



Overview of Changes Between CAAS Standards Version 3.0 and Version 4.0

This overview document outlines the comprehensive updates made from CAAS Standards Version 3.0 to Version 4.0. These changes reflect efforts to enhance clarity, improve safety, align with modern practices, and support the evolving needs of the EMS industry.

Standards were previously organized into two sections - Section 100 contained organizational and administrative standards, and Section 200 contained the clinical and operational standards. In Version 4.0 there are now four sections - Section 100 addresses administrative standards; Section 200 addresses clinical standards and medical oversight; Section 300 addresses operations, vehicles, and facilities; and Section 400 addresses special teams/SCT and other services potentially offered by the agency. These changes help organize the standards and make the document more user-friendly for the agencies and CAAS site reviewers.

Standards are still broken down into characteristics. These characteristics are what most people refer to as "the standards." Each characteristic exists to better define and explain what is expected of the agency in that area. *Agencies must be fully compliant with all characteristics to receive accreditation.*

In Version 3.0 there were 107 individual characteristics. In Version 4.0 there are 147. Some of these are new characteristics/topics altogether. However, many of these "new" characteristics already existed in Version 3.0, yet they were embedded within other standard characteristics, which was often confusing for agencies to interpret and for reviewers to score. Separating these into new unique characteristics allows for clarity and more accurate scoring.

Previously, Specialty Care Transports (SCT) requirements were interwoven into the existing standards/characteristics. This was confusing as many agencies do not offer SCT services. In Version 4.0 CAAS extracted the SCT and Special Teams requirements previously embedded in other sections and placed them in section 400 - Special/Other Services. Some of the Communications standards were moved here, as many agencies do not have their own Communications Center. Yet some of the Communications standards remain under the new Operations section, as they directly pertain to the agency.

All agencies must meet the expectations of all standards/characteristics in sections 100, 200, and 300. IF the agency offers any of the services or programs listed in the 400 section they are required to meet those standards, as well. *Please read and review this section carefully.*

Existing standards were updated to reflect new industry terminology; formatted so that there is consistency across the entire document. The intent of these standards did not change, but the revised language hopefully makes the intent clearer. Other standards were expanded to include new industry expectations. Some are new topics altogether.



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Section 100 – Administration

This section previously consisted of mostly non-clinical standards/characteristics, with a blend of administration, operations, finance, HR, and community. With the reorganization of the standards from two sections to four, several standards were moved from this section into Operations or Clinical, and the remainder were cleaned up and reorganized.

- **Expanded Focus:**
 - Includes standards for mission and values, organizational structure, and compliance.
 - New standards introduced for leadership development (102.03.01; previously part of 103.03 in Version 3.0), succession planning (102.03.02), and strategic planning (102.02.01).
 - Emphasizes technology management, including cybersecurity and vulnerability analyses (102.04.02; expanded from Version 3.0's 103.04).
- **Highlighted Changes:**
 - Separation of policies for legal structure, licensure, and reporting for greater clarity (101.01.01 to 101.02.02; aligns with and expands on 101.01 and 101.02 in Version 3.0).
 - Expanded community relations standards to address diversity, implicit bias (104.02.07; new in Version 4.0), and interactions with special populations (104.02.06; related to 105.01 in Version 3.0).
 - Added requirements for archiving policy changes (102.01.03) and ensuring staff access to updated procedures (102.01.02).

Section 200 - Clinical

This section previously contained all the clinical and most of the operational standards/characteristics, including communications. The reorganization moved existing standards into more appropriate sections for clarity.

- **Enhanced Clinical Governance:**
 - Greater involvement of Medical Directors in policy reviews and clinical oversight (201.01.01; previously 201.01 in Version 3.0).
 - Introduction of standards for implicit bias training to ensure equitable care (104.02.07; new in Version 4.0, linked to community engagement).



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Section 200 - Clinical (cont.)

- **Refined Standards:**
 - Staffing requirements now incorporate local jurisdiction flexibility (201.04.01; modifies 201.04 in Version 3.0).
 - Clinical quality improvement expanded with detailed performance indicators (201.05.02; expands 201.06 in Version 3.0) and sentinel event reporting (107.02.03; new in Version 4.0).
 - New standards for electronic patient care records (201.03.03; builds on 201.03 in Version 3.0) and secure data management (102.04.01; updated from 103.04 in Version 3.0).

Section 300 - Operations

This is a new section. Operational standards/characteristics were previously located under Administrative or Clinical but deserved their own category and focus. All were pulled from one of those two existing sections.

- **Newly Created Section:**
 - Consolidates operational standards previously spread across multiple sections in Version 3.0 (202 and 203).
 - Focus on vehicle safety, including theft prevention (304.01.03; updated from 202.01 in Version 3.0), driver training (303.01.03), and ongoing monitoring (303.01.04).
 - Introduction of tiered facility requirements for space (304.04.01) and showering access (304.04.02; both new in Version 4.0).
- **Operational Enhancements:**
 - Comprehensive guidelines for hazard vulnerability analyses (301.03.01; expanded from 202.02 in Version 3.0) and response plans (302.01.01; builds on 202.05).
 - Standards for inter-agency communications (301.01.01; expands 102.04 in Version 3.0) and mutual aid processes clarified (301.02.01; previously 102.01 in Version 3.0).



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Section 400 - Special/Other Services

Not all standards are applicable to all agencies, based upon the scope-of-service or service delivery model. Standards such as Communications/dispatch (external), Specialty Care Transports, Mobile Integrated Health or other special teams/units are common in many agencies, but not all.

Previously the special or additional expectations necessary for accreditation were interwoven into the standards, creating confusion for agencies that did not offer these services. In this version CAAS has separated these operations into a fourth section. If an agency offers any of these services, they are expected to meet these additional standards.

- **Specialized Focus:**
 - Consolidates standards for Specialty Care Transport (SCT), Mobile Integrated Health, and special teams.
 - Standards only apply to agencies offering these services, reducing unnecessary compliance burden.
- **Streamlined Standards:**
 - Requirements for SCT program oversight (402.01.01; new in Version 4.0), training (402.01.05), and performance evaluation (402.01.03).
 - New standards for communication centers, including contingency planning (401.02.01; updated from 204.02 in Version 3.0) and education (401.04.01; previously part of 204.04).

Key Cross-Section Changes

Vehicle and Supply Security:

Locking of Ambulances and ALS Supplies. (Version 3.0 - This was a confusing standard because it addressed multiple topics - locking of ambulances, locking medications and securing/storage of supplies). In Version 4.0 these were all separated into new standards.

- **Technology and Cybersecurity:**
 - Cybersecurity standards are now mandatory, requiring annual vulnerability assessments (102.04.02; builds on 103.04 in Version 3.0) and response plans (102.04.03).
 - Focus on secure storage of medications (304.03.04; expands 203.03 in Version 3.0) and supplies, with temperature monitoring requirements (304.03.05; new in Version 4.0).



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Key Cross-Section Changes (cont.)

- **Cultural and Ethical Practices:**
 - Introduction of culture of safety (107.01.01; new in Version 4.0) and just culture standards to promote ethical operations (107.01.03; also new).
 - Implicit bias training for staff to ensure fair treatment of diverse populations (104.02.07; referenced in Section 200 and Section 100).

Conclusion

The updates from Version 3.0 to Version 4.0 represent a significant advancement in EMS accreditation standards, aligning with industry evolution and prioritizing safety, clarity, and community impact. These changes underscore CAAS's commitment to excellence and adaptability in the face of emerging challenges and opportunities in emergency medical services.