

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
EMT-I OPTIONAL SKILL
PROGRAM POLICY**

REFERENCE NO. 477

**SUBJECT: EMT-I OPTIONAL SKILL:
SERVICE PROVIDER APPLICATION, APPROVAL PROCESS,
REQUIREMENTS AND RESPONSIBILITIES**

PURPOSE:

To establish the initial application process and procedure for approval and the requirements and responsibilities of an S-SV approved EMT-I optional skill service provider. The EMT-I optional skills available in the S-SV EMS region are:

- Esophageal-tracheal airway device (ETAD),
- Administration of epinephrine by auto-injector or preloaded syringe for suspected anaphylaxis and/or severe asthma,
- Administration of atropine and pralidoxime chloride by auto-injector (Mark-I Kit) or preloaded syringe for nerve agent exposure

AUTHORITY:

California Health & Safety Code, Division 2.5, Section 1797.80, 1797.90, 1797.170, 1797.177, 1797.220, 1798.2 and 1798.104.

California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100064.

POLICY:

Any service provider wishing to utilize any of the EMT-I optional skills for EMT-I employees shall be approved as an EMT-I optional skill service provider by the S-SV EMS Agency.

An EMT-I optional skill service provider shall meet all requirements set forth by State law, regulations and S-SV EMS policy.

I. APPROVAL PROCESS

**A. EMT-I OPTIONAL SKILL PROGRAM
APPLICATION FOR APPROVAL REQUIREMENTS:**

Effective Date: 07/01/05
Next Review Date: 03/09
Approved:

Date last Reviewed / Revised: 03/05
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1. Any service provider wishing to utilize one of the EMT-I optional skills for EMT-I employees shall submit an “S-SV EMT-I Optional Skill Service Provider: Application for Approval” packet to the S-SV EMS Agency.
2. All applicant agencies shall **fully complete** the application packet. **Incomplete applications will not be processed.**

The required information/documentation of a complete application includes the following:

- a. EMT-I optional skill being applied for:
 - Esophageal-tracheal airway device (ETAD),
 - Administration of epinephrine by auto-injector or preloaded syringe for suspected anaphylaxis and/or severe asthma, or
 - Administration of atropine and pralidoxime chloride by auto-injector (Mark-I Kit) or preloaded syringe for nerve agent exposure.
- b. A letter of intent to provide the EMT-I optional skill service being applied for from the Chief Administrative Officer (CAO) expressing willingness to abide by all S-SV EMS Agency policies, procedures and optional skill program requirements.
- c. A description of the geographic area within which the optional skill will be utilized by EMT-I personnel. (Include response area size, population, population distribution and any other unique characteristics associated with the area that may impact the program, such as; tourist impact, recreational activities, large number of elderly patients, etc.)
- d. A description of the need for use of the optional skill by EMT-I personnel within the provider agency service area, including the number of medical/trauma responses that may have benefited from the optional skill for the last year.
- e. A letter from the base/modified base hospital documenting participation in the EMT-I optional skill program. The names of the base hospital EMT-I optional skill program medical director and registered nurse / paramedic coordinator shall be included.

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- f. A written service provider Continuous Quality Improvement (CQI) Program, including name(s) of personnel responsible for the program.
- g. A completed S-SV "Principal Instructor" form. The instructor shall be a physician, registered nurse, physician assistant, EMT-P or EMT-II, licensed or certified in California or a physician licensed in another state immediately adjacent to the S-SV EMS Region.

An EMT-I accredited in the optional skill may assist in demonstration of competency and training of that skill.

- h. An outline or description of the service provider's plans for the provision of organized training sessions and/or structured clinical experience for accredited EMT-I optional skill personnel, as required.
- i. The service provider agency procedure for collection, disposition and retention of all pertinent medical records.

B. S-SV EMS AGENCY EMT-I OPTIONAL SKILL PROGRAM APPROVAL PROCESS:

- 1. The S-SV EMS agency shall notify the service provider submitting its application for EMT-I optional skill service provider approval within seven (7) days of receiving the request that:
 - a. The application has been received;
 - b. The application contains or does not contain the requested information; and
 - c. What information, if any, is missing from the application.
- 2. Program approval or disapproval shall be made in writing, to the applicant within a reasonable period of time, after receipt of all required documentation. This time period shall not exceed sixty (60) days.

C. EMT-I OPTIONAL SKILL PROGRAM IMPLEMENTATION REQUIREMENTS:

Prior to implementation of an S-SV approved EMT-I Optional Skill Program, the CAO, program instructor and other appropriate department administrative personnel with EMT-I optional skill program responsibilities shall complete an S-SV EMT-I optional skill program orientation.

