



EMS SPONSOR HOSPITAL POLICY

OBTAINING INDIVIDUAL PARAMEDIC PRACTICE AUTHORIZATION

Purpose:

Provide a defined process for individual EMS providers to obtain medical authorization to practice at the paramedic level

Scope:

Connecticut licensed paramedics requesting authorization to practice at the paramedic level as an employee of an EMS organization sponsored by Hartford Hospital

Procedure:

Step 1 - Application:

Email Hartford Hospital's EMS Coordinator the following documents. It is preferred that all required documents be sent together as a single submission in .pdf format.

- Application for Medical Authorization at the paramedic level (at the end of the policy).
- Letter or email from the candidate's sponsored service, verifying the candidate's status as an employee and the EMS organization's request that the candidate be authorized by the EMS Sponsor Hospital to practice at the paramedic level.
- Written recommendation from the candidate's most recent sponsor hospital EMS Coordinator or Medical Director attesting the candidate has (or had) medical authorization to practice at the paramedic level, is (or left) in good standing and when the authorization was granted/terminated. Acceptable forms of documentation include a signed recommendation on hospital letterhead or email directly from the sponsor hospital EMS Coordinator or Medical Director to the Hartford Hospital EMS Coordinator.
- Continuing Education log demonstrating at least 36 hours of EMS continuing medical education in the last calendar year. This requirement may be waived or modified for newly licensed (within the last year) paramedics.
- Copies of current certification cards to include:
 - Connecticut Paramedic License
 - ACLS
 - PALS/PEPP
 - BLS (CPR)
 - NREMT (if applicable)
- Results of a State and Federal criminal background check of the candidate. This must be submitted directly from the sponsored EMS Organization.
- Completed and signed copy of the Hartford Healthcare Proof of Off-Campus Influenza Vaccination Form
- Completed Hartford Healthcare HIPAA exam
- Completed Hartford Healthcare Confidentiality Agreement
- Completed Hartford Hospital Code of Conduct Agreement

Step 2 – Meet with EMS Coordinator:

Upon submission of all required documents, the EMS Coordinator will schedule a meeting with the candidate to:

- Review expectations, policy and procedure.
- Review focused areas of clinical concern.
- Successfully complete the Protocol Exam. This exam tests knowledge of the Connecticut EMS Patient Care Protocols (which may be accessed at: <http://portal.ct.gov/DPH/Emergency-Medical-Services/EMS/Statewide-EMS-Protocols>). In addition, questions may address clinical knowledge, appropriate medical decision making, medication calculations, ECG rhythm interpretation and 12 lead ECG interpretations (e.g. STEMI recognition via standard criteria and modified Sgarbossa criteria, LBBB, RBBB, Paced, LVH and Hyperkalemia).
 - The test may include both multiple choice and short answer questions
 - A score of 80% or better defines successful completion
 - Candidates who fail will be allowed to retake a different version of the exam at a later date.
 - Candidates who fail the exam a second time may be required to complete remedial education prior to a third and final attempt at the exam
- Demonstrate competency in the following skills:
 - Difficult airway management including decision making, basic adjuncts and ventilation, orotracheal intubation and King-LT or LMA
 - Bougie-assisted surgical cricothyrotomy.
 - Other practical skills assessment at the discretion of the EMS Coordinator/EMS Medical Director
- Schedule the date and time for the candidate's Emergency Department experiential education time.

Step 3 – Emergency Department Time:

The candidate will complete 4 hours of experiential learning following the EMS Medical Director during a clinical shift in the Emergency Department. The EMS Coordinator will schedule the date and time of this shift with the candidate. This experience may occur before or during the candidate's field clinical performance evaluation. Candidates are encouraged to ask questions and engage in active learning regarding clinical assessment, medical decision making and treatment. This is also an opportunity to orient to the operation of the Emergency Department as well as get to know the EMS Medical Director.

