

Part II – ALS – Mentor/Evaluator Procedure

1.0 Purpose

- 1.1 The purpose of this procedure is to establish guidelines for newly licensed and experienced Advanced Life Support (ALS) Emergency Medical Services Providers to obtain jurisdictional clearance to practice as an ALS provider in QA County.
- 1.2 The procedure provides guidance to ALS Providers as to critical Knowledge, Skills and Abilities (KSA's) necessary to perform appropriate care for sick or injured persons. The ALS Provider who masters these KSA's will be prepared to serve in the capacity of Primary ALS Attendant

2.0 General

- 2.1 The goal of EMS 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 licensed 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 ALS providers may respond with QAC DES Career Staff or QAC DES approved Volunteer Corporation ALS Providers (if approved as a preceptor) for purposes of obtaining needed calls to be a cleared ALS provider. Prior approval to do so is given by the organizational EMS Officer and the DES EMS Asst. Chief.
 - 2.4.1 Forms for doing a ride-a-long with DES can be found at this website. <http://www.qac.org/Docs/DES/202RideAlong.pdf>
- 2.5 ALS Students.
 - 2.5.1 Students who are actively involved in ALS class can ride with a QAC DES ALS provider or a QAC DES approved Volunteer Corporation ALS Provider who has been approved by the QAC Medical Director.

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2.5.2 To be eligible for riding while an ALS 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 New QAC ALS providers will list their QAC Volunteer organization as an affiliation.

3.2 ALS providers who come into a QAC organization who are already certified will complete an affiliation form to add their QAC Volunteer organization to their affiliations which must be on file for purposes of credentialing.

3.3 Completion of the Affiliation Form.

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

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

3.3.3 The form will then be forwarded to the QAC Asst. EMS Chief for verification by the EMS Operational Program in Section #2; and the signature of the Medical Director in Section #3.

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

4.0 Time Requirements to get cleared.

4.1 Maryland State licensed ALS Providers are required to obtain jurisdictional clearance to practice as a QA County Primary ALS Attendant within 180 days of receiving authorization to start into the mentoring 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.

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- 5.2 To initiate the clearing process, the provider will obtain an ALS provider Clearance Packet from the organizations EMS Officer designated to manage the Provider clearing process or downloaded one from the FEC website.
- 5.3 Every new ALS provider will be assigned an ALS mentor by QAC DES Asst. EMS Chief to facilitate the clearing process to Primary Attendant. The ALS mentor(s) will make themselves available to provide guidance and support to the new ALS Provider. If the mentor cannot be reached, the new ALS Provider will seek support from EMS leadership and other senior EMS ALS providers.
- 5.4 QAC DES will approve ALS providers to serve as an ALS evaluator.
 - 5.4.1 ALS evaluators must be certified in ACLS, PHTLS or ITLS; PEPP or PALS and Instructor I or educational equivalent that meets or exceeds MFRI Instruction I.
- 5.5 Ultimately, the ALS provider is responsible to show enthusiasm and progress through the clearance process. An ALS provider in the clearing process will benefit from responding to frequent calls.
- 5.6 The QAC assigned mentor/evaluator will audit the new ALS provider progress every 30 days and provide appropriate counseling and support to the process. If for any reason after 90 days it appears the new ALS Provider may not be able to complete the clearance process in the allotted 180 days, the QAC assigned mentor/evaluator will develop an improvement plan to help ensure the new ALS Provider is provided every opportunity to be successful. A copy of the improvement plan and any other documents of 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.

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6.0 Critical Clearing Factors (See Part I – Attachment #1)

6.1 Pre-Response.

- 6.1.1 Demonstrates professionalism by dressing properly in the organizations approved uniform or other suitable dress in accordance with their organizational procedures; presents with good personal hygiene, is well groomed and projects an appropriate attitude for an EMS provider. (ALS Evaluation Section #2 – Appearance)
- 6.1.2 Conducts appropriate pre-response checks of the ambulance and equipment to ensure the unit is ready for response. (*Section #2 – Pre-response checks of Ambulance & Equipment*)
- 6.1.3 Is knowledgeable of equipment locations and can quickly locate needed equipment or supplies. (*Section #2 – Pre-response checks of Ambulance & Equipment*)
- 6.1.4 Knowledgeable of map books and the laptop computer, can lookup addresses and determine appropriate running routes to emergency addresses. (*Section #2 – Maps*)

