE AGENCY MUST CONFIRM THAT THE 3RD PARTY ENTITY MEETS OR EXCEEDS ALL APPLICABLE CAAS STANDARDS.

Documentation: Provide copies of all written policies and procedures that address matters of customer service, collections and refunds, exceptions and write-offs, complaint handling and insurance denials.

103.03.02 Financial Accounts Education and Training

The agency shall maintain documentation of comprehensive training for all billing and coding personnel (internal and outsourced.) This shall include training in all relevant ambulance billing and coding topics, including, at a minimum:

-The role of call intake and dispatch in compliant billing

-Current Medicare regulations

-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

-Comprehensive training on billing compliance including false claims, the anti-kickback statute, HIPAA and general ambulance billing compliance

Documentation: Provide evidence of comprehensive training for all AR/billing and coding personnel. Include training agendas, description of topics covered, dates and times of training sessions, attendance records and, if applicable, course completion certificates.

103.03.03 Financial Accounts Continuing Education
The agency shall maintain documentation of annual continuing education for all AR/Billing/Coding personnel (internal and outsourced), to assure the agency of ongoing compliance with regard to their billing practices.

Documentation: Provide evidence of ongoing training of all AR/Billing/Coding personnel. Include all training agendas, description of topics covered, dates and times of training sessions, attendance records and, if applicable, course completion certificates.

103.04 Insurance- The agency shall have insurance coverage to address financial risk issues.

103.04.01 Insurance Coverage
The agency shall have sufficient 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
-Directors & Officers Insurance for Board of Directors
-Employment Practices Liability Insurance

Documentation: Provide the agency's most recent assessment of insurance needs. Provide evidence of sufficient insurance coverage in the required areas.

104 Community Relations and Public Affairs

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.

104.01 Community Education, Health Promotion, and Injury Prevention- The agency shall have established programs designed to educate the public about out-of-hospital care, health promotion and injury prevention.

104.01.01 Community Education

Through continuous, ongoing community education initiatives, the agency shall be actively involved in educating the public about out-of-hospital care, health promotion, and injury prevention. The agency must demonstrate the process it uses to evaluate community education programs and initiatives for quality and effectiveness.

The agency must maintain summarized reports (by topic) of all community education initiatives.

These summary reports shall contain, at a minimum:

- Dates of programs
- Agendas and descriptions of the program content
- Educational objectives of programs
- Estimated number of participants

Documentation: Provide a summary report(s) of all community education initiatives from the past three years. First time applicants will show, at a minimum, a report of all community education initiatives for the preceding year. These reports shall be organized by category/topic (information on out-of-hospital care, health promotion, and injury prevention). Report must include evidence that the community education initiatives and programs have been evaluated on the effectiveness of the initiatives. Include documentation of any outcome information/data.

Provide examples of feedback received on community education initiatives. This shall include survey results, comments, or awards**.**

104.02 Community Relations- The agency shall have practices in place to strengthen its image and relationships within the community.

104.02.01 Customer Feedback

The agency shall have a documented customer service feedback program. The program will include, at a minimum:
- Established methods for soliciting feedback from customers
- How customers are identified
- What inquiries of agency services will be included
- Minimum number of surveys or solicitations to be conducted in order to achieve a significant number of

responses
-How unsolicited feedback is collected and incorporated
-How all the collected information will be summarized and reported
-How this information will be used to improve future service.

Documentation: Provide a copy of the agency's customer service feedback program. Provide copies of all customer comment forms, surveys and other tools aimed at soliciting feedback on service. Provide summarized results of feedback received and describe how this information is utilized to improve future service

104.02.02 Complaints and External Conflicts
The agency shall have an external conflict resolution policy that describes what is done when a complaint, concern or grievance is raised by someone outside the agency, such as a patient, a community member, another agency, or another healthcare professional.

The policy shall also address concerns or grievances raised by the agency, or an individual inside the agency, against an outside entity or individual. The agency shall publicize a method of receiving such concerns from external and internal sources.

The policy shall include, at a minimum:
        -A timely method of receipt and recording of complaints
        -Assignment to responsible individuals
        -Investigative process
        -Standards of review
        -Timing of review
        -Documented findings and conclusions

The agency shall document the facts of the complaint, method of receipt, responsible individual, investigative outcome, resolution, and recommendations, including feedback to the complainant. All complaints shall be documented with dates and times of all critical events in the process. The policy shall also describe how these complaints are tracked for any trends and what is done with this information.

Documentation: Provide a copy of the policy on external conflicts/complaint resolution. Provide examples of complaints and evidence that the complaint investigation process was appropriately followed.   Provide tracking and trending of current and recent complaints. Provide examples of what is done as a result to improve future service.

104.02.03 Donations
The agency shall have a donation policy that addresses, at a minimum:

  - How requests for donations or contributions from the agency are accepted or denied whether in-kind
    (e.g. services rendered) or monetary
 -How donations to the agency are accepted or denied

Documentation: Provide a copy of the policy on handling requests for donations and contributions. Provide examples of requests for donations and contributions, showing how they are handled and documented.

104.02.04 Community Resource and Support

The agency shall be involved in supporting service activities and initiatives, beyond the provision of ambulance service and community education.

> *Documentation:* Provide evidence of the agency's participation in various community service activities (e.g. charitable community organizations)

104.02.05 Community Diversity

The agency shall have a community diversity plan to assess and address cultural and language diversity within the community. The plan will include, at a minimum:

> - How culturally diverse needs are identified
> -All tools/resources used to meet any communication and language barriers
> -Employee education efforts

> *Documentation:* Provide evidence of the agency's community diversity plan. Provide copies of any printed or electronic materials/resources used, educational programs and or language resources.

104.02.06 Special Populations

The agency shall have a special populations plan to identify, assess, and address members of the community with special healthcare needs. The plan shall include, at a minimum:

> -Engaging public health officials and other special interest healthcare advocates to assist with identifying groups within the community that have special healthcare needs, such as physical disabilities and/or mental health disorders
> -Identifying tools, needs, and resources used to address any barriers to care
> -Employee education efforts

> *Documentation:* Provide evidence of the agency's special populations plan. Provide copies of any printed or electronic materials/resources used. Provide evidence of educational efforts and/or organizational changes made as a result of this plan.

104.02.07 Implicit Bias

The agency shall have a program to raise awareness of implicit bias in healthcare. The program will include, at a minimum:
> -An understanding of how unconscious associations can derive from both healthcare provider and/or patient
> -The impacts these unconscious associations can have on the effective provision of healthcare
> -Education programs that raise awareness in an effort to mitigate negative impacts in the provision of healthcare.
> -Initial and ongoing awareness training based upon employee and patient encounter feedback

> *Documentation:* Provide a description and evidence of the agency's implicit bias awareness program. Provide examples of any printed or electronic materials/resources used. Provide evidence of initial and ongoing educational efforts.

104.03 Media Relations-The agency shall have established methods to promote ongoing media relations.

104.03.01 Media Relations Plan

The agency shall have a Media Relations Plan that addresses how the agency communicates and coordinates with the media for the purpose of alerting the public in an effort to reduce illness and injury prior to, during, and following events that impacts the community. The plan shall include, at a minimum:

-How media inquiries are handled
-Who is authorized to communicate with the public/media
-The role and responsibilities of the Public Information Officer (PIO)
-Considerations for large scale events.

The plan shall also include how the agency initiates contact with the media in an effort to generate positive coverage. Include the role of the PIO regarding when and how press releases and other communications are generated.

Documentation: Provide a copy of the agency's Media Relations Plan. Provide examples of when and how the plan has been utilized.

104.03.02 Agency Use of Social Media

The agency shall have a policy on the use of social media by the agency and its representatives.

Documentation: Provide a copy of the policy on the use of social media. Provide a list of all social media sites established by the agency.

104.03.03 Tracking Media Coverage

The agency shall have an established method to monitor and track media coverage related to the agency.

Documentation: Describe the method used to monitor and track media coverage. Provide copies of media coverage for the past year.

104.04 Marketing Relations-The agency shall have established methods to conduct ongoing marketing activities and initiatives.

104.04.01 Public Directories

The agency shall have clear listings in local directories (print or electronic/internet) indicating appropriate telephone numbers for service. Include instructions on the use of 911 for emergencies.

Documentation: Provide evidence of all local directory listings, in print or electronic.

104.04.02 Advertising

Any advertising materials, whether in print or electronic/internet, must accurately describe: the level of services provided, the geographic area(s) where the agency provides those services and methods by which customers can access service.

Documentation: Provide copies of all electronic or printed advertising materials.

105 Human Resources

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

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

105.01.01 Credentials

Under the oversight of the Medical Director, the agency shall maintain current credentialing documents on all employees as required by federal, state, local, or agency authorities. At a minimum, credentials shall include:

- -EMT/Paramedic level certification credentials
- -Other professional certifications and/or licenses (RN, PA, RT, etc.)
- -National Registry (if applicable)
- -Applicable driver's license
- -Motor vehicle record
- -Continuing Medical Education (CME)
- -Other certificates (EMD, CPR, ACLS, PALS, BTLS/PHTLS, current federal/state/county/local required training (e.g. NIMS), Special Rescue Team Credentials, etc.)

