

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Accreditation To Practice		Policy Number 315	
APPROVED Administration: Steven L. Carroll, Paramedic		Date: July 13, 2017	
APPROVED Medical Director: Daniel Shepherd, M.D.		Date: July 13, 2017	
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- I. **PURPOSE:** To establish a mechanism for a Paramedic to become accredited to practice in Ventura County. The purpose of accreditation is to ensure that the Paramedic has: 1) completed the minimum required education and training, and 2) is oriented to the local EMS system.
- II. **AUTHORITY:** Health and Safety Code Sections 1797.84, 1797.185, 1797.214, 1798 and California Code of Regulations, Title 22, Section 100166.
- III. **DEFINITIONS:**
 - A. **ALS Patient Contact:** A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.
 - B. **Field Training Officer (FTO):** An agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist Authorization, Paramedic Accreditation, Level I or Level II Paramedic Authorization/Re-Authorization.
 - C. **Paramedic Preceptor:** A Paramedic, as identified in California Code of Regulations, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a Field Training Officer, when designated by that individual's agency.
- IV. **POLICY:** Each Paramedic employed by a Ventura County ALS Provider shall be accredited to practice in Ventura County. A Paramedic shall apply for accreditation prior to working on an ALS Unit.
- V. **PROCEDURE:**
 - A. **Application.** Prior to beginning an Accreditation Internship and/or assignment to function as an Paramedic in the Basic Scope of Practice on an ALS Unit in Ventura County,

1. The Paramedic shall
 - a. Possess a current California Paramedic license. Verification of licensure through Emergency Medical Services Authority website will be allowed provided a copy of the wallet size paramedic license is received by EMS within 30 day of application date.
 - b. Possess a government issued form of identification.
 - c. Complete the Ventura County accreditation application process. (Note: Falsification of information on the application will result in immediate suspension of accreditation to practice as a Paramedic in Ventura County.)
 - 1) Fill out a Ventura County Accreditation application. (Attachment A). Paramedic must notify VCEMS within 30 days of any contact information change.
 - 2) Sign a statement that the individual is not precluded from accreditation to practice as a Paramedic for reasons defined in Section 1798.200 of the Health and Safety Code. (Attachment A).
 - 3) Pay the established fee.
 - 4) Complete a California Department of Justice (CA DOJ Live Scan) background check. Results of a CA DOJ background check include Notification of Subsequent Arrests. Background checks will not be repeated as long as accreditation remains active.
 - 5) It is the responsibility of the accredited paramedic to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)
2. The ALS Service Provider shall:
 - a. Provide the applicant with his/her schedule for orientation, training and testing in skills and field evaluation.

B. Accreditation Internship:

1. Upon completion of the requirements of Section IV.A.1-2 of this policy, the applicant is authorized to begin practice as a Paramedic Accreditation Intern in Ventura County.
2. During evaluation for accreditation, the accreditation intern shall be the third assigned VCEMS responder at the call and shall be under the direct supervision of a VC preceptor or FTO who is ultimately responsible for the patient care rendered by the Accreditation Intern.
3. An Accreditation Intern may work as the second Paramedic of a two (2) Paramedic team on an ALS unit, but is limited to performance of the Basic Paramedic Scope of Practice, as defined in the California Code of Regulations, Title 22, Division 9, Chapter 4, and Section 100146(c) (1)(A-R). Shifts worked as a second Paramedic and any ALS skills performed during those shifts will not be considered part of the accreditation evaluation process.
4. The applicant shall successfully complete, and provide written verification of satisfactory completion of a Ventura County Accreditation Process within 45 days of the date of the applicant's hire/start date. If the accreditation process is not completed within 45 days, a new accreditation application and fee to begin a new 45 day period will be required. The applicant may not apply more than three (3) times in one year. (Attachment B).
 - a. An orientation of the local EMS system. This orientation shall not exceed eight (8) classroom hours and shall consist of the following:
 - 1) Orientation of ALS Service Provider responsibilities and practices.
 - 2) PCC Orientation
 - 3) VCEMS Orientation
 - b. Complete a supervised pre-accreditation field evaluation consisting of a minimum of five (5) and maximum of ten (10) ALS patient contacts as the third assigned VCEMS responder with continuous supervision by an FTO from the beginning of assessment to transfer of patient care to hospital staff. An FTO/Clinical Coordinator/Operations Manager will sign off

documentation of ALS patient contacts. The FTO will determine that the response included ALS assessment and treatment skills for all ALS patient contacts submitted for accreditation.

