

EMERGENCY MEDICAL CARE COMMITTEE MEETING AGENDA



Thursday, November 18th, 2021, at 8:30 A.M.
VIRTUAL Meeting Only
ZOOM LINK

<https://slohealth.zoom.us/j/96292472897?pwd=R0FRReDJZbk9TRGQ3VlFkQTJlL2duZz09>

MEMBERS

CHAIR Dr. Rachel May, *Emergency Physicians, 2018-22*
VICE CHAIR Jonathan Stornetta, *Public Providers, 2020-24*
Bob Neumann, *Consumers, 2018-22*
Matt Bronson, *City Government, 2020-24*
Alexandra Kohler, *Consumers, 2020-24*
Chris Javine, *Pre-hospital Transport Providers, 2018-22*
Michael Talmadge, *EMS Field Personnel, 2020-24*
Jay Wells, *Sheriff's Department, 2020-24*
Julia Folgelson, *Hospitals, 2020-22*
Jennifer Sandoval, *MICNs, 2018-22*
Dr. Tom Hale, *Physicians, 2018-22*

EX OFFICIO

Vince Pierucci, *EMS Division Director*
Dr. Tom Ronay, *EMS Medical Director*

STAFF

Rachel Oakley, *EMS Coordinator*
Kyle Parker, *EMS Coordinator*
Michael Groves, *EMS Coordinator*
Amy Mayfield, *Administrative Assistant*
Denise Yi, *PHEP Program Manager*

AGENDA	ITEM	LEAD
Call to Order	Introductions	R. May
	Public Comment	
Action/Discussion	Approval of minutes: September 2021 Minutes (<i>attached</i>)	R. May
Receive and File	<ul style="list-style-type: none"> Policy #340: Paramedic Student Internships Policy #341: Emergency Medical Technician Paramedic Accreditation Policy #342: Emergency Medical Technician Paramedic Reaccreditation Helicopter QI Data 	R. Oakley
		M. Groves
Report	<ul style="list-style-type: none"> COVID Update 	V. Pierucci
Staff Reports	<ul style="list-style-type: none"> Health Officer EMS Agency Staff Report EMS Medical Director Report PHEP Staff Report 	P. Borenstein
		V. Pierucci T. Ronay D. Yi
Announcement	<ul style="list-style-type: none"> Special Presentation 	V. Pierucci
Committee Members Announcements or Reports	Opportunity for Board members to make announcements, provide brief reports on their EMS-related activities, ask questions for clarification on items not on the agenda, or request consideration of an item for a future agenda (Gov. Code Sec. 54954.2[a][2])	Committee Members
Adjourn	Next Meeting: Thursday January 20th, 2021, 0830 Venue TBA	

Draft

**Emergency Medical Care Committee
Meeting Minutes
Thursday September 16, 2021
Meeting Held Virtually via ZOOM**



Members

- CHAIR Dr. Rachel May, *Emergency Medicine Physicians*
- VICE CHAIR Jonathan Stornetta, *Public Providers*

- Bob Neumann, *Consumers*
- Alexandra Kohler, *Consumers*
- Matt Bronson, *City Government*
- Chris Javine, *Pre-Hospital Transport Providers*
- Michael Talmadge, *EMS Field Personnel*
- Dr. Tom Hale, *Physicians*
- Jay Wells, *Sheriff's Department*
- Julia Fogelson, *Hospitals*
- Jennifer Sandoval, *MICNs*

Ex Officio

- Vince Pierucci, *EMS Division Director*
- Dr. Thomas Ronay, *LEMSA Medical Director*

Staff

- Rachel Oakley, *EMS Coordinator*
- Mike Groves, *EMS Coordinator*
- Kyle Parker, *EMS Coordinator*
- Denise Yi, *PHEP Program Manager*
- Amy Mayfield, *Administrative Assistant*

Guests – Rob Jenkins, *CalFire*; Mike McDonough, *CCHD*;
Shereen Setajhaian, *Public*

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	Meeting called to order at 08:34 am
Introductions	Roundtable
Public Comment	No comments
Approval of July 17, 2021 Meeting Minutes – One correction: Correct Dr. Ronay's comment regarding Draft Policy #157 FP-C/CC-C Unified Scope of Practice: "Most challenging is when paralyzing a patient which stops breathing" replacing with: "Most challenging is to intubate and ventilate after paralysis".	M/S/A as amended
REPORTS & DISCUSSION/ACTION ITEMS	
Action/Discussion: Approval of new committee members: Quality Improvement Workgroup: Tim Benes, CCHCD Lisa Epps, Mercy Air Affton Parras, Med Com Dr. Brad Knox, ED Physicians Vacant, Fire Service-BLS Clinical Advisory Committee: Dr. Brad Knox, ED Physicians (Tenet) Dr. Kyle Kelson, ED Physicians (Tenet) Tim Benes, CCHCD (Medical Director Appointee) Vacant, ED Physician (Dignity) Discussion: V. Pierucci - Inquired on Dr. Hale's replacement from CCMA, waiting to hear back. Should have another MD appointed by January 2022 meeting.	QI Workgroup: M/S/A CA Committee: M/S/A
Review/Receive and File: Policies 320 and 321, 320/321 Attachment A and 321 Attachment C: R. Oakley – Review Administrative changes made to policies and attachments. Policy 321 Attachment C was not included in agenda packet or staff report. It's a 2017 version EMT skills competency verification form, that was available on State EMSA website, which replaced the former skills form, Attachment E. R. May – Can EMSA look into an online platform for applicants/applying electronically?	Action: Receive and file

<p>V. Pierucci – Yes, we have already. It's very expensive, however, we can keep looking. APOT Data: M. Groves – Reviewed Q2 and August 2021 patient offload times. Slight increase in August for APOT times and number of calls.</p>	
<p>Discussion: COVID Update: V. Pierucci – Fire, law, and EMS not included in Aug 5, 2021 state public health order. 3 LEMSA's have implemented vaccination mandates so far, we are not going to at this point. SLA and Mercy Air looking into compliance, Cambria complying by 9/30/21, regarding Medicaid/Medicare (CMS) participating organizations included in vaccination mandate. R. May – Do we have % of Fire, law and EMS who are vaccinated? V. Pierucci says no, however can guess at 80%. R. Jenkins guessing at approx. 60% for Cal Fire. M McDonough – There is fear from pts about going to the hospital, asks if a press release could go over this topic. J. Fogelson confirms that there are very strict visitor policies, differs from ED to floor (care partner/visitor), for staff and patient's safety. Was a period of time of PPE shortages. V. Pierucci states there's an all facilities letter (AFL) regarding vaccine or neg test requirement. T. Benes – Hospitals telling staff that they cannot enter if unvaccinated. V. Pierucci says EMS is not included in Aug 5 order. Lots of uncertainties. V. Pierucci – CHADOC still activated. 63% of population vaccinated, which is behind state numbers. Hospital patients seem to be sicker, on ventilators, unvaccinated. Not enough testing sites avail. Binaxnow tests in short supply, transitioning to care site test, which is not as easy to administer. R. Jenkins – Question on booster shots avail. V Pierucci says there's a lot of debate regarding boosters, however, the president has a date for implementation after 9/27 meeting for recommendation. D. Yi – 3rd shot called third dose for immunocompromised and booster for all others.</p>	<p>Discussion: No action required</p>
<p>Staff Reports: Health Officer: V. Pierucci – Working on mask enforcement. EMS Agency: V. Pierucci - EMS Updated classes underway, one left, unless a make-up class is necessary. MICN update is also underway. EMS Medical Director: T. Ronay – At the state level an EMS and Law enforcement work group is looking to optimize care of patients in a behavioral health crisis. PHEP: D. Yi - PODs for flu vaccinations coming, looking into alternate planning options ie administration through PH sites, however still in planning phase to support mass POD clinics. Many concerns of COVID exposure.</p>	<p>Staff Reports: No action required</p>
<p>Future Agenda Items: R. May – Requests data from staff on Mercy Air, before and after implementation regarding meeting time and need criteria. M. Groves and V. Pierucci say yes we can get that. Bring a report out from Quality Improvement Committee on the subject.</p>	<p>Report from QIC due 11/18/21</p>
<p>Next Regular Meeting Next meeting will be held Thursday, November 18, 2021. Unsure if an in-person meeting is an option at this point.</p>	<p>Meeting adjourned 10:15 am</p>