The agency shall also have a policy addressing the established process for recording and monitoring all credentials to ensure all are current and appropriately maintained by provider level, as well as what happens if an employee fails to maintain the appropriate credentials.

> *Documentation:* Clearly identify which credentials are required to be maintained by each provider level. Provide a copy of the policy that describes how these credentials are recorded, monitored, and what happens if an employee fails to maintain the appropriate credentials.   See also 201.01 Medical Oversight.

105.02 Compensation Package- The agency shall describe its compensation and benefit package for employees.

105.02.01 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, how wages are established and adjusted, paid and unpaid time away from work, and pay equity. The policy shall adhere to all Federal/state fair labor laws.

> *Documentation:* Provide a copy of the policy addressing pay, benefits, and other compensation. If one exists, provide a copy of the current Collective Bargaining Agreement (CBA) or other documents that demonstrate how unionized employees are compensated.

105.02.02 Compensation Description

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

> *Documentation:* Provide a copy of the documentation given to employees addressing compensation and benefit programs.

105.03 Discipline and Corrective Action- Disciplinary consequences and the events that result in discipline must be clearly delineated.

105.03.01 Discipline and Corrective Action

The agency will have a policy that addresses inappropriate behavior(s) and professional performance expectations, and discipline/corrective action that includes concepts of just culture. The policy shall contain, at a minimum:
-   -Examples of types of actions/inappropriate behaviors leading to levels of discipline up to and including termination
-   -Description of who in the organization is authorized to impose disciplinary action
-   -Process for establishing an employee improvement plan
-   -Process for employee grievance of corrective action
-   -Progressive discipline and due process considerations

> *Documentation:* Provide a copy of the discipline/corrective action policy.

105.04 Internal Conflict Resolution- The agency shall have a clearly defined policy for handling employee grievances and concerns.

105.04.01 Internal Conflict Resolution

The agency shall have an internal conflict resolution policy that describes what is done when a concern or grievance is raised by an employee against another employee or when an employee reports an alleged unfair policy/procedure or action taken by the agency or its employees.

The policy shall include, at a minimum:
-   -Method(s) of receipt and recording of complaints
-   -Assignment to responsible individuals
-   -Investigative process
-   -Standards of review
-   -Timing of review
-   - Reporting of findings and conclusions

The agency shall document the facts of the complaint, method of receipt, responsible individual, investigative outcome, resolution, and recommendations, including feedback to the complainant. All complaints shall be documented with dates and times of all critical events in the process. The policy shall also describe how these complaints are tracked for any trends and what is done with this information.

Documentation: Provide a copy of the policy on internal conflicts/complaint resolution. Provide examples of complaints and evidence that the complaint investigation process was appropriately followed.   Provide tracking and trending of current and recent complaints. Provide examples of what done as a result to improve future service.

105.05 Recruitment, Hiring and Retention- The agency shall have recruitment practices that consistently allow for hiring and retention of qualified employees in accordance with Equal Employment Opportunity Act guidelines.

105.05.01 Recruitment

The agency shall have a policy describing how it recruits new employees. This policy shall, at a minimum, include the agency's plan for regularly assessing its hiring needs, the process for creating an employer brand, and identifying the sources for qualified candidates. Additionally, the agency shall conduct an annual assessment of their recruitment efforts to determine if hiring goals were met and what improvements or changes, if any, are needed.

Documentation: Provide a copy of the recruitment policy, including the agency's assessment of hiring needs, any recruitment tools or materials used, and the annual assessment of recruitment performance. Provide examples of recent recruitment activities.

105.05.02 Position Announcements

The agency shall have a policy detailing the process for selecting the most effective outlet(s) for posting of job positions, and shall describe how positions are announced and communicated, both internally and externally.

Documentation: Provide a copy of the policy on how all positions are announced and communicated and list all outlet(s) used. Provide examples of how recent position postings were communicated both internally and externally.

105.05.03 Diversity Plan

The agency shall have a written Diversity Plan that demonstrates ongoing efforts to achieve hiring patterns reflective of the diversity in the communities it serves. 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 provide examples of its hiring patterns.

Documentation: Provide a copy of the Diversity Plan. Provide evidence that demonstrates emphasis is placed upon local recruiting efforts.

105.05.04 Selection Process

The agency shall have a policy that describes the selection process used when filling job positions. At a minimum, the selection process shall include:

- Job application forms consistent with federal/state/local requirements
- Candidate qualifications as related to the agency's job descriptions
- Description of how EEOC guidelines are met
- Agency's Medical Director review of any clinical standards used in hiring medical personnel

 If prescreening and background checks are conducted, an established and standardized process must be used.

> *Documentation:* Provide a copy of the selection process policy. Provide copies of application forms used during the selection process. Provide examples of how the Medical Director is involved in the hiring process.

105.05.05 Employee Retention

The agency shall have an Employee Retention Plan that demonstrates ongoing efforts to measure and assess employee turnover. The plan shall include, at a minimum:

- Assessment of the employee experience, including employee satisfaction or engagement surveys
- Annual compensation & benefit market analyses
- Documented career development programs.

> *Documentation:* Provide a copy of the Employee Retention Plan. Provide examples of required components.

105.06 Employee Training and Development- The agency shall have established programs designed to appropriately train new employees and to provide ongoing training for all employees.

105.06.01 Orientation Training

The agency shall have an orientation program for all new employees (clinical and non-clinical) specifically tailored to their job description. At a minimum, the orientation program shall include:

- A review and understanding of all policies/procedures, protocols, standards and expectations relating to the employee and the position for which they were hired
- Healthcare relevant training including but not limited to Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care Fraud and Abuse, Anti-kickback, and current Federal/state/county/local required training (e.g. NIMS).
- EMS relevant training (as required by job description) including but not limited to emergency vehicle operations, safe handling/movement of patients, proper equipment use, radio/communications, patient care reporting
- Just Culture principles, ethics, diversity, sexual harassment

The orientation training program shall include a mechanism for evaluation and feedback on the employee's progress in orientation as well as a mechanism to verify and document successful completion of all required orientation standards.

> *Documentation:* Provide a curriculum or outline of the orientation process for all new employees. Provide examples of forms/tools used to document the progress and successful completion of new employee orientation.

105.06.02 Ongoing Training

The agency shall have a documented annual Ongoing Training Program for all employees (clinical and non-clinical) specifically tailored to their job description. At a minimum, the Ongoing Training Program shall include:

-Training topics identified as a result of the Performance Improvement Process (see also 201.05)
-Continuing Medical Education (see also 202.01)
-Review of policies/procedures, protocols, standards and expectations relating to the employee and the position for which they were hired
-Healthcare relevant training including but not limited to: Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care Fraud and Abuse, Anti-kickback
-Current Federal/state/county/local required training (e.g. NIMS)
-EMS relevant training (as required by job position) including but not limited to emergency vehicle operations, safe handling/movement of patients, proper equipment use, radio/communications, patient care reporting
-Just culture principles, ethics, diversity, sexual harassment
 -Optional educational opportunities
-A mechanism for remedial training (both individual and aggregate) as identified

> *Documentation:* Provide a copy of the annual Ongoing Training Program. Provide a scheduled list of educational topics and agendas. Provide evidence of employee participation/education. Provide sample copies of forms/tools used to document and track ongoing training.

105.07 Conduct- The agency shall have an established standard for professional conduct.

105.07.01 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
-Standards for dress & personal hygiene
-Representation on/use of social media use of mobile phones, photos and videos
-Drug and alcohol use/ substance abuse
-Personal and professional integrity

> *Documentation:* Provide a copy of the policy on professional conduct.

105.08 Performance Feedback- The agency shall have established standards for providing regular performance feedback to employees.

105.08.01 Performance Feedback

The agency shall have a policy describing the method(s) used to evaluate and communicate individual employee performance.   At a minimum, the policy shall include:

-Documented feedback, based on job descriptions and other standards of performance
-Employee is educated about the feedback process 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 documented input on the feedback they receive
-A mechanism for previous feedback to be reviewed and acknowledged by employees and their supervisors
-A mechanism for employees to review past performance feedback upon request

Documentation: Provide a copy of the policy on performance feedback. Provide sample copies of forms used for conducting and documenting performance feedback.

105.09 Subcontractor Personnel- If the agency utilizes subcontractor personnel, it must ensure that they meet all CAAS standards for employees.

105.09.01 Subcontractor Personnel

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

Documentation: List any subcontractor staffing organizations used by the agency. If used, provide evidence that the subcontractor agency meets all CAAS standards related to employees.

106 Compliance and Risk Analysis

Compliance standards are required to assure that internal controls are in place to efficiently monitor adherence to applicable statutes, regulations, and program requirements.

106.01 Compliance Program-The organization shall develop and maintain a corporate compliance program that covers all material areas of the agency's operations where compliance obligations exist.

106.01.01 Compliance Risk Assessment

The agency shall perform a risk assessment at least annually that addresses legal and regulatory compliance issues, including but not limited to: fraud and abuse, billing and documentation compliance, HIPAA compliance, human resources compliance, and wage and hour compliance as applicable.

> *Documentation:* Provide a copy of the most recent risk analysis/assessment report. Provide evidence that identified vulnerabilities or threats have been addressed. Provide all HIPAA and Information Technology Security Policies and Procedures. See documentation for 102.04.02.

