



County Evaluators and Paramedic Preceptors

EMS ADMINISTRATION 201

PURPOSE

- I. This policy establishes the criteria for authorization to perform as a county evaluator and/or paramedic preceptor in Napa County.

POLICY

I. COUNTY EVALUATORS/PRECEPTORS REQUIREMENTS

- A. Evaluators for paramedic accreditation applicants and preceptors for paramedic students must meet the Napa County EMS Agency criteria. Minimum requirements for consideration are as follows:
 - 1. Current paramedic licensure in California, with at least two (2) years full time experience working as a paramedic.
 - 2. At least one (1) year full time experience as a paramedic in the Napa County EMS system.
 - 3. Successful completion of a Napa County approved preceptor workshop.
 - 4. Recommendation of the paramedic provider agency.
 - 5. Candidate shall have no clinical corrective action, clinical performance improvement plan(s) or clinical education assignment(s); no violations of EMS Agency policy or protocol; and no violations of the EMS regulations as codified in the Emergency Medical Services System and Prehospital Emergency Medical Personnel Act within the preceding twenty-four (24) months.
 - 6. Approval by the EMS agency medical director.
 - 7. Exceptions to any of these minimum requirements will be considered on an individual basis and must be approved by the County EMS Medical Director, training institution, provider agency and the Napa County EMS Agency.
- B. Napa County EMS Agency approval is required for all preceptors and evaluators. The preceptors and evaluators will receive this approval in writing.
 - 1. The paramedic provider agency will notify the hospital paramedic liaison nurse (PLN) in writing at least one (1) week in advance of student assignments.
- C. Preceptor and/or evaluator status may be revoked by the Napa County EMS Agency at any time based on recommendations by the medical director, training institution or provider.

II. PRECEPTOR RESPONSIBILITIES

- A. For direct supervision, instruction and evaluation of the paramedic intern at all times while the paramedic intern is assigned to the paramedic preceptor.
- B. To intercede and assume patient care whenever a paramedic intern's performance or clinical care falls below the standard of care and/or may cause patient harm.
- C. For completing the documentation and evaluations of the paramedic intern as required by the employer, training institution and the regulations pertaining to paramedic internships.
- D. To report to the EMS Agency and the paramedic training program any clinical deficiencies, incompetency, negligence or conduct that may or did result in patient harm or that would or did have an adverse operational impact on the EMS system.

- E. To comply with all employer rules and policies, state, federal and county laws, EMS system policies, protocols and state regulations pertaining to prehospital personnel at all times, whether or not precepting a paramedic intern.
- F. Disclosing to the EMS Agency, the employer and the approved training program any conflict of interest with any paramedic intern or approved training program.
- G. Having no more than one (1) Paramedic Intern assigned to him/her at any time.



Emergency Medical Technician Certification

EMS ADMINISTRATION 202

PURPOSE

- I. The purpose of this policy is to establish procedures and provide guidance for obtaining an Emergency Medical Technician (EMT) certification in the Napa County Emergency Medical Services (EMS) system.

POLICY

I. INITIAL NAPA COUNTY EMT CERTIFICATION REQUIREMENTS

- A. Complete approved Napa County EMS Agency **Application for Certification/Re-Certification**.
- B. Provide a current and valid CPR card. (Copy of a current CPR card for Health Care Providers).
- C. Provide photo identification verifying the applicant's identity and proof of age as greater than eighteen (18) years.
- D. Proof of completion of the criminal history background check requirement pursuant to CA Code of Regulations, Title 22, Division 9, Chapter 10, Article 4, Section §100347 or Section §100348 (copy of completed Request for Life Scan Service form).
- E. Pay the non-refundable certification fee to Napa County EMS Agency by cashier's check, money order or credit card.
- F. Provide a copy of EMT Course Completion Certificate dated no more than twenty-four (24) months prior to the application date.
- G. Provide a copy of National Registry EMT-Basic Certificate.
- H. Provide a copy of National Registry EMT-Basic Certification letter and card.

II. CONCURRENT CERTIFICATION

- A. An individual currently licensed in the State of California as a paramedic or certified as an Advanced EMT is eligible for certification upon submission of their current valid copy of their paramedic license, NREMT paramedic certification or Advanced EMT certification and A – E of the Initial Napa County EMT Certification section of this policy.

III. NAPA COUNTY EMT RECERTIFICATION

- A. In order to be eligible for EMT recertification, an individual shall meet the requirements of CA Code of Regulations, Title 22, Division 9, Chapter 2, Article 4, Section §100080) including:
 - 1. Complete approved Napa County EMS Agency **Application for Certification/Re-Certification** .
 - 2. Provide a current and valid CPR card. (Copy of a current CPR card for Health Care Providers).
 - 3. Provide photo identification verifying the applicant's identity and proof of age as greater than eighteen (18) years.
 - 4. Provide original signed copy of EMT Skills Competency Verification Form (SCV).
 - 5. Disclose any related certification or licensure actions.
 - 6. Possess current and valid EMT certification.

7. Provide proof of completion of twenty-four (24) hours of approved continuing education OR proof of completion of EMT refresher training totaling twenty-four (24) hours.
 8. Pay the non-refundable certification fee to Napa County EMS Agency by cashier's check, money order or credit card.
- B. In order to be eligible for EMT recertification of a lapsed EMT Certificate, an applicant shall meet the basic requirements for EMT recertification in addition to the following:
1. For a certification expired for less than six (6) months, meet the basic requirement for certification.
 2. For a certification expired for more than six (6) months but less than twelve (12) months, provide proof of completion of thirty-six (36) hours of approved continuing education.
 3. For a certification expired for more than twelve (12) months but less than twenty-four (24) months, provide proof of completion of forty-eight (48) hours of approved continuing education and provide documentation of successful completion of the NREMT written and skills exams within the past two (2) years.
 4. For a certification expired for more than twenty-four (24) months, applicants are not eligible for recertification. They must retake complete EMT training program and meet the requirements for initial certification.

IV. PROCEDURES FOR EMT COURSE COMPLETION CHALLENGE EXAMINATION

- A. An individual may obtain an EMT course completion record from an approved EMT training program by successfully passing an approved course challenge examination if they meet the requirements in CA Code of Regulations, Title 22, Division 9, Chapter 2, Section §100078.

V. ADDITIONAL REQUIREMENTS

- A. All personnel shall inform EMS Agency in writing of any change in their mailing address within ten (10) working days by completing a Napa County EMS Agency **Personnel Change Form**.
- B. All personnel working on EMS units shall be issued an identification card and shall carry the card with them at all times.
- C. To avoid a lapse in certification, completed applications must be submitted to the Napa County EMS Agency at least thirty (30) days prior to expiration.



Paramedic Accreditation

PURPOSE

- I. The purpose of this policy is to establish procedures for issuing and maintaining Paramedic Accreditation by the Napa County EMS Agency.

POLICY

I. LOCAL ACCREDITATION REQUIREMENTS

- A. Complete the EMS Agency **Application For Paramedic Accreditation**.
- B. Provide a copy of a current/valid California paramedic license.
- C. Provide a copy of a current/valid Advanced Cardiac Life Support (ACLS).
- D. Provide a copy of a current/valid Pediatric Advanced Life Support (PALS).
- E. Provide a copy of a current/valid a certification specializing in prehospital trauma care, e.g., International Trauma Life Support (ITLS), Prehospital Trauma Life Support (PHTLS), or Basic Trauma Life Support (BTLS).
- F. Provide a Napa County EMS Agency **Personnel Change Form**, completed by your employer.
- G. Provide proof of completion of ICS-100, ICS 200 and NIMS ICS-700.
- H. Pay the non-refundable local accreditation fee to Napa County EMS Agency by cashier's check, money order or credit card.
- I. Successfully complete paramedic orientation by employer which includes reviewing the annual Napa County EMS Agency provided training materials.
- J. Successfully complete the pre-accreditation **Paramedic Field Orientation and Evaluation Form**:
 - 1. Base hospital/medical control orientation.
 - 2. EMS communications/dispatch orientation.
- K. "5-Call" – Five (5) Advanced Life Support (ALS) patient contacts, with a Napa County EMS Agency approved preceptor/evaluator on the **5-Call Field Evaluation Form**.

NOTE: Evaluation may not be done by sponsoring agency and must be done within Napa County.

NOTE: Napa County EMS Agency approved evaluators may extend the field evaluation process an additional five (5) patient contacts, for a total of ten (10), when deemed appropriate. Nothing in this section requires that shifts of hospital, field orientation or preceptorship be done on consecutive days.

II. LOCAL ACCREDITATION PROCESS

- A. Upon satisfactory completion of items A – G as outlined in Section I, Napa County EMS Agency will issue an Interim Local Paramedic Accreditation card, which shall be valid for not more than ninety (90) calendar days and valid for basic scope of practice.
- B. Upon proof of completion of items H – K as outlined in Section I, Napa County EMS Agency will issue a Standard Local Paramedic Accreditation card which shall be valid as long as the paramedic continuously meets all requirements set forth in this policy. Paramedic's failing to maintain the requirements specified above shall result in revocation of local accreditation. The applicant must repeat the initial accreditation requirements.

