I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1798 and 1797.185; California Code of Regulations, Title 22, Section 100142 Local Accreditation, Section 100145 Scope of Practice of Paramedic, and 100166~~5~~ Accreditation to Practice.

II. APPLICATION:

This policy describes the process by which ~~an~~a ~~emergency medical technician~~ paramedic ~~(EMT-P)~~ is permitted to practice in Orange County.

III. DEFINITIONS:

"Local Accreditation" or **"accreditation"** or **"accreditation to practice"** means authorization by OCEMS to practice as a paramedic within Orange County. Such authorization indicates that the paramedic has completed the requirements of California Code of Regulations Title 22, Section 100166~~5~~ Accreditation to Practice.

IV. ACCREDITATION CRITERIA:

In order to be eligible for accreditation to practice in Orange County, the ~~EMT-P~~paramedic must meet all of the following:

A. Possess a valid, current State of California ~~EMT-P~~paramedic license.

B. Not be precluded from accreditation to practice as ~~an~~a ~~EMT-P~~paramedic for reasons defined in Section 1798.200 of the Health and Safety Code.

C. Be ~~affiliated with and be~~ sponsored to perform ~~EMT-P~~paramedic duties by an OCEMS~~-~~-approved advanced life support (ALS) service or EMS aircraft provider.

D. Successfully complete the accreditation process (See Section V) within a 30 day period.

V. ACCREDITATION PROCESS:

1. ~~EMT-~~Paramedics applying for local accreditation as a 911-ALS paramedic must complete and~~/or~~ submit proof of the following to OCEMS:

A. ~~Copy~~ Evidence of course completion certificate from an approved paramedic training program.

B. Copy of State of California ~~EMT-P~~paramedic license.

C. ~~Written proof~~Evidence of sponsorship by an OCEMS ~~ALS~~ -approved ALS service provider agency.

~~D. Complete and sign the OCEMS Paramedic aaccreditation to practice application online through OC MEDS.~~

~~E. Pay the established fee.~~

~~F.~~D. Evidence of ~~Successfull~~successful~~y~~ completione of a maximum 8-hour orientation program of the Orange County EMS system as prescribed by OCEMS.

1) Orientation program to include:

a. OCEMS Treatment Guidelines
b. OCEMS Policies and Procedures
c. OCEMS ~~EMT-P~~paramedic Scope of Practice
d. Orientation to the OCEMS communication system

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2) Only OCEMS, the OC paramedic training program, an OC base hospital coordinator, or an OC ALS service provider EMS coordinator may provide items a, b and c above.
3) Item d above must be provided by the Orange County Sheriff/Communications division.

E. Evidence of ~~C~~completion of~~e~~ training in any local optional scope of practice for which the individual has not been trained and tested:
   i. Attend an advanced airway skills review class, to include management of the difficult airway and use of the flexible intubation guide.
   ii. This training and testing is additional to the maximum 8-hour orientation program.

F. Evidence of ~~S~~successful~~ly~~ completion of~~e~~ field evaluations of no more than 10 ALS responses supervised by an approved field preceptor and/or an Orange County base hospital coordinator.

G. ~~New graduates of an Orange County paramedic training program are exempt from items E., F., G., and H. of this section if applying for accreditation within six (6) months of graduation.~~

G. Complete the appropriate OCEMS paramedic accreditation application online through OC-MEDS.

H. Pay the established fee.

2. Paramedics applying for local accreditation as a IFT-ALS paramedic must complete and submit proof of the following to OCEMS:

   A. Complete above accreditation criteria V.1. A – D "Paramedics applying for local accreditation as a 911-ALS paramedic" (Note: Item D.1.d and D.3. are not applicable)

   AND

   B. Evidence of OCEMS approved IFT-ALS Training Course completion certificate.

   C. Evidence of OCEMS approved advanced airway training program completion certificate.

   D. Copy of current American Heart Association CPR and ACLS certification; and PEPP certification.

   E. Evidence of completion of ten (10) proctored IFT-ALS level transports.

   F. Complete the appropriate OCEMS paramedic accreditation application online through OC-MEDS.

   F. Pay the established fee

3. Paramedics applying for local accreditation as Air Medical paramedic must complete and submit proof of the following to OCEMS:

   A. Complete above accreditation criteria V.1. A – D "Paramedics applying for local accreditation as a 911-ALS paramedic" (Note: Item D.1.d and D.3. are not applicable)

   AND

   C. Evidence of proof of training from an OCEMS approved Medical Flight Crew Training Program.

   D. Evidence of completion of ten (10) proctored Air Ambulance level transports.

   E. Complete the appropriate OCEMS paramedic accreditation application online through OC-MEDS.

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F. Pay the established fee

***Note:** Air Medical Paramedic Accreditation applies only to Air Medical Paramedics assigned to an Air Ambulance base located within Orange County.

VI. MAINTAINING ACCREDITATION:

1. The OCEMS Paramedic Accreditation shall expire on the same date as that of the applicant's California Paramedic License or sooner if requested by applicant.

