



COUNTY OF VENTURA PUBLIC HEALTH DEPARTMENT		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT: Requirements To Staff An ALS Unit		Policy Number: 306	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2011	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: June 1, 2011	
Origination Date:	June 1, 1997	Effective Date: June 1, 2011	
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Next Review Date:	February, 2014		

- I. PURPOSE: To define the requirements for an EMT to staff an ALS unit and assist a Paramedic in delivering ALS care.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1798.200.
- III. POLICY: EMTs who are scheduled to staff an ALS unit and assist a paramedic in ALS care shall meet the criteria outlined in this policy.
 - A. EMTs assigned to work with Paramedics shall:
 1. Successfully complete a comprehensive training module as described in Section III. B. below.
 2. Assist a paramedic with a minimum of 10 ALS contacts (a maximum of 5 may be simulated).
 3. Be evaluated and approved by the employer and Medical Director or designee. For agencies without a medical director, the BH PLP or PCC may evaluate and approve the EMT.
 - B. Training Module

This training module defines the minimum training needed for an EMT to be assigned to staff an ALS unit and assist a paramedic in ALS care shall:

 1. Be developed in conjunction with the Base Hospital.
 2. Include, at a minimum, the following topics and time intervals:
 - a. Airway Management
 - 1) General Assessment
 - 2) Endotracheal Intubation equipment set up
 - 3) VC EMS approved alternate airway equipment set up
 - 4) Bag-Valve-Mask/ET/alternate airway ventilation review
 - 5) Assembly of in line nebulizer
 - 6) Airway placement confirmation devices
 - 7) O₂ delivery devices

- 8) Suctioning
 - b. Trauma Skills
 - 1) Trauma Assessment Review
 - 2) C-Spine immobilization review
 - 3) Traction Splint review (e.g., Sager/Hare)
 - 4) Needle thoracostomy equipment
 - c. Medical Control
 - 1) Ventura County Policies 306 and 705
 - 2) Paramedic Scope of Practice
 - 3) EMT Scope of Practice
 - 4) EMT Base Hospital communications
 - d. IV and Medication Setup
 - 1) Aseptic Technique
 - 2) Assembly of preloaded medication containers
 - 3) Catheter taping
 - 4) Blood drawing
 - 5) Sharps precautions
 - e. Testing
- C. Duties and Responsibilities
- 1. The EMT shall perform only those patient-care items described in VCEMS Policy 300: EMT Scope of Practice.
 - 2. If necessary, the EMT may communicate with the Base Hospital on ALS calls as follows:
 - a. The EMT will clearly identify him/herself as an EMT.
 - b. The EMT can provide vital signs, vital sign updates, assessment information and initial scene information.
 - c. The EMT shall not ask for or pass on ALS orders.
- E. EMT AED
- EMTs trained to use an AED will successfully complete skills testing using the form in Appendix B.
- F. Documentation
- 1. Documentation of initial training, in the form of a VCEMS Attendance roster, shall be submitted to VCEMS.
 - 2. Documentation of testing of EMT shall be completed using the form in Appendix A and maintained by the provider agency.

4. Documentation of approvals shall be done using the form in Appendix C, and will be submitted to VCEMS.
6. In the event that an EMT has had to attend a retraining class, a letter stating that the individual has successfully completed the retraining and testing will be submitted to VCEMS.

APPENDIX A

Name: _____ Date: _____

EMTALS ASSIST SKILLS TESTING

TRAUMA SCENARIO	PASS	FAIL
Assess airway patency		
Administers high flow O ₂ via non-rebreather mask		
Completes spinal immobilization		
Demonstrates head-to-toe assessment		
Assembles IV bag and tubing		
Maintains sterility of IV		
Correctly immobilizes upper extremity		
Successful completion of this station _____		
Evaluators Signature		

Cardiac Arrest Scenario	PASS	FAIL
Assesses ABC's		
Ensures compressions are being done		
Chooses correct size of oral airway		
Correctly inserts oral airway		
Adequately ventilates using bag-valve-mask		
Assembles intubation equipment		
Adequately ventilates using bag-valve-ET		
Verbalizes safety concerns for defibrillation		
Correctly places monitor patches and leads		
Assembles IV bag and tubing		
Assembles preload medications		
Verbalizes that paramedic must administer medications		
Verbalizes safety considerations for needles		
Successful completion of this station _____		
Evaluators Signature		

LEGAL ISSUES STATION	PASS	FAIL
Identifies proper radio responsibilities		
Identifies limits of EMT scope of practice		
Discusses briefly prior to contact protocols		
Discusses briefly communication failure protocols		

Appendix B (1 page)

EMT ALS ASSIST
SKILLS EXAM
AUTOMATIC EXTERNAL DEFIBRILLATOR

NAME: _____
EMT# _____
DATE: _____

SKILLS AREAS	CRITERIA TO PASS	PASS	FAIL
Patient Assessment	<ol style="list-style-type: none"> 1. Confirms cardiopulmonary arrest. Unconscious, no breathing or agonal breathing, no pulse. 2. Patient 1 years or older and not a victim of major trauma. 		
Defibrillator Operation (must pass)	<ol style="list-style-type: none"> A. If collapse before dispatch, begin CPR (1.5 to 3 minutes CPR may be considered) <ol style="list-style-type: none"> 1. For defibrillators that analyze automatically when turned on: <ol style="list-style-type: none"> a. Attach pads in correct position (may be done during CPR if there are more than 2 rescuers) b. Turn on machine c. Clears patient and presses to analyze 2. For defibrillators that require the operator to press "Analyze" for first analysis: <ol style="list-style-type: none"> a. Turn on machine b. Attach pads in correct position. (may be done during CPR if there are 2 or more rescuers) c. Clears patient and presses analyze 		
Shockable Rhythms	<ol style="list-style-type: none"> 1. Delivers shock when prompted 2. Restart CPR for two minutes after shock. 3. Deliver additional shocks as needed. 		
No Shock Advised Rhythms.	<ol style="list-style-type: none"> 1. Checks pulse after analysis reveals "no shock advised". If no pulse, restarts CPR for 2 minutes. 2. After 2 minutes, analyzes. 3. Checks pulse after analysis reveals "no shock advised". 4. If no pulse, restarts CPR for 2-3 minutes. 		
Patient Support/Assessment	<ol style="list-style-type: none"> 1. If pulse returns, monitors respiration and ventilates as needed. 2. If pulse, takes BP. 3. Continues to monitor for presence of pulse. 4. If pulse is less than 30, continues CPR. 		
Safety	<ol style="list-style-type: none"> 1. Clears prior to EVERY shock. 2. Checks for causes 		
Speed (must pass)	<ol style="list-style-type: none"> 1. Can hook up, assess, charge and deliver 1st shock for VF in no more than 90 seconds once AED sequence is initiated. 	Actual time (seconds) _____	

Evaluator's Signature

APPENDIX C

Employer: Please instruct the EMT to complete the requirements in the order listed.

_____, EMT has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/He has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

<p>EMT ALS-Assist</p> <p>_____ Employer Approval _____ Completed appropriate EMT Training Module _____ BH or Provider Medical Director or Designee Evaluation _____ Notification to VC EMS</p> <p>Reference Policy 306</p>

Please sign and date below for approval.

Employer Signature	Date:
MD, PLP Provider MD or designee (EMT ALS-Assist authorization Only)	Date: