

EL DORADO COUNTY EMT-PARAMEDIC ACCREDITATION CHECKLIST

Name: _____ License#: _____ Start Date: _____

FTO Name: _____ Medic Unit#: _____

DOCUMENTATION:

- Application form completed (This needs to be done BEFORE they start their accreditation process)
- Sign 1798.200 (on back of application)
- Copy of California EMT-Paramedic license
- Accreditation fee paid
- Letter of affiliation submitted

ALL DOCUMENTATION NEEDS TO BE COMPLETED AND TURNED IN TO THE EMSA BEFORE YOU START RUNNING CALLS

1st Written Exam Score _____ 80% Minimum

2nd Written Exam Score _____ 80% Minimum (If required)

COMPLETION OF ORIENTATION SESSION:

FTO Initials

_____ Base Station and Receiving Hospitals

_____ EMS Radio Communications

_____ Protocol Review

_____ Review EDC Formulary

_____ Review of EMS Agency website

_____ Review of Policies and Procedures:

_____ Skills Verification PATS (signed up)

Personnel:

- EMT-Paramedic Accreditation Instructions

Field Policies:

- ALS Unit Minimum Equipment Inventory
- BLS Medication Administration
- Controlled Substance Restock Procedures
- Determination of Death
- Do Not Resuscitate (DNR)
- EMS Aircraft
- Exposure Determination, Reporting and Treatment Procedure
- Fireline Medic
- Guidelines For Interfacility Transfer of 5150 patients
- Hospice DNR
- Inter-County EMT-Paramedic Response and Transport
- Malfunctioning ICD
- Management of Pre-Existing Medical Interventions

- Management of Taser/Stun Device Patients
- MCI PLAN
- Nerve Agent Exposure
- On-Scene Photography
- Pandemic Influenza
- Patient Destination
- Patients Under A 5150 Hold
- Physical Restraint
- Physician at Scene
- Prehospital Transfer of Care
- Refusal of Care and/or Transportation
- Reporting of Suspected Abuse
- Routine Medical Care
- Safely Surrendered Babies
- Spinal Immobilization
- STEMI Destination
- Verification of Advanced Airway Placement

Field Procedures:

- 12 Lead EKG
- Automated External Defibrillator (AED)
- Continuous Positive Airway Pressure (CPAP)
- ETCO2 Monitoring
- Gastric Tube Insertion
- Intranasal Medication Administration
- Intraosseous Infusion
- King Airway Device
- Nasotracheal Intubation
- Needle Chest Decompression
- Needle Cricothyroidotomy
- Orotracheal Intubation
- Stomal Intubation
- Therapeutic Hypothermia
- Tourniquet for Hemorrhage Control
- Transcutaneous Pacing

Prehospital Protocols:

- Allergic Reaction – Anaphylaxis
- Altered Level of Consciousness – ALOC
- Bradycardia
- Brief Resolved Unexplained Event
- Bronchospasm
- Burns
- Chest Pain Acute Coronary Syndrome ACS
- CHF- Pulmonary Edema
- Childbirth
- Cold Exposures
- Crush Syndrome- Suspension Injuries
- Drowning
- General Trauma
- Head Trauma
- Heat Exposures
- Hyperglycemia

- Narrow Complex Tachycardia
- Neonatal Resuscitation
- Poisoning- Overdose
- Pulseless Arrest
- Seizure
- Sepsis- Adult
- Severely Agitated Patient
- Shock
- Snakebite
- Stroke
- Wide Complex Tachycardia

Documentation:

- Review All Documentation Policies and Procedures
- Review IFT Documentation PowerPoint

AFTER THE COMPLETION OF YOUR 6-10 CALLS YOU CAN SCHEDULE YOUR MEETING WITH THE BELOW REPRESENTATIVES: **DO NOT TRY TO SCHEDULE BEFORE YOU HAVE COMPLETED YOUR CALL**

BRING COPIES OF:

- Accreditation Documentation Form with 6-10 ALS evaluations
 - o Incident number that matches PCR needs to be recorded on each call
- ALL PCRS
- Protocol Test(s) with minimum score of %80

***If you do not have all required documents at your interview you will be asked to reschedule your appointment and return with all documents.**

MEETINGS COMPLETED

_____ MEET WITH AMBULANCE BILLING REPRESENTATIVE

_____ MEET WITH BASE HOSPITAL MEDICAL DIRECTOR/OR DESIGNEE

_____ MEET WITH EMS AGENCY MEDICAL DIRECTOR

OPTIONAL SCOPE OF PRACTICE TRAINING:

FTO Initials

_____ 12 Lead EKG competency

_____ Optional Scope/Trial Study Meds:

- Nitronox

REQUIRED READING:

- Documentation articles
- Title 22, chapter 4

This accreditation checklist shall be completed and will become a part of the EMT-Paramedic's EMS Agency file.