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II. REQUIREMENTS AND RESPONSIBILITIES

A. EMT-I OPTIONAL SKILL PROGRAM TRAINING REQUIREMENTS:

1. **Only** individuals working for an S-SV approved EMT-I optional skill provider shall be eligible for EMT-I optional skill training or accreditation.
2. EMT-I optional skill service provider agencies shall:
 - a. Utilize the EMT-I optional skill training program approved or provided by the S-SV EMS Agency, including the final written and skills examinations.
 - b. Provide for initial training in the EMT-I optional skill. All minimum time requirements no not include testing. The required training is as follows:
 - ETAD - a minimum of five (5) hours
 - Epinephrine – a minimum of two (2) hours
 - Mark I Kit – a minimum of two (2) hours
 - c. Provide all training equipment necessary to ensure a sound EMT-I optional skill training program (i.e., manikins, audiovisual aids, training auto-injectors, etc.)
 - d. Utilize only instructors qualified by education or experience to teach the required curriculum. The instructor shall be a physician, registered nurse, physician assistant, EMT-P or EMT-II, licensed or certified in California or a physician licensed in another state immediately adjacent S-SV EMS Region.
 - e. An EMT-I accredited in optional skill may assist in demonstration of competency and training of that skill.
 - f. Inform the S-SV EMS Agency of all course dates, times and locations.
 - g. Abide by the accreditation process as outlined in S-SV Policy “EMT-I optional skill Personnel: Requirements for Accreditation,” Reference No. 977.
 - h. Provide for the EMT-I optional skill personnel training and skill maintenance requirements, on an ongoing basis. This includes the following:

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- (1) Each individual accredited in EMT-I optional skill shall demonstrate optional skill competency every six (6) months after initial accreditation

NOTE: If the organized training session(s) are provided by an EMT-I optional skill service provider that is not an approved CE provider: The EMT-I optional skill service provider shall be responsible for maintaining the following documentation associated with the training:

- (a) Session title
- (b) Session objectives
- (c) Session outline
- (d) Attendance roster that includes; topic/title, date, time and instructor signature
- (e) Instructor qualifications: Instructors shall be a physician, registered nurse, physician assistant, EMT-P or EMT-II, licensed or certified in California or a physician licensed in another state immediately adjacent S-SV EMS Region.
An EMT-I accredited in the optional skill may assist in demonstration of competency and training of that skill.

B. RECORDS/DATA COLLECTION:

1. An S-SV Patient Care Report (PCR) Form shall be completed for each patient on whom the optional skill is utilized. EMT-I optional skill personnel shall be responsible for providing clear, concise, complete and accurate documentation on both the scannable and narrative PCR.
2. The provider agency shall develop procedures for collection, disposition, and retention of all pertinent medical records in accordance with S-SV Policy "Patient Care Report (PCR) Form," Reference No. 605.
3. All relevant records for EMT-I optional skill program monitoring and evaluation shall be available for review by the S-SV EMS Agency.

C. EMT-I OPTIONAL SKILL CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM REQUIREMENTS

EMT-I optional skill service providers shall have sufficient staff to assure:

1. Timely and competent review of all EMT-I optional skill managed cases.

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2. Accurate documentation of required data.
3. Compliance to S-SV treatment protocols.
4. Analysis of system performance.
5. Compliance to S-SV CQI requirements, as outlined in S-SV Policy “Continuous Quality Improvement, EMT-I optional skill CQI Requirements,” Reference No. 620, Addendum E.

D. OTHER PROGRAM REQUIREMENTS

1. The service provider shall notify the S-SV EMS Agency, in writing (Addendum 477B), of the following:
 - a. Names of individuals who have failed to maintain accreditation requirements.
 - b. Names of accredited individuals no longer affiliated with the service provider agency.
 - c. Change in program instructor designation. All new instructors shall meet/complete all program instructor requirements prior to providing course instruction.

CROSS REFERENCES:

Policy and Procedure Manual

EMT-I optional skill: Base Hospital Medical Control Requirements, Reference No. 377

Continuous Quality Improvement Process: EMT-I optional skill, Reference No. 620-E.

EMT-I Esophageal Tracheal Airway Device Treatment Guidelines, Reference No. 877.

E-8 – Nerve Agent Treatment

EMT-I optional skill: Personnel Requirements for Accreditation, Reference No. 977.