6.2 At the incident scene.

- 6.2.1 Exercises appropriate use of safety precautions. (*Section #2 – Interaction - Scene Management*)
- 6.2.2 Conducts appropriate scene size-up and makes appropriate utilization of resources. (*Section #2 – Interaction - Scene Management*)
- 6.2.3 Displays good interaction with the patient, family and emergency responders. (*Section #2 – Interaction - Scene Management*)
- 6.2.4 Conducts appropriate patient assessment. (*Section #2 – Assessment*)
- 6.2.5 Classifies the patient's level of acuity appropriately. (*Section #2 – Assessment*)
- 6.2.6 Provides timely and appropriate treatment in accordance with protocols. (*Section #2 – Treatment*)

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- 6.2.7 Is knowledgeable of stretcher functions and properly operates the stretcher. (*Section #2 – Loading*)
 - 6.2.8 Is knowledgeable of stair chair functions and properly operates the stair chair. (*Section #2 – Loading*)
 - 6.2.9 Is knowledgeable of and properly operates the Queen Anne’s County Radio. (*Section #2 – Radio*)
 - 6.2.10 Is knowledgeable of and properly operates the MIEMSS EMRC Radio. (*Section #2 – 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. (*Section #2 – ER Access*)
 - 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. (*Section #2 – Interaction – face-to-face with nurse*)
 - 6.3.3 Knows how and where to obtain replacement supplies which are provided by the hospital. ie: linens, ALS Supplies, etc. (*Section #2 – Post response - Prepare and restock unit*)
 - 6.3.4 Initiates basic preparations to ensure the ambulance is ready should another run be received prior to returning to the station. (*Section #2 – Post response - Prepare and restock unit*)
- 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. (*Section #2 – Post response – Prepare and restock unit*)
 - 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. (*Section #2 – Post response – Prepare and restock unit*)
 - 6.4.3 Is knowledgeable of the operation of the computer software programs and demonstrates the ability to input necessary information. (*Section #2 – Documentation*)

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- 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. (*Section #2 – Documentation*)
- 6.4.5 Can properly complete associated support paperwork such as the billing information sheet, patient care short form, trip sheets, insurance/billing forms, etc. (*Section #2 – Documentation*)

6.5 Skills

- 6.5.1 **Intravenous Access (IV)** The IV does not have to be successful as long as the provider completes the appropriate phases of IV Management.
 - 6.5.1.1 Follows proper technique, selects proper catheter size, and chooses an appropriate site.
 - 6.5.1.2 Consistently uses aseptic technique.
 - 6.5.1.3 Establishes the IV in a timely manner.
 - 6.5.1.4 Uses good judgment when deciding whether or not to attempt IV.
 - 6.5.1.5 Understands when multiple IV attempts are not appropriate.
 - 6.5.1.6 Disposes of used IV equipment appropriately.
- 6.5.2 **Intraosseous Infusion (IO)** The IO does not have to be successful as long as the provider completes the appropriate phases of IO Management.
 - 6.5.2.1 Follows proper technique, selects proper IO needle size, and chooses an appropriate site.
 - 6.5.2.2 Consistently uses aseptic technique.
 - 6.5.2.3 Establishes the IO in a timely manner.
 - 6.5.2.4 Uses good judgment when deciding whether or not to attempt IO.
 - 6.5.2.5 Understands when multiple IO attempts are not appropriate.

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6.5.2.6 Disposes of used IO equipment appropriately.

6.5.3 External Jugular Intravenous Access (EJ). The EJ does not have to be successful as long as the provider completes the appropriate phases of EJ Management.