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Mike Hill Health Agency Director

Penny Borenstein, MD, MPH Health Officer/Public Health Director

MEETING DATE	November 18, 2021
STAFF CONTACT	Rachel Oakley 805.788.2518 / roakley@co.slo.ca.us
SUBJECT	Paramedic Student Internships, Policy 340, with Attachments A and B Paramedic Accreditation and Reaccreditation, Policies 341 with Attachments A and B and 342, with Attachments A, B, C, and D. Administrative Revisions
SUMMARY	<p>Policy 340</p> <p>Since the beginning of the COVID pandemic, the County of San Luis Obispo Emergency Medical Services Agency (EMSA) has waived the requirement for initial applicants to apply in person at the EMSA office. It has been decided to eliminate this requirement, however, in person applications will still be accepted during open hours and by appointment.</p> <p>Names of Policy Attachments have been revised for consistency along with a few items in the listed procedure. Added was (V)(B)(1), intern must meet minimum field internship hours and ALS contacts per regs. (2), wording added to match Attachment B. (3), the competency-based written examination is no longer administered by a preceptor, it's administered online by the SLO County EMS Agency. Faxing instructions were removed. Attachments are revised for appearances and standardization. Same requirements apply.</p> <p>Policy 341</p> <p>Initial applicant requirement to apply in person has been eliminated. Applications will still be accepted during open hours and by appointment.</p> <p>Under III. Policy (N) was added to ensure applicants are aware of processing turn-time and newly defined rush fee. An application processing timeframe of up to 30 days has been established. Although we typically have a processing time of a week or less, a buffer allows for any delays that can occur during the process.</p> <p>A rush fee was added to the County fee schedule in 2014 but was never defined. EMSA is now defining what the rush fee is and when the rush fee will be charged. The 72hrs is consistent with other Health Agency programs that charge a rush fee for completion of documents.</p>

County of San Luis Obispo Health Agency

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	<p>Prior section IV. Procedure items (5) proof of orientation, and (6) Attachment B inclusions, were combined into a revised item (5), as all are included on Attachment B to be provided as proof.</p> <p>Authority was revised to include Health and Safety code Division 2.5, Chapters 3, 4, and 7.</p> <p>Attachments are revised for appearances and standardization. Same requirements apply.</p> <p>Policy 342</p> <p>Under IV. Policy (S), the turn-time for applications was revised from 14 calendar days to 30 to allow for any delay that can occur in the process and/or in the office. A rush fee was added as mentioned in Policy 341 narrative of revisions above.</p> <p>In V. Procedure, Attachments required are referenced, special note that order of Attachments have changed.</p> <p>Base station meeting attendance has changed from 6 to 4 per two-year accreditation cycle.</p> <p>All Attachments have been revised for standardization. The order of Attachments has been changed and Attachment D was added, as they refer to skill verification checklists required to be used by provider agency signoff.</p>
REVIEWED BY	EMS Agency Staff, Director, and Medical Director
RECOMMENDED ACTION(S)	Receive and File
ATTACHMENT(S)	Draft Policies 340, 341 and 342 with Attachments for each.

POLICY #340: PARAMEDIC STUDENT INTERNSHIPS

I. PURPOSE

- A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for paramedic student internships in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all paramedic programs, their paramedic students requesting an internship in the County of SLO, and County of SLO Advanced Life Support (ALS) providers wishing to provide internships.

III. DEFINITIONS

- Paramedic Student Intern (Intern): An individual who is enrolled in an approved California paramedic training program and is required to complete a field internship in order to become eligible for a California paramedic license.

IV. POLICY

- A. Changes in state regulations will supersede information in this policy upon codification.
- B. A completed and signed contract between the paramedic training program and the ALS provider interning the student must be on file with the County of SLO Emergency Medical Services Agency (EMS Agency) prior to beginning internship. This contract must include language that indemnifies, defends and holds harmless the following organizations:
 1. The EMS Agency, its officers, employees and medical director.
 2. County of SLO, its officers, and employees.
 3. ALS provider that is interning the student including its officers, and employees.
 4. All County of SLO hospitals functioning as base hospitals, including its officers, and employees.
- C. If a County of SLO EMS provider does not employ the intern, or the paramedic program does not have a contract with the local ALS provider interning the student, the student must provide proof of general liability insurance of at least \$1 million per occurrence and \$1 million aggregate and proof of worker's compensation insurance or other similar insurance.
- D. Interns must demonstrate eligibility and must apply to the EMS Agency prior to the start of internship.
- E. An intern that does not meet the eligibility requirements will not enter into an internship within the County of SLO.

- F. All information on the EMS Agency internship application is subject to verification.
- G. Interns who supply information found to be fraudulent will be subject to internship suspension.
- H. Interns must successfully pass a County of SLO preceptor supervised internship as specified in the CCR and local policy.
- I. The EMS Agency Medical Director may evaluate any intern who fails to complete the field internship. The medical director may recommend further evaluation or training as required or may take other license review action deemed necessary in accordance with the CCR.
- J. The EMS Agency Medical Director must approve exceptions to any internship requirements.

V. PROCEDURE

- A. Candidates for internship in the County of SLO must demonstrate eligibility and submit a Paramedic Student Field Internship Application – Attachment A, to the EMS Agency, including the following items:
 - 1. Proof of eligibility for internship signed by the paramedic program director.
 - 2. A letter from the County of SLO ALS provider accepting intern.
 - 3. Possess valid government issued photo identification.
 - 4. Current CPR certification.
 - 5. Current ACLS certification or other course approved by the EMS Agency Medical Director.
 - 6. Current EMT certification issued within the State of California.
- B. All interns are required to successfully pass a supervised internship as specified in the CCR and complete local policy requirements. Interns are required to have the following items documented and reported to the EMS Agency upon completion of internship:
 - 1. Intern must meet minimum field internship hours and ALS patient contacts per CCR § 100154 (a)(3) and (b).
 - 2. An FTO/preceptor conducted orientation to the County of SLO EMS system design, structure, policies, protocols, and demonstration of all County of SLO scope of practice skills and procedures.
 - 3. Interns must pass an EMS Agency administered competency-based written examination of local paramedic optional scope of practice and protocols with a score of 80% or better by the completion of the internship.
- C. Upon completion of internship, the intern must submit the Paramedic Student Field Internship Completion Form -Attachment B, to the EMS Agency.

- D. Internship candidates should leave sufficient time for processing applications. The EMS Agency may require up to fourteen calendar days to process completed applications.

