

Policies and Procedures

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ALS Committee Responsibilities and Membership

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The Advanced Life Support (ALS) Committee is a standing sub-committee of the Monroe-Livingston Regional Emergency Medical Advisory Committee (REMAC), and is charged with advising and assisting the REMAC, the Medical Director, and the Monroe/Livingston Regional EMS Council (M/LREMSCO) on issues of Intermediate (ILS) and Advanced (ALS) Life support.

The Advanced Life Support Committee is responsible for the promotion, development, review, coordination, and recommendation of approval of the Advanced Life Support program services in the region. The REMAC Chairperson will appoint the Chairperson of the ALS committee.

An agency approved to provide Intermediate Life Support (ILS) or Advanced Life Support (ALS) in the Monroe-Livingston County region is required to provide representation to the ALS Committee. Anyone can attend ALS Committee Meetings.

ALS COMMITTEE RESPONSIBILITIES:

The ALS Committee is responsible for coordination of ILS and ALS Level care in the Monroe-Livingston Region. Specific responsibilities include, but are not limited to the following:

- Approval of ILS or ALS Agency permits
- Approval of ILS/ALS Level provider internship completion
- Approval of ILS/ALS level preceptors
- Protocol recommendations and implementation
- Pharmacy Committee Participation
- Approval of additional ILS/ALS units
- Procedures related to the delivery of advanced level care
- Remediation in regards to violation of the ALS Committee policy and procedures

MEMBERSHIP:

Each agency providing ILS or ALS level care in the Monroe-Livingston EMS system is granted one position on the ALS Committee. Ex-Officio members include the Medical Director, QA Coordinator, EMS Coordinators, and the REMAC Chair. At the discretion of the ML REMAC Chair, individual contributors may be appointed to the Committee as ex-officio members. All members of the Committee are granted full voting privileges.

ATTENDANCE:

Each agency providing ILS or ALS Level care in the Monroe-Livingston EMS System is required to provide a representative to the monthly ALS Committee meeting. Meetings are held the 3rd Monday of every other month, immediately following the REMAC meeting. The REMAC meeting will start at 5:30 pm and the ALS Committee usually beginning at 6:45 PM. Location varies – will be announced prior to the meeting date.

REPRESENTATIVE:

The agency representative to the ALS Committee should be the ILS or ALS Chief. Each agency will submit the Primary representative and the Alternate representative information to the ALS Committee Chair. In the event that the Chief and alternate cannot attend the meeting, another agency member may attend the meeting, but will not be granted the right to vote. The ALS Chief or their designated alternate, in the absence of the ALS Chief, will be granted voting privileges. It is the responsibility of the Chief or their alternate to vote on behalf of the agency, and to carry information back to the agency.

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REPRESENTATIVE GUIDELINES:

A representative must be a member or employee of the agency that they represent.

A representative must be system cleared at the highest level of care provided by the agency (ILS/ALS)

A person can represent more than one agency if they are a member/employee of those agencies.

Persons that are not members or employees of an agency may not sign in for that agency.

Corrective Action Guidelines - Agency

ALS COMMITTEE CORRECTIVE ACTION GUIDELINES:

The ALS Committee follows a progressive corrective action process that includes verbal and written warnings, and/or issuance of sanctions determined by the ALS Committee Chair, the System Medical Director, REMAC Chair and REMAC.

Verbal:

The Chair of the ALS Committee will document contact with any identified agency representative, summarize the proposed resolution, and date the memo for the record. This document will be kept in the agencies file maintained by the ALS Committee chairperson.

Written:

Written warning memos shall be documented in the event of a second issue of a similar nature, additional minor issues, or a serious concern.

The ALS Committee Chair person shall meet with the agency ALS Chief and an administrative representative from the agency.

The ALS Committee Chair, the agency ALS Chief and the Agency Administrator shall sign the written warning memo. The ALS Committee Chair will notify the Agency Medical Director and the System Medical Director of any written warning with an agency. This document will identify the proposed resolution to the issue. This is the first written warning. This document will be kept in the agencies file maintained by the ALS Committee chairperson.

