



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Authorization Challenge		Policy Number: 323	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: June 1, 2008	
Origination Date:	April 1983	Effective Date: June 1, 2008	
Date Revised:	November 8, 2007		
Date Last Reviewed:	June 9, 2016		
Review Date:	June, 2019		

- I. PURPOSE: To define the procedure by which a Registered Nurse who is currently authorized as a Mobile Intensive Care Nurse (MICN) in another California County or state may challenge for Ventura County authorization.
- II. AUTHORITY: Health and Safety Code 1797.56, 1797.213 and 1798.
- III. POLICY: Authorization as an 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:
  - A. VC EMS shall be notified by the Base Hospital of an MICN wishing to challenge Ventura County MICN Authorization procedures. The employer shall submit the following to Ventura County EMS prior to starting challenge procedure:
    1. Evidence of the candidate's current out-of-county authorization as an MICN
    2. Application (Appendix B)
    3. Record of Continuing Education from the previous authorizing agency, and
    4. BH recommendation (Appendix A)
  - B. A currently certified MICN in another California county shall meet the following requirements for Ventura County authorization:
    1. Professional experience  
The candidate shall hold a valid California Registered Nurse license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as a Registered Nurse. Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.

2. Prehospital care exposure

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

- a. 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. 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
- b. Have responsibility for management, coordination, or training for prehospital care personnel, or
- c. Be employed as a staff member of Ventura County Emergency Medical Services.
- d. The internship requirement shall be completed within six (6) months of the initiation of the challenge process.

3. Field observation

Candidates shall ride with an approved Ventura County ALS unit for a minimum of eight (8) hours. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (See Appendix C).

4. Internship

The candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a Mobile Intensive Care Nurse, the Paramedic Care Coordinator, and/or an Emergency Department physician.

- a. The Radio Communication Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D.)
- b. Upon successful completion of at least ten (10) responses, the responses shall be evaluated by the Emergency Department Director or Paramedic Liaison Physician, the Emergency

Department Nursing Supervisor, and the Paramedic Care Coordinator. All Radio

Communication Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS.

5. Employer recommendation
  - a. Mobile Intensive Care Nurse candidates shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician, Paramedic Care Coordinator and Emergency Department Nurse Supervisor.
  - b. Candidates employed by Ventura County Emergency Medical Services shall be recommended by the Emergency Medical Services Medical Director.
6. All recommendations shall be submitted in writing to Ventura County Emergency Medical Services
7. 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. Candidate will have only one opportunity to pass the examination
- C. After receipt and review of all challenge documents for satisfactory compliance with Ventura County requirements, authorization shall be granted.
- D. The expiration date of the authorization card shall be the same date of the out-of-county authorization card.

LETTER OF RECOMMENDATION  
AUTHORIZATION CHALLENGE

\_\_\_\_\_ 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.  
\_\_\_\_\_ Is currently authorized as an MICN in another California County or State in the United States.

\_\_\_\_\_ Has at least 1040 hours of critical care experience.

\_\_\_\_\_ Has completed the Field Observation Requirement.

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

\_\_\_\_\_  
Emergency Department Medical Director/  
Paramedic Liaison Physician

\_\_\_\_\_  
Emergency Department Nursing Supervisor

\_\_\_\_\_  
Prehospital Care Coordinator

Date: \_\_\_\_\_

AUTHORIZATION APPLICATION, OUT OF COUNTY CHALLENGE

Attach the following:

1. Facsimile of California RN License
2. Facsimile of ACLS Certification
3. Field Observation Verification
4. Letter of Recommendation
5. Facsimile of out of county MICN Authorization
6. Documentation of completion of Internship
7. Record of Continuing Education during current authorization period from currently authorizing county.

\_\_\_\_\_  
MICN Candidate Signature

\_\_\_\_\_  
Prehospital Care Coordinator

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

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\_\_\_\_\_  
Paramedic Signature

\_\_\_\_\_  
Paramedic Signature

\_\_\_\_\_  
MICN Signature

\_\_\_\_\_  
PCC Signature

(Use other side for additional comments)

RADIO COMMUNICATION PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
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.		

Date	Incident # <small>(and Pt # of Total as needed)</small>	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**

_____, 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:								
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								
<b>NOTE:</b> In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:								
<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								
<b>ATTACH RADIO COMMUNICATION PERFORMANCE EVALUATION FORM</b>								
Signatures: _____ <div style="text-align: right; margin-top: 20px;">                     _____                      BH Medical Director/Paramedic Liaison Physician                       _____                      Prehospital Care Coordinator                 </div>								