- c. An applicant who, with the approval of the Paramedic Training Program Director, and having completed their internship in Ventura County (40 contacts), may use the last five (5) ALS patient contacts for accreditation purposes. In order to use these ALS patient contacts, an applicant must have received a rating of three (3) in all categories on each of the five (5) ALS patient contacts.
 - d. Successful completion of training and testing of the applicant's knowledge of VCEMS optional scope of practice skills, policies, procedures and medications. The applicant may be exempted from some or all of these requirements if s/he provides documentation of previous successful completion of a training program in any other jurisdiction.
- C. Accreditation. Upon completion of the above requirements, the Paramedic shall call the EMS office for an appointment to complete the accreditation process or may submit the required documentation by mail.
1. If all requirements are met, a VCEMS Accreditation Card will be issued.
 2. If requirements are not successfully completed, the application will be submitted to the VCEMS Medical Director for further action. The VCEMS Medical Director shall notify the applicant of his/her findings within 5 working days.
- D. Adverse Accreditation Action.
1. Denial of Accreditation
 - a. Accreditation may be denied for failure to complete application requirements listed in Section IV.A or for failure to successfully complete the Accreditation requirements listed in Section IV.B.
 - b. The VCEMS Medical Director will evaluate an applicant who fails to successfully complete the application and internship process and may recommend further education and evaluation as required.

- c. Upon failure to successfully complete the requirements of Section IV.A or IV.B, the VCEMS Medical Director will inform the applicant of the denial of accreditation by certified mail or hand delivery, with a complimentary copy to the ALS employer. The notice will include the specific facts and grounds for denial.
 2. Suspension of Accreditation
 - a. Accreditation may be suspended for failure to meet the requirements listed in Section IV.E.
 - b. The VCEMS Medical Director will inform the Paramedic by written notice at least 15 days prior to the intended date of suspension. The notice will include the specific facts and grounds for suspension.
 - c. Accreditation will be suspended until such time as the deficiencies are completed and documented to VCEMS.
 3. Due Process. This will apply to the decision of the VCEMS Medical Director to either deny or suspend an accreditation.
 - a. The Paramedic may request reconsideration in writing, by certified mail or hand delivery. The VCEMS Medical Director will respond to the request by certified mail or hand delivery within 5 working days.
 - b. If the matter is not resolved after reconsideration, the Paramedic may request that an Investigative Review Panel (IRP) be convened.
 - c. The IRP will be conducted according to VCEMS Policy 330.
 - d. The IRP will report its findings to the VCEMS Medical Director who will make a final determination of action.
 - e. The VCEMS Medical Director will notify the Paramedic of the final determination of action by certified mail within 5 working days of receipt of the IRP report.
- E. Accreditation Period

The accreditation to practice period shall coincide with the individual's Paramedic license. Accreditation to practice shall be continuous as long as the following is maintained:

1. California State Paramedic Licensure
 2. The Paramedic continues to meet requirements for updates in VCEMS policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide CQI program.
- F. Lapse of Accreditation. If a Paramedic does not maintain Ventura County accreditation requirements, the following requirements must be met to re-establish eligibility:
1. Completion of application as described in Section V.A.
 2. In addition, the following shall be met:
 - a. If the period of lapse of accreditation is 1-31 days, the Paramedic shall complete the requirements for continuing accreditation as defined in Section V.E.
 - b. If the period of lapse of accreditation is greater than 31 days and less than one year, complete requirement described in Section V.B.4.b and complete any items which are new since the Paramedic was last accredited.
 - c. If the period of lapse of accreditation is greater than one year, the applicant must complete all the requirements specified in Section V.B.

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Director

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ACCREDITATION APPLICATION PROCESS CHECKLIST

INITIAL ACCREDITATION MUST BE COMPLETED WITHIN 45 DAYS OF HIRE/START DATE
YOU MUST SCHEDULE AN APPOINTMENT TO COMPLETE ACCREDITATION PROCESS

DUE DATE:

If accreditation is not completed by first due date, EMS Agency must be notified immediately for a 45-day extension. A maximum of two extensions will be granted per accreditation attempt.