Sanctions:

If both verbal and/or written warnings have not resolved an issue or the issue is determined to be of such a serious nature that it requires more than verbal or written warning can achieve, then sanctions may be placed against the agency.

The ALS Committee Chair and System Medical Director will determine sanctions together.

The ALS Chief of the agency, and an administrative representative of the agency will be required to meet with the System Medical Director and the ALS Committee Chair to review the sanctions. All parties will sign the sanctions, and the ALS Committee Chairperson will keep the document in the agencies file maintained. This is the second written warning. The ALS Committee Chair and/or the System Medical Director will notify the Agency Medical Director of the sanctions.

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ALS Committee: Attendance

COMPLIANCE:

While understanding that situations can arise that may affect a representation attendance, each agency must attend 70% of scheduled meetings during any 12-month period. Failure to comply with these requirements will be addressed with corrective action.

CORRECTIVE ACTION:

The chair of the ALS Committee will contact the ALS Agency Chief Operating Officer (COO) by phone and advise the COO of attendance requirements and recent history of attendance by an agency representative (Verbal Warning).

Those agencies in danger of violating this attendance policy (20 % meetings missed) will have a warning letter sent to the ILS/ALS Chief and the controlling body of the agency. (First written Warning).

Those agencies that violate the policy (30% meetings missed in a 12 month period) will have a letter sent to the controlling body of the agency and the municipalities, town, or cities that they represent and the Agency Medical Director. (Second written warning).

Continued violation of the attendance policy will result in more severe disciplinary action that may include the following:

- Loss of controlled access system and/or system drug box privileges
- Loss of ability to host or participate in system sponsored training or Continuing Medical Education
- Loss of support and signature for National Registry or Rapid Re-certification
- Loss of access to Medical Control

All Agencies deemed to be in violation of the attendance policy shall be afforded due process in accordance with current system policies and procedures.

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ALS Internship

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Overview:

The ALS internship is a structured program used to evaluate and document the performance of an advanced technician in the pre-hospital setting. Internship is required for newly certified technicians, and for those technicians that have been absent from the pre-hospital setting for an extended period of time (refer to document: ALS Leave)

The internship period should be used for familiarization with equipment, procedure, and documentation requirements. Orientation to an individual organization's policies, procedures, and equipment shall be done according to that organization's procedures and will not be included in the scope of this document.

The following are the *minimum* requirements for authorization to provide advanced level care in the Monroe-Livingston County system, and may be exceeded by individual organizations.

Internship Period:

Upon receipt of a NYS AEMT certification card, or certified on site scoring certificate (indicating a passing grade), the ALS Chief may approve the start of internship. The ALS Chief or his/her designee shall complete the internship Registry Form and submit by e-mail or present it to the ALS Committee at the next meeting. The intern has 6 months in which to complete the internship program.

Internship Extension:

If after 6 months, the intern has not successfully completed the program, the ALS Chief may request a 3-month extension of internship from the body of the ALS Committee. Approval will be based on the ALS Chief's recommendation.

Failure to Complete Internship:

If an intern does not complete an internship after the 3-month extension, the intern and his/her ALS Chief shall communicate with the Agency Medical Director to review progress, discuss alternatives, and determine the viability of the intern as an ALS provider. With agreement of the Agency Medical Director in writing, an additional 3-month extension may be granted.

If the intern violates terms of or fails to complete the requirements of the internship, the agency can terminate said internship. The intern and ALS Committee shall be notified of the termination.

If an intern fails to complete an internship at one agency, he/she can attempt an internship at another agency with the agreement of the new Agency's ALS Chief. If the intern fails to complete internship with the second agency, they may not attempt internship in the Monroe-Livingston system without permission from the Agency and System Medical Director in writing. The results of the previous internship will be reviewed before a decision to permit another internship.

Documentation:

At the start of any internship, the Agency ALS Chief must submit an intern Registry Form to the ALS Committee with the appropriate start date to the ALS Committee Chair at the next scheduled meeting.

