

1.0 Purpose

- 1.1 The purpose of this procedure is to establish guidelines for new and experienced Emergency Medical Services Providers to obtain jurisdictional clearance to practice in QA County as a member of one of the Volunteer Fire Departments.
- 1.2 The procedure provides guidance to EMT-B(s) as to critical Knowledge, Skills and Abilities (KSA's) necessary to perform appropriate care for sick or injured persons. The EMT who masters these KSA's will be prepared to serve in the capacity of Primary Attendant

2.0 General

- 2.1 The goal of the Emergency Medical Services providers in Queen Anne's County (QAC), is to maintain a comprehensive, professional, technically sophisticated and compassionate EMS organization that educates, protects and serves the citizens and visitors to Queen Anne's County.
- 2.2 The vast majority of emergency responses and requests for service in QAC involve medical emergencies. It is all of our responsibility to ensure we provide the highest level of care possible and our providers perform their skills with the highest level of proficiency.
- 2.3 All certified EMS Providers who are or become members of a Queen Anne's County Fire or EMS organization providing emergency response must achieve credentialing through the QAC Credentialing Procedure.
- 2.4 With prior approval of the organizational EMS Officer and QAC DES, Volunteer providers can be scheduled to work with QAC DES Career Staff for purposes of obtaining needed calls to be a cleared provider. On a case by case basis, scene crews can take providers on transports for purposes of getting cleared.
- 2.5 In the event an organization does not have sufficient in-house resources to manage the evaluation and clearance process of an EMT. The Chief or a ranking EMS Officer of the organization can request support from the QAC Asst. EMS Chief to provide necessary career staff mentoring and evaluators to work with the EMT to get them cleared as a provider.

2.6 EMR/EMT Students.

2.6.1 At the discretion of the organizations EMS leadership, students who are actively involved in class can ride with a cleared provider to obtain necessary calls for class and to gain experience.

2.6.2 To be eligible for riding while an EMR/EMT student, the student will provide the organization EMS Officer with a memo or email from the Class Instructor that identifies the students current status and a synopsis of skills the student is trained on and can perform under the direct supervision of the evaluator.

3.0 Affiliation Requirements.

3.1 All BLS providers will list Queen Anne’s County as an affiliated organization.

3.2 MFRI requires new EMS providers to complete an affiliation form at the beginning of the Emergency Medical Services Course.

3.3 EMT’s who come into an organization in the county who are already certified will complete an affiliation form to add QAC to their affiliations which must be on file for purposes of credentialing.

3.4 Completion of the Affiliation Form.

3.4.1 The organizational EMS Officer will ensure the affiliation form is properly completed and signed by the applicant in section #4.

3.4.2 The highest ranking organizational EMS Officer will then sign Section #1 verifying company membership.

3.4.3 The form will then be forwarded to the QAC Asst. EMS Chief for verification by the EMS Operational Program in Section #2.

3.4.4 MIEMSS will then be notified to add the affiliation for the member.

4.0 Time Requirements to get cleared.

4.1 Maryland Emergency Medical Responders (EMR) are not required to achieve primary attendant status but are encouraged to ride the ambulance with a cleared provider to obtain hands on experience in providing emergency medical care and treatment.

- 4.2 Maryland State certified EMT-B's are required to obtain jurisdictional clearance to practice as a QA County Primary Attendant within 180 days of receiving authorization to start into the clearing process.

5.0 The Process

- 5.1 The FEC EMS Committee has assembled a provider evaluation/clearance package to standardize and document the clearing process.
 - 5.1.1 The FEC will place this document on the FEC website to make it easily available.
- 5.2 To initiate the clearing process, the certified provider will provide a copy of their certification card to, and obtain a Provider Clearance Packet from the organizations EMS Officer designated to manage the provider clearing process.
- 5.3 New providers will be assigned a mentor by the organizations EMS Officer. The mentor will be the primary point of contact to facilitate the clearing process to Primary Attendant. The mentor(s) will maintain close contact with the provider to answer questions, provide guidance and support the new provider. If the mentor cannot be reached, the new provider will seek support from EMS leadership and other senior EMS providers.
- 5.4 The organizations EMS Officer will identify and approve providers who new EMS providers can ride with for experience toward clearance.
- 5.5 Ultimately, the new provider is responsible to show enthusiasm and progress through the clearance process. A new provider in the clearing process will benefit from responding to frequent calls
- 5.6 The organizations EMS Officer designated to manage the provider clearing process will audit the new provider's progress every 30 days; provide appropriate counseling and support to the process. If for any reason after 90 days it appears the new provider may not be able to complete the clearance process in the allotted 180 days, the organizations EMS Officer will develop an improvement plan to help ensure the new provider is afforded every opportunity to be successful. A copy of the improvement plan and any other counseling will be placed with the members clearance packet file.
- 5.7 Members who do not succeed in becoming cleared to Primary Attendant within the allotted 180 days will have their EMS affiliation with QAC revoked and will no longer be allowed to respond to EMS calls in QA County.

