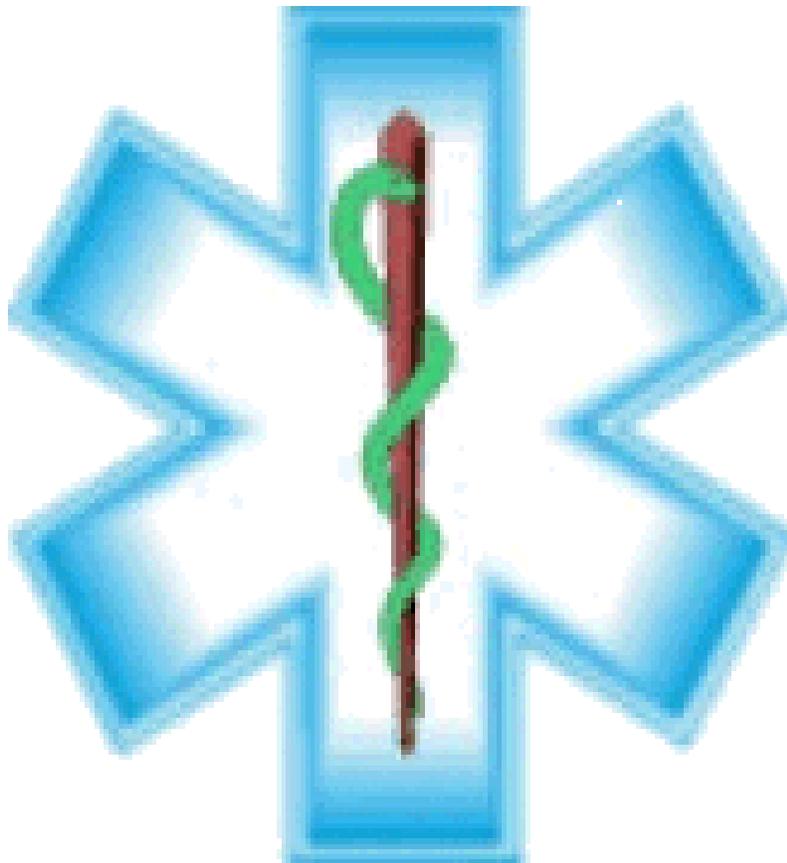




pennsylvania
DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES

OVERVIEW OF THE QUICK RESPONSE SERVICE



**Pennsylvania Department of Health
Bureau of Emergency Medical Services**

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TABLE OF CONTENTS

	Page #
Introduction	3
Application Process	3
Inspection	5
Licensure	5
Personnel Requirements	5
Vehicle Requirements	6
Patient Data Collection Requirements	6
Required Equipment and Supplies	6
QRS Patient Care Report	8

Introduction

This overview has been prepared by the Bureau of Emergency Medical Services to provide information to an entity in the Commonwealth of Pennsylvania, which wants to be a licensed EMS Agency as a Quick Response Service. It describes the requirements for submitting an application and the requirements for personnel, data collection, vehicle, equipment and supplies. It is a document by which standards may be set and it does have the force of law. All Quick Response Services (QRS) are encouraged to review the most current copy of the EMS Act and its regulations. A QRS should also contact the regional EMS council in its area for any additional information and assistance.

Application Process

Process Requirements

1. An applicant must have Internet access, e.g., library, service location or at any other location.
2. An applicant must have an e-mail address.

Process Steps:

A. Log In and Registration:

1. Log onto the web address <https://ems.health.state.pa.us/emsportal/>
2. If you have never registered on the website for continuing education, or submitted an application for an EMS Agency license, QRS license, medical command accreditation or voluntary rescue service certification, you must register on the Department of Health/EMS web application. “Click” the register button and complete the profile information section on the website, which includes creating both a User Name and a Password. Think of a User Name that you will be able to remember easily and a Password that is also easy to remember, but hard for someone else to guess. If you have previously registered, you will already have a User Name and Password. Make sure you safeguard and secure the login information.

NOTE: If you are the first individual to start a new QRS application, then by default you become a user with administrative rights for the service. This will allow you to grant access to the QRS application information to any other registered user of the system.

3. After completing the profile, click on the register button and you should have a message stating “Registration successful. Please login below”.
4. Login the system with the username and password in the field directly above the text “Login” and “Click” on the login button.