All ALS training shifts will be documented on the Advanced Life Support Evaluation Form or an acceptable equivalent. All positive and negative commentary shall be discussed, documented, and the form signed by both Preceptor and intern. These sheets will be retained by the organization for use in the clearance decisions, and as part of the Technician's permanent record. These documentation records of training must be kept on file for no less than one (1) year after the technician agency affiliation has ended.

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General Internship Requirements (All Internships):

An intern may practice only under the supervision of a currently approved Monroe-Livingston County Preceptor that is approved to precept for that agency. An intern may only be precepted by a preceptor certified at equal to or greater than the certification level of the intern.

The intern must be able to competently demonstrate:

- Knowledge of MLREMS protocols
- Knowledge and proper use of ALS specific equipment
- Proper and aseptic technique for IV cannulation and other parenteral skills
- Proper patient assessment, diagnosis, and appropriate treatment decisions
- Skill in interpretation of patient EKG's, (EMT-CC or P only)
- Successful airway management skills (Adult & Pediatric)
- Proper pharmacological interventions
- Documentation skills
- Proper interaction with Medical Command Authority (Medical Control)
- ALS and/or ILS drug "box" review
- Clearance recommendation by at least 2 preceptors
- Special techniques if applicable (i.e. intraosseous infusion, needle thoracentesis, etc.)

The system clearance exams and/or protocol tests should be included as part of the internship, and included as documentation that the intern demonstrated knowledge in the areas noted above. The intern is required to receive 80% or higher grade to successfully pass the written test. If an intern / transfer technician has successfully completed the system clearance exam with another agency, the ALS chief may accept a letter from the training director or ALS Chief of the other agency stating that the test was successfully passed.

Note: While not an optimal situation, in certain instances, interns may precept as part of a 2-person crew. In these instances, the intern may perform all patient care duties (under supervision of Preceptor) until time to transport. At that time, the intern shall turn over care to the preceptor. Under no circumstances may the intern be unsupervised during a patient transport. These types of calls cannot count toward more than 50% of the intern's total calls.

Internship Requirements (Full Internship):

Any NYS certified EMT-I, EMT-CC or EMT-P that is not already MLREMS cleared, or has had a leave or lapse in practice of more than 365 days must complete a full internship which shall include the following in addition to the general internship requirements listed above:

- A minimum of 8 successful "workups"
- Clearance recommendations from 2 different preceptors (*must be based on complete observed patient workups*)

(A "workup" shall include: patient evaluation, provisions of care at the advanced level, and the use of at least one invasive technique such as IV cannulation or intubation.)

Internship Requirements (EMT-CC to EMT-P):

Any system cleared EMT-Critical Care that obtains certification at the Paramedic level must complete a modified internship in order to become system cleared as a Paramedic.

The modified internship shall include the following in addition to the general internship requirements listed above:

- A protocol test outlining the differences between the EMT-CC and EMT-P levels, or separate EMT-P clearance exam
- A field internship consisting of a minimum of 3 "work-ups"
- Clearance recommendations by 2 different preceptors.

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Internship Requirements (After Leave or Lapse in Practice):

Any system cleared AEMT that returns to any ALS agency after a leave or lapse in practice of more than 90 days, but less than 365 days, shall complete a modified internship in order to become re-cleared at the same level they were previously cleared.

The modified internship shall include the following in addition to the General internship Requirements listed above:

- A field internship consisting of a minimum of 3 “work-ups”
- Clearance recommendations from 2 different preceptors

Clearance:

Only calls taken during the official internship period may be counted toward clearance of the intern.

Once the minimum number of workups and clearances has been obtained, the ALS Chief or his/her designee should review all documentation and determine if the intern is ready to be cleared. The intern must express agreement to be cleared before the chief can proceed.

If after review, the ALS Chief is not completely satisfied with the performance of the intern, he/she may recommend continued training with periodic reviews. The ALS Chief should document said reasons and discuss them with the intern. This documentation should include any recommendation or remediation.

Internship Completion:

Upon successfully completion of the prescribed internship program, the ALS Chief or his/her designee shall do the following:

- Complete the ALS Registry Form. The Registry form shall be forwarded to the Office of Prehospital Care (OPC) for addition of the new provider to the ALS Registry, and issuance of a Pharmaceutical Access ID and Password.
- Complete and sign the ALS Internship- Completion Form.
- Present the form to the ALS Committee at the next scheduled meeting. The technician’s name and affiliation will be entered into the meeting minutes.