VI. AUTHORITY

- State of California Code of Regulations, Title 22, Division 9, Chapter 4

VII. ATTACHMENTS

A. Paramedic Student Field Internship Application

B. Paramedic Student Field Internship Completion Form

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 340 Attachment A
 Effective Date: 11/01/2021

PARAMEDIC STUDENT - FIELD INTERNSHIP APPLICATION

MUST BE APPROVED BY EMS AGENCY BEFORE FIELD INTERNSHIP CAN BEGIN

APPLICANT INFORMATION					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
SUBMIT THE FOLLOWING WITH THIS APPLICATION					
<input type="checkbox"/> Proof of Paramedic Course Completion signed by Program Director					
<input type="checkbox"/> Letter from ALS provider accepting intern					
<input type="checkbox"/> Copy of ACLS Card, Expiration:					
<input type="checkbox"/> Copy of CPR Card, Expiration:					
<input type="checkbox"/> Copy of EMT Card, Certification Number and Expiration:					
<input type="checkbox"/> Copy of Driver's License or government issued photo ID					
FTO/PRECEPTOR ASSIGNED TO INTERN:					
FTO/Preceptor Name:					
Agency:			Internship Start Date:		
Phone Number:			Email:		
Attachment B - Paramedic Student Field Internship Completion Form must be filled out and all items completed and submitted to EMS Agency at finish of internship.					
Applicant's Signature:				Date:	
*****EMS AGENCY USE ONLY BELOW THIS LINE*****					
Received Date:					
<input type="checkbox"/> Contract on file with Paramedic Program and ALS Provider					
Authorized by:				Date:	

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 340 Attachment B
 Effective Date: 11/01/2021

Paramedic Student - Field Internship Completion Form

Prior to finishing an internship in the County of San Luis Obispo, a paramedic student intern must complete the following orientation under the direction of a Field Training Officer or other EMS Agency designated individual (preceptor).

This form completes the Paramedic Internship requirements and must be returned to the EMS Agency upon field internship completion.

Paramedic Student Intern Name:

FTO/Preceptor Name:

Agency:

Field Internship Completion Requirements

- Reviewed the County of San Luis Obispo EMS system design and structure.
- Reviewed the County of San Luis Obispo Policies and Procedures.
- Demonstrated all County of San Luis Obispo scope of practice skills and procedures.
- Passed County of San Luis Obispo Accreditation Test with a score of at least 80%.
- Met the minimum field internship hours.
- Met the minimum documented ALS patient contacts.

ATTESTATION OF PARAMEDIC STUDENT INTERN

I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS system, policies and procedures.

Signature of Paramedic Student Intern:

Date:

ATTESTATION OF FTO OR PRECEPTOR

I hereby certify that the above named paramedic student intern has reviewed and understands the County of San Luis Obispo EMS system, policies and procedures and has successfully completed a field internship.

Signature of FTO/Preceptor:

Date of Completion:

POLICY #341: EMERGENCY MEDICAL TECHNICIAN PARAMEDIC ACCREDITATION

I. PURPOSE

- A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the local accreditation of emergency medical technician paramedics (paramedics) in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all current California state licensed paramedics employed by approved County of SLO advanced life support (ALS) providers, wishing to provide ALS patient care in the County of SLO.

III. POLICY

- A. Changes in state paramedic regulations will supersede information in this policy upon codification.
- B. A current and valid California paramedic license and local accreditation are required to practice as a paramedic in the County of SLO.
- C. A paramedic with an expired license may not provide ALS or basic life support, patient care in the state of California.
- D. A paramedic with an expired accreditation may not provide ALS patient care in the County of SLO.
- E. Only paramedics with a current license in the state of California may represent themselves as a paramedic. Individuals not currently licensed as a paramedic who represent themselves as such may be subject to criminal penalties.
- F. An individual with an expired paramedic license will be required to apply for license renewal through the state Emergency Medical Services (EMS) Authority prior to applying for local accreditation.
- G. Candidates for initial accreditation must apply to the County of SLO Emergency Medical Services Agency (EMS Agency) and pay the non-refundable accreditation application fee.
- H. Candidates whose checks return for insufficient funds may be subject to disciplinary action as outlined in EMS Agency Policy #101: Fee Collection.
- I. All information on the accreditation application is subject to verification. Candidates who supply information found to be fraudulent may be subject to disciplinary action for fraudulent procurement of accreditation as outlined in EMS Agency Policy #300: Investigation and Disciplinary Process.

- J. The EMS Agency Medical Director will evaluate any candidate who fails to complete the field evaluation. The Medical Director may recommend further evaluation or training as required or take other license review action deemed necessary in accordance with Title 22.
- K. Once accredited and based on the continuous quality improvement process, the employer or EMS Agency Medical Director may determine that a paramedic needs additional training, observation, or testing. The employer, the EMS Agency Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the paramedic. If there is disagreement between the paramedic, the employer and/or the EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail.
- L. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend or revoke the accreditation for a minimum of one (1) year and up to two (2) years.
- M. As a condition of continued accreditation, individuals must attend and pass all mandated trainings as required by the EMS Agency.
- N. Candidates must have sufficient time to accredit. The EMS Agency may require up to thirty (30) calendar days to process a complete application. If a request is made to expedite a completed application within 72 hours of the request, a rush fee will apply.
- O. It is the responsibility of the accredited paramedic to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- P. The EMS Agency Medical Director must approve exceptions to any accreditation requirements.

IV. PROCEDURE

- A. Candidates must complete the EMS Agency Paramedic Application for County Accreditation – Attachment A and supply documentation establishing eligibility for accreditation as follows:
 - 1. Current government-issued photo identification.
 - 2. Current and valid paramedic license issued by the state of California.
 - 3. Possess current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the standards for professional rescuers of the American Heart Association, or other course approved by the EMS Agency Medical Director.
 - 4. Proof of current ACLS provider certification issued by the American Heart Association or other course approved by the EMS Agency Medical Director.
 - 5. Paramedic Field Evaluation Completion Form – Attachment B, consisting of:

- a. Orientation to the County of SLO EMS system policies, procedures, and protocols that emphasize the local optional scope of practice.
 - b. Ten (10) ALS patient care contacts if the paramedic has been licensed for less than one year, or
 - c. Between five (5) and ten (10) ALS patient contacts if the paramedic has a current license and has been licensed for more than one year.
 - d. Successfully pass the Accreditation Test with a score of at least 80 percent.
 - e. The field evaluation will be waived if the candidate successfully completed a paramedic training program internship in the County of SLO within the previous six (6) months (refer to Policy #340 for more information).
6. Provide a letter of employment from a County of SLO ALS provider indicating employment as a paramedic.
 7. Pay the established local non-refundable accreditation fee.
- B. Accreditation will be for a maximum of two (2) years, or such time as specified in the current state regulations.
1. The effective date of accreditation will be the date the candidate meets all local requirements.
 2. The accreditation will expire on the same date as:
 - a. The paramedic license issued by the state of California, or
 - b. The paramedic is no longer employed as a paramedic by a County of SLO ALS provider, or
 - c. The paramedic does not meet accreditation requirements.
- V. AUTHORITY
- State of California Code of Regulations, Title 22, Division 9, Chapter 4
 - California Health and Safety code, Division 2.5, Chapters 3, 4, and 7
- VI. ATTACHMENTS
- A. Paramedic Application for County Accreditation
 - B. Paramedic Field Evaluation Completion Form

County of San Luis Obispo Public Health Department
Division: Emergency Medical Services Agency

Policy 341 & 342 Attachment A
Effective Date: 09/01/2021

PARAMEDIC APPLICATION FOR COUNTY ACCREDITATION

Check One: **Initial Accreditation** **Re-accreditation: SLO Co #:**

APPLICANT INFORMATION					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
Date of Birth:	CA Driver's License #:	CA Paramedic License #:	Expiration:		
<input type="checkbox"/> Accredited in Multiple Counties (County Names):					
Primary Employer Information			Secondary Employer Information		
Name:		Phone Number:	Name:		Phone Number:
Address:			Address:		
City:	Sate:	Zip:	City:	Sate:	Zip:
For Initial Accreditations, FTO Name:			For Initial Accreditations, Field Eval Start Date:		
*****EMS AGENCY USE ONLY BELOW THIS LINE*****					
<input type="checkbox"/> Central Registry Checked			<input type="checkbox"/> Megan's Law Checked		
<input type="checkbox"/> Access Database Updated			<input type="checkbox"/> MLO Accreditation Updated		
County Number:		Effective Date:	Expiration Date:		
Date Letter Sent to Applicant:			Date Letter Sent to Employer(s):		
Verified by:			Verified Date:		
FOR INITIAL ACCREDITATIONS ONLY					
<input type="checkbox"/> Policy 340 or 341 Attachment B (Field Internship/ Field Evaluation Completion Form)			<input type="checkbox"/> Passed Accreditation Test (score of at least 80%)		

Policy #: 341 & 342 Attachment A

USE APPROPRIATE CHECK LIST BELOW AND SIGN. SUBMIT BOTH PAGES.

Applicant Name:

Date:

PARAMEDIC ACCREDITATION	PARAMEDIC RE-ACCREDITATION
<input type="checkbox"/> Completed Application (both pages).	<input type="checkbox"/> Completed Application (both pages).
<input type="checkbox"/> Letter from ALS Provider confirming employment as a paramedic.	<input type="checkbox"/> Letter from ALS Provider confirming employment as a paramedic.
<input type="checkbox"/> Letter from FTO/agency accepting paramedic for field evaluation, if different than employer.	<input type="checkbox"/> Copy of CA Paramedic License.
	<input type="checkbox"/> Copy of CA Driver's License or government issued photo ID.
FTO:	<input type="checkbox"/> Copy of CPR Card.
Agency:	
<input type="checkbox"/> Copy of CA Paramedic License. <input type="checkbox"/> Copy of CA Driver's License or government issued photo ID. <input type="checkbox"/> Copy of ACLS Card. <input type="checkbox"/> Copy of CPR Card.	Expiration:
	<input type="checkbox"/> AHA-BLS Provider
	<input type="checkbox"/> CAL FIRE
	<input type="checkbox"/> Atascadero Fire
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Expiration:	<input type="checkbox"/> Copy of Paramedic Annual Skills Verification Tracking Sheets.
<input type="checkbox"/> AHA-BLS Provider	<input type="checkbox"/> Copy of Paramedic Annual EMS Update Class Certificates.
<input type="checkbox"/> CAL FIRE	<input type="checkbox"/> Copy of Base Station Meeting Certificates (4 per 2 year re-accreditation cycle).
<input type="checkbox"/> Atascadero Fire	<input type="checkbox"/> No application fee if accreditation has not lapsed.
<input type="checkbox"/> Other:	
<input type="checkbox"/> Field Internship or Evaluation Completion Form (including test).	<input type="checkbox"/> Non-refundable application fee if accreditation has lapsed more than 12 months.
<input type="checkbox"/> Non-refundable application fee.	

DECLARATION and ATTESTATION

Have you ever been convicted of any felony or misdemeanor offense, in California or in any other state or place, including entering a plea of nolo contendere or no contest and including any conviction, which has been expunged (set aside)?	<input type="checkbox"/> On File with SLO EMSA <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?	<input type="checkbox"/> On File with SLO EMSA <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any criminal charges currently pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, you must submit with this application a written explanation that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.

Attestation: *I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to Paramedic Accreditation in the County of San Luis Obispo. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as a Paramedic. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand that the application fees are non – refundable and that I am required to notify the EMS Agency in writing within 30 days of any change in my mailing address.*

Signature of Applicant:	Date:
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County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 341 Attachment B
 Effective Date: 09/01/2021

Paramedic Accreditation - Field Evaluation Completion Form

Prior to accreditation in the County of San Luis Obispo, a paramedic must complete the following orientation under the direction of a Field Training Officer or other EMS Agency designated individual (preceptor).

This form completes the Paramedic Application for Accreditation requirements and must be returned to the EMS Agency upon field evaluation completion.

Paramedic Name:

FTO/Preceptor Name:

Agency:

Field Evaluation Completion Requirements

- Reviewed the County of San Luis Obispo EMS system design and structure.
- Reviewed the County of San Luis Obispo Policies and Procedures.
- Demonstrated all County of San Luis Obispo scope of practice skills and procedures.
- Supervised field evaluation of ALS patient contacts (choose one of the following):
- For paramedics licensed less than one year; Ten (10) ALS patient contacts.
- For paramedics licensed more than one year; A minimum of five (5) ALS patient contacts.
- Passed County of San Luis Obispo Accreditation Test with a score of at least 80%.

ATTESTATION OF PARAMEDIC

I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS system, policies and procedures.

Signature of Paramedic:

Date:

ATTESTATION OF FTO OR PRECEPTOR

I hereby certify that the above named paramedic has reviewed and understands the County of San Luis Obispo EMS system, policies and procedures and has successfully completed a field evaluation.

Signature of FTO/Preceptor:

Date of Completion:

POLICY #342: EMERGENCY MEDICAL TECHNICIAN PARAMEDIC REACCREDITATION

I. PURPOSE

- A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the local reaccreditation of emergency medical technician paramedics (paramedics) in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all current California state licensed paramedics employed by approved County of SLO advanced life support (ALS) providers, wishing to provide ALS patient care in the County of SLO.

III. DEFINITIONS

- Reinstatement: The process whereby a paramedic is restored to active accreditation during his/her current accreditation cycle following a leave of absence.

IV. POLICY

- A. Changes in state paramedic regulations will supersede information in this policy upon codification.
- B. A current and valid California paramedic license and current and valid local accreditation are required to practice as a paramedic in the County of SLO.
- C. A paramedic with an expired license may not provide ALS or BLS patient care in the state of California.
- D. A paramedic with an expired accreditation may not provide ALS patient care in the County of SLO.
- E. Only paramedics with a current license in the state of California may represent themselves as a paramedic. Individuals not currently licensed as a paramedic and represent themselves as such may be subject to criminal penalties.
- F. An individual with an expired paramedic license must apply for license renewal through the state EMS Authority prior to applying for local accreditation.
- G. All information on the Emergency Medical Services Agency (EMS Agency) accreditation application is subject to verification. Candidates who supply information found to be fraudulent may be subject to disciplinary action for fraudulent procurement of accreditation as outlined in EMS Agency Policy #300: Investigation and Disciplinary Process.
- H. Candidates whose checks return for insufficient funds may be subject to disciplinary action as outlined in EMS Agency Policy #101: Fee Collection.