106.01.02 Compliance Program

The agency shall establish written compliance programs for all legal and regulatory issues noted in 106.01.01. Program must include the designation of a compliance officer, formal initial training programs and annual training programs for all high-risk compliance areas, and as needed training on all other programs.

> *Documentation:* Provide a copy of the Compliance Program Manual or Compliance Plan.

106.01.03 Compliance Audit

The agency shall perform audits and on-going evaluation of the compliance programs noted in 106.01.01. Audits shall be performed at least annually on all high-risk programs, and as needed on all other programs, and shall include a written report on the audit findings, written recommendation for improvement, and demonstrated efforts toward those improvements.

> *Documentation:* Provide evidence that annual audits have been conducted.   Provide examples of any changes made to policies, procedures, or practices as a result of audit findings.

107 Organizational Safety
EMS organizational safety programs consist of beliefs, attitudes, and practices in all areas to reduce errors, improve overall safety, and result in better outcomes and prevent unintended injuries and illnesses.

107.01 Safety Culture- The just culture methodology balances open and honest reporting of adverse events with a quality learning environment and culture of safety, focusing on safe system design and management of employee behavioral choices.

107.01.01 Just Culture
The agency shall adopt a just culture model of shared accountability intended to develop and implement safe systems and support individuals to make safe behavioral choices. This model shall include, at a minimum:

- Self-reporting of events
- Acceptance of human error
- Learning culture
- Open and fair culture
- Safe systems design
- Behavioral coaching
- Reporting of adverse events and near miss events

Documentation: Provide a copy of the agency's just culture process.

107.01.02 Evaluation of Safety Culture
The agency shall adopt a mechanism for evaluating its safety culture at least once every three years, including:

- Data collection
- Values-based, incident investigation
- Categorization of behavior
- Learning environment - non-punitive, focus on risk of harm, addressing systems and human behavior elements, and individual accountability

Documentation: Provide the most recent safety culture evaluation. Provide examples of any resources and tools used.

107.01.03 Improving Safety Culture
The agency shall develop and implement an action plan based on the safety culture evaluation to improve at least the three lowest scoring areas identified, and must document those efforts including the specific areas, program elements, quantifiable measures, and outcomes.

Documentation: Provide a copy of the safety culture action plan.

107.01.04 Organizational Safety Plan

The agency will have an organizational safety plan which at a minimum will list and define the following:

-Who the designated safety officer or champion is for the agency
-Established safety initiatives
-Organizational safety measures and goals

Documentation: Provide a copy of the Organizational safety plan. See also Safe Patient Operations 303.03.

107.01.05 Safety Committee

The agency shall have an established safety committee that meets at least monthly to review and address any safety related concerns or patient care adverse events. Committee responsibilities shall include, at a minimum:

-Review and update the Safety Plan as needs are identified
-Review all safety initiatives and established safety measures and goals
-Review of all medical errors, sentinel events, other events as identified
-Have direct reporting authority to senior leadership and the Medical Director

Documentation: Provide evidence of the agency's Safety Committee. Provide recent agendas, meeting minutes. See also Employee Safety 303.02.

107.02 Adverse Event Reporting- The agency shall have a process for identifying, reporting, tracking, and resolving any adverse events or unusual occurrences.

107.02.01 Adverse Event Reporting

The agency shall have a written policy/procedure addressing the process for employees to report adverse events, incidents, or unusual occurrences. At a minimum, this shall include the process and documentation of:

-Definition of incidents requiring reporting
-Confidential/anonymous reporting
-Investigation of incidents - medical director involvement
-Resolution of incidents
-Feedback to involved individuals
-How incidents are documented, tracked and reviewed for trends, and what will be done with the information for system improvement

Documentation: Provide a copy of the policy/procedure addressing adverse event reporting. Provide examples of documents/software used. Provide examples demonstrating how incident reports are reviewed for trends and what is done with that information for system improvement.

107.02.02 Critical Failures

The agency shall have written policy/procedure(s) addressing the process for employees to identify and report failures of equipment or vehicles that occurred during patient care delivery. At a minimum, this shall include the process and documentation of:

-Examples of failures requiring reporting
-Confidential reporting mechanism
-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
-How failures are tracked and monitored for any trends and what is done with this information for system improvement

Documentation: Provide a copy of the policy/procedure addressing vehicle and equipment failure reporting. Provide sample forms used.

107.02.03 Sentinel Events

The agency shall have written policy/procedure(s) addressing the process for employees to report unanticipated events resulting in injury to a patient, not related to the natural course of the patient's illness or injury that occurred during patient care delivery. At a minimum, this shall include the process and documentation of:

-Examples of sentinel events
-Confidential and/or anonymous reporting mechanism
-Investigating the cause of the event
-Reporting events to any local/state/federal authorities as required
-Medical Director involvement
-Feedback to involved individuals
-How events are tracked and monitored for any trends and what is done with this information for system improvement

Documentation: Provide a copy of the policy/procedure addressing sentinel event reporting. Provide examples of documents/software used. Provide examples demonstrating how sentinel events are reviewed for trends and what is done with that information to improve future patient care service.

107.02.04 Medical Error Reporting

The agency shall have a written policy/procedure for employees to report medical errors. At a minimum, this shall include the process and documentation of:

-Examples of incidents requiring reporting
-Confidential and/or anonymous reporting mechanism
-Medical Director involvement
-Investigation of incidents
-Resolution of incidents
-Feedback to involved individuals
-How incidents are tracked and monitored for any trends and what is done with this information to improve future patient care service.

Documentation: Provide a copy of the policy/procedure addressing medical error reporting. Provide examples of software/forms used. Provide copies of examples showing how incident reports are tracked for trends and what is done with that information.

107.03 Loss Control- The agency shall have an established process to identify and mitigate loss.

107.03.01 Loss Control

The agency shall have an ongoing process to self-assess risk in an effort to mitigate loss. 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

-Any suspected civil risk

-High risk/low frequency event triggers

Documentation: Describe the risk assessment process and efforts to manage predictable risk within the agency. Provide examples showing risks that have been assessed, the follow-up plan implemented to reduce these risks, and the results of the efforts.

Section 200- CLINICAL

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201 Clinical Standards

Well-defined clinical standards and Medical Director oversight are essential to the provision of quality out-of-hospital healthcare.

201.01 Medical Oversight- Strong leadership and guidance from an agency's Medical Director is key to establishing current, appropriate clinical standards.

201.01.01 Medical Direction

The agency shall hire or contract with a duly licensed physician(s) who is actively involved in EMS Medical Direction and the provision of clinical care for all acuities of patients that may be reasonably encountered in the jurisdictionally relevant practice of EMS medicine. The Medical Director is responsible for direct medical oversight of the agency. Responsibilities shall include, at a minimum:

-Development and authorization of clinical dispatch, patient care, and transport protocols
-Credentialing of clinical employees (See also 201.04.02)
-Advisory and approval role in training/education of medical employees
-Advisory and approval role in clinical Performance Improvement initiatives
-Advisory and approval role in EMS system design

Documentation: Provide copies of the Medical Director's license(s). Provide evidence that the Medical Director is actively involved in the field of Emergency Medicine. Provide evidence that the Medical Director meets all requirements of any regulatory body and any specialty certification board(s).

Provide evidence that the Medical Director participates in a physician continuing education program pertaining to Emergency Medical Services.

Provide the Medical Director's certifications/participation in the following:

-Actively practices in emergency medicine
-ABEM/ABOEM Board Certified in Emergency Medicine
-ABEM/ABOEM Board Certified in Emergency Medical Services
-ABEM/ABOEM Emergency Medical Services Fellowship trained
-Participates in continuing physician Emergency Medical Services continuing medical education
-Other:_____

Provide evidence of how the Medical Director fulfills the responsibilities of this standard.

201.02 Clinical Protocols- Consistently following established medical protocols is necessary for the delivery of quality patient care.

201.02.01 Protocol Existence
The agency shall have a comprehensive 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
-Be reviewed at least every three years and more often when there are widely accepted scientific changes to consider
-Address how deviations from protocol will be addressed.

Protocols and protocol changes shall be based upon:

-Current medical evidence
-Local practice standards
-Emerging technologies
-National organization positions (e.g. American Heart Association guidelines)

Documentation: Provide a copy of the written medical protocols. Provide copies of all state and local statutory and regulatory medical protocols. If not contained within the written protocols, provide verification that a physician has authorized the protocols, and a detailed description of how deviations from protocol are addressed. Provide a description of the frequency of protocol review/revision.

201.03 Medical Records- Complete and accurate medical records are necessary to report and track patient care.

201.03.01 Patient Care Records
Written or electronic medical patient care records shall be kept on all patients contacted.   At a minimum, the records shall contain:

PATIENT CARE REPORTS WILL BE REVIEWED ONSITE

-Incident location & location type
-Date, call times
-Patient name, gender, DOB
-Agency, vehicle, & crew identification
-Assessment of patient, including vital signs and clinical impression
-Treatment, and response to treatment
-Disposition of patient
-Date and time the report was distributed to receiving facility
-NEMSIS required data

In addition, non-transported patient contacts shall also document appropriate refusal of care.

Documentation: Provide examples of the forms and/or software tools used to document medical records.

201.03.02 Distributing Medical Records

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

If the local medical protocol and state statute allows for 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 102.04.01)

If required, a copy of the medical record is to be filed with state/local authorities.