- C. Upon satisfactory completion of items A – G as outlined in Section I, Napa County EMS Agency will issue an Interim Local Paramedic Accreditation card, which shall be valid for not more than ninety (90) calendar days and valid for basic scope of practice.
- D. Upon proof of completion of items H – K as outlined in Section I, Napa County EMS Agency will issue a Standard Local Paramedic Accreditation card which shall be valid as long as the paramedic continuously meets all requirements set forth in this policy. Paramedic's failing to maintain the requirements specified above shall result in revocation of local accreditation. The applicant must repeat the initial accreditation requirements.
- E. Applicants requesting local accreditation whose employer is based "Out-of-County" must complete the field evaluation process (5- Call) as outlined above within ninety (90) calendar days of the initial date of application; any extension of this period is at the discretion of the EMS agency. Applicants exceeding this requirement may be required to complete a new application.
- F. Failure to complete the local accreditation requirements shall result in suspension or revocation of accreditation to practice as a paramedic within the Napa County EMS System.
- G. Applicants must review the annual Napa County EMS Agency provided training materials within ninety (90) days of employment.

III. MAINTAINING ACCREDITATION

- H. Maintaining accreditation as a paramedic shall be contingent upon:
 - 1. Continuously meets all requirements set forth in Section I of this policy.
 - 2. Maintaining employment with an approved ALS provider permitted to operate within the Napa County EMS System.
 - 3. Annually review the Napa County EMS Agency provided training materials. (e.g. Field Treatment Guideline updates, etc.).
 - 4. Maintenance of infrequently used skills defined in Napa County EMS Agency **Administrative Policy 204, Paramedic Skills Maintenance Standards**. This will be verified upon Napa County EMS Agency's request.
- I. Paramedics failing to maintain the requirements specified above shall result in the individual repeating the initial accreditation requirements.
- J. Paramedic's failing to maintain the requirements specified above shall not be able to function as a paramedic within Napa County.
- K. Individuals functioning as a paramedic without current valid accreditation may be subject to criminal and civil penalties.

IV. ADDITIONAL REQUIREMENTS

- L. All personnel shall inform EMS Agency in writing of any change in their mailing address within ten (10) working days by completing a Napa County EMS Agency **Personnel Change Form**.
- M. All personnel working on EMS units will be issued an identification card and shall carry the card with them at all times.



Paramedic Skills Maintenance Standards

PURPOSE

- I. The purpose of this policy is to specify the requirements providers shall adhere to in maintaining training standards for infrequently used skills.

POLICY

I. PROVIDER RESPONSIBILITY

- A. Providers are required to develop a process that affords all ALS personnel the opportunity to demonstrate competency at the required intervals.
- B. Providers and ALS personnel shall follow the process specified in Napa County EMS Agency Policy when verifying and training for infrequently used skills.
- C. Providers shall track individual employee skills training records using the Napa County EMS Agency **Paramedic Skills Maintenance Form**.
- D. Providers shall submit as part of their EMS Quality Improvement Plan (EQIP), a training plan and any updates to infrequently used skills training material for Medical Director review and approval.
- E. Providers shall ensure sufficient training equipment and supplies are available to comply with this policy.
- F. Providers shall submit the Napa County EMS Agency **Paramedic Skills Maintenance Form** to the Napa County EMS Agency biannually and;
- G. Providers shall make records available to the Napa County EMS Agency, upon request, to demonstrate compliance with this Policy.
- H. The minimum intervals for skills competency shall be demonstrated by ALS personnel are as follows:
 - 1. Skills Competency:
 - a. Ventilatory Management Endotracheal Intubation – Quarterly
 - i. Three successful simulated endotracheal intubations, per quarter is the minimum standard of this policy.
 - ii. 50% of annual training sessions shall include hyperangulated video laryngoscopy (HVL) devices.
 - iii. 50% of annual training sessions shall include direct laryngoscopy (DL) devices with the assistance of and endotracheal tube inducer, e.g. Bougie.
 - iv. Training shall be in accordance with the current National Registry standards for “Ventilatory Management Endotracheal Intubation”.



Emergency Medical Dispatcher Certification

EMS ADMINISTRATION 205

PURPOSE

- I. The purpose of this policy is to inform and provide guidance to emergency medical dispatchers of the requirements and the process for EMD certification and recertification.

