



Policy Title: ALS Response Unit Staffing	Policy Number: 318
APPROVED: Administration:  Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director:  Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: June 1, 1997 Date Revised: August 9, 2018 Date Last Reviewed: August 9, 2018 Review Date: August 31, 2021	Effective Date: December 1, 2018

- I. PURPOSE: To establish medical control standards for ALS response unit paramedic staffing.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200
22 CCR Division 9, Chapter 4, Sections 100175, 100179
- III. DEFINITIONS:
 - A. ALS Response Unit: First Response ALS Unit, Paramedic Support Vehicle, or ALS Ambulance per VCEMS Policies 506 and 508.
 - B. Definition of an 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.
- IV. POLICY:
 - A. All ALS Response Units must be staffed with a minimum of one Level II paramedic who meets the requirements in this policy.
 - B. Additional ALS Response Unit staff may be a Level I or II paramedic meeting the requirements in this policy and/or an EMT meeting requirements in VCEMS Policy 306. An ALS response unit may be staffed with a non-accredited Paramedic only when it is also staffed with an authorized Field Training Officer (FTO) or Paramedic Preceptor, unless the non-accredited Paramedic is functioning in a BLS capacity in accordance with VCEMS Policy 306.
 - C. 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.
 - D. 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.
 - E. 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.

V. PROCEDURE:

A. Level I

1. A paramedic will have Level I status upon completion of the following:
 - a. Current Paramedic Licensure by the State of California
 - b. Current Accreditation in the County of Ventura per VCEMS Policy 315.
2. To maintain Level I status, the paramedic shall:
 - a. Maintain employment with an approved Ventura County ALS service provider.
 - b. Complete a minimum of 288 hours of practice as a paramedic or 30 patient contacts (minimum of 15 ALS) every six-month period (January 1 – June 30 and July 1 – December 31);
 - 1) With the approval of the EMS Medical Director, for those paramedics with a minimum of 1 year of field experience in Ventura County, are employed as a field paramedic in another county or work in an acute care setting (RN or LVN) on a full-time basis, complete a minimum of 144 hours of practice, or 20 patient contacts (minimum 10 ALS), in the previous 6-month period in Ventura County.
 - c. Complete VCEMS continuing education requirements, as described in Section V.C.
3. If the paramedic fails to meet these requirements, s/he is no longer authorized as a Level I paramedic.
4. To be reauthorized as a Level I paramedic, the paramedic must complete a minimum of 48 hours as a second or third crewmember of direct field observation by an authorized Paramedic FTO, to include a minimum of 5 ALS contacts.

B. Level II

1. A paramedic will have Level II status upon completion of the following:
 - a. Employer approval.
 - b. All of the requirements of Level I.
 - c. A minimum of 240 hours of direct field observation by an authorized Ventura County Paramedic FTO.
 - 1) This will include a minimum of 30 patient contacts, (minimum 15 ALS contacts).
 - 2) If a paramedic has a minimum of 4000 hours of prehospital field experience performing initial ALS assessment and care. Direct field observation with the approval of the Paramedic FTO and PCC may be reduced to 144 hours or 20 patient contacts (minimum 10 ALS).
 - d. Approval by the paramedic FTO who evaluated most of the contacts.
 - e. Successful completion of competency assessments:
 - 1) Scenario based skills assessment conducted by the candidate's preceptor,

