
POLICY AND SKILLS COMPETENCY REQUIREMENTS (# 2000)

Authority: Title 22, Chapter 4, Section 100172 and 100173. As part of the Alameda County Quality Improvement Program, ALS Service Providers are responsible for assessing the current knowledge of their paramedics in local policies and procedures and for assessing their paramedics' skills competency. In order to ensure the completion of this requirement, each locally accredited paramedic must meet the following:

1. Maintenance of continuous certification in the following "core-courses" (or an Alameda County EMS approved equivalent):
 - Advanced Cardiac Life Support (ACLS)
 - Basic Trauma Life Support (BTLS) or Prehospital Trauma Life Support (PHTLS)
 - Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Personnel (PEPP)
2. Provider agencies shall retain, on file, the following documentation for each paramedic:
 - Verification of a current Paramedic license
 - Confirmation of continued employment with an approved paramedic provider agency
 - Satisfactory performance in the Professional Development Evaluation (See #4)
 - Current certification in the "core-courses"
 - Successful completion of any mandatory training/skills required by the EMS Agency

The EMS Agency will conduct periodic audits to ensure compliance with the above requirements.

3. Completion of paramedic benchmark criteria (See #6) or advanced placement evaluation (see #7). Verification must be retained by the provider agency as follows:
 - **Entry Level 1 or 2 Medic** – upon completion. Benchmarks acquired as an *Entry Level Medic* will count toward *Continuing Medic* requirements.
 - **Level 3 Medic** – at the time of license renewal.

4. PROFESSIONAL DEVELOPMENT EVALUATION

- 4.1 Each accredited paramedic as part of the County's CQI Program, shall undergo a Professional Development Evaluation every two years by the provider agency.
- 4.2 The Professional Development Evaluation should include the following:
 - All of the components listed in the *Advanced Placement Evaluation # 7.3 (a-h)*
 - *A recommendation for future development/training.* The recommendation should include the field training officer's assessment of the paramedic's capability/potential for a future paramedic "career ladder", the potential for training, teaching, research, advancement to a field training officer or supervisor, or to an enhanced scope of practice paramedic level.
- 4.3 The service provider must inform the EMS Agency immediately of any paramedic who fails to meet or maintain the standards set in the Advanced Placement Evaluation.

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5. STANDARDS FOR THE SINGLE-MEDIC SYSTEM

5.1 Paramedics accredited within Alameda County will be classified as follows:

Experience as a licensed field Paramedic		Criteria To Advance To Level 3 Medic	
	Total	In Alameda County	Entry Level Criteria
Entry Level 1	< 6 months	AND < 6 months	<ul style="list-style-type: none"> • Completion of the “Core Courses” • Completion of Benchmarks for Entry Level 1 medics (see #6) while being supervised by a Level 3 *Preceptor. • Satisfactory or better score on a Professional Development Evaluation (see #4). • Pairing at all times with a Level 2 or Level 3 paramedic
Entry Level 2	≥6 months and < 9 months	AND < 6 months	<ul style="list-style-type: none"> • Completion of the “Core Courses” • Completion of Benchmarks for Entry Level 2 medics (see #6) while being supervised by: <ul style="list-style-type: none"> - A Level 3 *Preceptor, or - Department CQI Nurse or Physician. • Satisfactory or better score on a Professional Development Evaluation (see #4). • Pairing at all times with another paramedic.
	> 9 months	AND < 3 months	
Level 3 Medic	≥ 9 months	AND > 3 months	Not applicable

*Note: See policy # 3307 for Preceptor requirements.

- Level 1 Paramedics may only work with a Level 2 or Level 3 Paramedics
Upon completion of Entry Level criteria, a Level 1 medic advances to a Level 3.
- Level 2 Paramedics may work with any other Paramedic
Upon completion of Entry Level criteria, a Level 2 medic advances to a Level 3.
- Level 3 Paramedics may be the single medic on a response unit

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Skill:	Definition:	Benchmark Criteria	
		Entry Level 1 Medics	Entry Level 2 Medics
ALS Team leader/ report writer	Acquisition of the patient's history, documentation and direction of overall scene care. Use of standard evaluation criteria	40	20
Endotracheal intubation ** Cardiac & Trauma Arrest	Successful placement, oral route in trauma or medical arrest setting	2	2
Defibrillation**	Defibrillator discharge is counted as one defibrillation	2	2
Intravenous starts **	Successful placement, peripheral or external jugular location in 90% of attempts	20	10
Medication Administration	By any route: intravenous, intraosseous, subcutaneous, endotracheal, aerosol, intramuscular	15	5
Infrequently used skills **	All of the following: intraosseous infusion, needle cricothyroidotomy, pleural decompression, transcutaneous pacing	1 each	1 each
Assessment of critically ill or injured pediatric patient **	If not included above	1	1

** May be simulated

7. ADVANCED PLACEMENT EVALUATION (May be used instead of the standards listed in #5)

- 7.1 A mechanism for a paramedic with prior experience to enter the system at a level higher than the experience level (#5) and benchmark criteria (#6) would indicate.
- 7.2 The candidate must have had considerable EMT-I experience or paramedic experience in another jurisdiction. The EMS Medical Director will take into consideration the type and length of experience on a case-by-case basis.
- 7.3 Prior to or concurrent with application to the Alameda County EMS Agency Medical Director for exemption, a quality improvement assessment will be provided to the paramedic candidate consisting of the following components:
 - a) **Basic Life Support (BLS)** - management of emergency childbirth, spinal immobilization, adult and pediatric CPR, trauma and trauma assessment.
 - b) **Paramedic Equipment Skills Assessment** - this assessment includes the operation and location of all ALS equipment. The new or inexperienced paramedic should explain the operation of each piece of equipment in the airway bag and drug box as well as suction apparatus and the cardiac monitor. The operation of all of this equipment including needleless systems and radio equipment should also be described and

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discussed. Replacement procedures including supply, restock, broken equipment, and narcotic restock should also be described.

- c) **Alameda County Protocols** - new or inexperienced paramedics should discuss and describe at least the following ALCO protocols: AMA, authorization, scene CTP, management, crime scene, field death, grief support, aircraft transport, MCI, and base contact.
- d) **Dysrhythmias** - new or inexperienced paramedics should demonstrate, using a rhythm generator, the typical ACLS rhythms. These include sinus, atrial fibrillation, atrial flutter, SVT, junctional, idioventricular, ventricular tachycardia, ventricular fibrillation, first degree block, second degree block type one, second degree block-type two, and third degree block.
- e) **Procedures** - new and inexperienced paramedics should demonstrate either in a clinical setting or a simulated one the following procedures: needle finger stick glucose, needle thoracostomy, needle cricothyrotomy, intraosseous infusion, external pacing, pediatric intubation, adult intubation, and IV starts (intraosseous infusion).
- f) **Physical Assessment** - new or inexperienced paramedics should demonstrate a thorough physical assessment on at least one trauma and one medical patient, either clinical or simulated.
- g) **Medication Knowledge** - new or inexperienced paramedics should demonstrate knowledge of medications, including dosage, indications, contra indications, and side effects of the following medications and any others in the Alameda County paramedic scope of practice: epinephrine, atropine, diphenhydramine, nitroglycerin, aspirin, lidocaine, morphine, diazepam, midazolam, furosemide, D50, glucagon, albuterol, charcoal, naloxone, sodium bicarbonate, ipratropium and adenosine.
- h) **Scenario Testing** - new or inexperienced paramedics should demonstrate competency in scenario-based testing on the following commonly encountered paramedic scenarios: 1) trauma, 2) cardiac arrest, 3) shortness of breath, 4) dysrhythmia recognition, 5) pediatrics. Additional scenarios may be added as needed (e.g. environmental, obstetrical, etc.).

7.4 **A paramedic, a nurse, a physician or the provider's EMS coordinator may administer the components in #7.3 (a-h); however, all components must be overseen by the provider's CQI nurse or physician liaison.**