2. In order to maintain local accreditation to practice, the ~~EMT~~ 911-ALS ~~P~~paramedic shall submit evidence of the following via the 911-ALS paramedic accreditation verification in OC-MEDS:

   A. Copy of State of California Paramedic license.

   ~~A. Submit a copy of their valid EMT-P license within thirty (30) days of receipt from the California State EMS Authority.~~

   B. Continue to be sponsored by an approved OC ALS service provider.

   C. ~~Have~~ Demonstrate sufficient patient contact experience ~~to maintain skills proficiency.~~ through participation in the OCEMS system-wide continuous quality improvement plan.

   D. ~~C~~Evidence of completion of~~e~~ one advanced airway review session per year.
   Note: The OCEMS medical director and/or the base hospital physician director may require additional airway review for any paramedic at any time if deemed necessary (*e.g.,* undetected or uncorrected esophageal intubation, dislodgement, other).

   E. Evidence of ~~S~~successful~~ly~~ completion~~e~~ of all OCEMS approved mandatory in-services.

3. In order to maintain local accreditation to practice, the IFT-ALS paramedic shall:

   A. Complete above criteria maintaining accreditation VI.2. A – E "In order to maintain local accreditation to practice"

   AND

   B. Evidence of successful completion of an annual OCEMS approved advanced airway skill review.

   C. Evidence of attendance of a minimum of two (2) Orange County Base Hospital REAC's annually.

   D. Copy of current American Heart Association CPR and ACLS certification; and PEPP certification.

   ~~F.~~E. Complete the OCEMS IFT-ALS paramedic accreditation application online through OC-MEDS.

   ~~A.~~F. Pay the established fee

4. In order to maintain local accreditation to practice, the Air Medical paramedic shall:

   A. Complete above criteria maintaining accreditation VI.2. A – E "In order to maintain local accreditation to practice"

   AND

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B. Complete the OCEMS Air Medical paramedic accreditation application online through OC-MEDS.

C. Pay the established fee.

VII. INACTIVE STATUS:

A~~n~~ ~~EMT-P~~ 911-ALS paramedic will be considered INACTIVE if any conditions listed in Section VI. #1 are not satisfied. IFT-ALS and Air Medical paramedics will be considered EXPIRED if any of the conditions listed in Section VI. are not satisfied.

VIII. ACCREDITED PARAMEDIC RESPONSIBILITIES:

The OCEMS accredited paramedic is responsible for all of the following:

A. Notification of OCEMS at any point accreditation criteria are not being met.

B. Compliance with OCEMS Policies/Procedures, Standing Orders and Treatment Guidelines.

IX. PROVIDER AGENCY RESPONSIBILITIES:

The provider agency shall be responsible for all of the following:

A. Ensuring ~~the EMT-P~~the paramedic is not precluded from practice for reasons defined in Section 1798.200 of the Health and Safety Code.

B. Reporting to OCEMS any situations as mandated by statute.

C. Assuring the ~~EMT-P~~paramedic ~~has~~ ~~sufficient patient contact experience to maintain skills~~meets performance standards as outlined in the sponsoring agencies quality assurance/improvement program to safely provide prehospital emergency medical care.

D. Assuring the ~~EMT-P~~paramedic is current in all accreditation requirements including skills training and mandatory in-services.

E. Submitting to OCEMS a copy of the ~~EMT-P~~paramedics renewed state paramedic license within thirty (30) days of receipt.

F. Advising OCEMS and the assigned base hospital within thirty (30) days when a~~n~~ ~~EMT-P~~paramedic changes status (ACTIVE to INACTIVE). Notification shall include the name and OCEMS ~~identification~~ accreditation number of the ~~EMT-P~~paramedic and the reason for the change in status.

X. EMS AGENCY RESPONSIBILITIES

A) OCEMS shall review paramedic applications ~~the paperwork~~ submitted by the ~~EMT-P~~paramedic and his/her sponsoring agency for completeness and determine if the individual meets all local accreditation requirements.

B) Successful applicants and his/her sponsoring agency shall be notified regarding local accreditation within thirty (30) days of documentation of all accreditation requirements and payment of the established fee. ~~receipt of all required paperwork~~.

Note: A state licensed ~~EMT-P~~paramedic may practice as a second paramedic in Orange County within the limitations of the State basic

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scope of practice for a period of up to thirty (30) days while awaiting issuance of local accreditation. Performance of any OCEMS *optional* skills and procedures by the accreditation applicant must be done in the presence of an approved field preceptor, the OCEMS approved paramedic training program, and/or an Orange County base hospital coordinator.

C) OCEMS shall assign a local accreditation number; this number shall be used on all documents used within the OC EMS system.

D) OCEMS shall submit to the EMS Authority the names and dates of accreditation for those individuals it accredits within twenty working days of accreditation.

XI. i. DENIAL / SUSPENSION / WITHDRAWAL OF ACCREDITATION

Denial, suspension, and/or withdrawal of accreditation will adhere to OCEMS Policy and Procedure #460.00.

Note:

Individuals who are accredited as an EMT-Pparamedic in Orange County shall utilize the Orange County Scope of Practice when responding out-of-county (*e.g.,* inter-county transport of patients, mutual or automatic aid, on a strike team) or during a disaster.

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