EMS Education Onboarding Policy

CGP108

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1. INTRODUCTION

Educators and instructors play the largest role in making new clinical employees comply with National Ambulance and local health licensing authority standard, prepared and empowered. We know that recruiting, interviewing, and hiring a new clinical employee is time consuming and onboarding can often seem daunting. However, successful onboarding is crucial to retaining great talent and the first several months on the job are critical to job satisfaction, morale, and productivity. Healthcare Professionals are required to pass the Authority's assessment in order to obtain the professional license in the UAE

The Clinical Education Dept. Onboarding Policy will help to provide our new clinical employee with the best possible experience as they begin their career at National Ambulance. This policy outlines required activities they must complete with our new clinical employee and the timeframe in which these activities are to be completed. It also contains tools to help us conduct check-in conversations at various points in the process.

2. SCOPE

This policy applies to all new EMT, Paramedic, Nurse and Physicians employees

3. ROLES AND RESPONSIBILITIES

This policy applies to all clinical staff, EMS personnel, EMT, Paramedic, and external parties who may engage in education / training programs offered by National Ambulance, or staff identified through formal review of their practices, as requiring support or corrective educational interventions.

Educators, and managers are responsible for ensuring fair application of this policy, and appropriately referring staff as detailed within this policy.

Human Resources	• Provides support for best-practice onboarding activities • Provides sample onboarding communication templates, checklists, conversation guides, and other pertinent information • Update Education Dept. in handling the new employee
Clinical Education Department	• Develops, implements, monitors, and maintains an onboarding program that complies with this policy and supports clinical employee and company needs • Designates an onboarding coordinator(s) for each program in the company • Oversees onboarding document control and retention programs in the division • Consults with HR as needed • Ensures that onboarding coordinators and others with onboarding responsibilities in their clinical education Dept. are appropriately trained in their onboarding programs

Educator/ Instructor	• Understands the onboarding program
	• Fully participates in onboarding new hires as outlined in the department's program
New Employee	• Participates in the onboarding process in a timely and constructive manner
	• Meet standards and expectations of job performance

4. POLICY

This policy governs the onboarding and orientation processes and sets out roles and responsibilities to ensure all new employees comply with National Ambulance and local health authorities practice standard.

5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

6. PROCESSES

Onboarding Process Overview

The Health Regulatory Authorities in the United Arab Emirates (UAE) represented by: the Ministry of Health (MOH), Ministry of Health and Prevention (MOHAP), Department of Health -Abu Dhabi and Dubai Health Authority (DHA), requesting all healthcare professional to comply with the unified Healthcare Professionals Qualification Requirements (PQR) to improve the healthcare service provision across the country. The NA EMS Education Onboarding policy outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the National health authority, PQR and Scope of Practice Model.

The onboarding process provides a base for the licensing parameters and emphasis on educational standards, experience and licensure requirements for healthcare professionals to be licensed to practice safely in the UAE and in accordance with the UAE federal laws and benchmarked international best practices

Title	Qualifications	Experience
Ambulance Nurse	Bachelor's degree in nursing & Valid PHTLS, ACLS and PALS Certification	Two (2) years' experiences as RN of which one is as Advanced (Paramedic) EMT-P or in ICU or in the Emergency department
Emergency Medical Technician - Advanced (Paramedic) EMT-P	Internationally recognized EMT-P course or equivalent (**Minimum two (2) years course duration**) or minimum of two (2) years Associate degree in EMT and Hold a valid ACLS, PALS, PHTLS Certification	Two (2) year experience post registration/certification
	Bachelor's degree or equivalent in emergency medical technology or Emergency applied science or UK paramedic Science and Valid ACLS, PALS, PHTLS Certification	
Emergency Medical Technician-Intermediate (EMT-I) (AEMT)	Internationally recognized EMT-I course or equivalent, minimum **eight weeks** duration and Valid ACLS, PALS, PHTLS Certification	One (1) year experience post registration/ certification. Current ACLS, PALS, and PHTLS
Emergency Medical Technician – Basic (EMT-B)	Internationally recognized EMT-Basic course or equivalent with minimum **four (4) weeks** duration and Valid BLS and BTLS Certification	Minimum of one (1) year experience post registration/certificate

The National Ambulance EMS Education Onboarding policy comprises four components:

1. Competency - This statement represents the minimum competency required for entry-level personnel at each licensure level
2. Knowledge Required to Achieve Competency - This represents an elaboration of the knowledge within each competency (when appropriate) that entry-level personnel would need to master in order to achieve competency.
3. Clinical Behaviours/Judgments - This section describes the clinical behaviours and judgments essential for entry-level EMS personnel at each licensure level.
4. Education Infrastructure – This behaviors scribes the support standards necessary for conducting EMS Training programs at each licensure level

Format of National Ambulance EMS Education onboarding Policy			
	EMT B	EMT I	Paramedic
Content area	Competency	Competency	Competency
Elaboration of Knowledge	Additional knowledge related to the competency	Additional Knowledge related to the competency	Additional Knowledge related to the competency
	Clinical behaviours and judgments	Clinical behaviours and judgments	Clinical behaviours and judgments
	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure

Each statement in the policy presumes that the expected knowledge and behaviours are within the scope of practice for that EMS licensure level, as defined by the National Ambulance EMS Scope of Practice Model

EMS Personnel Licensure Levels:

Emergency Medical Technician – Basic

The primary focus of the Basic Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the National Ambulance system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance.

Emergency Medical Technician Intermediate / EMT I

The primary focus of the Intermediate Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the National Ambulance system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Intermediate Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Intermediate Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance.

Paramedic (EMT Advance)

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the National Ambulance system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance.

Each educational level assumes mastery of previously stated competencies. Each individual must demonstrate each competency within his or her scope of practice and for patients of all ages

The Interdependent Relationship Between Education, Certification, Licensure, and Credentialing

Education: includes all the cognitive, psychomotor, and affective learning that individuals have undergone throughout their lives. This includes entry-level education, continuing professional education, formal and informal learning. Clearly, many individuals have extensive education that in some cases exceeds their EMS skills or roles.

Certification: is an external verification of the competencies that an individual has achieved and typically involves an examination process. While certification exams can be set to any level of proficiency, in health care they are typically designed to verify that an individual has achieved minimum competency to assure safe and effective patient care.

Licensure: represents legal health authority granted to an individual by the UAE to perform certain restricted activities. Scope of practice represents the legal limits of the licensed individual's performance.

Credentialing: is a clinical determination that is the responsibility of a physician medical director. It is the National Ambulance's responsibility to act on the clinical credentialing status of EMS personnel in making employment and deployment decisions.

- Educated (has been trained to perform the skill or role), AND
- Certified (has demonstrated competence in the skill or role), AND
- Licensed (has legal health authority issued by the UAE to perform the skill or role), AND
- Credentialed (has been authorized by medical director to perform the skill or role)
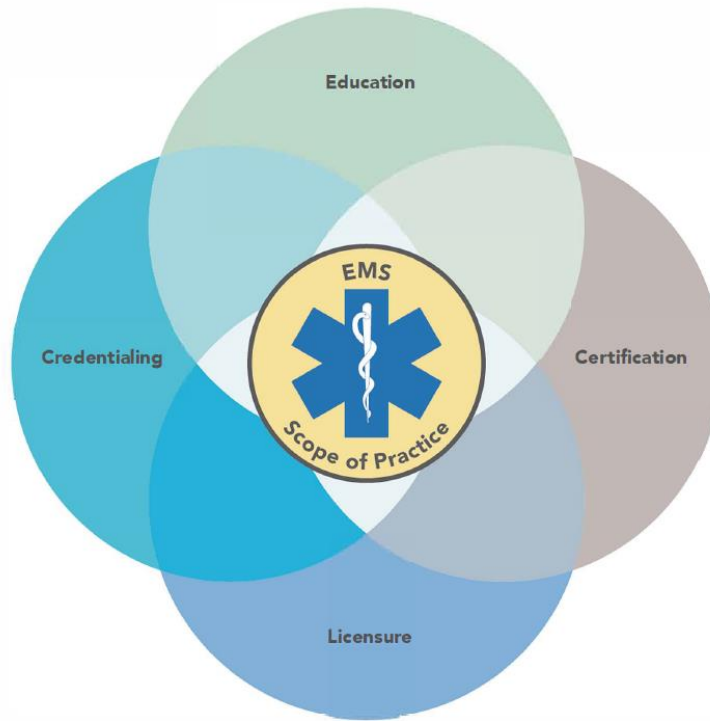
Selection Process

Once all pre-requisites are completed, such as, pre-interview with employee, induction program, clinical assessment testing, and successful background check on life support certifications, students will be selected based on available findings and per the onboarding flowchart. EMS Education Onboarding conducts its curriculum to the guidelines set forth by the National Registry of Emergency Medical Technicians. For example, students must be able to read, write and take written and practical examinations in the same manner as required by the National Registry of Emergency Medical Technicians.