- Provider's clinical coordinator, PCC and PLP when possible.
- 2) Written policy competency and arrhythmia recognition and treatment assessment administered by VCEMS. Minimum Passing score will be 80% on each assessment.
 - 3) Candidates who fail to attain 80% on either section V.B.e.2)-3) shall attend a remediation session with the Base Hospital PLP or designee or the provider's Medical Director prior to retaking either assessment. Written documentation of remediation will be forwarded to VCEMS.
- f. Obtain favorable recommendations of the PCCs who have evaluated the paramedic during the upgrade process. The PCC's recommendations will be based upon a review of the completed performance evaluation standards, review of patient contacts and direct clinical observation.
- 1) Delays in arranging or scheduling direct field observation shift(s) should not delay the Level II upgrade process. In the event an observation shift cannot be arranged with the PCC by the end of the 240 hour upgrade process, the observation requirement may be waived with VCEMS approval. Every attempt should be made to schedule this observation in advance, and conduct the shift prior to the completion of the 240 hour upgrade process.
- g. Forward Appendix A, Appendix B and copies of the 30 patient contacts to VCEMS.
- 1) Appendix A shall include all dates and times the upgrading paramedic has spent with the Paramedic FTO to total a minimum of 240 hours.
 - 2) Appendix B shall be completed each shift per the Method of Evaluation Key at the bottom of the form.
 - 3) Submit 30 patient contacts, 15 meeting criteria as defined in Section III, Definitions, ALS Patient Contact.
2. To maintain Level II status, the paramedic shall:
- a. Maintain employment with an approved Ventura County ALS service provider.
 - b. Function as a paramedic for a minimum of 576 hours or have a minimum of 60 patient contacts (minimum 30 ALS), over the previous six-month period (January 1 – June 30 and July 1 – December 31).
 - 1) For those paramedics with a minimum of 3 years field experience, no more than 144 hours of this requirement may be met by documentation of actual instruction at approved PALS, PEPP, ACLS, PHTLS, BTLIS, EMT or Paramedic training programs.
- 2) With the approval of the EMS Medical Director, for those paramedics with a minimum of 3 years of field experience in Ventura County, are employed as a field paramedic in another

county or work in an acute care setting (RN or LVN) on a full-time basis, complete a minimum of 288 hours of practice, or 30 patient contacts (minimum 15 ALS), in the previous 6 month period in Ventura County.

- 3) A paramedic whose primary duties are administering the ALS Program (90% of the time) for his/her agency and with approval of the EMS Medical Director may maintain his/her level II status by performing a minimum of 5 ALS calls per 6 months (January 1 – June 30 and July 1 – December 31).
- 4) If the paramedic fails to meet this requirement:
 - a) His/her paramedic status reverts to Level I.
 - b) If Level II authorization has lapsed for less than six months, reauthorization will require completion of a minimum of 96 hours of direct field observation by an authorized Ventura County Paramedic FTO, to include a minimum of 10 ALS patient contacts.
 - c) If Level II authorization has lapsed for less than one year and the paramedic has not worked as a paramedic for 6 months or more during the lapse interval OR if Level II authorization has lapsed for greater than one year, reauthorization will require completion of all of the requirements in Section V.B.1. These requirements may be reduced at the discretion of the VCEMS Medical Director.
 - d) If the paramedic has been employed as a paramedic outside of Ventura County or has worked in an acute care setting (RN or LVN) during the period of lapse of authorization, these requirements may be reduced at the discretion of the VCEMS Medical Director.
 - e) Complete VCEMS continuing education requirements, as described in Section V.C.

C. Continuing Education Requirements

Fifty percent (50%) of all CE hours shall be obtained through Ventura County approved courses and 50% of total CE hours must be instructor based.

1. Advanced Cardiac Life Support (ACLS) certification shall be obtained within three months and either Pediatric Advanced Life Support (PALS) certification or Pediatric Education for Prehospital Providers (PEPP) shall be obtained within six months and remain current.
2. Field Care Audits (Field care audit): Twelve (12) hours per two years, at least 6 of which shall be attended in Ventura County. Base Hospitals will offer Field care audit sessions.
3. Periodic training sessions or structured clinical experience (Lecture/ Seminar) as follows:
 - a. Attend one skills refresher session in the first year of the license period, one in the second year, and one every year thereafter.
 - b. Education and/or testing on updates to local policies and procedures.
 - c. Completion of Ventura County Multi-Casualty Incident training per VCEMS Policy 131.

- d. Successful completion of any additional VCEMS-prescribed training as required.

