

100066.04 EMT Optional Skills

(a)

In addition to the activities authorized by Section 100066.02 of this Chapter, a LEMSA may establish policies and procedures for local accreditation of an EMT student or certified EMT to perform any or all of the following optional skills specified in this section. Accreditation for EMTs to practice optional skills shall be limited to those whose EMT certificate is active and are employed within the jurisdiction of the LEMSA by an employer who is part of the organized EMS system. (1) Use of perilaryngeal airway adjuncts. (A) Training in the use of perilaryngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills: 1. Anatomy and physiology of the respiratory system. 2. Assessment of the respiratory system. 3. Review of basic airway management techniques, which includes manual and mechanical. 4. The role of the perilaryngeal airway adjuncts in the sequence of airway control. 5. Indications and contraindications of the perilaryngeal airway adjuncts. 6. The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts. 7. Perilaryngeal airway adjuncts insertion and assessment of placement. 8. Methods for prevention of basic skills deterioration. 9. Alternatives to the perilaryngeal airway adjuncts. (B) At the completion of initial training a student shall complete a competency-based written and skills examination for

airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts. (C) A LEMSA shall establish policies and procedures for skills competency demonstration that requires the accredited EMT to demonstrate skills competency at least every two (2) years, or more frequently as determined by the EMSQIP. (2) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma. (A) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills: 1. Names 2. Indications 3. Contraindications 4. Complications 5. Side/adverse effects 6. Interactions 7. Routes of administration 8. Calculating dosages 9. Mechanisms of drug actions 10. Medical asepsis 11. Disposal of contaminated items and sharps 12. Medication administration (B) At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall include: 1. Assessment of when to administer epinephrine, 2. Managing a patient before and after administering epinephrine, 3. Using universal precautions and body substance isolation procedures during medication administration, 4. Demonstrating aseptic technique during medication administration, 5. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper

drug dose into a syringe, and 6. Proper disposal of contaminated items and sharps. (3) Administer the medications listed in this subsection. (A) Using prepackaged products, the following medications may be administered: 1. Atropine 2. Pralidoxime Chloride (B) This training shall consist of no less than two (2) hours of didactic and skills laboratory training to result in competency. In addition, a basic weapons of mass destruction training is recommended. Training in the profile of medications listed in subsection (A) shall include, but not be limited to: 1. Indications 2. Contraindications 3. Side/adverse effects 4. Routes of administration 5. Dosages 6. Mechanisms of drug action 7. Disposal of contaminated items and sharps 8. Medication administration (C) At the completion of this training, the student shall complete a competency based written and skills examination for the administration of medications listed in this subsection which shall include: 1. Assessment of when to administer these medications, 2. Managing a patient before and after administering these medications, 3. Using universal precautions and body substance isolation procedures during medication administration, 4. Demonstrating aseptic technique during medication administration, 5. Demonstrating the preparation and administration of medications by the intramuscular route, and 6. Proper disposal of contaminated items and sharps. (4) Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority. Approval of such medications shall be obtained pursuant to the following procedures: (A) The medical director of the LEMSA shall submit a written request, Form #EMSA-0391, revised (01/17), herein incorporated by reference, and obtain approval from the director of the Authority, who shall consult with a committee of LEMSA medical directors named by the Emergency Medical Services Medical Directors' Association of California, Inc. (EMDAC), for any

additional medications that in his/her professional judgment should be approved for implementation of Section 100066.04(a)(4). (B) The Authority shall, within fourteen (14) working days of receiving the request, notify the medical director of the LEMSA submitting the request that the request has been received, and shall specify what information, if any, is missing. (C) The director of the Authority shall render the decision to approve or disapprove the additional medications within ninety (90) calendar days of receipt of the completed request.

(1)

Use of perilaryngeal airway adjuncts. (A) Training in the use of perilaryngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills: 1. Anatomy and physiology of the respiratory system. 2. Assessment of the respiratory system. 3. Review of basic airway management techniques, which includes manual and mechanical. 4. The role of the perilaryngeal airway adjuncts in the sequence of airway control. 5. Indications and contraindications of the perilaryngeal airway adjuncts. 6. The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts. 7. Perilaryngeal airway adjuncts insertion and assessment of placement. 8. Methods for prevention of basic skills deterioration. 9. Alternatives to the perilaryngeal airway adjuncts. (B) At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts. (C) A LEMSA shall establish policies and procedures for skills competency demonstration that requires the accredited EMT to demonstrate skills competency at least every two (2) years, or more frequently as determined by the EMSQIP.

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Alternatives to the perilaryngeal airway adjuncts.

1.

Anatomy and physiology of the respiratory system.

2.

Assessment of the respiratory system.

3.

Review of basic airway management techniques, which includes manual and mechanical.

