

# AGENCY INSPECTION CHECKLIST



Agency Name \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

DESK REVIEW DOCUMENTS <i>(TO BE ATTACHED TO AGENCY RENEWAL AND INSPECTION APPLICATION IN AGENCY KEMSIS ACCOUNT)</i>
Organizational chart that establishes lines of authority, including the designation of: <ul style="list-style-type: none"> <li>an administrator</li> </ul> a designee who shall serve in the absence of the administrator
A policy for the provision of a pre-employment and annual health assessment of employees of the agency, which shall include reporting mechanisms for work-related illness or injury
A written plan for providers to consult with online adult and pediatric medical direction. This plan shall address as a minimum: <ul style="list-style-type: none"> <li>The availability of medical direction twenty-four (24) hours a day, seven (7) days a week</li> <li>The availability of medical direction during an emergency event</li> <li>The provision of medical direction by a medical professional with a higher level of training or expertise</li> <li>Recommended actions if: a. There is an equipment failure, a communication barrier, or other unusual circumstance; and b. It is not possible to contact online medical direction.</li> </ul>
A plan and records for the provision of continuing education for staff and volunteers, including: <ul style="list-style-type: none"> <li>A written plan for the method of assessment of staff continuing education needs</li> <li>A coordinated plan to meet those needs, including a provision that all continuing education shall be provided either by a licensed TEI or in accordance with 202 KAR 7:601</li> </ul>
An infection control plan in accordance with 29 C.F.R. 1910.1030
A written plan for training or educating personnel for responding to hazardous materials, criminal, and potential terrorist incidents, including plans for the protection and decontamination of patients, ambulances, equipment, and staff
A written policy regarding the appropriate destination of a patient who expires during transport if a valid Kentucky EMS DNR, or MOST form is present
A written plan for the quality assessment of patient care and provider quality improvement, including a monthly review of patient care reports and evaluation of staff performance related to patient care. This plan shall address as a minimum: <ul style="list-style-type: none"> <li>Employee health and safety</li> <li>Compliance with protocols and operating procedures</li> <li>Assessment of dispatch protocols</li> <li>Vehicle operations and vehicle safety</li> <li>Additional training necessary for the patient care provider or providers</li> <li>Equipment preventive maintenance programs</li> <li>A process for the resolution of customer complaints</li> </ul>
A written plan for training personnel and responding to mass casualty incidents and disasters
A written orientation program for all personnel, including at a minimum: <ul style="list-style-type: none"> <li>Validation of certification or license with KBEMS</li> <li>Validation of NIMS ICS 100, 200, 700, and 800 within sixty (60) days of employment for any employee who staffs a licensed vehicle</li> <li>Validation of Driver's License if applicable</li> <li>A review of all agency policies, procedures, and protocols</li> <li>Communication equipment at the base station and on each vehicle</li> <li>Operational aspects of the agency fleet and equipment</li> </ul>

<ul style="list-style-type: none"> <li>• Inspection and routine maintenance of agency fleet, facilities, and equipment</li> <li>• Appropriate processes for disinfection of agency fleet, facilities, and equipment</li> <li>• Local navigation and geographic orientation</li> <li>• Completion of Patient Care Reports and other documentation as established by the agency</li> </ul>
Proof of professional liability malpractice insurance of a minimum of \$1,000,000
Proof of vehicular liability insurance
<p>Policy regarding which employees are approved to provide medical services off duty by the agency's medical director and the manner in which worker's compensation and general liability insurance covers employees off duty. The policy shall be signed by both the agency's administrator and medical director, shall be reviewed annually, and shall include:</p> <ul style="list-style-type: none"> <li>• Direction on which employees may remove medical equipment from the agency's premises for the purpose of providing care off duty</li> <li>• Direction on which equipment may be removed from the agency's premises for the purpose of providing care off duty</li> <li>• A provision that controlled substances shall not be removed from the agency's premises for the purposes of providing care off duty.</li> </ul>
<p>Each agency shall in the county in which the agency's base station or a satellite is located:</p> <ul style="list-style-type: none"> <li>• Document evidence of participation in a local, county, regional, or state disaster or preparedness exercise within the preceding twelve (12) months</li> <li>• Coordinate with the county emergency management director plans for the possible use of agency personnel for use in the emergency operations center in a disaster</li> <li>• Maintain a hard copy or electronic equivalent of the most current adopted city, county, or urban county government emergency management agency's emergency operations plan at the ambulance base station.</li> </ul>
A licensed agency shall have a written plan to assure all requests for service shall be promptly answered
<p>Written scope of care policy to include:</p> <ul style="list-style-type: none"> <li>• the types of services performed</li> <li>• limitations of response</li> <li>• and the types of medical teams provided</li> </ul>
<p>An agency shall enter into a mutual aid agreement with another Kentucky licensed ambulance agency operating within the same or contiguous counties that provide response to medical emergencies. These agreements shall be in writing and address:</p> <ul style="list-style-type: none"> <li>• The type of mutual aid assistance to be provided, including ALS or BLS medical care and transport and ALS or BLS medical first response</li> <li>• Response personnel, including levels of training or education and provisions for joint in-service training or education if appropriate</li> <li>• Response vehicles, including unit identifiers and the station or location from which the vehicles shall be operated</li> <li>• A plan of action for the mutual aid agreement, including dispatch and notification procedures</li> <li>• Radio and other communications procedures between the ambulance agency and other response agencies with which the agency has mutual aid agreements</li> <li>• On-scene coordination and scene control including medical direction if several agencies respond to the same incident</li> <li>• Exchange of patient information, records, and reports as allowed by law</li> <li>• The effective dates and process for amendment or termination</li> </ul> <p>– OR –</p> <p>IF UNABLE TO PROCURE A MUTUAL AID AGREEMENT WITH ANOTHER KENTUCKY LICENSESD AMBULANCE OPERATING WITHIN THE SAME OR CONTIGUOUS COUNTIES:</p>