- I. If there is a change in employment status for any reason, resulting in an employee no longer acting in the capacity of paramedic for the employer for ninety (90) days or more, including employees on leave of absence, medical leave, workers comp leave, or leave for disciplinary reasons, the employer must send a written notification to the EMS Agency as soon as practical after the ninety (90) day period. If a paramedic is no longer employed, the employer must send a written notification to the EMS Agency within three (3) business days after separation of the employee.
- J. A paramedic's accreditation is considered lapsed when:
 1. They are not currently employed by a paramedic provider agency in the County of San Luis Obispo.
 2. The EMS Agency has received notification of change in job function, as outlined in section I above, from the employer, and the employee has not worked as an accredited paramedic for ninety (90) days.
 3. Failure to maintain a California paramedic license.
 4. Failure to meet the County of SLO reaccreditation requirements.
- K. Once accreditation has lapsed, the employer must submit a written request for employee reinstatement of accreditation to the EMS Agency. The written request shall include a plan for reinstatement including any training, skills evaluations, or FTO led observations that the employer deems necessary. The reinstatement plan will be reviewed and approved by the EMS Agency Medical Director. This section applies to all lapses in accreditation from ninety (90) days to one (1) year. Lapses in accreditation of one year or more will follow the guidelines listed in Section P of this policy.
- L. Lapsed reaccreditation requirements may be prorated for a period not to exceed 180 days. The prorated relief may include a reduction in the number of required advanced airway skills verifications and base station meetings. All remaining requirements of reaccreditation outlined in the reaccreditation procedures will remain in effect.
- M. The EMS Agency Medical Director will evaluate any candidate who fails to complete the field evaluation. The Medical Director will recommend further evaluation or training as required or take other license review action deemed necessary in accordance EMS Agency Policy #300: Investigation and Disciplinary Process.
- N. Accreditation lapse for failure to meet reaccreditation requirements, for reasons other than a change in employment, will result in suspension of accreditation until such time as the requirements have been met.
- O. All reaccreditation candidates returning to the County of SLO following an absence of one year or more must comply with the requirement for initial accreditation as outlined in EMS Agency Policy #341: Emergency Medical Technician Paramedic Accreditation.
- P. As a condition of continued accreditation, individuals must attend and pass all mandated trainings as required by the EMS Agency and meet all requirements listed under reaccreditation procedures.
- Q. Based on the continuous quality improvement process, the employer or EMS Agency Medical Director may determine that a Paramedic warrants additional training,

observation or testing. The employer, EMS Agency Medical Director or his/ her designee may create a specific and targeted program of remediation based upon the identified need of the Paramedic. If there is disagreement between the Paramedic, the employer and/or the EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail.

- R. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend or revoke the accreditation for a minimum of one (1) year and up to two (2) years.
- S. Candidates must have sufficient time to reaccredit. The EMS Agency may require up to thirty (30) calendar days to process a complete application. If a request is made to expedite a completed application within 72 hours of the request, a rush fee will apply.
- T. It is the responsibility of the accredited paramedic to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- U. The EMS Agency Medical Director must approve exceptions to any accreditation requirements.

V. PROCEDURE

- A. Candidates for paramedic reaccreditation in the County of SLO must demonstrate eligibility to the EMS Agency. Candidates must complete the EMS Agency Paramedic Application for County Accreditation – Attachment A and supply documentation establishing eligibility for reaccreditation as follows:
 - 1. Possess a current and valid paramedic license issued by the California EMS Authority.
 - 2. Provide evidence of certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the standards for professional rescuers of the American Heart Association or other course approved by the EMS Agency Medical Director.
 - 3. Proof of completion of County of SLO EMS Update course from each year of the preceding two-year accreditation period.
 - 4. Proof of completion of two (2) **Paramedic Skills Annual Verification Tracking Sheet - Attachment B**. Low use / high risk skills shall be performed under the observation of a field training officer (FTO) or other EMS Agency approved evaluator, using the **Skills Verification Checklists-Attachment D**. Copies of the individual skills checklists shall be maintained by provider agencies for a period of not less than four (4) years.
 - 5. Proof of completion of a minimum of two (2) intubations every six (6) months for a total of eight (8) during the two-year accreditation period. The two (2) intubation requirements may be met through documentation of successful intubations during patient care, cadaver practice, or documentation of completing manikin intubations under the observation of a field training officer (FTO) or other EMS Agency approved evaluator.
 - a. For intubations attempted/completed during patient care, use the **Advanced Airway Maneuver Form -Attachment C**. One copy of the form shall be maintained

by the provider agency for a period of not less than four (4) years, and a copy shall be sent to the EMS Agency for data analysis.

b. For intubations completed through cadaver practice and mannikin testing, use the **Adult Intubation Skills Verification Checklist, page 1-2 of Attachment D.** Copies of the individual skills checklists shall be maintained by provider agencies for a period of not less than four (4) years.

6. A letter of employment from a County of SLO ALS provider indicating employment as a paramedic.

7. Attendance at four **(4) base hospital meetings** in the preceding two-year accreditation period. The EMS Agency will review base hospital meeting attendance rosters for compliance.

B. Reaccreditation will be for a maximum of two (2) years, or such time as specified in the current state regulations.

1. The effective date of reaccreditation will be the date the candidate meets all local requirements.

2. The reaccreditation will expire on the same date as:

a. The paramedic license issued by the California EMS Authority, or

b. The paramedic is no longer employed by a County of SLO ALS provider, or

c. The paramedic does not meet accreditation requirements.

VI. AUTHORITY

- State of California Code of Regulations, Title 22, Division 9, Chapter 4
- California Health and Safety code, **Division 2.5, Chapters 3, 4 and 7**

VII. ATTACHMENTS

A. Paramedic Application for County Accreditation

B. Paramedic Skills Annual Verification Tracking Sheet

C. Advanced Airway Maneuver Form

D. Skills Verification Checklists

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 342 Attachment B
 Effective Date: 11/01/2021

PARAMEDIC SKILLS ANNUAL VERIFICATION TRACKING SHEET

All low use/ high risk skills shall be verified in a structured training environment utilizing the Skills Verification Checklists-Attachment D. Copies of the Skills Verification Checklists shall be maintained by individual agencies in the employees file for a period of not less than four (4) years, and be made available for review by San Luis Obispo County EMSA upon request.				
Two (2) Paramedic Skills Annual Verification Tracking Sheets are required for reaccreditation (one for each year of the accreditation cycle) along with the Paramedic Application for County Accreditation Policy #342 Attachment A.				
Skills competency verification shall be conducted and signed off by one of the following: San Luis Obispo County Field Training Officer (FTO) or agency approved designee, service provider's medical director, and/or base hospital designee.				
PARAMEDIC INFORMATION				
Last Name:		First Name and Middle Initial:		
Paramedic License #:		SLO County Accreditation #:		
Accreditation Year (circle):	1	2	Employer:	
Description:	Verification Date:	Evaluator Initials:	Intubations:	
1. Adult Endotracheal Intubation (circle "Skill" for intubations obtained during training or "Field" for intubations obtained in the field)	1:		Skill	Field
	2:		Skill	Field
	3:		Skill	Field
	4:		Skill	Field
2. Cardiac Arrest Management (CAM)	1:			
	2:			
3. Cardiac Arrest Management (CAM) Pediatric	1:			
	2:			
4. Needle Cricothyrotomy				
5. Needle Thoracostomy				
6. Intraosseous Infusion				
7. Adult Cardioversion				

ADVANCED AIRWAY MANEUVER FORM

~Instructions on the Back~

PART I: TO BE COMPLETED BY EACH PARAMEDIC/RN WHO ATTEMPTS AN ADVANCED AIRWAY MANEUVER:

Date: _____ Incident #: _____ Receiving Hospital: _____
 Medic/RN/Intern #: _____ Time since last ET: _____ Years as Paramedic: _____
 Agency: _____ Base Hospital(for field-termination): _____