EMT-P Name: _____

License No. : _____

ALL SECTIONS MUST BE COMPLETED PRIOR TO WORKING AS A PARAMEDIC IN VENTURA COUNTY

Action	Date	Signature
1. a. EMS Personnel Application		
b. Live Scan Request Form		
c. CA EMSA Paramedic License		
d. CA Driver's License		
e. ACLS Card		
f. PALS/PEPP Card		
2. Accreditation fee received		
3. Orientation packet distributed		
4. Orientation at EMS Office completed - Policies 318 and 334 distributed.		
5. Read and reviewed EMS Policy and Procedure Sections 6 & 7 – Provider Must Sign Off		
6. Accreditation Extension Granted		
7. Extension Fee		
8. Local Optional Scope Orientation – ALS Provider Must Sign Off On Each		
a. IV Heparin		
b. IV Nitro		
VCePCR access will be provided by the agency service administrator.		

When all sections (except for section 11) are complete, please call the EMS Office to schedule an appointment.		
ED Tour	<input type="checkbox"/> Radio Room <input type="checkbox"/> Linens <input type="checkbox"/> PCC Office, contact info <input type="checkbox"/> Patient care rooms <input type="checkbox"/> Bathroom <input type="checkbox"/> Decontamination Showers	<input type="checkbox"/> Phones <input type="checkbox"/> Hazardous Mat. Trash <input type="checkbox"/> ED Admissions <input type="checkbox"/> Pt. Handoff <input type="checkbox"/> Xerox machines
Hospital Tour	<input type="checkbox"/> Radiology/Imaging <input type="checkbox"/> Admissions <input type="checkbox"/> Elevators <input type="checkbox"/> Labor and Delivery	<input type="checkbox"/> Cath lab <input type="checkbox"/> Bathrooms <input type="checkbox"/> Door codes <input type="checkbox"/> Classrooms
EMS Providers	<input type="checkbox"/> First responders <input type="checkbox"/> ALS providers	<input type="checkbox"/> Air transport <input type="checkbox"/> BLS providers
EMS Hospital	<input type="checkbox"/> Base hospitals <input type="checkbox"/> STEMI Receiving Centers <input type="checkbox"/> Stroke Centers	<input type="checkbox"/> Receiving hospitals <input type="checkbox"/> Trauma Centers <input type="checkbox"/> Catchment Areas
CQI Forms	<input type="checkbox"/> Rhythm Strips, ECGs <input type="checkbox"/> Clinic ECGs (2)	<input type="checkbox"/> Unusual Occurrence <input type="checkbox"/> Medication Errors
Documentation	<input type="checkbox"/> Policy 1000 *Standard ePCR *Critical pt. ePCR <input type="checkbox"/> Narrative <input type="checkbox"/> Correct destination	<input type="checkbox"/> Correct base <input type="checkbox"/> Abbreviations
12 Lead ECGs	<input type="checkbox"/> Criteria <input type="checkbox"/> Transport in 3 lead	<input type="checkbox"/> Number allowed <input type="checkbox"/> Criteria for repeating
Full Arrest	<input type="checkbox"/> Destination <input type="checkbox"/> ROSC <input type="checkbox"/> POLST/DNR	<input type="checkbox"/> Policy 606 DOD <input type="checkbox"/> Code Summaries <input type="checkbox"/> PRESTO
STEMI	<input type="checkbox"/> Wandering baseline <input type="checkbox"/> Base call-in <input type="checkbox"/> Transfers from SRHs	<input type="checkbox"/> Underlying Rhythms <input type="checkbox"/> False Positive ECGs <input type="checkbox"/> Clinic ECGs (2)
Airway Mgmt	<input type="checkbox"/> Policy 710 <input type="checkbox"/> BVM, Air-Q, ETT	<input type="checkbox"/> ResQPOD <input type="checkbox"/> Capnography
Unusual Occurrences	<input type="checkbox"/> Definition <input type="checkbox"/> QI Implication <input type="checkbox"/> Reporting <input type="checkbox"/> Responsibility	<input type="checkbox"/> Time line <input type="checkbox"/> Root Cause Analysis <input type="checkbox"/> Duty Officer Contact Info
Trauma	<input type="checkbox"/> Purpose of trauma Center <input type="checkbox"/> Trauma Policies <input type="checkbox"/> Decision Scheme	<input type="checkbox"/> Air transport destination <input type="checkbox"/> Call In on trauma case
705 Clarification	Open discussion	
Current Issues	Open discussion	
9. PCC Orientation		Date:
		Signature:
10. Field Evaluation completed (at least 5 ALS contacts to determine familiarity with VC Policies/Procedures). The work-ups need to be brought to the EMS Office when completing the accreditation process.		Date:
		Signature:
11. Accreditation Card Issued		Date:
		Signature:

