

 <p>COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES</p>	TRAINING AND EDUCATION	P-305
	PARAMEDIC ACCREDITATION/REACCREDITATION	
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I. PURPOSE

To establish a mechanism for California-licensed paramedics to obtain County of San Diego Emergency Medical Services (CoSD EMS) local accreditation and reaccreditation.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1979.185, 1979.214. California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100140, 100165.1

III. DEFINITION(S)

Accreditation: Authorization by the CoSD EMS Medical Director to practice paramedic skills within a specific jurisdiction as required by a specific local EMS agency. Accreditation allows local EMS agencies to ensure that paramedics are oriented to the local system and trained in local optional skills.

Continuous Accreditation: Accreditation shall be continuous for a two-year period as long as licensure is maintained and local EMS agency requirements are met.

Reaccreditation: Reissuing accreditation when there has been a lapse in California state licensure and/or local EMS agency accreditation.

IV. POLICY

Accreditation is granted on a continuous basis to California-licensed paramedics who are oriented to the CoSD EMS delivery system. California-licensed paramedics may be eligible for provisional accreditation while completing required orientation and training on CoSD EMS policies, protocols, procedures, and optional scope of practice.

A paramedic must be accredited by the CoSD EMS in order to practice as a paramedic while on-duty and employed by a designated ALS agency in San Diego County.

A. In order to be eligible for initial accreditation an individual shall:

1. Possess a current, valid California paramedic license.

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2. Complete and submit CoSD LEMSIS paramedic application with appropriate fees.
3. Graduate from a CoSD EMS-approved paramedic program within one (1) year of application OR successfully complete an accreditation workshop as prescribed by CoSD EMS. The workshop shall meet the requirements outlined within this policy (IV.L. below).
4. Possess a current American Heart Association (AHA) Advanced Cardiac Life Support (ACLS) or American Red Cross (ARC) Advanced Life Support (ALS) course completion card (Provider or Instructor level).

B. Initial Accreditation

Initial accreditation shall be effective for two years from the last day of the month in which all requirements are completed and the certification was issued.

1. Complete and submit CoSD LEMSIS Paramedic Application with appropriate fees.
2. All accreditation applications must be complete with fees submitted within thirty days. Incomplete applications will be deleted from the CoSD LEMSIS. Fees paid on previously initiated applications within 30 days of scheduled increases will be accepted at the prior fee schedule.
3. A paramedic may apply for initial accreditation no more than three times in a twelve-month period.
4. Applications deemed to be factually incorrect or intentionally misleading shall be denied, accreditation suspended, or other discipline in line with CoSD policy and state guidelines.

C. Provisional Accreditation

1. Paramedics who have completed all requirements for initial accreditation other than the orientation requirement (IV.A.3. above) may be accredited on a provisional basis for up to 90 days pending the completion of the San Diego County Accreditation Workshop.
2. Provisional accreditation may be extended only with special authorization from the CoSD EMS Medical Director.
3. Provisional accreditation status shall be allowed only once for a paramedic.
4. Individuals with provisional accreditation must:
 - a. Work solely within the California paramedic basic Scope of Practice.
 - b. Work as a second paramedic, only with a fully accredited (non-provisional) San Diego County paramedic.

D. Continuous Accreditation Maintenance

1. Accreditation to practice shall be continuous as long as EMS requirements are met. Continuous accreditation requires a bi-annual attestation of licensure and AHA ACLS or ARC ALS maintenance in the CoSD LEMSIS license management portal.
2. These requirements are as follows:
 - a. Possession of a valid California paramedic license, AND
 - b. Maintenance of current AHA ACLS or ARC ALS training (every two years).

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E. Accreditation Lapse/Reaccreditation

Individuals who have allowed their paramedic licensure or CoSD accreditation to lapse for greater than one year shall, in addition to the requirements listed above in Section III. D, successfully complete the examination portion of the Accreditation Workshop and pay the established initial accreditation fee to EMS.

F. EMS shall notify individuals applying for accreditation of the decision to accredit within 30 days of submission of a complete application.