6.5.3.1 Follows proper technique, selects proper catheter size, and chooses an appropriate site.

6.5.3.2 Consistently uses aseptic technique.

6.5.3.3 Establishes the EJ in a timely manner.

6.5.3.4 Uses good judgment when deciding whether or not to attempt an EJ.

6.5.3.5 Disposes of used IV equipment appropriately.

6.5.4 Orotracheal Intubation

6.5.4.1 Is familiar with intubation equipment.

6.5.4.2 Selects the correct tube size.

6.5.4.3 Adequately oxygenates patient prior to intubation.

6.5.4.4 Intubates patient in a timely manner.

6.5.4.5 Adequately secures tube placement throughout procedure.

6.5.4.6 Properly assesses correct tube placement.

6.5.4.7 Continuously reassesses tube placement during remainder of call.

6.5.4.8 Is capable of troubleshooting faulty equipment.

6.5.5 Nasotracheal Intubation (NT)

6.5.5.1 Is familiar with intubation equipment.

6.5.5.2 Selects the correct tube size.

6.5.5.3 Adequately oxygenates patient prior to intubation.

6.5.5.4 Intubates patient in a timely manner.

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- 6.5.5.5 Adequately secures tube placement throughout procedure.
- 6.5.5.6 Properly assesses correct tube placement.
- 6.5.5.7 Continuously reassesses tube placement during remainder of call.
- 6.5.5.8 Is capable of troubleshooting faulty equipment.
- 6.5.6 **Nasal/Oral Gastric Tube (NG/OG)** Does not have to be successful as long as all proper procedures are performed
 - 6.5.6.1 Is familiar with NG.OG tubes and equipment.
 - 6.5.6.2 Is capable of troubleshooting faulty equipment.
- 6.5.7 **Needle Decompression Thoracostomy (NDT).** Does not have to be successful as long as all proper procedures are performed
 - 6.5.7.1 Follows aseptic and proper technique.
 - 6.5.7.2 Is familiar with the equipment used to decompress
- 6.5.8 **ECG (4 lead)** – must include a copy with documentation
 - 6.5.8.1 Is familiar with and properly utilizes the ECG monitor.
 - 6.5.8.2 Correctly applies the ECG leads to the patient.
 - 6.5.8.3 Interprets the rhythms and or dysrhythmias using leads I, II, and III.
 - 6.5.8.4 Considers the patient's clinical status prior to treating any dysrhythmias.
 - 6.5.8.5 Applies appropriate treatment for the identified dysrhythmia.
- 6.5.9 **ECG (12 lead)** – must include a copy with documentation
 - 6.5.9.1 Is familiar with and properly utilizes the ECG monitor.
 - 6.5.9.2 Correctly applies the ECG leads to the patient.
 - 6.5.9.3 Interprets the rhythms and or dysrhythmias, and compares to the interpretation provided by the monitor.

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- 6.5.9.4 Considers the patient's clinical status prior to treating any dysrhythmias.
- 6.5.9.5 Applies appropriate treatment for the identified dysrhythmia.
- 6.5.10 **CPAP**
 - 6.5.10.1 Correctly identifies the need for CPAP.
 - 6.5.10.2 Is familiar with CPAP equipment.
 - 6.5.10.3 Properly applies the mask and adjusts to appropriate settings.
- 6.5.11 **Alternate Airway (Oropharyngeal, Nasopharyngeal, King, Combi-tube, etc.)** Does not have to be successful as long as all proper procedures are performed
 - 6.5.11.1 Follows proper aseptic technique.
 - 6.5.11.2 Properly inserts the device.
 - 6.5.11.3 Properly assesses device placement and utilizes it correctly to ventilate the patient.
- 6.5.12 **Pace/Defibrillation/Cardioversion/AED**
 - 6.5.12.1 Correctly identifies need for electrical therapy.
 - 6.5.12.2 Correctly identifies the application needed, and utilizes the device safely and correctly.
 - 6.5.12.3 Is able to verbalize an understanding of the basic principles of the type of therapy selected.
 - 6.5.12.4 Checks patient status prior to starting therapy.
 - 6.5.12.5 Selects proper electrical and rate settings.
 - 6.5.12.6 Properly notifies assisting personnel of impending defibrillation/cardioversion.
 - 6.5.12.7 Appropriately communicates with patient, if applicable, prior to and during procedure.

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6.5.13 Spinal Immobilization.

- 6.5.13.1 Correctly identifies the need for, and performs the procedure safely and correctly.
- 6.5.13.2 Assesses PMS before and after immobilization.
- 6.5.13.3 Monitors and continuously reassesses patient during and after immobilization procedure.
- 6.5.13.4 Uses creativity in finding solutions to difficult immobilization situations

6.5.14 Extremity Immobilization.

- 6.5.14.1 Correctly identifies the need for, and performs the procedure safely and correctly.
- 6.5.14.2 Assesses PMS before and after immobilization.
- 6.5.14.3 Monitors and continuously reassesses patient during and after immobilization procedure.
- 6.5.14.4 Uses creativity in finding solutions to difficult immobilization situations

6.5.15 BVM Ventilation

- 6.5.15.1 Correctly identifies the need for, and performs the procedure safely and correctly.
- 6.5.15.2 Assesses effectiveness of ventilator efforts and takes corrective action when deemed ineffective.
- 6.5.15.3 Monitors and continuously reassesses patient.

6.5.16 Pharmacology

- 6.5.16.1 Demonstrates a strong pharmacological knowledge base.
- 6.5.16.2 Is knowledgeable of indications, contraindications, dosage, route, and possible side effects of the medications to be administered.
- 6.5.16.3 Verifies medication, dose, and route prior to administration.