Step 4 – Service-Specific Equipment Training and Competency Validation

The candidate will successfully complete training and competency validation on all service-specific equipment and clinical procedures prior to field clinical time. The EMS organization will maintain records of this competency validation and submit copies to the EMS Coordinator. Service-specific equipment and clinical procedures may include but is not limited to:

- Monitor/Defibrillator/External Pacer/12 Lead ECG transmission
- Ventilator
- Continuous positive airway pressure device unit

- Intraosseous insertion device (both tibia and humeral head insertion sites)
- ‘Safety’ needles/catheters
- Intravenous infusion pump
- Mechanical CPR device
- Commercially manufactured tourniquet
- King LT and/or Laryngeal Mask (e.g. LMA, i-Gel)
- Percutaneous pediatric cricothyrotomy device
- Bougie-assisted surgical cricothyrotomy (scalpel-finger-bougie technique)

Step 5 – Field Clinical Performance Evaluation:

Having successfully met the requirements of steps 1 & 2, the paramedic may be issued provisional authorization to practice as a paramedic. This authorization will be on Hartford Hospital letterhead and signed by both the EMS Medical Director and EMS Coordinator. Copies will be sent to both the paramedic and his or her employer. With this provisional authorization, the paramedic may only perform ALS assessment and treatment under the supervision of a Hartford Hospital authorized preceptor who will provide education on service-specific equipment and procedures, evaluate his or her performance, offer guidance for improvement and submit written reports to the EMS Coordinator.

Provisionally authorized paramedics must consistently demonstrate competence in all evaluated aspects of their performance prior to being considered for full authorization to practice as a paramedic. Performance should be evaluated in the management of a variety of clinical conditions and acuities. The following are guidelines for minimum precepted field clinical time. Precepting requirements may be waived, modified or extended by the EMS Medical Director and/or EMS Coordinator in consultation with the preceptor and EMS agency management.

- Newly Graduated (≤ 6 months paramedic field practice)
 - 50 ALS calls
- Minimally Experienced (> 6 months but less than 1 year recent, active paramedic field practice)
 - 30 ALS calls
- Experienced (> 1 year recent, active paramedic field practice)
 - 10 ALS calls
- Any candidate who has not been actively practicing (at least 32 hours per month) as a paramedic for greater than 180 days immediately preceding the submission of their application will be assigned the field performance evaluation requirements of the next lower experience category than they would otherwise be eligible for.

The EMS Coordinator, in consultation with the EMS Medical Director, will review the candidate’s performance evaluations and patient care reports during the field clinical performance evaluation period. The EMS Coordinator or EMS Medical Director, at his or her discretion, may schedule and conduct one or more field evaluations of the candidate during the supervised clinical time.

Once the candidate has demonstrated competence to the satisfaction of his or her preceptor, the preceptor will email the EMS Coordinator with his or her recommendation that the candidate be granted full authorization to practice.

If the Candidate's evaluations have received favorable review by the EMS Coordinator and EMS Medical Director, the EMS Coordinator or EMS Medical Director may schedule and conduct a final field evaluation of the candidate.

Step 6 - Review and Full Authorization to Practice

Once all applicable preceding steps have been completed to the satisfaction of the EMS Medical Director / EMS Coordinator, the paramedic may be issued full authorization to practice as a paramedic. This authorization will be on Hartford Hospital letterhead and signed by the EMS Medical Director and EMS Coordinator. Copies will be sent to both the paramedic and his or her employer. With this full authorization, the paramedic may only perform ALS assessment and treatment while acting in his or her official capacity as an employee of the specified Hartford Hospital sponsored EMS agency.

Authorization to practice may be suspended or withdrawn by the EMS Medical Director or EMS Coordinator at any time through notice to the paramedic's EMS Organization. Authorization to practice immediately terminates upon the paramedic's separation from employment with the sponsored EMS organization.



APPLICATION FOR PARAMEDIC PRACTICE AUTHORIZATION

Name: _____ Date: ____/____/____

Street Address: _____

City, State, Zip: _____

Phone (circle: mobile or home): (____) _____ Email: _____

CT Paramedic #: _____ Exp. Date: ____/____/____ BLS CPR Exp. Date: ____/____/____

ACLS Exp. Date: ____/____/____ PALS Exp. Date: ____/____/____

List all hospitals with which you presently have paramedic practice authorization:

Service Affiliation(s) for which you are requesting paramedic authorization (check all that apply):

- Aetna CSP-ESU WHFD Windsor

Has your medical control/authorization or license/certification ever been suspended or revoked?

NO YES If yes, explain: _____

Are you presently under investigation by a State or professional licensing agency?

NO YES If yes, explain: _____

Healthcare Employment History

Beginning with the most recent, list all employment (including volunteer membership) in which your role included direct patient contact. Attach additional sheets if needed.