POLICY

I. INITIAL NAPA COUNTY EMD CERTIFICATION REQUIREMENTS

- A. In order to be eligible for Emergency Medical Dispatcher (EMD) certification, an individual shall meet the requirements of this policy.
- B. Individuals shall complete and submit the following prior to beginning employment as an EMD in Napa County:
 - 1. Complete Application for Emergency Medical Dispatcher Certification.
 - 2. Proof of completion of an approved EMD training program within the preceding two (2) years, or; a current valid certification as an EMD published by the approving authority for the program issuing the course completion record.
 - 3. A current and valid CPR card. (Copy of a current CPR card for Health Care Providers).
 - 4. A valid photo identification verifying the applicant's identity and proof of age as greater than eighteen (18) years.
 - 5. A Napa County EMS Agency **Personnel Change Form**, completed by your employer.
- C. Certification as an EMD shall be for two (2) years from the effective date of certification.

II. MAINTENANCE OF EMD RECERTIFICATION

- A. In order to be eligible for EMD recertification, an individual shall meet the requirements of this policy.
- B. Individuals shall complete and submit the following no less than thirty (30) days prior to expiration of their accreditation:
 - 1. Complete Application for Emergency Medical Dispatcher Certification.
 - 2. Current valid certification EMD card issued by the Napa County EMS Agency.
 - 3. A current and valid CPR card. (Copy of a current CPR card for Health Care Providers).
 - 4. A valid photo identification verifying the applicant's identity and proof of age as greater than eighteen (18) years.
 - 5. Proof of completion of twenty-four (24) hours of approved continuing education during the preceding two (2) years using the Napa County EMS Agency **EMD Continuing Education Report Form**. Certification as an EMD shall be for two (2) years from the effective date of certification.

III. LAPSED EMD CARD

- A. In order to be eligible for EMD recertification, an individual with a lapsed certification shall meet the requirements in Section I of this policy.

IV. ADDITIONAL REQUIREMENTS

- A. All personnel shall inform EMS Agency in writing of any change in their mailing address within ten (10) working days by completing a Napa County EMS Agency **Personnel Change Form**.
- B. All personnel working as an EMD in Napa County will be issued an identification card and shall carry the card with them at all times.

V. CERTIFICATION REQUIREMENTS FOR CENTERS USING MEDICAL PRIORITY DISPATCH

- A. For emergency medical dispatchers functioning inside of an approved Medical Priority Dispatch Center, EMD certification shall follow Napa County EMS Agency approved Medical Priority Dispatch certification requirements.
- B. Approved Medical Priority Dispatch Center Any shall notify Napa County EMS Agency thirty (30) days before any changes to certification policies.



Prehospital Continuing Education Provider

EMS ADMINISTRATION 206

PURPOSE	<p>I. The purpose of this policy is to define the standards for Napa County EMS Continuing Education (CE) delivery formats and limitations, record keeping and CE provider program approval.</p>
POLICY	<p>I. PROCEDURE FOR APPROVAL</p> <p>A. All applicants shall meet the following requirements:</p> <ol style="list-style-type: none">1. Complete a CE Provider application.2. Provide documentation and resumes demonstrating the applicant's Program Director and Clinical Director experience and qualifications in prehospital care/education as outlined in CA Code of Regulations, §100395(g) and (i).3. Provide a sample course completion certificate, containing all information listed in the CA Code of Regulations, §100395(m).4. Provide an overview of the applicant's recordkeeping system.5. Provide other course information requested by the Napa County EMS Agency.6. Pay the established CE Provider application fee.7. Applications must be received at least sixty (60) days before the first scheduled course of instruction. <p>B. The Napa County EMS Agency will notify the applicant within thirty (30) days that the application was received and shall notify the applicant within thirty (30) days of its decision to approve or deny.</p> <p>C. Approval shall be good for four (4) years from the last day of the month in which the application is approved. It shall be the responsibility of the CE provider to submit an application for renewal at least sixty (60) days in advance of the expiration date, in order to maintain continuous approval.</p> <p>D. CE providers shall ensure that each CE activity or course meets the criteria outlined in the CA Code of Regulations, §100391.</p> <p>E. All records shall be available to the Napa County EMS Agency upon request, or during scheduled or unscheduled site visits by EMS Agency staff.</p> <p>F. The Napa County EMS Agency shall be notified in writing within thirty (30) days, of any change in CE provider names, address, telephone number, Program Director or Clinical Director.</p>