Clinical Education Dept. firmly believes that smaller classes foster a better educational experience for the student. As such, each EMS Onboarding program will only accept twenty students per class.

First Day and Week

To be successful, employees need to have clarity about their roles and responsibilities from day one. The first day/week is an opportunity to create a lasting first impression for new employees that is warm and welcoming while setting clear expectations.

1. Greet new employee and make introductions
2. Complete required new employee paperwork

- Clinical Education Induction checklist
- Employee education information form
- LMS enrolment
- DOH courses enrolment
- AHA required courses booking and registration
- NAEMT required courses booking and registration
- NA required courses booking and registration

Set expectations. It is recommended that Clinical Education Manager have a one-on-one meeting with new employee during their first day to establish a standard work schedule, discuss expectations for the role and outline key duties and responsibilities.

1. Review NA systems, procedures, and resources. It is important for new employees to be aware of the different systems uses to conduct business and the resources available to them. by reviewing the following resources with your new employee but not limited to:

   - IV therapy skill competencies
   - LMS
   - Oprative IQ
   - ePCR
   - Medical Equipment (chest compression device, defibrillator device & ETC)
   - Kendrick extrication device
   - iGel
   - Capnography
   - Lifting and Moving

2. Assist with completion of the required onboarding curriculum. Every new employee is automatically assigned the New Employee Onboarding curriculum in EMS Onboarding - Practice Test | Exam and Prep for EMTs. This online training includes a review of EMT cognitive and psychomotor skills and Mandatory Life support training.

3. Conduct first-week eligible training. Based on the onboarding flow chart the new employee will undergo specific training based on his current qualification's findings.

Onboarding Evaluation Criteria

- Meeting the goals and objectives for each module
- Compliance with NA policies and guidelines for conduct
- EMT Basic students attending trauma and extrication course
- Achieving a minimum score of 70% one each section exam and the final exam
- maintaining an average cumulative score of 70%
- successfully passing all practical examinations
- successfully passing the oral examinations (Paramedic students only)

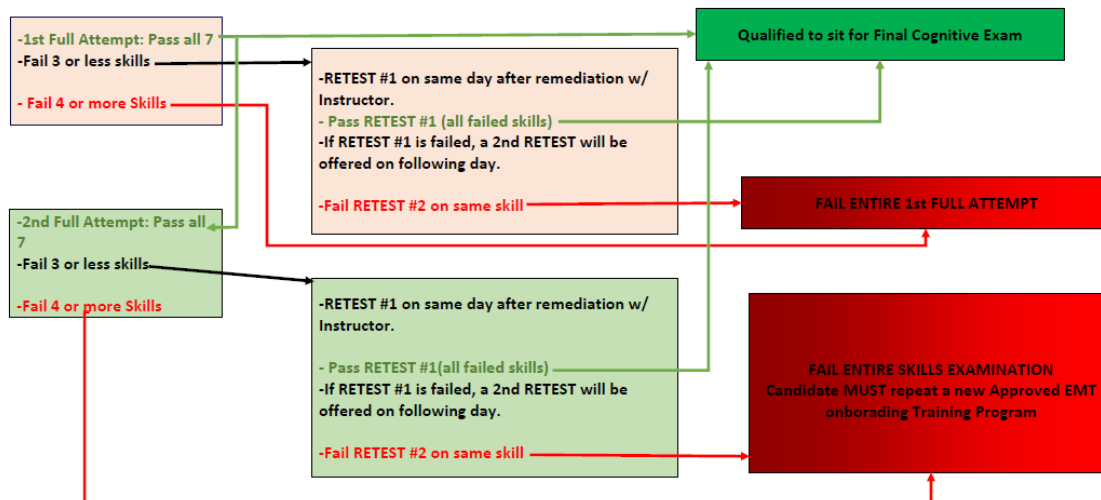**Successful Onboarding Course Completion Criteria**

Students who meet all requirements for completion from a program will be issued a NA Certification course completion with assistance offered in completing the NREMT paperwork.

Successful completion of an EMS program requires:

The National Ambulance Skills Exam is the first portion of the onboarding testing process. After successful completion of the approved EMT Program they will be authorized to participate in the practical skills exam. Upon successful completion of the skills portion, they will then be authorized to take the Cognitive Exam. This cognitive exam is computer based and is an adaptive test.

Skills portion breakdown for understanding the process:

- They will be tested on all 6 REQUIRED skill stations and only 1 RANDOM skill, listed below.
- They will get 2 Full Attempts to pass skills (1 Full Attempt = 6 Required Skills and 1 Random Skill)
- They'll get 2 Retests on a single skill, if needed, due to an initial skill failure

EMS EDUCATION ON-BOARDING Practical Skills Exam
Author: Ahed Alnajjar
Version & Date Last Modified: V1 4th Jan 2022

- **Qualified to sit for Final Cognitive Exam**

-1st Full Attempt: Pass all 7
-Fail 3 or less skills
- Fail 4 or more Skills

-RETEST #1 on same day after remediation w/ Instructor.
- Pass RETEST #1 (all failed skills)
-If RETEST #1 is failed, a 2nd RETEST will be offered on following day.
-Fail RETEST #2 on same skill

FAIL ENTIRE 1st FULL ATTEMPT

-2nd Full Attempt: Pass all 7
-Fail 3 or less skills
-Fail 4 or more Skills

-RETEST #1 on same day after remediation w/ Instructor.
- Pass RETEST #1(all failed skills)
-If RETEST #1 is failed, a 2nd RETEST will be offered on following day.
-Fail RETEST #2 on same skill

FAIL ENTIRE SKILLS EXAMINATION
Candidate MUST repeat a new Approved EMT onboarding Training Program

- Final Written Examination (70% or higher). Students who fail the Final Exam are permitted to retake the exam for once.
- Final Oral Boards with Clinical Education Manager and/or Emergency Physicians (Paramedic ONLY)
- Final Practical Examinations (70% or higher)
- Final overall class grade of 70% or higher must be achieved
- Final Affective Evaluation must reflect competency in ALL categories
- Compliance with all NA policies and guidelines as outlined in this document and LMS.

- EMT Basic students attending mandatory trauma and vehicle extrication course
- Completing all clinical requirements satisfactorily by the completion DATE. Students who fail to complete their clinical skill sheet by the due date listed on the syllabus and agenda will NOT be listed as completing the course on the clinical education roster.
- Students are required to complete and SUBMIT ALL components (Didactic, Practical, Oral and
- Clinical) of the program by the date of the scheduled graduation in order to successfully
- complete the program. Any student who fails to complete all components by the date of the
- scheduled completion will be dropped from the program

Verification by the Clinical Education Manager/Program Director or his designee of competency in all practical skills and knowledge base at the EMT B, EMT I and Paramedic level.

7. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

9. DOCUMENT CONFIGURATIONS CONTROL DATE OF CHANGES RELEASE APPROVAL

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

Education Manager

Change Brief

Version No.	Date	Changes
1.0	January-14	New Document
2.0	07 July 2014	• Reflects the structural change in other documents

		• Add new clinical policies Give clear signposts to essential knowledge
3.0	November 2015	• Addition of Key Points • Update to references to clinical documents Direction regarding how and when to learn about relevant clinical documents
4.0	January 2016	• Directed to all grades of clinical staff Update to references to clinical documents
5.0	August 2016	• Old Reference Removed Risk Based Thinking statements included
6.0	April 2022	This is a new dedicated onboarding policy related to Emergency Medical Education (EMS)Medical Education (EMS) change name from EMT & Physician Clinical Policy to EMS Education Onboarding Policy

Review & Approval: _____   Date: _____

Dr Ayman Ahmad
Chief Administrative Medical Officer
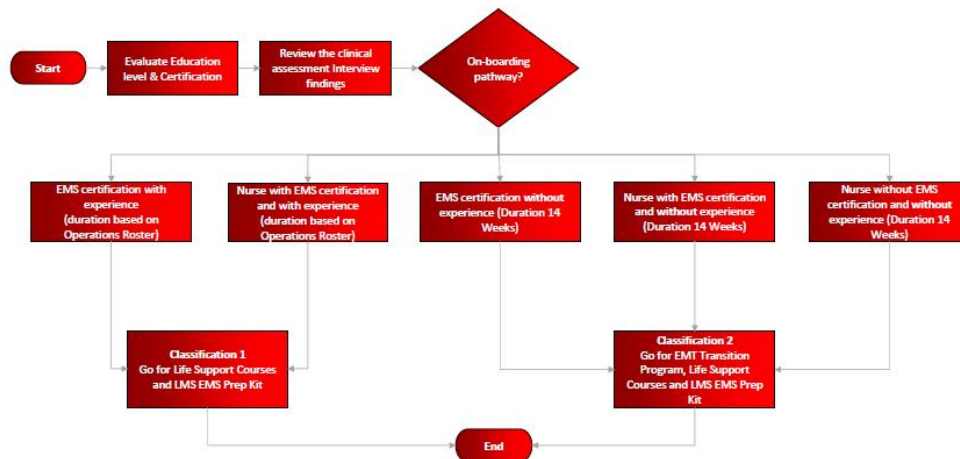**National Ambulance**   **Official Stamp:**