4.

The role of the perilaryngeal airway adjuncts in the sequence of airway control.

5.

Indications and contraindications of the perilaryngeal airway adjuncts.

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The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.

7.

Perilaryngeal airway adjuncts insertion and assessment of placement.

8.

Methods for prevention of basic skills deterioration.

9.

Alternatives to the perilaryngeal airway adjuncts.

(B)

At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts.

(C)

A LEMSA shall establish policies and procedures for skills competency demonstration that requires the accredited EMT to demonstrate skills competency at least every two (2) years, or more frequently as determined by the EMSQIP.

(2)

Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma. (A) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills: 1. Names 2. Indications 3.

Contraindications 4. Complications 5. Side/adverse effects 6. Interactions 7. Routes of administration 8. Calculating dosages 9. Mechanisms of drug actions 10. Medical asepsis 11. Disposal of contaminated items and sharps 12. Medication administration (B) At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall

include: 1. Assessment of when to administer epinephrine, 2. Managing a patient before and after administering epinephrine, 3. Using universal precautions and body substance isolation procedures during medication administration, 4. Demonstrating aseptic technique during medication administration, 5. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and 6. Proper disposal of contaminated items and sharps.

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1.

Names

2.

Indications

3.

Contraindications

4.

Complications

5.

Side/adverse effects

6.

Interactions

7.

Routes of administration

8.

Calculating dosages

9.

Mechanisms of drug actions

10.

Medical asepsis

11.

Disposal of contaminated items and sharps

12.

Medication administration

(B)

At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall include: 1. Assessment of when to administer epinephrine, 2. Managing a patient before and after administering epinephrine, 3. Using universal precautions and body substance isolation procedures during medication administration, 4. Demonstrating aseptic technique during medication administration, 5. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and 6. Proper disposal of contaminated items and sharps.

1.

Assessment of when to administer epinephrine,

2.

Managing a patient before and after administering epinephrine,

3.

Using universal precautions and body substance isolation procedures during medication administration,

4.

Demonstrating aseptic technique during medication administration,

5.

Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and

6.

Proper disposal of contaminated items and sharps.

(3)

Administer the medications listed in this subsection. (A) Using prepackaged products, the following medications may be administered: 1. Atropine 2. Pralidoxime Chloride

(B) This training shall consist of no less than two (2) hours of didactic and skills laboratory training to result in competency. In addition, a basic weapons of mass destruction training is recommended. Training in the profile of medications listed in subsection (A) shall include, but not be limited to: 1. Indications 2. Contraindications 3. Side/adverse effects 4. Routes of administration 5. Dosages 6. Mechanisms of drug action 7. Disposal of contaminated items and sharps 8. Medication administration (C)

At the completion of this training, the student shall complete a competency based written and skills examination for the administration of medications listed in this subsection which shall include: 1. Assessment of when to administer these medications, 2. Managing a patient before and after administering these medications, 3. Using

universal precautions and body substance isolation procedures during medication administration, 4. Demonstrating aseptic technique during medication administration, 5. Demonstrating the preparation and administration of medications by the intramuscular route, and 6. Proper disposal of contaminated items and sharps.

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1.

Indications

2.

Contraindications

3.

Side/adverse effects

4.

Routes of administration

5.

Dosages

6.

Mechanisms of drug action

7.

Disposal of contaminated items and sharps

8.

Medication administration

(C)

At the completion of this training, the student shall complete a competency based written and skills examination for the administration of medications listed in this subsection which shall include: 1. Assessment of when to administer these medications, 2. Managing a patient before and after administering these medications, 3. Using universal precautions and body substance isolation procedures during medication administration, 4. Demonstrating aseptic technique during medication administration, 5. Demonstrating the preparation and administration of medications by the intramuscular route, and 6. Proper disposal of contaminated items and sharps.

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Assessment of when to administer these medications,

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Using universal precautions and body substance isolation procedures during medication administration,

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Proper disposal of contaminated items and sharps.

(4)

Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority. Approval of such medications shall be obtained pursuant to the following procedures: (A) The medical director of the LEMSA shall submit a written request, Form #EMSA-0391, revised (01/17), herein incorporated by reference, and obtain approval from the director of the Authority, who shall consult with a committee of LEMSA medical directors named by the Emergency Medical Services Medical Directors' Association of California, Inc. (EMDAC), for any additional medications that in his/her professional judgment should be approved for implementation of Section 100066.04(a)(4). (B) The Authority shall, within fourteen (14) working days of receiving the request, notify the medical director of the LEMSA submitting the request that the request has been received, and shall specify what information, if any, is missing. (C) The director of the Authority shall render the decision to approve or disapprove the additional medications within ninety (90) calendar days of receipt of the completed request.

