

POLICY AND SKILLS COMPETENCY REQUIREMENTS (# 2000)

Authority: California Health and Safety Code, Division 2.5, 1797.214; California Code of Regulations, Title 22, Chapter 4, Sections 100145, 100166, 100168, 100172 and 100173.

As part of the Alameda County Quality Improvement Program, ALS Service Providers are responsible for assessing the current knowledge of their Paramedics in local policies and procedures and for assessing their Paramedics' skills competency.

1. STANDARDS FOR INDEPENDENT PARAMEDIC PRACTICE

1.1 Classifications

<i>Classification</i>	<i>Description</i>
Entry Level Paramedic	An Accredited Paramedic who has successfully: <ul style="list-style-type: none"> ✓ Completed the accreditation guidelines and field evaluation (Sections 2 and 3) BUT HAS NOT completed the requirements for Advanced Level Paramedic (Section 4)
Advanced Level Paramedic	An Accredited Paramedic who has successfully: <ul style="list-style-type: none"> ✓ Completed the accreditation guidelines and field evaluation (Sections 2 and 3) ✓ Completed the requirements for Advanced Level Paramedic (Section 4)

Table 1

1.2 Principles for Independent Practice

- 1.2.1 Entry Level Paramedics may only work with Advanced Level Paramedics (except for special circumstances at the discretion of the EMS Agency Medical Director)

2. PARAMEDIC ACCREDITATION

2.1 Paramedic Accreditation Guidelines

- 2.1.1 Maintenance of continuous certification in the following "core-courses":
- ✓ Advanced Cardiac Life Support (ACLS) that is equivalent to AHA provider level or Emergency Cardiac Care (ECC)
 - ✓ International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS), Assessment and Treatment of Trauma (ATT)
 - ✓ Pediatric Advanced Life Support (PALS) that is equivalent to AHA provider level, Pediatric Education for Prehospital Personnel (PEPP) or Emergency Pediatric Care (EPC)

(Any courses on-line or otherwise, without a hands-on demonstration of skills competency in front of a trainer certified by an approved CE provider are not considered equivalent to these courses).

2.1.2 Educational Requirements

- ✓ Current certification in core courses (see 2.1.1)
- ✓ Completion of Alameda County EMS Orientation
- ✓ Completion of a local optional scope skills lab provided by the provider agency
- ✓ Completion of 12-lead EKG course in accordance with 12-LEAD ECG PROGRAM policy
- ✓ Completion of waveform capnography training

POLICY AND SKILLS COMPETENCY REQUIREMENTS (# 2000)

- 2.1.3 Completion of an Entry Level Field Evaluation (see Section 3)
- 2.1.4 Completion of a Paramedic Accreditation Application and Fee
- 2.1.5 After completing Entry Level Paramedic guidelines in Sections 2 and 3, to reach Advanced Level Paramedic status, a Paramedic must complete the criteria set forth in Sections 4
- 2.1.6 A Paramedic whose accreditation has been withdrawn for more than one year shall be required to re-apply for initial accreditation.
- 2.1.7 Accredited Paramedics shall substantially comply with the requirements of the applicable Federal, State, and County of Alameda laws, rules, and regulations

2.2 Provider Agency Guidelines

- 2.2.1 The Provider Agency must retain the following records:
 - ✓ Verification of a current California State Paramedic License
 - ✓ Confirmation of continued employment with an approved Paramedic Provider Agency
 - ✓ Verification of completion of an Entry Level accreditation field evaluation (see section 2 and 3)
 - ✓ Verification of completion of Advanced Level Paramedic guidelines (section 4)
 - ✓ Satisfactory performance in the professional development evaluation (see section 5)
 - ✓ Current certification in the "core-courses"
 - ✓ Successful completion of any mandatory training/skills required by the EMS Agency, including the annual updates
- 2.2.2 Each provider agency must submit to the EMS Agency their field evaluation plan they intend to use for evaluation of accreditation candidates (see section 3). The plan shall detail the agency's requirements for selection and monitoring of field training officers as well as the scoring and remediation process for prospective accreditation candidates
- 2.2.3 Each provider agency is required to notify the EMS Agency Medical Director of the results of the Entry Level accreditation field evaluation (Section 3) for each accreditation candidate within 30 calendar days of completion or failure. Supporting documentation is also required
- 2.2.4 The EMS Agency will conduct periodic audits to ensure compliance with the above requirements

3. ENTRY LEVEL FIELD TRAINING AND EVALUATION

In order to become an accredited Entry Level Paramedic, it is necessary to complete a field training evaluation to consist of no less than Five (5) and no more than Ten (10) ALS contacts under the direct supervision of a field training officer or equivalent (designated by the provider agency). The field training officer is ultimately responsible for the care delivered at the scene by the candidate. ***The purpose of the field evaluation is to determine if the Paramedic is able to function under local policies and procedures*** (Title 22 Section 100166)

POLICY AND SKILLS COMPETENCY REQUIREMENTS (# 2000)

3.1 Policy And Skills Competency Components

The accreditation candidate will be required to show proficiency in the following skills/procedures:

- 3.1.1 Acquiring a patient's history and physical exam
- 3.1.2 Direction of overall scene care as prescribed by local policies and procedures
- 3.1.3 Leadership
- 3.1.4 Completing the patient care reports as prescribed by policies and procedures and demonstrate competency in documentation (Title 22 100148, Alameda County EMS Field Manual - ALS Responder)
- 3.1.5 Show sufficient knowledge of all parenteral and oral medications and solutions included in the Alameda County scope including proficiency in indications, contraindications, side effects, dosage and concentrations
- 3.1.6 All local optional scope procedures and infrequent skills
- 3.1.7 The field evaluation should be completed in no more than thirty (30) calendar days from the date of the first evaluation shift
 - ✓ If at the end of thirty (30) days the accreditation candidate has not met the above requirements, but has shown sufficient progress, the field training officer may continue the evaluation for another thirty (30) days upon approval of the EMS Agency's Medical Director
 - ✓ If an accreditation candidate fails the field evaluation, the EMS Agency Medical Director shall be immediately notified in writing. After an evaluation by the EMS Agency Medical Director, recommendations for further evaluation or training will be made.
- 3.1.8 No more than two (2) attempts to complete a field evaluation are allowed. After the second failed attempt the candidate will have to wait 365 calendar days from the last day of the field evaluation. A candidate who has failed the accreditation evaluation is required to start the process over (section 2.2). A candidate who fails to meet the requirements of this policy is not accredited and therefore not allowed to work as a Paramedic (basic scope or local optional scope) in Alameda County's EMS system
- 3.1.9 An accreditation candidate's application will be reviewed and a decision on accreditation status will be made within thirty (30) calendar days after the EMS Agency receives the completed application
- 3.1.10 Documentation of the candidate's field evaluation will also need to be submitted with the application as well as any documentation of procedures and skills demonstrated to a training officer that were not performed on an actual emergency call (see 3.1.6 above)
- 3.1.11 Upon successful completion of a field evaluation, Paramedic Accreditation shall be continuous for as long as state Paramedic licensure is maintained and as long as the Paramedic meets county requirements for updates in local policies, procedures, protocols and local optional scope of practice. It is also necessary for the Accredited Paramedic to meet the requirements of the EMS Agency approved Quality Improvement Plan** adopted by the agency with which the Paramedic is employed
- 3.1.12 An Entry Level Paramedic may upgrade to Advanced Level upon successful completion of the requirements set forth in Sections 4 and 5

POLICY AND SKILLS COMPETENCY REQUIREMENTS (# 2000)

4. ADVANCED LEVEL PARAMEDIC

4.1 Guidelines For Advanced Level Paramedic

- 4.1.1 A minimum of 6 months experience as an accredited Entry Level Paramedic
- 4.1.2 Completion of Benchmark Criteria in 4.3 Table 2
- 4.1.3 Has no clinical or operational issues, or corrective actions
- 4.1.4 **Paramedics are allowed to reach Advanced Level earlier than six (6) months and/or before benchmark criteria are met, on a case by case basis, at the discretion of the EMS Agency Medical Director.** The following is necessary for advanced placement:
 - ✓ Documentation of considerable EMS experience
 - ✓ Completion of a Professional Development Evaluation (Section 5)
 - ✓ Documentation of the Paramedic's ability to work independently as an Advanced Level Paramedic by an FTO (or equivalent) AND the provider's Quality Coordinator/ Medical Director
 - ✓ Ongoing PCR audits by QI Coordinator or Provider Medical Director
 - ✓ Documentation of QI indicators (but not limited to):
 - Rate of Patient Transport/Refusal
 - % of 12 Leads/ASA received by ACS patients
 - % of ETCO₂ monitoring received by indicated patients
 - % of CPSS/Blood Glucose Check received by CVA and ALOC patients
 - EMSA Core Measures
 - Pain Management received by patients
 - Other useful process and outcome indicators designated by the EMS Agency Medical Director

4.2 Timeframe For Completion

- 4.2.1 Benchmark criteria (see 4.3 Table 2) must be completed within a 365 day period from accreditation as an Entry Level Paramedic
- 4.2.2 If an Entry Level Paramedic wishes to attain Advanced Level status after the 365 day timeframe, s/he is required to undergo a professional development evaluation (see section 5) with a satisfactory or better score. The benchmark criteria then must be completed within 365 days from the date of the professional development evaluation
- 4.2.3 Provider agencies will notify the EMS Agency when:
 - ✓ An Entry Level Paramedic attains or fails to attain Advanced Level Paramedic status
 - ✓ An Advanced Level Paramedic fails to maintain Advanced Level Paramedic status

POLICY AND SKILLS COMPETENCY REQUIREMENTS (# 2000)

4.3 Benchmark Criteria

In addition to completing the Benchmark Criteria, the Paramedic's decision making competency in administering specific treatments and skills under local policies and procedures must be evaluated.

Skill:	Definition:	Benchmark Criteria:
ALS Team leader/ report writer	Acquisition of the patient's history, documentation and direction of overall scene care. Use of standard evaluation criteria	60
Airway Management	<ul style="list-style-type: none"> ➤ BLS Airway Management: Patient Position, Suctioning **, BLS Airway Adjuncts **, BVM ** ➤ Advanced Airway Management: ETT **, Supraglottic ** 	BLS Management 4 each ETT 4 Supraglottic 4
Electrical Therapy as indicated **	Defibrillator/Cardioversion discharge is counted as one defibrillation/cardioversion	4
Intravenous Access **	Successful placement in a peripheral or external jugular location with success rates < 10% less than overall field average	30 (10 if simulated)
Medication Administration as Indicated	By any route: intravenous, intraosseous, subcutaneous, intranasal, aerosol, intramuscular	20
Infrequently used skills as indicated **	All of the following: intraosseous infusion, pleural decompression, transcutaneous pacing	1 each
Assessment of critically ill or injured pediatric patient **	If not included above	2

**May be simulated

Table 2

5. SKILLS COMPETENCY MAINTENANCE REQUIREMENTS

5.1 Professional Development Evaluation

5.1.1 Within every two year period, each Accredited Paramedic, as part of the County's CQI Program, shall undergo a professional development evaluation by the provider agency

5.1.2 The Professional Development Evaluation should include the following:

- ✓ A chart review of at least 5 randomly selected patient care reports
- ✓ A Paramedic field training officer, a nurse, a physician or the provider's QI coordinator, at a minimum, may administer the components of the skills evaluation listed below (a-h); however, all components must be overseen by the provider's QI coordinator or physician liaison (Table 3)
- ✓ *A recommendation for future development/training.* The recommendation should include the evaluator's assessment of the Paramedic's capability/potential for a future Paramedic "career ladder": training, teaching, research, advancement to a field training officer or supervisor, or to an enhanced scope of practice Paramedic level (e.g. - CCT-P)

POLICY AND SKILLS COMPETENCY REQUIREMENTS (# 2000)

Skills Competency Maintenance Evaluation	
a)	Basic Life Support (BLS) - management of emergency childbirth, spinal injury assessment, spinal motion restriction (SMR), adult and pediatric CPR, and bleeding control and shock management.
b)	Paramedic Equipment Skills Assessment - this assessment includes the operation and location of all ALS equipment. The Paramedic should be able to explain the operation of each piece of equipment in the airway bag and drug box as well as suction apparatus and the cardiac monitor. The operation of all of this equipment including needleless systems and radio equipment should also be described and discussed. Replacement procedures including supply, restock, broken equipment, and narcotic restock should also be described.
c)	Alameda County Protocols - Paramedics should discuss and describe <i>at least</i> the following ALCO protocols: Acute Stroke, Advanced Airway Management, Anaphylaxis, Consent and Refusal Guidelines: (Refusal of Care/Refusal of Service), Assess and Refer, Trauma Patient Care/Criteria, Psychiatric Evaluation, CPAP, 12-lead EKG, Sepsis, Spinal Injury Assessment, Spinal Motion Restriction (SMR), Death in the Field, Grief Support, Aircraft Transport, MCI, Pain Management, and Base Contact.
d)	Dysrhythmias - Paramedics should demonstrate, using a rhythm generator, the typical ACLS rhythms. These include sinus, atrial fibrillation, atrial flutter, SVT, junctional, idioventricular, ventricular tachycardia, ventricular fibrillation, first degree block, second degree block type one, second degree block-type two, and third degree block.
e)	Procedures - Paramedics should demonstrate either in a clinical setting or a simulated one the following procedures: adult intubation, EtCO ₂ Monitoring (waveform capnography for both intubated and non-intubated patients), 12-lead EKG acquisition and interpretation, needle finger stick glucose, needle thoracostomy, intraosseous infusion (adult and pediatric), transcutaneous pacing, and IV starts.
f)	Physical Assessment - Paramedics should demonstrate a thorough physical assessment on at least one trauma and one medical patient, either clinical or simulated.
g)	Medication Knowledge - Paramedics should demonstrate knowledge of medications, including dosage, indications, contraindications, and side effects of the medications approved for use in the Paramedic scope of practice
h)	Scenario Testing - Paramedics should demonstrate competency in scenario-based testing on the following commonly encountered Paramedic scenarios: 1) trauma, 2) cardiac arrest, 3) shortness of breath, 4) dysrhythmia recognition, 5) pediatrics. Providers may use EMS Agency secure scenarios OR other pertinent scenarios (preferably real case). Other scenarios may be added as needed (e.g. environmental, obstetrical, etc.).

Table 3

5.1.3 As part of a Provider Agency's quality improvement program, **needs-based quality improvement skills/policy training and evaluation may be substituted for items listed in Table 3 provided that:**

- ✓ There is evidence of competent quality patient care for those specific substituted skills/policy maintenance items listed in Table 3
- ✓ Provider Agencies evaluate the patient care impact of the needs-based skills/policy training

5.1.4 **The service provider must inform the EMS Agency immediately of any Paramedic who fails to meet or maintain the standards set forth in this policy**

Approved:


Karl Sporer, Acting EMS Director


Karl Sporer, MD, EMS Medical Director