APPENDIX 1:

Table 1

This flowchart is used to establish the onboarding process

APPENDIX 2:
Table 2
NREMT Practical Exam Skill Sheets

EMT B
• Patient Assessment/Management Trauma • Patient Assessment/Management Medical • BVM Ventilation of an Apneic Adult Patient • Oxygen Administration by Non-Rebreather Mask • Spinal Immobilization (Seated Patient) • Spinal Immobilization (Supine Patient) • Bleeding Control/Shock Management • Cardiac Arrest Management/AED • Joint Immobilization • Long Bone Immobilization
EMT I
• Patient Assessment/Management Trauma • Patient Assessment/Management Medical • Supraglottic Airway Device • Paediatric Respiratory Compromise • Cardiac Arrest Management • Intravenous Therapy - Bolus • Paediatric Intraosseous Infusion • Spinal Immobilization - Seated patient • Spinal Immobilization- Supine • Bleeding Control/Shock Management • Joint Immobilization • Long Bone Immobilization
Paramedic (EMT Advance)
• Patient Assessment Trauma • Dynamic Cardiology • Static Cardiology • Oral Station • Integrated Out-of-Hospital Scenario

APPENDIX 3:

Table 3

NA Practical Exam Skill Sheets

All levels
• Chest Compression System • End Tidal Capnography • 12-LEAD ECG SKILLS LAB • Performing the Power Lift • Performing the Diamond Carry • Performing the One-Handed Carry • Using a Stair Chair • Carrying a Patient on Stairs • Loading a Stretcher Into an Ambulance • Performing the Rapid Extrication Technique • Performing the Direct Ground Lift • Performing the Extremity Lift • Performing the Direct Carry • Using a Scoop Stretcher • Logrolling a Patient on the Ground

APPENDIX 4:

Table 4

REQUIRED Skill Stations scoring (*Random)

Skill station	Time allowed	Total Possible Pts	Min. Passing Pts
Patient Assessment- Trauma	10 min	46	37
Patient Assessment- Medical	15 min	46	37
Cardiac Arrest/AED	10 min	18	14
BVM Ventilation of an Apneic Adult Patient	5 min	18	14
Oxygen Administration by Non-Rebreather Mask	5 min	11	8
Spinal Immobilization- Supine Patient	10 min	14	11
*Bleeding Control/ Shock Management	10 min	8	6
*Long Bone Immobilization	5 min	10	9
*Joint Immobilization	5 min	9	7
*Spinal Immobilization- Seated Patient	10 min	12	9