Internship Appeals:

Appeals to the intern clearing process should be handled in the following order:

- First Appeal: ALS Committee Chair
- Second Appeal: System Medical Director
- Third Appeal: REMAC
- Fourth Appeal: SEMAC

All appeals need to be submitted in writing.

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Transfer of Membership

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Any ALS provider who is currently cleared to practice with another MLREMS approved ALS agency may transfer their privileges to another MLREMS approved ALS agency by completing a modified internship. The ALS Chief or their designee shall do the following upon a transfer of membership:

- Verify that the ALS provider has a valid current NYS EMT-I, EMT-CC, EMT-P Card.
- Complete and submit a Status Change Form. (A copy of this form should be kept in the ALS provider's agency records.)
- Agency ALS Chief must verify system clearance with the ALS Committee Chair prior to the start of any internship with the new agency. This will be verified by the ALS Committee prior to approval of transfer.

The modified internship shall include the following in addition to the general internship requirements listed in the general intern section:

- A field internship consisting of a minimum of 1 ALS workup observed by a system approved preceptor. This work up must be completed at the new agency.
- Intern must complete a minimum of 24 hours of training at new agency

ACLS:	(Advanced Cardiac Life Support) program approved by the American Heart Association.
ALS:	(Advanced Life Support) Emergency Medical Services provided at the EMT Intermediate, EMT-Critical Care, or the EMT-Paramedic Level.
ALS Chief:	The person designated by an agency to represent that organization's Advanced Life Support program to the Medical Director.
Central Registry Database:	Database of all ALS practitioners in the M-L County system. Information stored includes names, level of care, preceptor status, certification number, Corps. Affiliation, and special training status (i.e. pediatric intubation)
Cleared:	Has completed the Monroe-Livingston County internship program, and is Approved by the Medical Director to provide Advanced Life Support In the Monroe-Livingston County system.
EMS:	(Emergency Medical Service) System for providing out of hospital Emergency medical care.
EMT-A:	Emergency Medical Technician – Ambulance
EMT-D:	Emergency Medical Technician – Defibrillation
EMT-I:	Emergency Medical Technician – Intermediate
EMT-CC	Emergency Medical Technician – Critical Care
EMT-P	Emergency Medical Technician – Paramedic
Intern:	ALS Certified (EMT-I, CC, or P) person that must complete a local Level knowledge and skills evaluation program before being Authorized to practice without peer supervision.
Internship:	Process used to evaluate an ALS intern's performance in out of Hospital situations under the guidance of a preceptor. All Information regarding the intern's performance is fully documented, And retained.
Medical Director:	The Physician authorized and approved by the Monroe-Livingston Regional EMS Council to oversee the ALS system in Monroe and/or Livingston County, and under whose license ALS providers are delegated to Provide ALS Service.

GLOSSARY OF TERMS
ALS Committee

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- Mega Code: Evaluation of ACLS knowledge using scenario based practice calls.
- Medical Control: Administrative medical control provided by the system Medical Director
And/or REMAC
- Medical Control:
(On –Line) Medical control base station staffed by an ACLS trained and system approved
physician capable of giving medical direction to out of hospital personnel.
- Parenteral: Involving the invasive use of a trocar or needle type device to allow
The administration of fluids or medications.
- Preceptor: Person authorized by the Medical director to evaluate and document the
Performance of an ALS student or intern.
- Protocols: Standards of Care approved by REMAC and the Medical Director for the
Administration of Advanced Level out of hospital care.
- REMAC: Regional Emergency Medical Advisory Council
- Student: EMT-Basic, EMT-I, EMT-CC or EMT- P that is presently enrolled and
Participating in a New York State certification advanced training
Class that requires supervised out of hospital training.
- Workup: Out of hospital EMS intervention consisting of patient evaluation, provisions
Of care at the advanced level, and the use of invasive techniques such as IV
Cannulation, intubation, etc.