These may include, but not be limited to:

- 1) Education, and/or testing, in specific clinical conditions identified in the quality improvement program.
- 2) Education and/or testing for Local Optional Scope of Practice Skills.
- 3) The remaining hours may be earned by any combination of field care audit, Clinical hours, Self-Study/Video, Lecture, or Instruction at ALS/BLS level. Clinical hours will receive credit as 1-hour credit for each hour spent in the hospital and must include performance of Paramedic Scope of Practice procedures. The paramedic may be required by his/her employer to obtain Clinical Hours. The input of the Base Hospital Prehospital Care Coordinator and/or Paramedic Liaison Physician shall be considered in determining the need for Clinical Hours.
- 4) One airway lab refresher session per six (6) month period based on license cycle, to be held by a Base Hospital, ALS Provider Medical Director approved by the VCEMS Medical Director, or the VCEMS Medical Director.
- 5) Successfully complete a CPR skills evaluation using a recording/reporting manikin once per six (6) month period based on license cycle.

4. Courses shall be listed on the Ventura County Accreditation Continuing Education Log and submitted to VCEMS upon reaccreditation. Continuing education listed on the continuing education log is subject to audit.

- D. The VCEMS Medical Director may temporarily suspend or withdraw Level I or Level II authorization pending clinical remediation.
- E. Failure to comply with the standards of this policy will be considered to be operating outside of medical control.
- F. ALS Service Providers must report any change in Level I/II status to VCEMS within 5 days of taking action.

PARAMEDIC UPGRADE EMPLOYER RECOMMENDATION FORM

Employer: Please instruct the paramedic to complete the requirements in the order listed. Employer shall contact PCC to schedule appointment.

_____, paramedic has been evaluated and has met all criteria for upgrade to Level II status, as defined in Ventura County EMS Policy 318.

Level II Paramedic							
<input type="checkbox"/> All the requirement of level I met. <input type="checkbox"/> Completion of 240 hrs of direct field observation by an authorized Paramedic FTO <input type="checkbox"/> Approval by Paramedic FTO <input type="checkbox"/> Submit all appropriate documentation to VCEMS including							
	Date	Hours	FTO Print legibly		Date	Hours	FTO Print legibly
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			
Total Hours Completed							

Please sign and date below for approval.

I have reviewed all supporting documentation and it is attached to this recommendation.

Paramedic FTO Signature	Print FTO name legibly	Date:
-------------------------	------------------------	-------

Employer Signature	Print Employer name legibly	Date
--------------------	-----------------------------	------

Per section V.B.1.c.2): PCC signature required if paramedic qualifies for shortened upgrade process.

PCC Signature	Print PCC signature legibly	Date
---------------	-----------------------------	------

Appendix B

Ventura County EMS Upgrade Procedure		240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)			
Shift	Policy	Procedure/Policy Title to Review	Date	Preceptor Signature	Method of Evaluation (see key)
1	310 704 705	Paramedic Scope of Practice Base Hospital Contact General Patient Guidelines SVT VT Cardiac Arrest – Asystole/PEA Cardiac Arrest – VF/VT Symptomatic Bradycardia Acute Coronary Syndrome			
	726 727 334	Transcutaneous Cardiac Pacing 12 Lead ECG Prehospital Personnel Mandatory Training Requirements			
		<i>Notify PCC of Level II upgrade and schedule PCC ride-along.</i>			
2	720 705	Limited Base Contact Trauma Assessment/Treatment Guidelines Altered Neurological Function Overdose Seizures Suspected Stroke			
	614	Spinal Immobilization			
3	705	Behavioral Emergencies Burns Childbirth Crush Injury Heat Emergencies Hypothermia Hypovolemic Shock Bites and Stings Nerve Agent Nausea/Vomiting Pain Control Sepsis Alert			
	451	Stroke System Triage			
4	705	Allergic/Adverse Reaction and Anaphylaxis Neonatal Resuscitation Shortness of Breath – Pulmonary Edema Shortness of Breath – Wheezes/other			
	705 1404	Trauma Assessment/Treatment Guidelines Guidelines for Inter-facility Transfer of Patients to a Trauma Center			
	1405	Trauma Triage and Destination Criteria			
	1000	Documentation of Prehospital Care			
5	710	Airway Management			
	715	Needle Thoracostomy			
	716	Pre-existing Vascular Access Device			
	717	Intraosseous Infusion			
	729	air-Q			
	722	Transport of Pt. with IV Heparin and NTG			

