

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 977

SUBJECT: EMT OPTIONAL SKILL: REQUIREMENTS FOR ACCREDITATION

PURPOSE:

To establish the initial application process and procedure for EMTs to become accredited in S-SV EMS Agency optional skills. The EMT optional skills available in the S-SV EMS region are:

- A. Esophageal-tracheal airway device (ETAD),
- B. King Airway device,
- C. Administration of epinephrine by auto-injector for suspected anaphylaxis &/or severe asthma,
- D. Administration of atropine and pralidoxime chloride by auto-injector (Mark-I / DuoDote Kit) or preloaded syringe for nerve agent exposure

AUTHORITY:

California Health and 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:

It is the policy of S-SV EMS Agency that EMT personnel shall fulfill all eligibility requirements to utilize any EMT optional skill. Upon successful accreditation, EMT personnel shall maintain accreditation, as defined in this policy. EMTs utilizing any EMT optional skill, shall meet all the requirements of this policy.

A. Initial Accreditation Process:

In order to be eligible for initial accreditation, an individual shall meet/complete all of the following:

1. Affiliation with an approved EMT optional skill service provider.
2. Current and valid certification, within California, as an EMT.

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Approved:

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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3. Current and valid certification in American Heart Association “Health Care Provider” or American Red Cross or equivalent CPR.
4. Successful completion of an S-SV EMS approved EMT optional skill training program for which the EMT is applying for.
5. Successful completion of the S-SV EMS EMT optional skill accreditation written and skills examinations.

B. Maintaining Accreditation:

An authorized individual shall meet/complete all of the following requirements on an ongoing basis:

1. Maintain EMT certification.
2. Maintain certification in American Heart Association “Health Care Provider” or American Red Cross equivalent CPR.
3. Maintain compliance to demonstration of EMT optional skill proficiency requirements.

Accreditation in an EMT optional skill shall be concurrent with the applicants EMT certification. Their optional skill expiration date shall be the same expiration date as stated on their California EMT certificate.

Note: An accredited individual who fails to maintain S-SV Accreditation requirements shall not utilize the optional skill until all requirements are met.

PROCEDURE:

Eligible candidates shall complete/meet the following:

A. Initial S-SV Accreditation:

1. Complete an S-SV application form.
2. Furnish a copy of current California EMT certification card.
3. Submit proof of affiliation with an approved EMT optional skill service provider.
4. Submit proof of successful completion of an S-SV EMS approved EMT optional skill training program for which the EMT is applying for.

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5. Submit proof of successful completion of the S-SV EMS optional scope accreditation written and skills examination.

B. Renewal of EMT Optional Skill Accreditation:

In addition to the above requirements in Items A (1-5), eligible candidates shall submit documentation verifying:

Compliance to every six (6) months demonstration of EMT optional skill competency requirements.

C. Accreditation action for failure to demonstrate competency of an EMT Optional Skill (s):

An EMT who fails to demonstrate competency of an EMT optional skill may have his / her EMT optional skill accreditation denied, suspended, revoked or placed on probation.

In such instances, all procedures and processes included in S-SV EMS policy 'EMT / AEMT Denial of Certification/Accreditation, Incident Investigation, Determination of Actions, Notification and Administrative Hearing Process', Reference No. 903 will be followed.

CROSS REFERENCES:

Policy and Procedure Manual

EMT Optional Skill: Base Hospital Medical Control Requirements, Reference No. 377

EMT Optional Skill: Service Provider Application, Approval Process and Requirements and Responsibilities, Reference No. 477

- Service Provider Application Form, Addendum A
- Status Report Form, Addendum B
- Skill Check Documentation Record - Form, Addendum C

CQI Process: EMT Optional Skill, Reference No. 620-E

EMT Administration of Epinephrine by Auto-Injector for Suspected Anaphylaxis &/or Severe Asthma, Reference No. 872

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

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EMT / AEMT Denial of Certification/Accreditation, Incident Investigation, Determination of Actions, Notification and Administrative Hearing Process', Reference No. 903

Nerve Agent Treatment, Reference No. E-8

King Airway, Reference No. 1102

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