(A)

The medical director of the LEMSA shall submit a written request, Form #EMSA-0391, revised (01/17), herein incorporated by reference, and obtain approval from the director of the Authority, who shall consult with a committee of LEMSA medical directors named by the Emergency Medical Services Medical Directors' Association of California, Inc. (EMDAC), for any additional medications that in his/her professional judgment should be approved for implementation of Section 100066.04(a)(4).

(B)

The Authority shall, within fourteen (14) working days of receiving the request, notify the medical director of the LEMSA submitting the request that the request has been received, and shall specify what information, if any, is missing.

(C)

The director of the Authority shall render the decision to approve or disapprove the additional medications within ninety (90) calendar days of receipt of the completed request.

(b)

A LEMSA shall establish policies and procedures for skills competency demonstration that requires the accredited EMT to demonstrate skills competency at least every two (2) years, or more frequently as determined by the EMSQIP.

(c)

The medical director of the LEMSA shall develop a plan for each optional skill allowed. The plan shall, at a minimum, include the following: (1) A description of the need for the use of the optional skill. (2) A description of the geographic area within which the optional skill will be utilized, except as provided in Section 100066.04(i). (3) A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill. (4) The policies and procedures to be instituted by the LEMSA regarding medical control and use of the optional skill. (5) The LEMSA shall develop policies for accreditation action, pursuant to Chapter 6 of this Division, for individuals who fail to demonstrate competency.

(1)

A description of the need for the use of the optional skill.

(2)

A description of the geographic area within which the optional skill will be utilized,

except as provided in Section 100066.04(i).

(3)

A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill.

(4)

The policies and procedures to be instituted by the LEMSA regarding medical control and use of the optional skill.

(5)

The LEMSA shall develop policies for accreditation action, pursuant to Chapter 6 of this Division, for individuals who fail to demonstrate competency.

(d)

A LEMSA medical director who accredits EMTs to perform any optional skill shall:

(1) Establish policies and procedures for the approval of service provider(s) utilizing approved optional skills. (2) Approve and designate selected base hospital(s) as the LEMSA deems necessary to provide direction and supervision of accredited EMTs in accordance with policies and procedures established by the LEMSA. (3) Establish policies and procedures to collect, maintain and evaluate patient care records. (4) Establish an EMSQIP. EMSQIP means a method of evaluation of services provided, which includes defined standards, evaluation of methodology(ies) and utilization of evaluation results for continued system improvement. Such methods may include, but not be limited to, a written plan describing the program objectives, organization, scope and mechanisms for overseeing the effectiveness of the program. (5) Establish policies and procedures for additional training necessary to maintain accreditation for each of the optional skills contained in this section, if applicable.

(1)

Establish policies and procedures for the approval of service provider(s) utilizing approved optional skills.

(2)

Approve and designate selected base hospital(s) as the LEMSA deems necessary to provide direction and supervision of accredited EMTs in accordance with policies and procedures established by the LEMSA.

(3)

Establish policies and procedures to collect, maintain and evaluate patient care records.

(4)

Establish an EMSQIP. EMSQIP means a method of evaluation of services provided, which includes defined standards, evaluation of methodology(ies) and utilization of evaluation results for continued system improvement. Such methods may include, but not be limited to, a written plan describing the program objectives, organization, scope and mechanisms for overseeing the effectiveness of the program.

(5)

Establish policies and procedures for additional training necessary to maintain accreditation for each of the optional skills contained in this section, if applicable.

(e)

The LEMSA medical director may approve an optional skill medical director to be responsible for accreditation and any or all of the following requirements. (1)

Approve and monitor training programs for optional skills including refresher training within the jurisdiction of the LEMSA. (2) Establish policies and procedures for continued competency in the optional skill which will consist of organized field care audits, periodic training sessions and/or structured clinical experience.

(1)

Approve and monitor training programs for optional skills including refresher training within the jurisdiction of the LEMSA.

(2)

Establish policies and procedures for continued competency in the optional skill which will consist of organized field care audits, periodic training sessions and/or structured clinical experience.

(f)

The optional skill medical director may delegate the specific field care audits, training, and demonstration of competency, if approved by the LEMSA medical director, to a Physician, Registered Nurse, Physician Assistant, Paramedic, or Advanced EMT, licensed or certified in California or a physician licensed in another state immediately adjacent to the LEMSA jurisdiction.

(g)

An EMT accredited in an optional skill may assist in demonstration of competency and training of that skill.

(h)

In order to be accredited to utilize an optional skill, an EMT shall demonstrate competency through passage, by preestablished standards, developed and/or approved by the LEMSA, of a competency-based written and skills examination which tests the ability to assess and manage the specified condition.

(i)

During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained, certified and accredited according to the policies and procedures established by his/her certifying or accrediting LEMSA.