6	600	Medical Control on Scene			
	601	Medical Control at the Scene – EMS Personnel			
	603	Against Medical Advice			
	606	Determination of Death			
	613	Do Not Resuscitate			
	306	EMT-I: Req. to Staff an ALS Unit			
7	402	Patient Diversion/ED Closure			
	612	Notification of Exposure to a Communicable Disease			
	618	Unaccompanied Minor ECG Review Radio Communication			
8		Mega Codes			
	131	MCI			
	607	Hazardous Material Exposure-Prehospital Protocol			
	1202	Air Unit Dispatch for Emergency Medical Response.			
	1203	Criteria for Patient Emergency Transportation			
9		Multiple System Evaluation			
		Review Head to Toe Assessments			
10		Review Policies and Procedures			
		VCEMS Policy and Arrhythmia Exams			

Paramedic Name: _____ License. # _____ Date _____

FTO Signature _____ Date _____

PCC Signature _____ Date _____

Employer Signature: _____ Date: _____

METHOD OF EVALUATION KEY	
E = EMEDS Review	DO = Direct Observation in the field or clinical setting
S = Simulation/Scenario	V = Verbalizes Understanding to Preceptor
D = Demonstration	NA = Performance Skill not applicable to this employee
T = Test/Self Learning Module	

Appendix C

NAME: _____

EMPLOYER: _____ LICENSE #: P _____

Ventura County Accreditation Requirements Continuing Education Log

This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reaccreditation. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all paramedics reaccrediting and if you are randomly selected you must provide a course completion for each course attended in order to receive credit for that course. Course completions must have the name of the course, number of hours, date, provider agency and provider number.

When you complete the Ventura County continuing education standards per Policy 318 you will automatically meet the State of California requirements for re-licensure.

Remember that the Skills Refresher and intubation requirements are to be completed yearly based on license cycle.

The Skills Refresher, Intubation refresher session and the EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your paramedic training level.

Field Care Audit Hours (12 hours are required, 6 hours must be completed in Ventura County)				
	Date	Location	# Of Hours	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours

	Required Courses	# of Hours	Date	Location	Provider Number
1.	ACLS (4 hours)				
2.	PALS (4 hours)				

EMS Updates are held in **May** and **November** each year.
EMS Updates are completed as new or changed policies become effective. Enter **ACTUAL** Date of class attendance below:

	EMS Update	Target Dates	Date	Location	Provider Number
3.	EMS UPDATE #1 (1 hour)	Office use only			
	EMS UPDATE #2 (1 hour)	Office use only			
	EMS UPDATE #3 (1 hour)	Office use only			
	EMS UPDATE #4 (1 hour)	Office use only			
4.	Ventura County MCI COURSE (2 hours)	Office use only			

Skill Refreshers are held in **March** and **September** each year. The following requirements must be completed in each year of your license cycle (*for example*: If your re-licensure month is June 2020, you must complete year one requirement between June 2018 and June 2019 and year two requirement between June 2019 and June 2020).

	Paramedic Skills Lab	Target Dates	Enter ACTUAL Date of class attendance below:		
			Date	Location	Provider Number
5.	Skills Refresher year 1 (3 hours)	Office use only			
	Skills Refresher year 2 (3 hours)	Office use only			

6. Airway Lab refresher session (1 session every 6 months based on your license expiration date.)

	Airway Labs	Target Dates	Enter ACTUAL Date of class attendance below:		
			Date	Location	Provider Number
	#1 Airway Lab Session	Office use only			
	#2 Airway Lab Session	Office use only			
	#3 Airway Lab Session	Office use only			
	#4 Airway Lab Session	Office use only			

Additional Hours (12 hours)

(These hours can be earned with any combination of additional Field Care Audit, lecture, etc.)

	Date	# of Hours	Location	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				