> *Documentation:* The agency shall demonstrate how the patient care records are securely transferred to the receiving facility, including time verification. For specific emergent conditions under which the EMS providers are allowed to depart the facility prior to providing a complete medical record at time of patient care transfer, the agency's Medical Director shall describe in written Medical Protocol the emergent conditions under which an exception may take place.

> In addition, the written Medical Protocol must state what minimum medical information must be contained in the verbal and short, written report presented to health facility personnel when the patient care is transferred.

> Reviewers must be able to verify with agency clinicians and health facility personnel that medical information is properly reported.

201.03.03 Electronic Patient Care Records

For all electronic patient care reports (ePCR), there must be a written, HIPAA compliant policy and procedure in place that describes how and to whom patient information/records will be exchanged, transmitted, reproduced, and securely stored. Electronic patient care reports must be NEMSIS compliant if the agency's state requires NEMSIS data submission.

> *Documentation:* Provide a written policy on the safe, secure HIPAA-compliant transmission and storage of electronic patient care reports.

201.04 Staffing- Appropriate levels of trained staff will be assigned to requests for service.

201.04.01 Staffing Requirements
With input and approval from the Medical Director, the agency shall have established staffing certification and qualification requirements for each level of service provided (BLS, ALS, IFT, SCT)

The minimum acceptable staffing standard for BLS patient care is two Emergency Medical Technicians. Emergency Medical Responders are not acceptable.

> *Documentation:* Provide a written policy or document(s) clearly detailing the minimum staffing requirements for each level of service provided by the agency. Provide examples of the regular staffing review process.

201.04.02 Clinical Credentialing
The medical director shall clinically credential all EMS providers at least every two years. This process involves the attestation by the Medical Director that the EMS provider:
-Demonstrates sufficient cognitive knowledge
-Demonstrates mature, responsible affective ability
-Demonstrates a command of all involved psychomotor skills
-Integrates all the above in the application of critical thinking in the provision of clinical care for all acuities of patients that may be reasonably encountered in the jurisdictionally relevant practice of EMS medicine

While the medical director may delegate evaluation of an EMS provider's competencies, the medical director must be actively involved and have final authority and accountability for credentialing of EMS providers providing care under their oversight.

> *Documentation:* Provide a detailed description of the agency's credentialing process, specifying how it meets the characteristic's requirements. Demonstrate how the process is fair, consistent, objective, is continuously reviewed for improvements, and is based on clearly communicated, evidence-based clinical performance standards that are accessible to any EMS provider seeking clinical credentialing from the Medical Director.

201.05 Clinical Improvement- The agency shall have a comprehensive Performance Improvement Program addressing clinical quality.

201.05.01 Clinical Performance Improvement Program
The agency shall have a Clinical Performance Improvement Program that is approved by the agency's Medical Director. This program shall include prospective, concurrent, and retrospective initiatives designed to improve the care delivered by the agency's providers for all levels of service provided by the agency.

All aspects of the Clinical Performance Improvement Program shall be developed in conjunction with the Medical Director.

> *Documentation:* Provide a detailed description of the agency's Clinical Performance Improvement program. Provide examples of any software/forms/tools used. Provide verification that this program has been developed in conjunction with and approved by the Medical Director.

201.05.02 Clinical Indicators

The agency's Clinical Performance Improvement Program shall have clearly defined measurable clinical indicators that are regularly assessed for compliance with established targets approved by the agency's Medical Director. 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
-Outcome data

Documentation: Provide a detailed description of all measurable clinical indicators and established targets utilized. Provide evidence of how indicators and targets are regularly reviewed and assessed by the Medical Director for continued appropriateness.

201.05.03 Clinical Indicator Variations

The agency's Clinical Performance Improvement Program shall have a well-defined process for quickly identifying and addressing instances where measurable indicators are not in compliance with established targets. This process shall include variations noted for individual providers as well as aggregate organizational trends.

Documentation: Provide a detailed description of the process used to identify, measure and review variations (individual and organizational) to all established indicator targets. Show how these variations are routinely reviewed with the Medical Director.

201.05.04 Other Clinical Issues

The agency's Clinical Performance Improvement Program shall have a process for investigating and addressing clinical issues raised by any means other than measured indicators. Examples shall include, but are not limited to:

-Review of high risk/low frequency events
-Feedback from hospital or other public safety agencies
-Employee feedback
-Customer feedback
-Patient satisfaction results
-Just Culture initiatives
-Supervisory observations
-Anonymous reporting

Documentation: Provide a description of how the Clinical Performance Improvement Program incorporates clinical issues identified by means other than the established and monitored indicators.

201.05.05 Reporting Performance Improvement Outcomes

The agency shall have a defined process for routinely reporting all Clinical Performance Improvement outcomes. This shall include, at a minimum:

-Documenting & reporting individual issues and individual clinical indicator outcomes to the respective individuals and the Medical Director
-Documenting & reporting aggregate outcome data of clinical indicators and other activities to employees, management, the Clinical Professional Standards Review Committee, and the Medical Director

Documentation: Provide recent examples of reports generated through the Clinical Performance Improvement Program. Provide evidence of how outcome data is routinely reported to employees, management, and the medical director.

201.05.06 Assessing Clinical Performance Improvement Effectiveness

The agency shall provide a comprehensive, written evaluation report describing the overall effectiveness of its Clinical Performance Improvement Program to its employees, the Clinical Professional Standards Review committee, management, and the Medical Director, at least annually.

The report shall include, at a minimum:

-Summarized description of the Clinical Performance Improvement program
-Summary of the outcomes for all established measured indicators
-Areas of the program determined to be in need of improvement and what subsequent changes will be made to the program as a result

Documentation: Provide the previous three years of written Quality Clinical Performance Improvement program effectiveness reports and demonstrate how changes were made as a result of these evaluation reports. First time applicants will show, at a minimum, at least one evaluation report on the effectiveness of the quality of the Clinical Performance Improvement Program.

201.05.07 Clinical Professional Standards Review Committee

The agency shall have a Clinical Professional Standards Review committee in place to review all outcomes under the direction of the agency's Medical Director. The committee shall include the involvement of providers and peer review.

Documentation: Provide a detailed description of the Clinical Professional Standards Review committee and its functions. Provide examples of agendas, meeting minutes and any software, forms/tools used. Provider verification that this program has been developed in conjunction with the Medical Director.

202 Medical Education

Continuous medical education is necessary to provide high quality patient care services. A high-quality EMS system depends on competent clinical/patient care providers who meet or exceed local and state requirements.

202.01 Continuing Medical Education- The agency shall provide a high-quality Continuing Medical Education Program sufficient to meet the CME requirements of its employees.

202.01.01 Continuing Medical Education

With Medical Director input and approval, the agency shall provide a Continuing Medical Education program for all providers that meets or exceeds the educational requirements of its employees as well as any local and state requirements.

The Continuing Medical Education Program shall be clearly linked to the agency's Clinical Performance Improvement Program and shall address each level of service provided. Individual CME requirements may differ among different levels of providers. (see also 201.04.02)

> *Documentation:* Provide a copy of the agency's Continuing Medical Education Program description, including verification of Medical Director approval of the program/contents. In addition to the agency's own program, provide a copy of any local or state CME Program requirements. Provide examples of forms/tools used to record and track employee's Continuing Medical Education.
>
> Provide a list of Continuing Medical Education courses offered by the agency to employees in the past 2 years.
>
> Provide examples showing Continuing Medical Education Programs that were performed as a result of Performance Improvement initiatives.

Section 300- OPERATIONS

301 Inter-Agency Relations

Positive, ongoing 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.

301.01 Inter-Agency Communications and Relations- The agency shall have established and ongoing communications and relationships with area EMS agencies, public safety agencies, hospitals and other healthcare and government officials to facilitate improved relationships and improved service coordination.

301.01.01 On-Going Dialogue

The agency shall establish and maintain ongoing relationships and communication with relevant EMS agencies, public safety agencies, hospitals, and other health care and government officials within the agency's service area(s). The agency shall develop and maintain a documented process for conducting routine (weekly/monthly/quarterly) discussions/communications with these relevant agencies to improve service coordination, performance and reduce conflict and service issues.

> *Documentation:* Describe the process used for conducting routine discussions/communications with relevant area EMS agencies, public safety agencies, hospitals, and other health care and government officials. List all relevant agencies included in this process, and the person(s) responsible for maintaining the relationship with each entity. Provide documentation of these on-going efforts (meeting agendas, minutes, official communications, etc.)

301.02 Mutual Aid- The agency shall develop and maintain relationships with other EMS/Public Safety organizations in its immediate or neighboring service areas.

301.02.01 Mutual Aid Process

The agency shall have an internal, preplanned written process for dealing with mutual aid needs and requests and shall demonstrate efforts to participate in any regional mutual aid process.

> *Documentation*: Provide copies of all formal mutual aid agreements specifying the circumstances under which mutual aid is to be used. Provide a copy of the internal policy specifying the circumstances under which mutual aid is to be used.
> Provide supporting documentation of participation in regional mutual aid process when a regional process exists. Provide examples demonstrating how mutual aid needs and requests are reviewed for compliance with mutual aid agreements/policies.

NOTE- THIS STANDARD APPLIES TO ALL LEVELS OF SERVICE PROVIDED (BLS, ALS, IFT, SCT)

301.02.02 Mutual Aid Policies

Mutual aid agreements/policies shall address, at minimum:

-Issues of liability
-Fees charged for services
-Communications
- Reciprocity
-Mutuality of assistance offered

Documentation: Refer to documentation for 301.02.02. Verify inclusion of issues of liability, fees charged for services, communications, reciprocity, and mutuality of assistance offered.

301.03 Hazard Preparation and Coordination- The agency shall identify, prepare for, and have the ability to respond to hazardous situations within the community.

301.03.01 Hazard Vulnerability Analysis

The agency shall perform a Hazard Vulnerability Analysis (HVA) at least annually that addresses both internal and external hazards that may adversely impact the ability to perform the essential functions of the agency, including but not limited to mass casualty incidents, natural and man-made disasters, and other high-impact events.

Documentation: Provide a copy of the agency's most recent Hazard Vulnerability Analysis report.

301.03.02 Hazard Response Plans

The agency shall establish written plans for mitigation, preparedness, response, and recovery to any hazards noted in the analysis performed under Standard 301.03.01, including a mass casualty incident plan, disaster response plan, and other regional response plans as needed. These plans shall address, at a minimum:

-Use of the Incident Management System
-Lead agency/individual for certain types of responses
-Medical command
-Internal and external communications plans
-Incident response plans
-Coordination with receiving facilities
-Documentation of post-incident critiques
-Provider mental health needs

Documentation: Provide a copy of the agency's plans for response to hazards identified in 301.03.01, including all required elements. Provide a copy of any regional disaster plans.

301.03.03 Hazard Response Evaluations

The agency shall conduct an HVA response plan simulation evaluation at least annually, or more frequently as need indicates. Simulations may be table-top or functional and must take place on at least an annual basis and must be followed by a formal and documented evaluation process. Real-world events may substitute for functional exercises if they follow the formal and documented evaluation process. A minimum of one full-scale functional exercise or real-world event must take place a minimum of every three (3) years.

> ***Documentation:*** Provide a written evaluation of any simulations, drills, or actual events conducted.

302 Operational Responses

The agency shall have an organized plan for responding to requests for service and ensuring that those requests are handled effectively and efficiently.

302.01 Operational Response Plans- A comprehensive response plan is essential in providing timely, appropriate resources to requests for service.

302.01.01 Operational Response Plan

The agency shall have a comprehensive, written response plan that is reviewed at least quarterly to ensure the appropriate level(s) of service, geographic positioning and number of resources are being utilized. The plan shall contain, at a minimum:

-The most recent demand and resource analysis
-Resource utilization plan
-Triage and emergency medical dispatch (EMD) protocols and response time intervals
-How the plan is monitored and reviewed
-How findings are used to make operational improvements.

Documentation: Provide a written copy of the Operational Response Plan. Provide examples of operational response changes that have been made over the past year to improve performance.

301.01.02 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 and how to request mutual aid)
-Ability to prioritize multiple requests for service made at one time
-Description of all service levels that outlines which types of requests are appropriate for the agency to accept/decline
-Procedure to help callers locate an appropriate alternative when the agency must decline a request for service for any reason (service level, resources not available, weather, etc.)

Documentation: Provide a copy of the protocols for triaging requests for service. Provide evidence of Medical Director involvement.

301.01.03 Response Time Standards

The agency shall have established response time standards for the following 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 made contact with the patient.)

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.

For all 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 agreed a different response standard is appropriate due to system design that can document qualified EMTs arrival on scene prior to the responding unit.

Agencies that provide SCT and IFT shall establish appropriate response time requirements in conjunction with the agency's Medical Director and the receiving facility.

Documentation: Provide a copy of the agency's standards for response time intervals. Provide documentation/evidence from the agency's Medical Director and from any regulatory oversight entity(s) stating their agreement with, or acceptance of the agency's Response Time Standards.

301.01.04 Response Time Reporting

Analysis reports for all response time standards, in all geographic areas, will be compiled and reviewed on a weekly, monthly, and annual basis. Daily review is strongly encouraged.

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 and the oversight agency. Response time analysis reports shall be shared with employees and management.

Documentation: Provide examples of recent weekly, monthly, and annual response time analysis reports generated in the last year. All reports from the preceding year must be available for review onsite.

301.01.05 Response Time Monitoring

Trends in response time exceptions will be identified from the Response Time Analysis Reports (301.01.04). 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.

Documentation: Provide documentation showing examples of a trend in response time exceptions that was identified, how operational changes were made, and the resulting compliance with response time standards.

302.02 Radio Communications- The agency shall provide capabilities for immediate, direct communications between its providers and the Communications Center.

302.02.01 Portable Communications Abilities

The field personnel shall have communications capabilities allowing for immediate communications with the Communications Center and 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 on all in-service ambulances, regardless of service level provided. 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 demonstrable means for field personnel to have consistent communication with each other and the Communications Center in the event of separation during an event. See also 401.01.04

> *Documentation:* Describe the communications capabilities between the Communications Center and the agency's field personnel. Provide evidence that sufficient portable communications devices exist to meet peak deployment schedules. Reviewers will test the ability for the field personnel to have instant communications with one another and with the Communications Center.

303 Safe Operations

Comprehensive safety standards are the requirement to assure that patients, employees, and the agency are protected from harm.

303.01 Vehicle Safety - Programs and procedures exist to address the safe operation of agency vehicles.

303.01.01 Driving Standards
The agency shall have written policy/procedures addressing driving standards. At a minimum, the policy/procedures shall include:

-Acceptable driving record criteria, including: initial driving record check on all new employees, annual driving record check on all existing employees, and employee obligation to report all changes to driving record between annual record checks
-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
-Initial and ongoing driver training program
-Use of real time monitoring devices
-Vehicle contacts and investigations

Documentation: Provide a copy of any policy/procedures addressing driving standards.

303.01.02 Safety Restraints
The agency shall have a written policy/procedure addressing the use of safety restraints. At a minimum, this policy/procedure shall include:

-Required use of seat belts for everyone in the front of moving vehicles (including non-employees)
-Required use of seat belts for everyone in patient care compartment of all moving vehicles (including patients)
-The majority of patient care shall be administered from a seat-belted position while moving, unless use impedes critical patient care otherwise impossible from a secured position
-Use of appropriately sized and secured child restraint devices
-Securing of all equipment inside closed compartments or the use of appropriate equipment securing/mounting devices at all times the vehicle is in motion.
-Safety restrictions for front seat passengers in vehicles equipped with passenger-side airbags

Documentation: Provide a copy of the policy/procedure(s) addressing use of safety restraints.

303.01.03 Initial and Ongoing 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 for all new hires covering the safe operation of vehicles and all driving policies/procedures
-Initial hands-on driving/emergency response training for all new hires
-Employee education on use of any real time/ongoing monitoring devices used by the agency
-Initial evaluation process to authorize driving privileges to all new hires
-Annual driver training review/update for all employees
-Procedure for remedial driver training (individual and agency-wide) as needs are identified

Documentation: Provide a copy of the policy/procedure addressing driver training. Provide a copy of the driver training program used. Provide evidence that all new employees receive comprehensive driver training upon hiring and that all existing employees receive annual training review/updates at least annually. Provide evidence of remedial driver training.

303.01.04 Ongoing Driver Monitoring

The agency shall have in place a driver monitoring program for the ongoing monitoring of driver performance. The program shall include ongoing direct supervision, and, if used, how real time monitoring devices are to be utilized. Data from driver monitoring shall be incorporated into ongoing driver training.

Documentation: Provide the policy/procedure(s) for the driver monitoring program.   Show how data is used to improve driver training.

303.01.05 Vehicle Contacts

The agency shall have written policy/procedure(s) addressing vehicle contacts. At a minimum, the policy/procedures shall include:

-Procedures employees are to follow in the event of a vehicle contact
-Required reporting process for vehicle contact
-Required no fault reporting of near-contact incidents
-Process for investigation and follow-up of vehicle contact
-Use of real time monitoring data
-When and how drug or alcohol testing would occur post-incident
 -Determination of preventable vs non-preventable contacts
-Any remediation and/or corrective action
-Reporting, identifying, tracking and trending of both contact and "near contact" incidents
-Initiatives taken by agency to reduce vehicle contact statistics

Documentation: Provide a copy of the policy/procedure(s) addressing vehicle contacts. Provide tracking and trending of all contacts and "near contact" incidents. Show ongoing efforts/initiatives to reduce vehicle contact statistics.

303.02 Employee Safety - The agency shall have programs in place to protect the safety of employees.

303.02.01 Employee Safety
The agency shall have comprehensive policies and procedures addressing the safety of its employees. At a minimum, these policy/procedure(s) shall include:

- Facility Safety
- Infection and Exposure Control – appropriate use and fit of personal protective equipment (PPE)
- Scene safety
- Use of protective and reflective outer garments/helmets appropriate for the levels of service provided
- Use of safety restraints in moving vehicles
- Safe lifting and moving techniques
- Hazardous Materials
- Special Rescue Responses
- Employee Wellness and Resiliency programs
- Employee duty and rest cycles (including breaks, meals, maximum duration of consecutive work hours and off duty rest requirements)
- Any applicable local/state/federal requirements for employee safety
- Mechanism for employees to report employee safety concerns anonymously

Documentation: Provide copies of all employee safety policy/procedure(s). Provide copies of all applicable local/state/federal requirements for employee safety. (See also 107 Organizational Safety).

