

FIRST RESPONDER OPERATIONAL PLAN COMPONENTS

The service must have approval of a Feasibility Study prior to submission of this operational plan as noted in Administrative Rule 110.35(1). The following information must be compiled and submitted in similar outline format with a completed Operational Plan form. Written approval of this plan is mandatory prior to implementation.

PROGRAM COMPONENTS	
I. Initial Tasks to be Completed	
A. Completed feasibility study submitted and approved by DHS-EMS	DHS 110.35(1)
B. Provide documentation that a community meeting was held including any concerns that were identified.	
II. Operations (staffing, response, infection control, protocols, policies and procedures)	
A. Complete Operational Plan form F-47463.	DHS 110.35(2)
B. Name of service	DHS 110.04(5)
C. Service license level being requested	
D. Name of Service Director	DHS 110.48
E. Name of Medical Director	DHS 110.49
F. Provide a description of how the provider will use First Responders and/or EMT's (of all levels) in the system.	DHS 110.33(3)
G. Identify the hospital that will provide your day to day Medical Control.	DHS 110.34(3)
H. Provide a general description of the population, community characteristics and map of the primary service area.	DHS 110.34(4)
I. Provide a statement that the service provider will comply with staffing requirements identified in Administrative Rule and State Statute	DHS 110.34(6)
J. Provide copies of written mutual aid and backup agreements with other ambulance services in the area.	DHS 110.34(10)
K. Identify the Regional Trauma Advisory Council (RTAC) that the service has chosen for membership.	DHS 110.34 (11)
L. Provide evidence of local commitment to this emergency medical service program to include letters of endorsement from local and regional medical, governmental and emergency medical services agencies and authorities.	DHS 110.35(2)(f)

M. Submit protocols, signed and approved by the medical director, that identify use of: <ul style="list-style-type: none"> a. Specific medications allowed within the scope of practice b. Specific equipment allowed within the scope of practice c. Skills and procedures <i>Protocols must describe how medical treatment will be provided by all levels of EMT's and at what point in a protocol direct voice authorization of a physician is required</i>	DHS 110.35(2)(a)
N. Provide a formulary list of medications	DHS 110.35(2)(b)
O. Provide a list of optional skills and procedures intended to be used within your scope of practice.	DHS 110.35(2)(c)
P. Proof of professional liability, medical malpractice and vehicle insurance, as appropriate.	DHS 110.35(2)(d)
Q. Provide copies of the service operational policies which at a minimum include the following: <ul style="list-style-type: none"> a. Response Cancellation b. Use of Lights & Sirens c. Dispatch and Response d. Refusal of Care e. Destination Determination f. Emergency Vehicle Operation and Driver Safety Training 	DHS 110.35(2)(e)
III. Infection Control	
A. Provide a statement indicating your service has an Infection control plan and provides annual training according to OSHA 29 CFR 1910.1030 for Blood borne pathogens and 29 CFR 1910.134 Hepa mask fitting.	DHS 110.47(3)
B. Identify date that your Exposure Control Plan was last reviewed and updated.	DHS 110.47(3)
C. Identify date of last training on your service's Exposure Control Plan.	DHS 110.47(3)
IV. Communications/Dispatch	
A. Provide a description of the communication system between medical control and the EMS unit.	DHS 110.34(12)
B. Does each ambulance owned and operated by this service have two-way radio equipment operating on the 155.340 and 155.400 Mhz?	DHS 110.34(12)
C. Is two-way communications available and operational from the patients' side?	DHS 110.34(12)
D. Describe how calls are dispatched and answered.	DHS 110.34(12)
E. Describe local dispatch policies and procedures or insert a copy of these policies.	DHS 110.34(12)
F. Who does the dispatching?	DHS 110.34(12)
G. Are dispatchers medically trained?	DHS 110.34(12)
H. Do dispatchers provide pre-arrival instructions?	DHS 110.34(12)

V. Education and Training/Competency	
A. Identify the Training Center with which the service is affiliated.	DHS 110.34(13)
B. Describe the methods by which continuing education and continuing competency of personnel will be assured. (Provide type of education, testing, frequency, instructor, etc.)	DHS 110.34(14)
C. Describe who will assure personnel competency?	DHS 110.47(4)
VI. Quality Assurance	
A. Submit a plan describing how the service will provide quality assurance and improvement.	DHS 110.34(14)
B. Provide copies of Policies and Procedures to be used in Medical Control implementation & evaluation of the QA program.	DHS 110.34(14)
C. Provide a description of the benchmarks to be used by the service to assure competency of all providers.	DHS 110.34(14)
VII. Data Collection	
A. Provide a statement that the service agrees to submit data to WARDS.	DHS 110.34(8)
B. Identify the software vendor if the service is using a third-party software to collect data.	

<p>Plan Approved By:</p> <p>Date:</p> <p>Entered into E-Licensing:</p> <p>Bureau Notification:</p>
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