APPENDIX 5:
Table 5
Scope of Practice Guidelines for Emergency Medical Services

Responsibilities	EMT-Basic	EMT-Intermediate	EMT-Advanced / Paramedics
	NA	NA	NA
Airway/Breathing/Ventilatory Management			
Airway-Laryngeal Mask	✓	✓	✓
Airway-Nasal	✓	✓	✓
Airway-Oral	✓	✓	✓
Bag-Valve-Mask (BVM)	✓	✓	✓
Chest Decompression-Needle			✓
Chest tube Monitoring			✓
CPAP/BiPAP		✓	✓
Cricoid Pressure (Sellick)	✓	✓	✓
Cricothyroidotomy – Needle			✓
End tidal CO2 Monitoring (ETCO2)/Capnometry/Capnography	✓*	✓	✓
Gastric Decompression – NG/OG Tube Insertion			✓
Head-tit/Chin-lift	✓	✓	✓
Intubation-Lighted Stylet			✓
Intubation-Medication Assisted (non-paralytic)			✓
Intubation-Medication Assisted (Paralytic)(RSI)			✓
Intubation-Maintenance with (paralytics)			✓
Intubation-Orotracheal			✓
Jaw-thrust	✓	✓	✓
Jaw-thrust-Modified (trauma)	✓	✓	✓
Obstruction-Manual	✓	✓	✓
Oxygen Therapy-Humidifiers	✓	✓	✓
Oxygen Therapy-Nasal Cannula	✓	✓	✓
Oxygen Therapy-Non-rebreather Mask	✓	✓	✓
Pulse Oximetry	✓	✓	✓
Suctioning-Tracheobronchial			✓
Suctioning-Upper Airway	✓	✓	✓
Tracheal Tube Maintenance-Includes replacement			✓
Ventilators-Automated Transport (AVT)			✓
Cardiovascular/Circulatory Support			
Cardiac monitoring- Non Interpretive	✓	✓	✓
Cardiac monitoring-3 Lead, Suggestive	✓*	✓	✓
Cardiac monitoring-12 Lead, Interpretive	✓*	✓	✓
Cardiopulmonary Resuscitation (CPR)	✓	✓	✓
Cardioversion Synchronized/Unsynchronized			✓
Carotid Sinus Massage	✓*	✓	✓
Defibrillation-Automated/Semi-Automated (AED)	✓	✓	✓
Defibrillation-Manual			✓
Hemorrhage control-Direct Pressure	✓	✓	✓
Hemorrhage control-Pressure point	✓	✓	✓
Hemorrhage control-Tourniquet	✓	✓	✓
Mechanical CPR Device	✓	✓	✓
Transcutaneous Pacing			✓
Immobilization			
Spinal Immobilization-Cervical Collar	✓	✓	✓
Spinal Immobilization-Long Board	✓	✓	✓
Spinal Immobilization-Manual Stabilization	✓	✓	✓
Spinal Immobilization-Seated Patient, etc	✓	✓	✓
Splinting-Manual	✓	✓	✓
Splinting-Rigid	✓	✓	✓
Splinting-Soft	✓	✓	✓
Splinting-Traction	✓	✓	✓
Splinting-Vacuum	✓	✓	✓
Intravenous Cannulation/Fluid Administration/Fluid Maintenance			
Blood/Blood By-Products monitoring	✓@	✓@	✓@
Crystalloids (D5W,LR,NS)-Initiation/Maintenance	✓*	✓	✓
Intraosseous-Initiation			✓
Peripheral Intravenous Catheter Initiation	✓*	✓	✓
Use of Indwelling Cather for IV medications	✓*	✓	✓
Medication Administration-Route			
Aerosolized/Nebulized	✓	✓	✓
Buccal	✓	✓	✓
Endotracheal Tube (ET)			✓
Intramuscular (IM)	✓	✓	✓
Intranasal (IN)			✓
Intraosseous			✓
Intravenous (IV) Piggyback			✓
Intravenous (IV) Flush/Bolus	✓*	✓	✓
Naso/Orogastric			✓
Oral	✓	✓	✓
Sublingual	✓	✓	✓
Use of Mechanical Infusion Pumps			✓
Miscellaneous			
Assisted Delivery	✓	✓	✓
Blood Glucose Monitoring	✓	✓	✓
Dressing/Bandaging	✓	✓	✓
Eye Irrigation noninvasive	✓	✓	✓
Urinary Catheterization-Maintenance			✓
Venous Blood Sampling-Obtaining			✓
Pharmacology/Medication Administration for Emergency Medical Technician			
Acetyl Salicylic Acid	✓	✓	✓
Adenosine			✓
Adrenaline (1:10000)	✓*	✓	✓
Adrenaline (1:1000)	✓	✓	✓
Amiodarone Hydrochloride		✓	✓
Atropine Sulphate			✓
Beta 2 Adrenergic Stimulants (Salbutamol nebulizer)	✓	✓	✓
Cholrpheniramine		✓	✓
Clopidogrel		✓	✓
Dexamethasone			✓
Dextrose 10%		✓	✓
Fentanyl			✓
Furosemide			✓
Glucagon	✓	✓	✓
Glucose Gel/Powder	✓	✓	✓
Glyceryl Trinitrate (GTN - SL)	✓	✓	✓
Haloperidol			✓
Ibuprofen	✓	✓	✓
Ipratropium Bromide		✓	✓
Ketamine			✓
Lidocaine HCl (Local Anesthetic)			✓
Lidocaine HCl (Systemic)		✓	✓
Medical Oxygen	✓	✓	✓
Methoxyflurane	✓	✓	✓
Metoclopramide Monohydrochloride			✓
Midazolam			✓
Morphine Sulphate			✓
Naloxone Hydrochloride		✓	✓
Normal Saline 0.9%	✓*	✓	✓
Nitrous Oxide	✓	✓	✓
Ondansetron		✓	✓
Oral Rehydration Salt			✓
Paracetamol (Oral)	✓	✓	✓
Paracetamol (IV)			✓
Ringers Lactate/Hartmans			✓
Tranexamic Acid			✓