Patient: <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ Weight: _____ Height: _____	<u>O2 Saturation /CO2</u> Initial: _____ / _____ Lowest: _____ / _____ Highest: _____ / _____ Not registering: _____ / _____	<u>Indication for Intubation:</u> <input type="checkbox"/> Medical Cardiac Arrest <input type="checkbox"/> Traumatic Arrest <input type="checkbox"/> Respiratory Arrest/Hypoventilation <input type="checkbox"/> Airway Protection <input type="checkbox"/> Airway Injury/Obstruction
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<u>1st Attempt Made</u> Tube Inserted: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube Type: <input type="checkbox"/> ET Size: _____ Depth: _____ cm Pt. Location: Floor <input type="checkbox"/> Gurney <input type="checkbox"/> Other: _____ Blade: Mac <input type="checkbox"/> Miller <input type="checkbox"/> G.View <input type="checkbox"/> Adjuncts: Bougie <input type="checkbox"/> Video Assist <input type="checkbox"/> Suction <input type="checkbox"/> RSI <input type="checkbox"/> Cric. Press. <input type="checkbox"/> Other _____	<u>2nd Attempt Made</u> Tube Inserted: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube Type: <input type="checkbox"/> ET Size: _____ Depth: _____ cm Pt. Location: Floor <input type="checkbox"/> Gurney <input type="checkbox"/> Other: _____ Blade: Mac <input type="checkbox"/> Miller <input type="checkbox"/> G.View <input type="checkbox"/> Adjuncts: Bougie <input type="checkbox"/> Video Assist <input type="checkbox"/> Suction <input type="checkbox"/> RSI <input type="checkbox"/> Cric. Press. <input type="checkbox"/> Other _____	<u>3rd Attempt Made</u> Tube Inserted: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube Type: <input type="checkbox"/> ET Size: _____ Depth: _____ cm Pt. Location: Floor <input type="checkbox"/> Gurney <input type="checkbox"/> Other: _____ Blade: Mac <input type="checkbox"/> Miller <input type="checkbox"/> G.View <input type="checkbox"/> Adjuncts: Bougie <input type="checkbox"/> Video Assist <input type="checkbox"/> Suction <input type="checkbox"/> RSI <input type="checkbox"/> Cric. Press. <input type="checkbox"/> Other _____
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If ET was not placed, indicate alternative airway management technique(s) used & complete comments section below:

BVM OPA NPA High Flow O2 Needle Crich

<u>Airway Confirmation Method(s) Used:</u> <input type="checkbox"/> End-Tidal CO2/Wave Form Capnography <input type="checkbox"/> End-Tidal CO2 Detector Device (colorimetric) <input type="checkbox"/> Air Aspiration Esophageal Detector <input type="checkbox"/> Stethoscope-Lung Sounds <input type="checkbox"/> Stethoscope-Epigastric Sounds <input type="checkbox"/> Other: _____	<u>Result(s):</u> <input type="checkbox"/> Peak Value: Initial: _____ ED Arrival: _____ <input type="checkbox"/> Yellow/Tan <input type="checkbox"/> Purple <input type="checkbox"/> Air Return <input type="checkbox"/> No Air Return <input type="checkbox"/> Equal/Bilat <input type="checkbox"/> R / L Side <input type="checkbox"/> Absent <input type="checkbox"/> No <input type="checkbox"/> Yes
---	---

Medic Comments: (Explanation of confounding factors)

PART II: TO BE COMPLETED BY BASE HOSPITAL PHYSICIAN OR SECOND PARAMEDIC/RN (For Field-Terminated Patients Only):

*complete Part II

<u>ET Placement:</u> <input type="checkbox"/> Trachea <input type="checkbox"/> Mainstem Bronchus <input type="checkbox"/> Esophagus <input type="checkbox"/> Oropharynx	<u>Confirmation By:</u> <input type="checkbox"/> Auscultation <input type="checkbox"/> Direct Visualization <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> Capnography	<u>Outcome:</u> <input type="checkbox"/> Stabilized <input type="checkbox"/> Deceased/Terminated: <input type="checkbox"/> Field <input type="checkbox"/> ED <input type="checkbox"/> ED Disposition: _____
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Physician / Paramedic Comments:

DO NOT PLACE IN PATIENT CHART!

Physician / Paramedic Signature: _____

ADVANCED AIRWAY MANEUVER FORM

~Instructions~

- To be completed by **every Paramedic or RN who attempts** an advanced airway maneuver (ET tube or needle cricothyrotomy). Clearly note certification #. One form per Medic/RN.
- Record time interval since last intubation (months, weeks, etc.) and record number of years certified as a paramedic.
- **“Attempt”** is an interruption of ventilation with insertion of endotracheal tube into the mouth. **Make a note in comment section when oral visualization made and suction required prior to attempt.**
- Record patient location when attempt is made –floor, gurney, back of pick-up, etc.
- NEW: Indicate blade type used (**added Grandview**) and adjuncts used (**added Bougie and King Vision or other video assist device**), stylet, suction, RSI, cricoid pressure, etc.), REMOVED NT and references to it.
- Note method of placement verification. Use ETCO2 when available.
- Write confounding reasons for airway attempt failure/difficulties in the comments section. May use the space below for additional comments (if used, please remember to fax back side as well).
- Have the ED physician verify and sign for placement on all patients arriving at ED
- Disposition to be provided from Base Station Liaison to EMSA for patients admitted to hospital
- Send completed Advanced Airway Maneuver Form to your agency's EMS Coordinator. Provider EMS Coordinators will then collect Forms and related PCRs, review for completeness and forward to the EMSA each month.
- **Do not** place this form into patient chart!
- Reminder: Follow your provider agency's HIPAA policy when using or distributing this document and the corresponding Patient Care Report.
- "Why do I have to fill out this form?" Data collected from the previous study demonstrated that monitoring of performance is still necessary. The information will be used to determine if the enhanced training and performance requirements improve success rates and influence patient outcome.
- This form should also be used with training or elective intubation procedures (**other than manikins**)

Additional Comments for PART I: PARAMEDIC / RN

DO NOT PLACE IN PATIENT CHART!

Additional Comments for PART II: BASE HOSPITAL PHYSICIAN OR SECOND PARAMEDIC / RN

DO NOT PLACE IN PATIENT CHART!

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 342 Attachment D
 Effective Date: 11/01/2021

SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:		First Name and Middle Initial:	
FTO/Designee:		Date Verified:	
ADULT INTUBATION			
Objective: Describe the indications for adult oral intubation and demonstrate the ability to proficiently perform the procedure			
Equipment: Appropriate PPE, adult intubation manikin, laryngoscope handle, adult laryngoscope blades, adult endotracheal tubes, malleable stylet, flex guide ETT introducer, 10 mL syringe, tape or tube holder, stethoscope, oropharyngeal airway (OPA), bag-valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO2 monitoring equipment.			
Performance Criteria: The paramedic will be required to adequately describe the indications for adult oral intubation and proficiently perform the procedure on a manikin.			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for adult oral intubation: -Cardiac arrest -Respiratory arrest or severe compromise -Sustained altered mental status with GCS \leq 8 (relative indication) -Impending airway edema in the setting of respiratory tract burn or anaphylaxis (relative indication)		
3	Verbalizes the following during Cardiac Arrest: -Oral Intubation should be utilized for a nonpatent/ compromised airway and in maintained ROSC -Chest compressions should be uninterrupted during the intubation procedure in the Pt with a nonpatent airway		
4	Prepares equipment for procedure: -Ensures suction device is available and working -Ensures flex guide ETT introducer is available for difficult intubations -Selects proper size ET tube and checks cuff for patency -Inserts stylet so end is not protruding past end of endotracheal tube -Selects appropriate laryngoscope blade, attaches to handle and checks light		

5	Places patient's head in sniffing position		
6	Instructs other rescuer to stop ventilations and removes OPA (if in place)		
7	May consider cricoid pressure or external laryngeal manipulation		
8	Inserts blade into mouth with a right to left sweeping motion while displacing tongue		
9	Applies upward lifting action with laryngoscope without using teeth as a fulcrum		
10	Visualizes glottic opening		
11	Inserts ET tube from right pharynx, passing tube through the glottic opening (intubation attempt should take no longer than 30 seconds)		
12	Removes laryngoscope		
13	Inflates cuff with sufficient volume of air and disconnects syringe		
14	Attaches BVM to ET tube and ventilates at appropriate rate and volume		
15	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO ₂ monitoring methods based on available equipment		
16	Properly secures ET tube using tape or commercial tube holder		
17	Reevaluates tube placement after each patient movement		
18	Demonstrates proper use of the flex guide ETT introducer for difficult intubations		

SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:	First Name and Middle Initial:		
FTO/Designee:	Date Verified:		
CARDIAC ARREST MANAGEMENT (CAM)			
<p>Objective: Demonstrate effective management of a patient in cardiac arrest using San Luis Obispo County HPCPR Procedure # 712.</p>			
<p>Equipment: Appropriate PPE, adult defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, defibrillation electrodes. Cardiac medications. BLS and ALS airway management supplies. Vascular access supplies. Manikin capable of CPR quality feed back (SmartMan).</p>			
<p>Performance Criteria: The paramedic will be required to adequately manage a cardiac arrest scenario and perform effective CPR for 200 compressions. Management of the cardiac arrest will involve personnel, medications, and treatment.</p>			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Accurately identifies role and responsibilities including: -Identifying roles to other responders, organization and timing of care, destination decision, base hospital contact		
3	Confirms adequate compression rate and depth with full recoil: -Compressions 100—120 /min (goal 110/min) -Depth 2-2.5 inches		
4	Ensures adequate ventilation rate and volume: -Ventilate every 10th compression -Volume 200-400 mL		
5	Establishes ETCO2 as soon as possible		
6	Verbalizes or demonstrates vascular access and appropriate drug administration at appropriate intervals		

7	-At 200 compressions charges the monitor -Continues compressions while the monitor is charging		
8	Once the monitor is fully charged advises to stop compressions to analyze rhythm (< 3 seconds)		
9	Rhythm analysis: -Shockable Rhythm - shocks – immediately continues compressions- subsequent shocks at 120J, 150J, 200J -Non-Shockable Rhythm—dumps charge— immediately continues compressions -Organized Rhythm > 40 bpm– dumps charge- pulse check -Organized Rhythm ≤ 40 bpm—dumps charge– immediately continues compressions for 2 min		
10	Switches Compressor every 200 compressions (2 min)		
11	Verbalizes Post ROSC Management: -Obtain full set of vital including a 12 Lead -Re-evaluate the Pt's airway- intubate if Pt remains unresponsive -Management of the Pt's Blood Pressure		
CPR SKILLS			
1	Must be able to perform a 200 compression cycle on a SmartMan or equivalent manikin with the majority of compressions being at the correct depth and rate		
2	Ability to correctly ventilate at 200mL volume every 10th compression during 2 minutes of CPR while counting out loud		

SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:	First Name and Middle Initial:		
FTO/Designee:	Date Verified:		
CARDIAC ARREST MANAGEMENT (CAM) PEDIATRIC			
<p>Objective: Demonstrate effective management of a pediatric patient in cardiac arrest using San Luis Obispo County HPCPR Procedure # 712.</p>			
<p>Equipment: Appropriate PPE, pediatric defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, defibrillation electrodes. Cardiac medications. BLS airway management supplies. Vascular access supplies.</p>			
<p>Performance Criteria: The paramedic will be required to adequately manage a pediatric cardiac arrest scenario and perform effective CPR for 200 compressions. Management of the cardiac arrest will involve personnel, medications, and treatment.</p>			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Accurately identifies role and responsibilities including: -Identifying roles to other responders, organization and timing of care, destination decision, base hospital contact -Confirms/ Identifies if Pt is a newborn, 1day to 1month, or > 1 month: Newborn CPR 3:1 1 day to 1 month-CPR 15:2 > 1 month –HPCPR 10:1 -Appropriately uses the Broselow Tape to assess the pts weight		
3	Confirms adequate compression rate and depth with full recoil: -Compressions 100—120 /min (goal 110/min) -Compression Depth 1/3 the depth of the chest		
4	Ensures adequate ventilation rate and volume: -Just enough to make the chest rise		
5	Establishes ETCO2 as soon as possible		

6	Verbalizes or demonstrates vascular access and appropriate drug administration at appropriate intervals		
7	-At 200 compressions charges the monitor -Continues compressions while the monitor is charging		
8	Once the monitor is fully charged advises to stop compressions to analyze rhythm (< 3 seconds)		
9	Rhythm analysis: -Shockable Rhythm - shocks – immediately continues compressions- subsequent shocks at 2 J/kg, 4 J/kg -Non-Shockable Rhythm—dumps charge— immediately continues compressions -Organized Rhythm > 60 bpm– dumps charge- pulse check -Organized Rhythm ≤ 60 bpm—dumps charge– immediately continues compressions for 2 min		
10	Switches Compressor every 200 compressions (2 min)		
11	Verbalizes Pre Transport Management: -Emphasizes resuscitation and HPCPR rather than immediate transport -IV/IO -Management of airway -First round of Epinephrine followed by 2 min of HPCPR		
CPR SKILLS			
1	Must be able to perform a 200 compression cycle on a pediatric manikin with the majority of compressions being at the correct depth and rate		
2	Ability to correctly ventilate at the correct volume every 3rd or 10th (proctors choice) compression during 2 minutes of CPR while counting out loud		

SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:	First Name and Middle Initial:		
FTO/Designee:	Date Verified:		
NEEDLE CRICOTHYROTOMY			
<p>Objective: Describe the indications/contraindications for needle cricothyrotomy and demonstrate the ability to proficiently perform the procedure.</p>			
<p>Equipment: Appropriate PPE, cricothyrotomy manikin, antiseptic agent, tape, 10 ml syringe, 12ga or 14ga over-the-needle catheter, 3mm ET tube– cut distal end to make tube approximately 2 inches, bag-valve mask (BVM).</p>			
<p>Performance Criteria: The Paramedic will be required to describe the indications/contraindications for needle cricothyrotomy and proficiently perform the procedure on a cricothyrotomy manikin.</p>			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for needle cricothyrotomy: -Inability to maintain the airway with standard airway procedures. Typically involves patients with one or more of the following: -Epiglottitis -Fractured larynx -Facial burns with upper airway involvement -Laryngeal edema or spasm -Massive facial Trauma		
3	Assembles and checks the equipment: -Bag-valve-mask device -Large bore IV catheter -10 mL syringe -3.0 mm ET		
4	-Places the Pt supine and hyperextends the neck -Stabilizes larynx -Locates cricoid membrane		