- 5.7.1 If the member wishes to re-enter the evaluation process, the member can apply for re-consideration. The request will be reviewed and approved or denied by the Quality Assurance Committee.
- 5.7.2 Members will be given ONLY one opportunity for a 2nd chance to become a cleared provider.
- 5.7.3 The member will complete a re-education and re-training period for 6 months prior to being re-entered into the process.

6.0 Critical Clearing Factors

6.1 Pre-Response.

- 6.1.1 Demonstrates professionalism by dressing properly in the approved organization uniform; presents well groomed and projects an appropriate attitude for an EMS provider.
- 6.1.2 Conducts appropriate pre-response checks of the ambulance and equipment to ensure the unit is ready for response.
- 6.1.3 Is knowledgeable of equipment locations and can quickly locate needed equipment or supplies.
- 6.1.4 Knowledgeable of map books and the laptop computer (if one is used), can lookup addresses and determine appropriate running routes to emergency addresses.

6.2 At the incident scene.

- 6.2.1 Exercises appropriate use of safety precautions.
- 6.2.2 Conducts appropriate scene size-up and makes appropriate utilization of resources.
- 6.2.3 Displays good interaction with the patient, family and emergency responders.
- 6.2.4 Conducts appropriate patient assessment.
- 6.2.5 Classifies the patient's level of acuity appropriately.
- 6.2.6 Provides timely and appropriate treatment in accordance with protocols.

Part I – BLS – Mentor/Evaluator Procedure

- 6.2.7 Is knowledgeable of stretcher functions and properly operates the stretcher.
- 6.2.8 Is knowledgeable of stair chair functions and properly operates the stair chair.
- 6.2.9 Is knowledgeable of and properly operates the Queen Anne's County Radio.
- 6.2.10 Is knowledgeable of and properly operates the MIEMSS EMRC Radio.

6.3 At the hospital

- 6.3.1 Knows how to access the ER and demonstrates the ability to identify the correct location of the ER entrance, the door access code, where to report, etc.
- 6.3.2 Appropriately registers the patient with the emergency room staff and conducts a face-to-face transition with the patient's assigned nurse.
- 6.3.3 Knows how and where to obtain replacement supplies which are provided by the hospital. ie: linens, BLS Supplies, etc.
- 6.3.4 Initiates basic preparations to ensure the ambulance is ready should another run be received prior to returning to the station.

6.4 Back in the station.

- 6.4.1 Understands the importance of preparing the ambulance for the next response and immediately takes action to make the unit ready.
- 6.4.2 Ensures the ambulance is properly cleaned/decontaminated; floor mopped; does not leave trash in the unit; equipment is put away; and the ambulance is ready for the next response.
- 6.4.3 Is knowledgeable of the operation of the computer software programs and demonstrates the ability to input necessary information (if a computer is used).
- 6.4.4 Is knowledgeable of the Maryland electronic patient care reporting system (ePCR) and demonstrates the ability to input reports which properly reflect the response and handling of the incident.

- 6.4.5 Can properly complete associated support paperwork such as the billing information sheet, patient care short form, etc.

6.5 BLS Skills

6.5.1 **Oropharyngeal airway insertion**

- 6.5.1.1 Is familiar with airway equipment.
- 6.5.1.2 Selects the correct airway size.
- 6.5.1.3 Adequately oxygenates patient prior to insertion.
- 6.5.1.4 Inserts the airway in a timely manner.
- 6.5.1.5 Reassesses airway placement throughout call.

6.5.2 **Nasopharyngeal airway insertion**

- 6.5.2.1 Is familiar with airway equipment.
- 6.5.2.2 Selects the correct airway size.
- 6.5.2.3 Adequately oxygenates patient prior to insertion.
- 6.5.2.4 Inserts the airway in a timely manner.
- 6.5.2.5 Reassesses airway placement throughout call.

6.5.3 **Spinal Immobilization.**

- 6.5.3.1 Correctly identifies the need for, and performs the procedure safely and correctly.
- 6.5.3.2 Assesses PMS before and after immobilization.
- 6.5.3.3 Monitors and continuously reassesses patient during and after immobilization procedure.
- 6.5.3.4 Uses creativity in finding solutions to difficult immobilization situations

6.5.4 **Extremity Immobilization.**

- 6.5.4.1 Correctly identifies the need for, and performs the procedure safely and correctly.
- 6.5.4.2 Assesses PMS before and after immobilization.

Part I – BLS – Mentor/Evaluator Procedure

6.5.4.3 Monitors and continuously reassesses patient during and after immobilization procedure.

6.5.4.4 Uses creativity in finding solutions to difficult immobilization situations

6.5.5 **BVM Ventilation**

6.5.5.1 Correctly identifies the need for, and performs the procedure safely and correctly.

6.5.5.2 Assesses effectiveness of ventilator efforts and takes corrective action when deemed ineffective.

6.5.5.3 Monitors and continuously reassesses patient.

6.5.6 **Pharmacology (BLS)**

6.5.6.1 Demonstrates a strong BLS pharmacological knowledge base.

6.5.6.2 Is knowledgeable of indications, contraindications, dosage, route, and possible side effects of the medications to be administered.