<i>A ground agency shall send a written request for a mutual aid agreement to at least two (2) contiguous counties and retain a copy of each request and each county's response</i>
<p>Each agency shall maintain a policy or affiliation agreement with the primary call-taking center that provides dispatch services for all or part of the service area of the ground agency. The agreement shall state at a minimum that</p> <ul style="list-style-type: none"> <li>• Requests for emergency ambulance service shall be dispatched or notified within two (2) minutes from determining that the caller is requesting ambulance response</li> <li>• The closest licensed agency for that geographic service area is unable to have a vehicle responding to an emergency call within ten (10) minutes from the time the call is dispatched, the agency shall notify the next closest appropriate licensed agency to respond</li> <li>• The agreement shall specify which patient information shall be collected by the call-taking center during a call for service</li> </ul> <p>– OR –</p> <p><i>If a ground agency is unable to secure a written affiliation agreement with the dispatch center, the ground agency shall retain all written correspondence to the dispatch center requesting an affiliation agreement and the dispatch center's denial of the agency's request</i></p>
Master medication list consistent with the agency's medical protocols.
Policy
FCC License with current expiration date
<p>Medical Director Documents: All agencies MUST upload the following documents:</p> <ul style="list-style-type: none"> <li>• A copy of their agreement with their medical director</li> <li>• A copy of a current KBML license</li> </ul> <p>ALS Agencies MUST also upload the following documents:</p> <ul style="list-style-type: none"> <li>• A copy of a current Board Certification in Emergency Medicine from the American Board of Medical Specialties or the American Association of Physician Specialists</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li>• Current ATLS</li> <li>• Current ACLS through AHA or ASHI</li> <li>• Current PALS or PEPP</li> </ul> <p>BLS Agencies MUST also upload the following documents:</p> <ul style="list-style-type: none"> <li>• A copy of a current Board Certification in Emergency Medicine from the American Board of Medical Specialties or the American Association of Physician Specialists</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li>• Current ATLS, ITLS, or PHTLS</li> <li>• Current ACLS through AHA or ASHI</li> <li>• Current PALS or PEPP</li> </ul>

## ON-SITE INSPECTION DOCUMENTS *(TO BE INSPECTED DURING PHYSICAL INSPECTION)*

Records and reports at the ambulance agency base station including:

- An original, electronic equivalent, or copy of all patient care records consistent with the U.S. Department of Transportation National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Information System (NEMSIS) data dictionary found at [www.nemsis.org/technical-resources/version-3](http://www.nemsis.org/technical-resources/version-3)
- An electronic copy of all completed patient care reports, which shall be maintained to ensure confidentiality and safekeeping for at least seven (7) years from the date on which the service was rendered, or in the case of a minor, at least three (3) years after the minor reaches the age of majority
- Copies of Patient Care Reports for the preceding twelve (12) months, which shall be accessible and be immediately available to the board, KBEMS office, or representatives upon request

Personnel files for each employee or volunteer who staffs a vehicle of a licensed agency.

Personnel files shall be maintained for at least one (1) year following separation from employment.

As a minimum, all personnel files shall contain:

- A pre-employment and annual criminal background check administered by the Kentucky

Administrative Office of the Courts

- A copy of the employee's valid KBEMS certification or licensure card
- A copy of each employee's completion of NIMS ICS 100, 200, 700, and 800

For any employee who operates a vehicle:

- A copy of a valid driver's license
- Verification of completion of at least four (4) hours of driver training and education every two (2) years consistent with requirements of 202 KAR 7:560, Section 2.

Staffing schedules for the previous twelve (12) months.