1) Employer name: _____

Address: _____

Employed from: ___/___/___ to ___/___/___ Average hours per week: _____

Positions held with dates: _____

Sponsor Hospital (if applicable): _____

Name of EMS Coordinator or Medical Director (specify): _____

Phone: (____) _____ Email: _____

2) Employer name: _____

Address: _____

Employed from: ___/___/___ to ___/___/___ Average hours per week: _____

Positions held with dates: _____

Sponsor Hospital (if applicable): _____

Name of EMS Coordinator or Medical Director (specify): _____

Phone: (____) _____ Email: _____

3) Employer name: _____

Address: _____

Employed from: ___/___/___ to ___/___/___ Average hours per week: _____

Positions held with dates: _____

Sponsor Hospital (if applicable): _____

Name of EMS Coordinator or Medical Director (specify): _____

Phone: (____) _____ - _____ Email: _____

Continuing Education Log

For this initial application, attach copies of certificates/verification for all CEUs claimed.

Date	Subject	Location	Instructor	Hours
	Practical Skill Session			
	ACLS Certification (4 hrs per year)			4
	PALS Certification (4 hrs per year)			4
	CPR Certification			0
TOTAL HOURS				

SKILL SELF EVALUATION

Please indicate your training/experience/ability to perform each skill by the following criteria. This will be used to help guide training/precepting and will **not** be used to determine eligibility for provisional medical authorization.

Column 2: Training Definitions:

Indicate (*circle*) the source of training (*all that apply*) you received on each of the following skills/procedures using the following definitions:

- Graduate Training (GT): Received training in initial education program.
- Post Graduate Training (PGT): Received formal training after initial education program through continuing education.
- Clinical Practice (CP): Received training through self-study and/or clinical practice.
- No Training (NT): No training

Column 3 & 4: Estimated Number Performed & Percent Success Rate:

Indicate the *approximate* number of times you have *attempted* the following skills/procedures in actual clinical practice (include hospital clinical time) and your estimated success rate with the skill/procedure.

Column 5: Level of Mastery Definitions:

Using the following definitions, estimate your success rate for each of the following skills/procedures listed:

- 4 – Highly confident in ability to perform skill and regularly practice/train/perform already
- 3 – Confident in ability to perform skill/procedure but desire additional practice/training
- 2 – Received training but am not confident in ability to successfully perform skill/procedure
- 1 – No training or experience with this skill/procedure

Procedure/Skill	Training	Estimated # Done	Estimated % Success	Mastery			
Intravenous Access Peripherally	GT, PGT, CP, NT			1	2	3	4
External Jugular Access	GT, PGT, CP, NT			1	2	3	4
Pediatric IV Access	GT, PGT, CP, NT			1	2	3	4
Intraosseous Insertion - Tibia	GT, PGT, CP, NT			1	2	3	4
Intraosseous Insertion – Humerus	GT, PGT, CP, NT			1	2	3	4
Adult Intubation – Nasotracheal	GT, PGT, CP, NT			1	2	3	4
Adult Intubation – Direct Laryngoscopy	GT, PGT, CP, NT			1	2	3	4
Adult Intubation – Video Laryngoscopy	GT, PGT, CP, NT			1	2	3	4
Child Orotracheal Intubation (1-8 yo)	GT, PGT, CP, NT			1	2	3	4
Infant Orotracheal Intubation (<1 yo)	GT, PGT, CP, NT			1	2	3	4
Orogastric tube insertion	GT, PGT, CP, NT			1	2	3	4
King-LTS	GT, PGT, CP, NT			1	2	3	4
LMA or iGel	GT, PGT, CP, NT			1	2	3	4
Cricothyrotomy, Bougie-assist surgical	GT, PGT, CP, NT			1	2	3	4
Cricothyrotomy, Percutaneous	GT, PGT, CP, NT			1	2	3	4
Rapid Sequence Intubation	GT, PGT, CP, NT			1	2	3	4
Chest Decompression	GT, PGT, CP, NT			1	2	3	4
Insertion of Morgan Lens	GT, PGT, CP, NT			1	2	3	4
Administer Vasopressor infusion	GT, PGT, CP, NT			1	2	3	4
Utilize Transport Ventilator	GT, PGT, CP, NT			1	2	3	4
Child Birth	GT, PGT, CP, NT			1	2	3	4
Defibrillation	GT, PGT, CP, NT			1	2	3	4
Synchronized Cardioversion	GT, PGT, CP, NT			1	2	3	4
Transcutaneous Pacing	GT, PGT, CP, NT			1	2	3	4

ATTESTATION

I attest that the information provided in this Application is accurate and truthful.

I understand that continued authorization to practice is contingent on my adherence to the approved EMS patient care protocols as well as all policies, procedures and clinical guidance issued by the Hartford Hospital Medical Director of Ground EMS and his or her designee.

Printed Name of Paramedic

Signature of Paramedic

Date