5	Inserts needle through cricothyroid membrane at midline directing at a 45° angle		
6	Aspirates syringe to confirm proper placement in trachea		
7	Advances catheter while stabilizing needle		
8	Removes needle and immediately disposes in sharps container		
9	Attaches ventilation device and begins ventilation (1 second for inflation, 2 seconds for exhalation using a cut 3mm ET tube and BVM)		
10	Secures catheter		
11	Observes chest rise and auscultates lungs to assess adequacy of ventilation		
12	Continues ventilation while observing for possible complications (subcutaneous emphysema, hemorrhage, hypoventilation, equipment failure, catheter kink, false placement)		

SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:	First Name and Middle Initial:		
FTO/Designee:	Date Verified:		
NEEDLE THORACOSTOMY			
<p>Objective: Describe the indications for needle thoracostomy and demonstrate the ability to proficiently perform the procedure.</p>			
<p>Equipment: Appropriate PPE, thoracostomy manikin or simulated chest, large IV catheter (10-12 Ga.), syringe, one-way valve i.e. Asherman Chest Seal, Anti-septic products, (povidone-iodine and alcohol), stethoscope.</p>			
<p>Performance Criteria: The paramedic will be required to describe the indications/contraindications for needle thoracostomy and proficiently perform the procedure on a manikin or simulated chest.</p>			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for needle thoracostomy: -Suspected tension pneumothorax with significant respiratory compromise: -Deteriorating respiratory status -Decreased SBP, increased HR -Diminished lung sounds on the affected side -Jugular vein distension -Hyper-resonance to percussion on the affected side -Tracheal shift (difficult to assess) -Increased resistance with ventilation (BVM, ET)		
3	Verbalizes/identifies approved needle thoracostomy sites: -Mid- clavicular line 2nd intercostal space - Base Orders Only mid-axillary 4th intercostal space		
4	Prepares site using aseptic technique		
5	Removes end cap from catheter and attaches empty 10 mL syringe		

6	Inserts needle with syringe attached into skin at a 90°angle just over the superior border of the rib		
7	Advances catheter until air is freely aspirated		
8	Removes syringe and needle and leaves catheter in place		
9	Secures the catheter and provides for a Asherman Chest Seal or equivalent.		
10	Rechecks breath sounds and closely monitors patient status		

SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:	First Name and Middle Initial:		
FTO/Designee:	Date Verified:		
INTRASOSSEOUS INFUSION			
Objective: Describe the indications and contraindications for manual/powered IO device utilization and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, IO manikin, powered IO device/needle, needle securing supplies, antiseptic agent, 10 mL syringe, flush solution or prefilled syringe, IV extension set, IV administration set, IV solution.			
Performance Criteria: The Paramedic will be required to describe the indications / contraindications for IO and proficiently perform the procedure on a IO manikin.			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for IO infusion: -GCS < 8 with : -Hemodynamic Instability -Respiratory Distress -Cardiac Arrest AND -Unable to establish vascular access after 2 attempts		
3	Verbalizes contraindications for IO infusion: -Fracture of the proximal tibia or femur -Knee replacement -Previous IO attempts at the same site within 24 hours -Inability to locate landmarks		

4	Prepares equipment for procedure: -Primes extension set with normal saline -Assembles IV bag, and IV tubing Fills 10 mL syringe with normal saline flush solution (or uses prefilled syringe) -Fills 10 mL syringe with normal saline flush solution (or uses prefilled syringe) -Selects appropriate size needle or device (based on manufacturer) -Attaches needle to driver (based on manufacturer)		
5	Verbalizes/selects appropriate IO site: -Proximal Tibia: Approximately 3 cm (2 finger widths) below the patella and approximately 2 cm (1 finger width) medial, along the flat aspect of the tibia		
6	Preps IO site using aseptic technique		
7	Inserts IO needle according to manufacturer specific instructions		
8	Stabilizes needle, removes stylet from catheter and places in sharps container. Administers 10 mL flush of normal saline		
9	Attaches primed extension set to IO catheter and secures IO needle		
10	Connects fluids to extension set using IV tubing and administers fluid by applying pressure to the fluid bag if necessary to achieve desired rate		
11	Dresses site and secures tubing		
12	Checks administration rate and IO site for infiltration		

SKILLS VERIFICATION CHECKLISTS

PARAMEDIC INFORMATION			
Last Name:	First Name and Middle Initial:		
FTO/Designee:	Date Verified:		
ADULT CARDIOVERSION			
Objective: Describe/recognize the indications for synchronized cardioversion and proficiently perform the procedure.			
Equipment: Appropriate PPE, adult defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, defibrillation electrodes.			
Performance Criteria: The paramedic will be required to adequately describe/recognize the indications for synchronized cardioversion on an adult and pediatric patients and proficiently perform the procedure on a manikin.			
STEP	DESCRIPTION	PASS	FAIL
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for synchronized cardioversion: -Persistent tachycardia causing hemodynamic instability: -Hypotension SBP< 100 -Acutely altered mental status -Signs of shock /evidence of poor perfusion -SOB -Pulmonary Edema		
3	Recognizes rhythm on the monitor requiring cardioversion: -Obtains a 12 lead if possible		
4	Verbalizes consideration of pre-cardioversion sedation: -Midazolam: 2mg slow IV or 5 mg IN (split between nostrils) -Pediatric Midazolam: 0.1mg/kg slow IV/ IN		
5	Correctly applies defibrillation electrodes		
6	Ensures that 'SYNC' button on the monitor is selected and that the synchronization indicators are active on the QRS complex		

7	Selects appropriate initial cardioversion dose: -Narrow regular: 50 J, 70/75 J, 100J, 120 J, 150 J, 200 J (SVT) -Wide regular: 100 J,120 J, 200 J (V-Tach with a pulse) -Narrow irregular: 120 J,150 J, 200 J (A-Fib RVR) -Pediatrics start at 1J/kg max 2 J/kg		
8	Charges defibrillator		
9	Verbally states "CLEAR" and visually checks that other rescuers are clear and delivers cardioversion		
10	-Reassesses and properly identifies cardiac rhythm on the monitor -Obtains a 12 lead		

Mercy 34 9-1-1 Requests and Transports in SLO County January – September 2021

	Requests	Depart Base	Landed at Scene	Transport	Medical	Trauma	Abort/Cancel	Decline/Miss
January	5	3	2	2	0	2		
February	12	6	2	2	0	2	7	2
March	7	3	3	3	1	2	3	1
April	11	8	5	5	3	2	6	0
May	11	8	2	2	2	0	7	2
June	16	10	4	4	0	4	10	2
July	25	16	4	4	4	0	19	1
August*	9	5	1	0	0	0	7	1
September**	13	4	5	4	0	4	8	1
Totals	109	63	27	26	10	16	67	10

* Resuscitation attempted at scene, terminated with base hospital contact

** Pt refused transport

Percentage of Transports to Requests $26/109 = 24\%$

Percentage of Transports to Depart Base $26/63 = 41\%$

Calstar 7 (SB County) 9-1-1 Calls and Transports in SLO County January – September 2021

	Requests	Depart Base	Landed at Scene	Transport	Medical	Trauma	Abort/Cancel	Decline/Miss
January	5	2	2	2	1	1	3	1
February	1	0	0	0	0	0	0	1
March	5	4	3	3	0	3	2	0
April	5	2	0	0	0	0	5	0
May	4	1	2	2	2	0	0	2
June	12	8	1	1	0	1	8	3
July	11	5	2	2	1	1	7	2
August	7	4	0	0	0	0	4	3
September	6	1	0	0	0	0	5	1
Totals	56	27	10	10	4	3	34	13

Percentage of Transports to Requests 18%

Percentage of Transports to Depart Base 37%