



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Authorization Criteria		Policy Number: 321	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2018	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2018	
Origination Date:	April 1, 1983	Effective Date: December 1, 2018	
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Last Date Reviewed:	September 13, 2018		
Next Review Date:	September 30, 2021		

- I. PURPOSE: To define the criteria by which a Registered Nurse (RN) can be authorized to function as a Mobile Intensive Care Nurse (MICN) in the Ventura County Emergency Medical Services (VCEMS) system.
- II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58.
- III. POLICY: Authorization as a MICN requires professional experience and appropriate training, so that appropriate medical direction can be given to Paramedics at the scene of an emergency.
- IV. PROCEDURE: In order to be authorized as an MICN in Ventura County, the candidate shall:
 - A. Fulfill the requirements regarding professional experience and prehospital care exposure. (Section V.A and B.)
 - B. Successfully completes an approved MICN Developmental Course.
 - C. Ride with an Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 - D. Be recommended for MICN authorization by his/her employer.
 - E. Successfully complete the authorization examination process.
 - F. Complete an MICN internship.
- V. AUTHORIZATION REQUIREMENTS
 - A. Professional Experience:
The candidate shall hold a valid California RN license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as an (RN). Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
 - B. Prehospital Care Exposure

The candidate shall be employed in a Ventura County Base Hospital. In addition, for a minimum of 520 hours (equivalent to three (3) months full time employment) within the previous six calendar months, the candidate shall have one or more of the following assignments.

1. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six-(6) months' critical care experience. A Base Hospital may recommend an MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
2. Have responsibility for management, coordination, or training for prehospital care personnel, or
3. Be employed as a staff member of VCEMS.

C. MICN Developmental Course

The candidate shall successfully complete an approved Mobile Intensive Care Nurses Development Course (See Appendix A).

1. The MICN developmental course shall include a four (4) hour Mass Casualty Incident (MCI)-Basic training module to be administered by a VCEMS or authorized representative.

D. Field Observation

Candidates shall ride with an approved Ventura County Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one emergency response patient contact or simulated drill.

1. Candidates shall complete the field experience requirement prior to taking the authorization examination.
2. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (Appendix C).

E. Employer's Recommendation

1. The candidate shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician (PLP), Prehospital Care Coordinator (PCC) and Emergency Department Nurse Supervisor.
 2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.
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3. All recommendations shall be submitted in writing to VCEMS prior to the authorization examination. (Appendix B.)

The recommendation shall include:

- a. Each applicant's completed Mobile Intensive Care Nurse Authorization application form (Appendix B).
- b. Verification that the candidate has been an employee of the hospital for a minimum of three (3) months (or has successfully completed the hospital's probationary period) and will, upon certification, will be assigned to the E.D. as set forth in Section B of the MICN Authorization Criteria.
- c. Verification that each candidate has successfully completed an approved MICN Developmental Course.
- d. Verification that each candidate has completed the Field Observation requirement as set forth in Section II.D of the MICN Authorization criteria.

F. Examination Process

1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - a. The examination's overall minimum passing score shall be 80%.
 - b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - c. The examination shall be scheduled in conjunction with class completion dates.
 2. Examination Failure
 - a. A candidate who fails the initial MICN exam shall complete a repeat exam within 30 days. S/he may repeat the authorization exam one (1) time.
 - b. A minimum score of 80% must be attained on repeat examination.
 - c. If the repeat examination is not successfully completed, the candidate shall repeat the authorization application process, including the developmental course, prior to taking the subsequent examinations.
 3. Failure to Appear
 - a. If a scheduled candidate fails to appear for the scheduled examination, s/he shall be considered as having failed the examination.
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- b. Within 24 hours of the scheduled examination, VCEMS shall notify the employer of any candidate failing to appear for testing.
- c. Candidates who fail to appear for two scheduled authorization examinations shall not be eligible to take the authorization examination for one (1) calendar year from the last scheduled examination date and must repeat the entire authorization process.

G. Internship

Following notification of successful completion of the authorization examination, the candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a MICN, the PCC, and/or an Emergency Department physician.

1. The Communication Equipment Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D)
2. Upon successful completion of at least ten (10) responses, the ten responses shall be evaluated by the Emergency Department Director or PLP, the Emergency Department Nursing Supervisor, and the PCC. All Communication Equipment Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS
3. The internship requirement shall be completed within six (6) weeks of the successful completion of the authorization examination.
4. If an employer is unable to complete a candidate's internship process within six (6) weeks of the authorization examination, a BH representative shall submit a letter to Ventura County EMS explaining the situation and their intent. If the intent is to continue the authorization process for the individual, the projected date for internship completion shall be stated.
5. If an employer is unable to complete a candidate's internship process within one year of the authorization examination, a BH representative shall resubmit a letter of recommendation and the candidate shall repeat the authorization examination.

VI. AUTHORIZATION

Authorization shall be granted and an authorization card sent to the employer within fifteen (15) working days following receipt of the Communication Equipment Performance Evaluation and Verification of Internship Completion forms. Authorization is valid for a two (2) year period

or during employment at a Ventura County Base Hospital. The nurse must be regularly assigned as an MICN per EMS Policy 322.

LETTER OF RECOMMENDATION
INITIAL AUTHORIZATION

_____ is recommended for Mobile Intensive Care Nurse Authorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

_____ If authorized, will be employed in accordance with guidelines as set for the in Section V.B of the MICN Authorization Criteria

_____ Has been employed by _____ in the Emergency Department for at least 520 hours gaining prehospital care exposure.

_____ Has completed an approved Mobile Intensive Care Nurse Developmental Course.

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301	
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>		
Name:		
Street Address:		
City:	State:	Zip code:
Home phone: ()	Work Phone: ()	
Base Hospital:		
Current/Prior Authorization Number:	Expiration Date:	
Initial Authorization: <ul style="list-style-type: none"> <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher. <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, appendix C) <input type="checkbox"/> Documentation of Critical Care Experience (VCEMS Policy 321, appendix A) <input type="checkbox"/> Documentation of Ventura County Emergency Department Experience <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D) 		
Reauthorization <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Verification of employment as an MICN at a designated base hospital <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, appendix A) <input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, appendix D) 		
Applicant Signature:		Date
Prehospital Care Coordinator Signature:		Date

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

Paramedic Signature

Paramedic Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
<p>MICN Evaluator: Please evaluate this MICN candidate for the following, to include but not be limited to: Proper operation of radio equipment; recommended radio protocols used; correct priorities set; additional info requested as needed; appropriate, complete, specific orders given; able to explain rationale for orders, notification of other agencies involved; and ability to perform alone or with assistance.</p>		

Date	Incident # (and Pt # of Total as needed)	Chief Complaint	Treatment	Evaluator's Comments	Evaluator's Signature	PCC's Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

VERIFICATION OF INTERNSHIP COMPLETION

<p>_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:</p>								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
<p>NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poor</td> <td style="width: 50%;">4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM								
Signatures:	<p>_____</p> <p>BH Medical Director/Paramedic Liaison Physician</p> <p>_____</p> <p>Prehospital Care Coordinator</p>							