
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. PARAMEDIC ACCREDITATION

1.1 Paramedic Accreditation Requirements

1.1.1 Current California State Paramedic License

1.1.2 Continuous certification in the following "core-courses":

- ✓ AHA Advanced Cardiac Life Support (ACLS) or an approved equivalent
- ✓ International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS) or an approved equivalent
- ✓ AHA Pediatric Advanced Life Support (PALS) or an approved equivalent

(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).

1.1.3 Educational Requirements

- ✓ 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

1.1.4 Satisfactory performance in the Professional Development Evaluation (see section 4)

1.1.5 Completion of a Paramedic Accreditation Field Evaluation (see Section 2)

1.1.6 Completion of a Paramedic Accreditation Application and Fee

1.1.7 Employment with an approved Paramedic provider agency

1.1.8 Successful completion of any mandatory training/skills required by the EMS Agency, including the annual updates

1.1.9 A Paramedic whose accreditation has been withdrawn for more than one year shall be required to re-apply for initial accreditation

1.1.10 Accredited Paramedics shall substantially comply with the requirements of the applicable Federal, State, and County of Alameda laws, rules, and regulations

1.2 Provider Agency Requirements

1.2.1 Each provider agency must submit to the EMS Agency the field evaluation plan they intend to use for evaluation of Paramedic Accreditation candidates (see section 2). This plan shall include:

- ✓ Requirements for selection and monitoring of Field Training Officers
- ✓ Prospective Paramedic Accreditation candidate scoring and remediation process
- ✓ Independent Paramedic Practice Guidelines (see section 3)

1.2.2 Each provider agency is required to notify the EMS Agency Medical Director of the results of the Paramedic Accreditation field evaluation (Section 2) for each accreditation candidate within 30 calendar days of completion or failure. Supporting documentation is also required.

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- 1.2.3 The provider agency must retain all Paramedic Accreditation requirement records. The EMS Agency will conduct periodic record audits to ensure compliance with the above requirements.

2. FIELD TRAINING AND EVALUATION

In order to become an accredited 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 Paramedic Accreditation 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).

2.1 Policy and Skills Competency Components

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

- 2.1.1 Acquiring a patient's history and physical exam
- 2.1.2 Direction of overall scene care as prescribed by local policies and procedures
- 2.1.3 Leadership
- 2.1.4 Demonstrated competency in completing the electronic patient care reports as prescribed by policies/procedures (Title 22 100170 & 100171, Alameda County EMS Field Manual - ALS Responder, County/Provider Agency agreements)
- 2.1.5 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
- 2.1.6 All local optional scope procedures and infrequent skills
- 2.1.7 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.
- 2.1.8 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). 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
- 2.1.9 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
- 2.1.10 Documentation of the candidate's field evaluation will also need to be retained by the provider agency as well as any documentation of procedures and skills

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demonstrated to a training officer that were not performed on an actual emergency call

- 2.1.11 Upon successful completion of a field evaluation, Paramedic Accreditation shall be continuous for as long as state Paramedic licensure is maintained and 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. INDEPENDENT PARAMEDIC PRACTICE

3.1 Guidelines for Independent Paramedic Practice

- 3.1.1 Has no clinical or operational issues, or corrective actions
- 3.1.2 Documentation of sufficient EMS experience
- 3.1.3 Documentation of the Paramedic's ability to work independently by:
- ✓ Field Training Officer (or equivalent)
 - ✓ Provider agency Quality Coordinator
 - ✓ Provider agency Medical Director
- 3.1.4 Ongoing PCR audits
- 3.1.5 Monitoring of Quality Improvement Indicators (but not limited to):
- ✓ First Watch/First Pass Protocols
 - ✓ 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. SKILLS COMPETENCY EVALUATION GUIDELINES

4.1 Professional Development Evaluation

- 4.1.1 For initial Paramedic Accreditation, a Professional Development Evaluation is required. Within every two year period it is expected that each Accredited Paramedic, as part of the County's Quality Improvement Program, will undergo a Professional Development Evaluation by the provider agency.
- 4.1.2 A 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 Competency Evaluation listed below (a-h).
 - ✓ *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. - CCP)

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Skills Competency Evaluation	
a)	<u>Basic Life Support (BLS)</u> – Paramedics should demonstrate in a clinical setting or a simulated one management of emergency childbirth, spinal injury assessment, spinal motion restriction (SMR), adult and pediatric CPR, and bleeding control and shock management.
b)	<u>Paramedic Equipment Skills Assessment</u> - This assessment includes the operation and location of all ALS equipment. Paramedics 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)	<u>Alameda County Protocols</u> - 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)	<u>Dysrhythmias</u> - Paramedics should demonstrate, using a rhythm generator, 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)	<u>Procedures</u> - 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)	<u>Physical Assessment</u> - Paramedics should demonstrate a thorough physical assessment on at least one trauma and one medical patient, either clinical or simulated.
g)	<u>Medication Knowledge</u> - 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)	<u>Scenario Testing</u> - 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.).

- 4.1.3 **As part of a provider agency's Quality Improvement Plan, the provider agency may reasonably modify the Skills Competency Evaluation guidelines as necessary.**
- 4.1.4 **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**