6.5.6.3 Verifies medication, dose, and route prior to administration.

6.5.6.4 Administers medication in a timely manner following proper technique.

6.5.6.5 Communicates to the patient about the medication to be administered, reason for, route, and expected results.

6.5.6.6 Reassess patient prior to and after medication administration.

6.5.6.7 Anticipates physician orders and is aware of adverse drug interactions.

6.5.7 **Suction.** Demonstrates knowledge and skill for suctioning the patient.

6.5.7.1 Follows aseptic and applies proper technique.

6.5.7.2 Is knowledgeable of the equipment and its operation.

6.5.7.3 Selects appropriate catheter size or tool to use.

6.5.8 **Bleeding Control.**

6.5.8.1 Quickly identifies need and performs the procedure correctly.

6.5.8.2 Applies proper bleeding and bandaging procedures to effectively manage blood loss.

6.5.9 **Oxygen Administration.**

6.5.9.1 Identifies the need for oxygen therapy.

6.5.9.2 Selects the appropriate device for administration and flow rate for that device.

6.5.9.3 Monitors the patient's condition and adjusts the oxygen therapy accordingly.

7.0 Provider Clearance Requirements.

7.1 Minimum number of calls required.

7.1.1 Newly certified EMT's will respond to a minimum of ten (10) emergency calls;

7.1.1.1 At least five (5) will be transported to the emergency room.

7.1.1.2 All ten (10) calls cannot be minor in nature, refusals, etc. At least four (4) calls will be for priority 1 or 2 pts.

7.1.2 Certified EMT's who are/were cleared providers in another organization/jurisdiction will provide a letter from that organization to document their clearance to function independently and;

7.1.2.1 Become affiliated with QAC, and

7.1.2.2 Will respond to a minimum of five (5) emergency calls; at least four (4) of which are transported to the emergency room.

7.1.2.3 All five (5) calls cannot be minor in nature, refusals, etc. At least two (2) calls will be for priority 1 or 2 pts.

7.2 Maximum number of calls.

7.2.1 There is no maximum number of calls a provider can respond to. Provided the provider achieves clearance as a primary attendant within the allotted 180 days. Once the minimums have been completed, the process becomes dependent on the comfort level of the EMT to be a cleared provider, and the comfort level of the organizations EMS Officer to clear the provider based on completed evaluations and observations.

7.3 Documentation requirement.

7.3.1 Each evaluator will document EMT performance on the evaluation sheet. (Attachment 1). The EMT will keep all evaluator sheets in their evaluation packet and turn them in for the file.

7.3.2 After the call, evaluators will meet with the provider and provide feedback, both positive and where there are opportunities for improvement.

7.3.3 The provider being evaluated will complete a practice emeds for each response and print a copy and include it in the clearing package. To complete a practice emeds, go to www.mdemeds.com Login and Password will be maintained by the organization EMS Officers and kept updated by QAC DES.

7.4 Approval to function as Primary Attendant.

7.4.1 The EMT - Once the EMT completes the requirements for clearance, and feels s/he is ready to respond to calls on his/her own, the EMT will notify the organizational EMS Officer in writing via email or hard copy memo and forward the clearance package to them for review.

7.4.2 The organization EMS Officer – The EMS Officer will receive the request to be cleared and will review the clearance package submitted. Once the package is complete, the EMS Officer will have 7 days to submit for the credentialing card.

7.4.2.1 The organizational EMS Officer will review the status of the member for credentialing. At the time of clearance, the EMT MUST qualify for credentialing under the QAC Credentialing Procedure.

Part I – BLS – Mentor/Evaluator Procedure

- 7.4.2.2 The organizational EMS Officer will consult with the new provider's mentor to obtain their input on clearance.
 - 7.4.2.3 If the EMS Officer finds the clearance and credentialing paperwork to be in order and feels comfortable with authorizing the EMT to be a cleared provider, the EMS Officer will notify the QAC Asst. EMS Chief in writing and copy the QA Committee.
 - 7.4.2.4 The organizational EMS Officer will place a copy of the clearance file into the providers personnel file as is done in credentialing.
- 7.4.3 QAC Quality Assurance Officer – Upon receipt of a written request for an EMT to be cleared/credentialed, QAC Quality Assurance Officer will;
- 7.4.3.1 Issue a credentialing card to the EMS Officer who will issue it to the provider and obtain a receipt which will be returned to the QAC Quality Assurance Officer for filing.
 - 7.4.3.2 Have the member added to the department's emeds listing and notify the organizational EMS Officer of the login and password.