303.03 Safe Patient Operations- The agency shall have programs in place to protect the safety of patients.

303.03.01 Safe Patient Operations
The agency shall have comprehensive policy/procedure(s) addressing safety of patients. These policy/procedure(s) shall include, at a minimum:

- Safe patient lifting and moving practices
- Use of patient movement/carrying devices, appropriate for size/weight of patient
- Appropriate use of stretcher shoulder/torso/leg straps for patient safety
- Use of pediatric car seats for transportation
- Transportation of patients in police custody
- Consideration for special needs, such as: chemically impaired or violent patients, bariatric, mental health, LVAD, ECMO, ventilator dependent, etc.
- Mechanism for employees to report patient safety concerns anonymously

Documentation: Provide all policy/procedure(s) addressing patient safety. (See also 107 Organizational Safety).

303.04 Patient Personal Property- The agency shall have plans in place to properly care for patient personal property.

303.04.01 Handling Patient Personal Property

The agency shall have a written policy/procedure addressing handling of patients' personal property. The policy shall contain, at a minimum:

-Belongings that can or cannot be transported with the patient
-Size and volume restrictions to ensure all items can be properly secured
-Items removed from patient during the delivery of care (glasses, dentures, watches, clothing, etc.)
-How patient belongings will be properly secured during transport
-How employees address unusual scenarios (weapons/drugs, personal DME)

The policy shall also require the detailed documentation of belongings transported, and documentation of chain of custody at the receiving facility.

Documentation: Provide a copy of the policy/procedure addressing handling of patient personal property. Provide examples of any tools or forms used (e.g. patient property bags).

303.04.02 Service and Non-Service Animals

The agency will have a written policy addressing the handling of patient's service animals that permits the service animal to accompany the patient unless doing so would compromise the health and safety of the patient or agency personnel. Additionally, the agency will have a policy addressing handling of patient's other animals, such as non-certified service animals, support/comfort animals, or pets.

Documentation: Provide a copy of the agency policy on the handling of accompanying service and non-service animals.

304 Equipment and Facilities

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

NOTE- ALL VEHICLES, EQUIPMENT AND FACILITIES MUST BE AVAILABLE FOR ON-SITE INSPECTION

304.01 Vehicles- Agency vehicles shall be in good working order, allowing for safe, reliable transportation.

304.01.01 Vehicle Standards

All vehicles used by the agency in the delivery of patient care shall be maintained and operated in good working order.

Ambulances should be designed, built and equipped in compliance with one of the nationally recognized ambulance standards (CAAS-GVS, KKK, or NFPA) in accordance with applicable federal/state/local regulations.

Vehicles shall not exceed the Gross Vehicle Weight Rating (GVWR), Gross Axle Weight Rating (GAWR), or Total Useable Payload of any vehicle in operation.

NOTE- THE GVS STANDARD IS A SEPARATE STANDARD AND IS NOT A REQUIREMENT FOR ACCREDITATION

The total weight of any vehicle loaded with a full complement of equipment and supplies, a full tank of fuel and anticipated weight of crew and patient(s) shall not exceed the vehicle's GVWR under any circumstances. The agency shall have documented guidelines for total weight restrictions for each vehicle.

Safety of the vehicle's crew and patient must be a top priority, and agency shall have a documented policy and procedures addressing the safety of vehicle occupants. (See 303.01 Vehicle Safety)

All ambulances shall have a minimum of one level of redundancy in each of the following: patient compartment lighting, communication system, and biomedical equipment power system.

> *Documentation:* Provide copies of all applicable vehicle specification requirements from federal/state/local authorities. Provide documentation of GVWR for all vehicles in operation. Provide evidence that all vehicles in operation do not exceed GVWR when fully loaded. Evidence of redundancy in the following systems will be demonstrated on site: patient compartment lighting, communication system, and biomedical power system.

304.01.02 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
-Where, when and by whom will cleaning occur
-Routine (daily) vehicle cleaning
-Detailed vehicle cleaning
-Cleaning required after each patient
-Additional decontamination cleaning procedure required after transport of patients with communicable
 diseases

Documentation: Provide a copy of the policy/procedure addressing vehicle cleanliness.

304.01.03 Vehicle Theft Prevention

The agency shall have a written policy/procedure requiring all access doors on all agency vehicles to be locked or otherwise secured when they are unattended at all times to prevent vehicle theft.

Documentation: Provide a copy of the policy/procedure addressing how vehicles are to be locked or otherwise secured when unattended to prevent theft. If anti-theft devices are used, provide evidence and description of how the device meets the standard.

304.02 Vehicle Maintenance- Programs shall be in place to provide comprehensive vehicle maintenance.

304.02.01 Preventative 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
-Detailed record-keeping by vehicle

Documentation: Provide a description of the Vehicle Preventive Maintenance Program. Include examples of software or forms used. Provide evidence of daily inspections and preventive maintenance performed for all vehicles.

304.02.02 Scheduled and Unscheduled Maintenance

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

Documentation: Provide a summary report of all maintenance (preventive, scheduled, and unscheduled) performed on all vehicles in the six-month period preceding this application.   All vehicle maintenance records must be made available during the onsite inspection.

304.03 Medical Equipment and Supplies- Medical equipment shall be sufficiently stocked and maintained to allow for the safe delivery of quality patient care.

304.03.01 Minimum Equipment and Supply Requirements

The agency shall have criteria for all medical equipment to be carried on each vehicle. These criteria shall be developed by administration, in conjunction with the Medical Director, and shall meet or exceed state/local requirements.

All in-service vehicles must have sufficient equipment and supplies required for the delivery of care for every level of service provided, and to meet or exceed all licensing and protocol requirements. Required equipment must be available for both adult and pediatric patients.

Documentation: Provide copies of all applicable equipment requirements from state/local authorities. Provide copies of agency vehicle equipment requirements/criteria.

Provide evidence that the Medical Director has had input into the approval of the equipment and supplies requirements/criteria.   Provide evidence that the equipment and supplies criteria meet or exceeds state/local licensing and protocol requirements.

304.03.02 Inspection of Equipment and Supplies

The agency shall have a policy/procedure for inspecting the medical equipment and supplies on every in-service vehicle each day it is to be used. All equipment must be inspected and documented daily or at the beginning of each shift. At a minimum, this policy/procedure shall include:

-Proper function of durable medical equipment
-Adequate equipment and supplies necessary to meet all criteria in 304.03.01
-Expiration dates on applicable items
-A procedure for what will be done if equipment or supplies are missing or in non-working order
-Documentation of the completed daily inspection

Documentation: Provide a copy of the policy/procedure for inspecting vehicle equipment and supplies. Provide examples of daily/shift inspection forms/tools used. Provide evidence daily equipment and supply inspections have occurred.

304.03.03 Securing of Equipment and Supplies

The agency shall have a policy/procedure requiring all equipment and supplies be secured at all times the vehicle is in motion in cabinets or appropriate securing devices to reduce the risk of projectiles in the event of a vehicle crash. Loose supplies of any kind on the action wall or crew bench are not permitted. Equipment may not be strapped to the stretcher for storage. Best efforts should be made to use manufacturer-approved securing devices to reduce the risk of projectiles in accordance with device specifications.

Documentation: Provide the policy/procedure on securing equipment and supplies. Provide evidence that ALL equipment and supplies are properly secured.

304.03.04 Securing of Medications

The agency shall have a written policy/procedure on the secure storage of medication and medication administration supplies in a manner that prohibits theft or tampering and are properly secured as outlined in 304.03.03 and 304.03.05. In addition, all controlled substances must be double locked in a secure and discrete container/compartment. The policy shall have clear direction for the inventory, accounting, use and waste of all medications.

> *Documentation:* Provide the policy/procedure on securing medications.

304.03.05 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 procedure must contain, at a minimum, use of a temperature monitoring device that A) clearly identifies the temperature inside the cabinet or secured container where medications are stored, and B) indicates to the crew or designated staff when the temperature has deviated from the established temperature range, even when unattended. The temperature range is to be determined by the agency based upon the manufacturer's recommendations for the medications and fluids used by the agency. The policy shall also include a procedure for what to do if medications or IV fluids do get exposed to extreme temperatures.

> *Documentation:* Provide a copy of the policy/procedure addressing the protection of medications and IV fluids from extreme temperatures and what to do if exposure to extreme temperatures does occur. Provide evidence of use of temperature monitoring devices that meet the standard.

304.03.06 Durable Medical Equipment Maintenance

The agency shall have a preventive maintenance program for durable medical equipment (DME). 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)
-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. (Stretchers, stair chairs, monitors, IV/med pumps, ventilators, etc.)

> *Documentation:* Provide a description of the durable medical equipment preventive maintenance program. Provide a summary report of preventive maintenance performed on all durable medical equipment, by category, for the 12-month period preceding this application. All preventive maintenance records must be available for on-site inspection.

304.03.07 Single Use/Disposable Items

The agency shall have a written policy/procedure identifying items that are single use only. The policy/procedure shall also include:
-Procedure for restocking used disposable items
-Storage, transportation, and disposal of disposable items/medical waste

> *Documentation:* Provide a copy of the policy/procedure addressing single use, disposable items.