B. Completion of the Application:

1. After you log in successfully, you will automatically be taken to the next screen which will contain a list of all the electronic applications on the website.
2. Proceed to the Quick Response Services (QRS) icon and click on this application and you will automatically be taken to the QRS application page.
3. If the agency is already licensed, the name of the QRS will appear. To update or renew the already licensed QRS, click on the QRS name.
4. If you are starting a new QRS, in the field next to the text “**Name**”, type in the name of the QRS, Simply click the “**Search**” button and the search results will be displayed.
5. If the QRS does not exist on the system, in order to start a new application click on “**New QRS**” button.
6. After clicking any of these buttons, you will then be taken to the QRS application form.
7. All sections of the application must be completed and all required fields will have an * next to them. Help on any question can be obtained by moving the mouse (hover) over the field. **NOTE: Make sure you have all of the information needed to complete the application, e.g., personnel information which will include certification level, certification numbers, expiration date and if your agency will use a vehicle, then that vehicle information including make, model, year, VIN number and license plate number and primary service areas (names of communities in your service area- if applicable)**
8. When all sections have been completed, the applicant should then hit the submit button at the bottom of the application which will automatically forward the application to the regional EMS council where the applicant maintains its administrative headquarters for the county indicated on the application.

C. Regional EMS Council Review

1. The regional EMS Council will review the submitted application. If changes or corrections are required, the regional EMS council will identify the changes and corrections and return the application. The applicant would then make the required changes or corrections and resubmit the application.
2. The regional EMS council will review the application again and if complete and accurate, they will then forward the application to the Bureau of EMS.

D. Bureau of EMS Review

1. The Bureau of EMS will review all applications forwarded from the regional EMS councils within 30 days of receipt. Once an application is complete and accurate, the Bureau of EMS will authorize an inspection and change the status on an application accordingly.

Inspection

1. The regional EMS council will contact the applicant to schedule a time and date for the inspection. The inspection shall be performed within 45 days of receipt of application approval from The Bureau of EMS.
2. Prior to the inspection, the applicant will provide to the regional EMS Council a signed (by the appropriate senior member of the agency) copy of the approved application.
3. The regional EMS Council will conduct an onsite inspection of the applicant to determine whether the applicant satisfies the regulatory criteria for QRS licensure. This inspection will include all equipment and supplies required. The regional EMS Council may need to schedule a follow-up inspection or similar visit to confirm correction of any deficiencies found during the initial inspection.
4. The regional EMS council will forward this signed copy of the application and the inspection results to the Bureau of EMS and change the status of the application to recommend approval upon successful completion of inspection.

Licensure

1. The Bureau of EMS will receive notification that the regional EMS council has completed the inspection and has submitted its recommendation.
2. The Bureau of EMS will review the inspection results forwarded by the regional EMS Council and change the application's status if approved. A certificate of licensure is valid for a period of three years. If appropriate a set of DOH licensure decals for each of any vehicles that will be used by the agency will be issued.

Personnel

A QRS must respond with at least one individual who possesses the minimum qualifications of a prehospital practitioner, which includes:

1. Emergency Medical Responder
2. Emergency Medical Technician (EMT)
3. Advance Emergency Medical Technician (A-EMT). Once regulations are approved and in place
4. EMT-Paramedic (EMT-P)
5. Prehospital Registered Nurse (PHRN)
6. Prehospital Physician Extender. Once regulations are approved and in place
7. Health Professional Physician

Vehicle Requirement

Although a QRS is not required to have a vehicle to respond to emergencies, if the service has a vehicle, their vehicle must meet all Pennsylvania Code requirements for registration and liability insurance, and the requirements of all Pennsylvania regulations relating to emergency vehicles. If a vehicle is used, the Department will issue DOH licensure decals. These DOH licensure decals must be applied to right and left exterior sides of the vehicle in a conspicuous place.

If the QRS will not be using a vehicle, it must provide information on how it will transport both its personnel and its equipment and supplies to the scene of an emergency.

Patient Data Collection Requirements

All QRS are required to collect, maintain and report reliable patient data and demographic information for calls for assistance in either a paper (see example last page) or electronic format approved by the Department of Health. All patient care reports (PCRs) will be maintained in a secure area and access to these reports must be limited to authorized personnel as stated in the regulation. All patient care reports (PCRs) must be available for inspection by the Department or Regional EMS Council or when otherwise needed

Required Equipment and Supplies

The following is a listing of the equipment and supplies, which are required for an entity as a Quick Response Service (QRS). The equipment and supplies must be carried and readily available and in working order for use by a licensed QRS. Some patients and service members may have an allergy to latex and it is recommended that where possible, latex free supplies and equipment be carried:

1. Portable Suction Unit with wide-bore tubing. Must achieve 300 mm/Hg or 11.8" in 4 sec.
2. Suction catheters, (2) pharyngeal
3. Airways:
 - Nasopharyngeal (5 different sizes with lubricating jelly, to include Pediatric size)
 - Oropharyngeal (6 different sizes to include Pediatric size)
4. Sphygmomanometer:
 - Child, Adult and Thigh (large)
 - (1 each) Interchangeable gauges are permitted
5. Stethoscope (1) Adult & (1) Pediatric
6. Penlight (1)
7. Portable Oxygen Unit (1) Cylinder capacity of at least 300 Liters, with 500 psi Yoke Cylinder with a minimum total pressure of 500 psi.
8. Gauge/flow meter not gravity dependent and can deliver 0-25 liter per minute
9. Non-sparking wrench/tank opening device.
10. Full spare oxygen cylinder with at least 300 liter capacity.
11. Oxygen Delivery Devices:
 - Nasal Cannula--adult/ 1 ea.

- High concentration mask capable of providing 80% or greater concentration, Adult, Pediatric, Infant--1 each.
 Pocket mask with one way valve and oxygen port.
12. Bag-Valve-Mask Devices: Hand operated adult (1) and hand operated infant/pediatric (450-700cc) (1) Must be capable of high concentration oxygen delivery with adult and pediatric masks
 13. Dressings:
 - Multi Trauma (10" by 30") (2)
 - Occlusive (3" by 4") (4)
 - Sterile Gauze Pads (3" by 3") (12)
 - Soft self-adhering (4 rolls)
 14. Adhesive Tape (4 rolls assorted) one of which must be hypoallergenic
 15. Immobilization Devices:
 - Rigid/Semi-rigid neck immobilizer S, M, L, pediatric (1 each) Multi-size are permitted and will suffice for the S, M, L (3)
 16. Sterile Burn Sheet (4` by 4`) (2)
 17. Triangular Bandages (4)
 18. Commercial Tourniquet (1)
 19. Bandage Shears (1)
 20. Regional Approved Triage Tags (20)
 21. Blankets (2)
 22. Instant Glucose (40% dextrose-d-glucose gel) 45 grams
 23. Emergency Jump Kit (1)
 24. Splinting devices (2) (1for an arm &1for a leg) Example is a SAM Splint© or board splints
 25. Personal Protective Equipment (PPE) Helmet, eye protection, work gloves and high-visibility safety apparel (1 per provider)
 26. Emergency Response Guidebook (1) (current edition)
 27. Radio communications equipment: Equipment per regional requirement and capable of communicating with a public safety answering point (PSAP) and EMS agencies within the response areas of the QRS.
 28. Automated External Defibrillator
 29. Personal Infection Control Kit:
 - Eye protection, clear, disposable (1 per crew member)
 - Patient Exam/Treatment Gloves (1 set per crew member)
 - Face Mask, disposable (N-95 one per crew member)
 30. Infection control plan as part of licensure
 31. Alcohol based hand disinfectant – Non water hand cleaner/disinfectant (1 container)
 32. Copy of most current appropriate version of Statewide EMS Protocols

All equipment that may be used in direct contact with patients must be clean and be easily cleaned of blood and body fluids and must not be beyond expiration date assigned. While being transported all equipment and supplies must be secured to prevent movement that may result in damage or injury.

QRS Patient Report

		Date:	Time:	EMS Agency Name	
Patient Name:		Phone #:	Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Chief Complaint			Provider Impression:		
History/Exam			For Altered Mental Status, Chest pain, or Stroke		
Symptoms/History (SAMPLE)			Onset of Symptoms /Last Seen Normal		
			Date	Time	
Past Medical History					
<input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> Heart Problems <input type="checkbox"/> Cancer <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> TIA/Stroke <input type="checkbox"/> Other:					

Allergies: <input type="checkbox"/> NKDA Pertinent Physical Exam Findings:	Medications: Patient's medications or medication list delivered with report <input type="checkbox"/> Yes <input type="checkbox"/> No
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VITAL SIGNS										
Time	Pulse	Blood Pressure		Resp	Pupils	Glucose	SpO2	MENTAL STATUS (AVPU) (Check Best Response)		
								<input type="checkbox"/> Alert	<input type="checkbox"/> Voice	<input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive
								<input type="checkbox"/> Alert	<input type="checkbox"/> Voice	<input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive
								<input type="checkbox"/> Alert	<input type="checkbox"/> Voice	<input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive

ECG (if applicable)		
Rhythm:	12 Lead Interpretation:	ECG delivered with report? Y / N

EMS Treatments & Notes	
Time	Treatment

IV	Y / N	Size/Location:	Total IV Fluid Volume Given:	mL	Oxygen	LPM
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Provider Transferring Care	Certification Number	Care Transferred To:	
Name (Print)		Receiving Agency Name	Time of Transfer:
Additional QRS Crew Members		Additional QRS Crew Members	