

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

REFERENCE NO. 977

SUBJECT: EMT-I OPTIONAL SKILL: REQUIREMENTS FOR ACCREDITATION

PURPOSE:

To establish the initial application process and procedure for EMT-Is to become accredited in S-SV EMS Agency optional skills. 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 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-I personnel shall fulfill all eligibility requirements to utilize any EMT-I optional skill. Upon successful accreditation, EMT-I personnel shall maintain accreditation, as defined in this policy. EMT-Is utilizing any EMT-I optional skill, shall meet all the requirements of this policy.

1. Accreditation Process:

a. Eligibility:

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

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

Effective Date: 01/01/06

Date last Reviewed / Revised: 07/05

Next Review Date: 07/09

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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-I optional skill training program for which the EMT-I is applying for.
- (5) Successful completion of the S-SV EMS EMT-I 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-I certification.
- (2) Maintain certification in American Heart Association “Health Care Provider” or American Red Cross equivalent CPR.
- (3) Maintain compliance to demonstration of EMT-I optional skill proficiency requirements.

Accreditation in an EMT-I optional skill shall be concurrent with the applicants EMT-I certification. Their optional skill expiration date shall be the same expiration date as stated on their California EMT-I 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-I certification card.
- (3) Submit proof of affiliation with an approved EMT-I optional skill service provider.
- (4) Submit proof of successful completion of an S-SV EMS approved EMT-I optional skill training program for which the EMT-I is applying for.
- (5) Submit proof of successful completion of the S-SV EMS optional scope accreditation written and skills examination.

b. Renewal of EMT-I Optional Skill Accreditation

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

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

CROSS REFERENCES:

Policy and Procedure Manual

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

EMT-I 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*

Continuous Quality Improvement Process: EMT-I Optional Skill, Reference No. 620-E.

E-8 Nerve Agent Treatment

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