304.04 Facilities- The agency shall maintain all facilities in good condition, creating a safe, healthy, and appropriate work environment.

304.04.01 Facility Space
All agency facilities shall be adequately equipped and maintained for their typical use, including:
- -Adequate sleeping space
- -Hygiene/showering facilities
- -Food preparation & eating space
- -Bathrooms
- -Vehicle & equipment cleaning areas
- -Building accessibility
- -Safety equipment (fire extinguishers, smoke detectors, etc.)
- -Federal/state/local facility requirements (federal labor postings, OSHA requirements, elevator inspections, local fire codes, etc.)

Documentation: Provide list of all facility buildings categorized by type. Identify any federal/state/local facility requirements. Demonstrate how employees are afforded access to necessary facility functions during on duty hours. All facilities must be available for on-site inspection.

304.04.02 Showering Access
The agency will have a policy/procedure to address the provision and access to showering and clean uniforms to any crew member who becomes excessively soiled or contaminated while on shift. The policy shall include, at a minimum:
- -Ability for the crew to request a showering facility and/or uniform change
- -Rapid redeployment of the crew to the closest/most appropriate showering facility
- -Availability of proper laundering of uniforms so the employee does not have to take it home. Laundering may be spot cleaning for small areas, onsite laundry capabilities or contracted laundry services.

The agency shall also provide access to spare uniforms (or equivalent) for employees.

Documentation: Provide a copy of the policy/procedure of access to showering and clean uniforms. See also 304.04.01.

304.04.03 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. Signage shall include, at a minimum:
- -Instructions to contact 911
- -Address of physical location

Documentation: Provide photographic evidence of signage for each location covered in the application. All facilities must be available for on-site inspection.

Section 400- SPECIAL/OTHER SERVICES

NOTE- THIS SECTION INCLUDES STANDARDS THAT ADDRESS PROGRAMS OR FUNCTIONS THAT MAY NOT BE CONDUCTED BY EVERY AGENCY. AGENCIES THAT DO PERFORM ANY OF THESE FUNCTIONS AT ANY LEVEL ARE REQUIRED TO MEET AND DEMONSTRATE COMPLIANCE WITH THE ASSOCIATED STANDARDS.

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401 Communications Center

In addition to all previous section standards, agencies conducting any level of Dispatch/Communications services will also demonstrate compliance with these specific standards.

401.01 Communications Center Policies and Procedures- Efficient call taking, effective resource deployment and continuous communications capabilities are required to maintain an effective EMS agency.

401.01.01 Communications Center Policies and Procedures

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

If the agency voluntarily contracts with an outside Communications Center for dispatch services, that Communications Center must have all the policies and procedures required; and meet all applicable communications standards. If the agency is mandated to use an external Communications Center, the agency shall demonstrate ongoing good faith efforts to ensure that all minimum standards are adhered to. Documentation of contract or other legal requirements mandating the use of an external Communications Center is required.

> *Documentation:* If not already included in 102.01.01, provide a copy of the Communications Center policy and procedure manual. Provide evidence that the Medical Director has had input into the development/approval of these policies/procedures.
>
> If the use of an external Communication Center is legally or contractually mandated, the agency must provide evidence of any legal contract/document requiring the use of that external Communications Center. The agency must also provide evidence of ongoing efforts to ensure standards are adhered to.

401.01.02 Call Processing

Communications Center call processing procedures shall, at a minimum, include the following for each request for service:
-Determining, verifying and documenting location
-Determining, verifying and documenting call-back telephone number
-Determining and documenting the nature of the request

-Determining, prioritizing & documenting the acuity of the call
-Providing pre-arrival instructions if indicated
-Determining and sending the closest appropriate vehicle to emergency requests for service
-Determining any need for, and requesting assistance from, any other agencies as indicated
-Determining and assigning appropriate response mode

The Medical Director in conjunction with the Communications Performance Improvement Program will evaluate the triage process.

If the agency does not regularly provide SCT/ IFT services, the agency will have policies and procedures in place for Communications and Operations personnel to address handling or referring requests for SCT/ IFT services. (See 402.01.01)

> *Documentation:* Provide sample copies of forms used (paper or electronic) in processing a request for service. Provide a copy of the Table of Contents for the pre-arrival instructions used. (If doing SCT/IFT see also 402.01.01)

401.01.03 Communications Center Time Records
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 returned to service
-Time resources were alerted	-Time patient handover complete
-Time vehicle began responding	-Resource(s) sent
-Time vehicle arrived at scene	-Response and transport modes
-Time of patient contact	-Origin and destination
-Time vehicle left scene	-Mileage
-Time vehicle arrived at destination	

> *Documentation:* Provide recent examples of the time records/reports generated by the Communications Center.

401.01.04 Communications Abilities
The Communications Center shall have communications capabilities allowing for immediate communications with all personnel and vehicles operating within the agency's service area. The Communications Center shall be capable of instant/immediate direct communication (push to talk) with all operating personnel and vehicles. The Communications Center shall also have a secondary voice communications system that does not need to be instant/immediate in the event of a primary system failure.

> *Documentation:* Describe the communications capabilities between the Communications Center and the agency's field personnel and vehicles. Provide evidence of a secondary voice communications system. Reviewers will test the ability for the Communications Center and field personnel to have instant communications with one another.   See also 302.02 Radio Communications.

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

401.02.01 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, at a minimum:

- Telephone communications
- Radio communications
- Alerting systems
- EMDPRS resources
- CAD Hardware & Software
- Adequate power supply
- Off-site capabilities in the event of an incident within the Communications Center building

The contingency plan shall have, at a minimum, two levels of redundancy.

> *Documentation:* Provide a copy of the current Communications Center contingency plan that addresses all required components of this standard.

401.02.02 Implementation/Testing of Contingency Plan

All components of 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 according to manufacturer recommendations.
In the event the agency experiences a communications center disaster, evidence of implementing the communications contingency plan, with a written follow-up critique may serve as one of the required simulation exercises.

> *Documentation:* Provide evidence that the Communications Center contingency plan is practiced and critiqued at least two times each year. Evidence of participation in an actual disaster occurrence, with follow-up critique may replace one of the required simulation exercises. Provide examples of software/tools/forms used to document regular equipment testing.

401.03 Preventative Maintenance- Programs shall be in place to provide comprehensive communications equipment maintenance.

401.03.01 Communications Maintenance

The Communications Center shall have a maintenance program for all communications equipment as listed in standard 402.02.01. 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

Documentation: Provide a description of the communications equipment preventive maintenance program. Provide a summary report of preventive maintenance performed on all communications equipment in the six-month period preceding this application. Provide copies of service contracts for maintenance of all Communications Equipment. Preventive Maintenance records must be available for on-site inspection.

401.04 Communications Education and Training- The agency shall have an established training program to assure that employees are trained to properly perform the Communication Center duties.

401.04.04 Initial and Ongoing Training

All Communications Center employees shall have initial and continuous/ongoing dispatch education (including evaluation of training results), on policies/procedures, standards, the specific EMDPRS used by the agency, and equipment used. The agency shall have a policy describing the initial and continuing dispatch education requirements for employees.   At a minimum, the policy shall include:

- Continuing Dispatch Education requirements (see also 202.01.01)
- Training performed as a result of Performance Improvement initiatives (401.07.01)
- 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 and current Federally Required Training
- Optional education opportunities for employees
- Special Rescue Team(s) training, if applicable (see 403.02)
- Specialty Care Transport training, if applicable (see 402.01)
- Remedial training process
- Training and certification on the specific EMDPRS selected for use by the agency

Documentation: The agency shall provide evidence that it maintains documentation of comprehensive initial and ongoing training for all Communications Center employees.

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

401.04.05 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.

Documentation: List all licenses required for operation of the agency's radio/communications equipment and frequencies. Provide copies of all licenses held by the agency covering the operation of radio/communications equipment and frequencies.

401.06 Communications Inter-Agency Dialogue- The agency shall maintain on-going dialogue with other area communications agencies to facilitate improved relationships and service coordination.

401.06.01 Inter-Agency Dialogue

The agency shall establish and maintain ongoing relationships and communication with relevant EMS agencies, public safety agencies, hospitals, and other area communication center agencies with which it routinely relates. The agency shall develop and maintain a documented process for conducting routine (weekly/monthly/quarterly) discussions/communications with these relevant agencies to improve service coordination, performance and reduce conflict and service issues.

> *Documentation*: Describe the process used for conducting routine discussions/communications with relevant EMS agencies, public safety agencies, hospitals, and other area communication center agencies with which it routinely relates. List all relevant agencies included in this process, and the person(s) responsible for maintaining the relationship with each entity. Provide documentation of these on-going efforts (meeting agendas, minutes, official communications, etc.)

401.07 Communications Performance Improvement- The agency shall have a comprehensive Performance Improvement Program addressing communications center quality.

401.07.01 Performance Improvement Program

The agency shall have a Communications Performance Improvement Program approved by the Medical Director and administered by the EMD agency for the purpose of insuring safe, efficient, and effective performance of EMDs in regard to their use of the EMDPRS for all levels of patient care advice provided. This program shall include at a minimum:

- Random case review evaluating EMD performance
- Feedback of EMDPRS compliance levels to EMDs
- Related continuing dispatch education
-Retraining and remediation
- Routine submission of compliance data to the Medical Director and the agency

> *Documentation:* Provide a detailed description of the Communications Center's Performance Improvement Program. Provide examples of any software/forms/tools used to document PI initiatives. Provide verification that this program has been developed in conjunction with the Medical Director.

401.07.02 Performance EMD PRS Indicators

The Communication Center's Quality Performance Improvement Program shall include, at a minimum, the following EMD performance compliance standards defined within the following areas contained in the EMDPRS:

-Address
-Phone number
-Consciousness, breathing verification
-Chief complaint/incident type selection
-Systematized interrogation questions
-Post-dispatch instructions
-Pre-arrival instructions
-Dispatch code selection
-Overall or aggregate performance compliance

Documentation: Provide a detailed description of all measurable EMDPRS performance indicators and established targets utilized. (See also 402.01.02 if doing IFT/SCT)

401.07.03 Performance Indicators Exceptions

The agency's Communication Center Performance Program shall have process for identifying and addressing instances where measurable indicators are not in compliance with established thresholds. This process shall include both individual exceptions as well as Communication Center trends.

Documentation: Provide a detailed description of the process used to identify and measure variations (individual and aggregate) to all established indicator targets.

401.07.04 Reporting Performance Improvement Outcomes

The agency shall have a defined process for reporting all Communications Center Performance Improvement outcomes. This shall include, at a minimum:

- Documenting and reporting individual issues and performance indicator outcomes to the respective individuals
- Documenting and reporting aggregate outcome data of communications performance indicators and other activities to employees, management, the Communications Performance Review Committee and the Medical Director

Documentation: Provide recent examples of reports generated through the Communications Center Performance Improvement Program. Provide evidence of how outcome data is reported to employees, management, the review committee, and the Medical Director.

401.07.05 Assessing Performance Improvement Effectiveness

The agency shall provide a comprehensive, written evaluation report describing the overall effectiveness of its Communications Center Performance Improvement program to its employees, management, the Communications Center Performance Review Committee, and the Medical Director, at least annually.

The report shall include, at a minimum:

-Summarized description of the Communications Center Performance Improvement Program
-Summary of the outcomes for all established indicators
-Noted areas of the program determined to be in need of improvement
-What subsequent changes will be made to the program as a result

Documentation: Provide a copy of the most recent report describing the overall effectiveness of the Communications Center Performance Improvement Program.

401.07.06 Communications Center Performance Review Committee

The agency shall have an active Communications Center Performance Review Committee in place to evaluate and review all components of the EMDPRS under the direction of the Medical Director.

Documentation: Provide a detailed description of the Communications Center Performance Review Committee and its functions. Provide examples of any agendas, meeting minutes, software/forms/tools used. Provide verification that this program has been developed in conjunction with the Medical Director.

402 Specialty Care Transport

In addition to all previous section standards, agencies offering Specialized Response Teams/Programs will also demonstrate compliance with these specific standards.

402.01 SCT and IFT Programs- **Agencies which plan for and accept scheduled or unscheduled high-acuity transports between healthcare facilities requiring specialized personnel, training, equipment and/or skills beyond the normal scope of practice of an EMS provider are conducting Specialty Care Transports (SCT).**

Agencies which plan for and accept scheduled or unscheduled transports of patients between healthcare facilities under the normal scope of practice are conducting Inter-Facility Transports (IFT).

402.01.01 SCT and IFT Call Processing

Agencies that accept and provide SCT /IFT services shall have a policy that addresses at a minimum:

- Appropriate triage of requests for SCT/IFT services
- Data collected for each request
- Tracking of crew availability/status
- Medical oversight responsibilities
- Personnel and equipment requirements
- Infectious disease exposure potential
- Communication requirements

The Medical Director, in conjunction with the Performance Improvement process, will evaluate the triage process.

There shall be a resource to provide geographical directions for units operating outside the agency's primary service area.

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.

> *Documentation:* Provide a copy of the protocol, policy and/or procedure policy addressing all aspects of the SCT/ IFT call-taking process. Provide examples demonstrating how the Medical Director and Performance Improvement Program evaluates the process. Provide examples of how the Communications Center assures that all federal/state/local mandates are met for a patient transfer. All records shall be available on-site for review.

402.01.02 SCT and IFT Dispatch Performance Indicators

The Communication Center's Performance Improvement Program shall include, at a minimum, review of the following performance compliance standards defined within the following areas:

-Location of the patient within the facility
-Destination facility details
-Patient demographic information
-Clinical care requirements
-Specialized personnel, equipment, or vehicle requirements

Documentation: Provide a detailed description of all measurable IFT / SCT performance indicators and established targets utilized. See also 401.07.

402.01.03 SCT Medical Direction

The need and use of specialty consultation shall be identified in areas of medicine where the agency's primary Medical Director lacks specific expertise.

The Medical Director, in conjunction with administration, shall have in place policy/procedures that ensures continuous physician responsibility and availability for all phases of the transfer. This policy should specifically address the real-time medical control communications between the patient care providers and the clinically appropriate individual(s) predetermined by the Medical Director, transferring physician, and accepting physician who will be responsible for patient care medical control during all phases of the patient transport.

Documentation: List all physicians who are designated to provide SCT medical oversight or consulting. Provide copies of all physicians' current state license(s). Provide evidence that the Medical Director(s) are actively practicing medicine.

Provide a copy of the policy/procedure addressing responsibility for medical oversight during all phases of patient care.

Provide copies of approval by the program Medical Director for all specialty physicians utilized by the service. Provide evidence that the Medical Director(s) participates in a physician continuing education program pertaining to his/her area of expertise.

Provide the Medical Director's CV or other documentation detailing his/her qualifications. Provide evidence of how the Medical Director fulfills the responsibilities of this standard. (See also 201.01)

402.01.04 SCT Facility Education

The agency shall have in place a program to educate the transferring and receiving facilities in their catchment areas about their SCT/ IFT program capabilities. This program shall include at a minimum:

- Description of all SCT services provided by the agency
 -SCT standards of care
- Description of SCT capabilities (and limitations)
- Policies and procedures
- Benefits to the patient
- Appropriateness of transfers
- Guidelines and required documentation for transfer

Documentation: Provide evidence of all educational initiatives provided for transferring and receiving facilities on the agency's SCT program. Include dates, description of topics covered, and participants. (Examples of evidence would include PowerPoint or written educational materials, course agendas, attendance records, etc.)

402.01.05 SCT/IFT Utilization Review

The agency shall conduct appropriate Utilization Reviews of all SCT / IFT services as part of its Performance Improvement process, including review of medical benefits to the patient and appropriateness of the transfer.

Documentation: Demonstrate how SCT /IFT utilization data is incorporated into to the Performance Improvement Program. Show examples of what is done with this data to improve appropriateness and quality of SCT and IFT transports. (See 201.05)

403 Special Response Programs

In addition to all previous section standards, agencies offering Specialized Response Teams/Programs will also demonstrate compliance with these specific standards.

403.01 Mobile Integrated Health/Community Paramedicine- **The provision of community-based, patient-centered, mobile health care and resources tailored to the needs of the individual and connecting them to a broad spectrum of appropriate care (social services, clinics, MD offices, hospital emergency departments).**

403.01.01 Mobile Integrated Health/Community Paramedicine Programs

If the agency has a mobile integrated healthcare/community paramedicine program, the agency will demonstrate how all CAAS standards are applied to the MIH/CP program. The agency shall include, at a minimum:

- Goals, objectives and mission of the program specific to the needs of the community
- Selection qualifications required for employee participation in the program
- Initial training and/or certification requirements
- Ongoing/continuous training requirements
- Written policies and procedures specific to the program
- Medical protocols related to the program
- Specialized equipment necessary for the program
- Medical Director oversight and involvement in the program
- Performance Improvement initiatives specifically tailored for the program
- Budgeting and financial implications

Documentation: Provide a comprehensive MIH/CP plan that details all the required components. Provide any associated policies, initial and ongoing training records, and evidence of Medical Director oversight and involvement.

403.02 Specialty Teams- The provision of specialized teams of employees established by the agency for unique response purposes. Examples may include: Wilderness Rescue, Bike Teams, Swift Water Rescue, Dive Teams, High Angle Rescue, SWAT Teams, etc.

403.02.01 Specialty Teams Programs

If the agency has any specialty response teams, such as tactical medicine, urban search and rescue, bicycle teams, dive teams, hazardous materials teams, or other groups that are organized to respond to low-frequency/high-impact events, the agency will demonstrate how all CAAS standards are applied to these programs. The agency shall include, at a minimum:

- Goals, objectives and mission of the programs specific to the needs of the community
- Selection qualifications required for employee participation in the program
- Initial training and/or certification requirements
- Ongoing/continuous training requirements
- Written policies and procedures specific to the program
- Medical protocols related to the program
- Specialized equipment necessary for the program
- Medical Director oversight and involvement in the program
- Performance Improvement initiatives specifically tailored for the program
- Budgeting and financial implications

Documentation: Provide a comprehensive plan that details all the required components for each specialty team program your agency offers. Provide any associated policies, initial and ongoing training records, and evidence of Medical Director oversight and involvement.