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- 6.5.16.4 Administers medication in a timely manner following proper technique.
- 6.5.16.5 Communicates to the patient about the medication to be administered, reason for, route, and expected results.
- 6.5.16.6 Reassess patient prior to and after medication administration.
- 6.5.16.7 Anticipates physician orders and is aware of adverse drug interactions.
- 6.5.17 **Suction.** Demonstrates knowledge and skill for suctioning the patient.
 - 6.5.17.1 Follows aseptic and applies proper technique.
 - 6.5.17.2 Is knowledgeable of the equipment and it's operation.
 - 6.5.17.3 Selects appropriate catheter size or tool to use.
- 6.5.18 **Bleeding Control.**
 - 6.5.18.1 Quickly identifies need and performs the procedure correctly.
 - 6.5.18.2 Applies proper bleeding and bandaging procedures to effectively manage blood loss.
- 6.5.19 **Oxygen Administration.**
 - 6.5.19.1 Identifies the need for oxygen therapy.
 - 6.5.19.2 Selects the appropriate device for administration and flow rate for that device.
 - 6.5.19.3 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 ALS Providers will respond to a minimum of ten (10) emergency calls;

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- 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 ALS Providers 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 an ALS provider can respond to; provided the ALS provider achieves clearance within the allotted 180 days. Once the minimums have been completed, the process becomes dependent on the comfort level of the ALS Provider to be a cleared ALS provider, and the comfort level of the mentor to recommend the member to be a cleared ALS provider based on their evaluations and those filed by other evaluators.
- 7.3 Documentation requirement.
 - 7.3.1 Each evaluator will document ALS performance on the evaluation sheet. (Attachment 1). The ALS Provider 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.

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- 7.4 Approval to function as Primary Attendant.
 - 7.4.1 ALS Provider - Once the ALS Provider feels s/he is ready to respond to calls on his/her own, the ALS Provider will notify their assigned mentor in writing via email or hard copy memo which is cc'd to the organization EMS Officer; and forward the clearance package to the mentor for review.
 - 7.4.2 QAC DES assigned mentor – The DES assigned mentor will receive the request to be cleared and will review the clearance package submitted.
 - 7.4.2.1 The DES assigned mentor consult with the organization EMS Officer as to the status of the member for credentialing. At the time of clearance, the ALS Provider MUST qualify for credentialing under the QAC Credentialing Procedure.
 - 7.4.2.2 If the DES assigned mentor finds the clearance and credentialing paperwork to be in order and feels comfortable with authorizing the ALS Provider to be a cleared provider, the EMS Officer will notify the QAC EMS QA/QI Committee in writing.
 - 7.4.2.3 The DES assigned mentor will forward the clearance package to the QAC EMS QA/QI Committee for review.
 - 7.4.3 QAC EMS QA/QI Committee – The QAC EMS QA/QI Committee will receive the request to clear the ALS provider and will review the clearance package submitted. The review will be conducted at the next QA/QI Meeting and a response provided to the organization EMS Officer no later than 7 days after the meeting.
 - 7.4.3.1 The QAC EMS QA/QI Committee Chairperson will as needed consult with evaluator(s) listed on the clearance checklists to confirm performance of the ALS provider and concurrence with approval to function independently.
 - 7.4.3.2 When the QAC EMS QA/QI Committee is confident the ALS provider is ready to function independently, the committee will make a recommendation to the Medical Director for approval.

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- 7.4.3.3 Following review of the clearance package, the QA/QI Committee will return the clearance package to the organizational EMS officer with an authorization to function memo. The clearance package will then be filed in the members personnel file.
 - 7.4.4 QAC Medical Director – Will receive the recommendation of the QAC EMS QA/QI Committee.
 - 7.4.4.1 The Medical Director may as he/she may deem appropriate consult with the ALS Provider being cleared; evaluator(s) listed on the clearance checklists; the organizational EMS Officer; and QAC EMS QA/QI Committee to develop a level confidence in the ALS providers competence necessary for the Medical Director to approve the provider to function independently.
 - 7.4.5 QAC Asst. EMS Chief – Upon receipt of a written request from the QAC EMS QA/QI Committee for an ALS Provider to be cleared and credentialed, the QAC Asst. EMS Chief will instruct the appropriate employee to issue said credentialing card to the organizational EMS Officer who will issue it to the provider and obtain a receipt which will be returned to the QAC EMS Training Officer for filing.