G. EMS shall submit the names and dates of initial accreditation of all individuals it accredits to the EMS Authority, within 20 working days of accreditation.

H. During an interfacility transfer, an individual who is accredited as a paramedic in one jurisdiction may utilize the paramedic scope of practice in another jurisdiction according to the policies and procedures established by the accrediting local EMS agency (LEMSA).

I. During a mutual aid response into another jurisdiction, a paramedic may utilize their accrediting local EMS agency's scope of practice. The accrediting LEMSAs policies and procedures will define the mutual aid paramedic's practice, rather than the receiving jurisdiction's policies and procedures.

J. EMS reserves the right to require periodic mandatory training on new skills, training on new or revised protocols, skills competency evaluation, or remedial training as a condition of continued accreditation.

K. EMS reserves the right to deny, suspend, withdraw, or restrict accreditation pending resolution of disciplinary issues, in accordance with state disciplinary regulations and local policy.

L. Paramedic Accreditation Workshops

1. Workshops may only be offered by local paramedic training programs and ALS continuing education programs, which have approval by CoSD EMS. Reapproval of the workshop will follow the programs overall renewal cycle, except for those years in which there are significant policy changes, at which time CoSD EMS may conduct a review. To become an approved provider of a paramedic workshop, programs must complete and submit the CoSD EMS addendum within the respective application. Approved programs will be posted on the CoSD EMS website.

2. Workshops shall not be less than six (6) hours nor exceed twelve (12) hours in length, and will include:

a. Orientation to local policies

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- 1) S-010 Emergency Department Ambulance Diversion
 - 2) S-022 Infant Safe Surrender
 - 3) S-008 Interfacility Transfer – Level of Care
 - 4) P-402 Prehospital Determination of Death
 - 5) P-403 Physician on Scene
 - 6) P-407 Triage to Appropriate Facility
 - 7) S-411 Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect
 - 8) S-412 Prehospital Treatment and Transportation of Adults – Refusal of Care or Suggest Destination, Release
 - 9) S-415 Base Hospital Contact/Patient Transportation and Report – Emergency Patients
 - 10) S-422 Application of Patient Restraints
 - 11) S-610 Ambulance Patient Offload Time Standard
 - 12) P-305 Paramedic Accreditation/Reaccreditation
 - 13) S-421 Sexual Assault Patient Destination
 - 14) P-400 Management of Controlled Substances for ALS Agencies
- b. Orientation to local procedures and protocols
- 1) Local optional scope of practice items (mandatory to practice in the LEMSA)
 - i. Medications
 - ii. Procedures
 - 2) Protocol standards (S-100)
 - 3) Treatment protocols (adult and pediatric)
 - 4) ALS medications (P-115/P-117)
 - 5) Skills (S-104)
 - i. Spinal motion restriction algorithm (S-104A)
 - 6) Trauma decision algorithm (T-460A)
 - 7) Neurological exam (BRIM)
 - 8) Annex D (orientation/operations and S-413)
 - 9) Aeromedical operations/integration (A-475)
- c. Orientation to local radio communications
- 1) Report formats
 - i. Standard
 - ii. LEMSIS
 - iii. Annex D/MCI
 - 2) Communication failure definition/process (P-405/P-405A)
- d. Orientation to local hospitals and facilities
- 1) Policies and practices
 - 2) Base hospitals
 - i. Role of base hospitals
 - ii. MICN roles and responsibilities

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- iii. Initial notifications/tips for success
- 3) Stroke/STEMI centers
 - i. 12-lead transmission expectation
 - ii. Early notifications
- 4) Trauma
 - i. Trauma catchments
 - ii. Trauma centers
 - iii. Base hospital contact
 - iv. Special considerations
 - v. Burns/Diving
- 5) Pediatric destinations
- 6) Diversion
- 7) LPS/behavioral health/LE and PERT interaction
- 8) Pilot programs
- e. Orientation to LEMSIS
- f. Orientation to QA/QI system
- g. Training and/or testing in optional procedures authorized by the CoSD EMS Medical Director.