Central DuPage Emergency Medical Services System

Unannounced Inspections

INTRODUCTION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____ REVIEW & APPROVAL: 1/98
EMS COORDINATOR _____	
REVISION & APPROVAL 08/08	

PURPOSE:

As a means of quality assurance the EMSS staff may periodically conduct unannounced inspection visits for each department.

POLICY/PROCEDURE:

A. Methodology

1. The inspection of EMS providers will be performed annually by IDPH and the EMS System.

2. The EMS System may perform an unannounced inspection at its discretion.

3. EMS providers will make available, within 48 hours of original inspection date, all patient care vehicles (ambulance or other designated primary response vehicle) so that all provider inspections are completed within a 72 hour time frame.

4. At the time of inspection, each patient care vehicle will be required to have the following in working order:

   a. All Basic Life Support equipment as stipulated in the Policy/Procedure Manual.
   b. In the case of ALS level vehicles, all Advanced Life Support equipment as stipulated in the Policy/Procedure Manual.
   c. Medication - minimum number, standard packaging and required doses.
   d. Minimum staffing as stipulated in Policy/Procedure Manual.

5. Upon the original date of inspection, each provider agency must submit a personnel roster of all individuals currently affiliated with that agency and

a schedule which demonstrates staffing patterns for all patient care vehicles during the month in which the inspection took place.

B. Results

1. Any patient care vehicle which is found to be deficient of any required equipment must be brought into compliance within 24 hours of inspection. Failure to do so will require immediate action, with the possibility that the vehicle will be removed from operation until necessary corrections can be made.

2. Any patient care vehicle which is found to be operating without meeting minimum staff requirements will be subject to corrective measures according to the following:

   a. Without prior approval from the EMS System, 911 response ALS vehicles without two paramedics will be immediately removed from operation as an ALS vehicle and will function at the next highest level that staffing will allow. If unable to function at any level, the vehicle will be removed from operation entirely until minimum staffing requirements for ALS can be met.

   b. Private provider, interfacility transport ALS vehicles without one (1) EMT-P and one (1) EMT-B will be removed from operation as an ALS vehicle and will function at the next highest level that staffing will allow. If unable to function at any level, the vehicle will be removed from operation entirely until minimum staffing requirements for ALS can be met.

3. Any individual who is found to be functioning as a staff member of a patient care vehicle, and is not included on the agency's roster, or who has not fulfilled the requirements for system participation, or for any reason has been prohibited from functioning within the system, will not be allowed to continue operation as a staff member of a patient care vehicle. If the loss of the individual causes the vehicle to fail minimum staffing requirements, the actions stipulated in #2 of this section will apply.

4. EMS providers who fail the initial inspection of each vehicle for two consecutive regularly scheduled inspections will be subject to an investigation by the EMSS office to identify problems sources and effect proper corrective measures.

5. A summary report of these unannounced visits will be made and a copy placed in the EMSS office files and one sent to the Department for response and file. (Attachments 1).

Attachment - 1

ALS/BLS EQUIPMENT DEFICIENCIES

AGENCY _____LICENSE# _____

DATE OF INSPECTION___/___/___ UNIT #_____

LEVEL_____

V.I.N. #_____

CONTACT PERSON _____

ALS/BLS EQUIPMENT DEFICIENCIES

_____

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_____

_____PASS THE ABOVE VEHICLE HAS ALL EQUIPMENT AS SPECIFIED

_____FAIL THE AGENCY AGREES TO CORRECT ALL DEFICIENCIES FOUND DURING THE INSPECTION AND ALSO AGREES TO MAKE THIS VEHICLE AVAILABLE FOR REINSPECTION ON THE DATE SPECIFIED BELOW.

SIGNATURE_____

REINSPECTION___/___/___