**APPROVAL OF CLINICAL PRIVILEGES**

**Emergency Medical Technician**

[**LINK TO POLICY**](#PolicyIntroduction)[**LINK TO PROCEDURES & FORMS**](#Procedures)

**Approval of Clinical Privileges – EMT**

Under Clinical Services CGP 150 Clinical Governance Policy and CGP203 Fitness to Practice Policy and Procedure, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Employee No. \_\_\_\_\_\_\_\_ and DOH/MOH license No. \_\_\_\_\_\_\_\_\_\_is hereby granted Clinical privileges to function under CGP134 the National Ambulance Patient Care Protocols at the **EMT** \_\_\_\_\_\_\_\_ **Level** of licensure and practice. These are based on the current legal and regulatory requirements of the Ministry of Health and the Department of Health Abu Dhabi. **Please view this approval alongside the scopes and competencies in CGP203.**

Clinical privileges are determined based on license category, clinical skills, periodic training, and courses received. Below are the competencies of an **EMT** \_\_\_\_\_\_\_\_ **Level** under CGP203 Fitness to Practice valid until ……/……/…….

This approval of Clinical Privileges is not to be considered permanent; the licensed healthcare professional must maintain their fitness to practice in accordance with the Fitness to Practice policy.

Privileges are granted by the Medical Director and may be revoked or restricted at any time e.g., in case his/her DOH/MOH license is cancelled and/or the clinical training requirements are not met.

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Approved by Medical Director Date

Clinician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Responsibilities** | **Privilege** |
| **Airway/Breathing/Ventilatory Management** | |
| Airway-Esophageal-Single Lumen |  |
| Airway-Laryngeal Mask |  |
| Airway-Esophageal/Tracheal-Multi Lumen |  |
| Airway-Nasal |  |
| Airway-Oral |  |
| Bag-Valve-Mask (BVM) |  |
| Chest Decompression - Needle |  |
| Chest tube Monitoring |  |
| CPAP/BiPAP/PEEP |  |
| Cricoid Pressure (Sellick) |  |
| Cricothyroidotomy - Needle |  |
| Cricothyroidotomy - Surgical |  |
| End tidal CO2 Monitoring (ETCO2) / Capnometry / Capnography |  |
| Gastric Decompression – NG/OG Tube Insertion |  |
| Head-tit/Chin-lift |  |
| Intubation-Digital |  |
| Intubation-Lighted Stylet |  |
| Intubation-Medication Assisted (non-paralytic) |  |
| Intubation-Medication Assisted (Paralytic)(RSI) |  |
| Intubation-Maintenance with (paralytics) |  |
| Intubation-Nasotracheal |  |
| Intubation-Orotracheal |  |
| Intubation-Retrograde |  |
| Extubation |  |
| Jaw-thrust |  |
| Jaw-thrust-Modified (trauma) |  |
| Mechanical Infant Resuscitator |  |
| Obstruction-Direct Laryngoscopy |  |
| Obstruction-Manual |  |
| Oxygen Therapy-Humidifiers |  |
| Oxygen Therapy-Nasal Cannula |  |
| Oxygen Therapy-Non-rebreather Mask |  |
| Oxygen Therapy –Venturi Mask |  |
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| **Responsibilities** | **Privilege** |
| Peak Expiratory Flow Testing |  |
| 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 |  |
| Thrombolysis |  |
| Arterial Blood Pressure Indwelling Catheter-Maintenance |  |
| Central Venous Catheter Maintenance/interpretation |  |
| **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 |  |
| Spinal immobilization clearance |  |
| **Responsibilities** | **Privilege** |
| **INTRAVENOUS CANNULATION / FLUID ADMINISTRATION / Fluid Maintenance** | |
| Blood/Blood By-Products monitoring |  |
| Colloids (Albumin, Dextran)-Initiation |  |
| Crystalloids (D5W, LR, NS)-Initiation/Maintenance |  |
| Intraosseous-Initiation |  |
| Peripheral Intravenous Catheter Initiation |  |
| External Jugular Intravenous Catheter Initiation |  |
| Use of Indwelling Cather for IV medications |  |
| **MEDICATION ADMINISTRATION-Route** | |
| Aerosolized/Nebulized |  |
| Buccal |  |
| Endotracheal Tube (ET) |  |
| Extra-Abdominal Umbilical Vein |  |
| Intradermal |  |
| Intramuscular (IM) |  |
| Intranasal (IN) |  |
| Intraosseous |  |
| Intravenous (IV) Piggyback |  |
| Intravenous (IV) Flush/Bolus |  |
| Naso/Orogastric |  |
| Oral |  |
| Rectal |  |
| Subcutaneous |  |
| Sublingual |  |
| Topical |  |
| Use of Mechanical Infusion Pumps |  |
| **Miscellaneous** | |
| Assisted Delivery |  |
| Blood Glucose Monitoring |  |
| Dressing/Bandaging |  |
| Eye Irrigation noninvasive |  |
| Use of Incubator |  |
| Urinary Catheterization-Initiation |  |
| Urinary Catheterization-Maintenance |  |
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| **Responsibilities** | **Privilege** |
| Venous Blood Sampling-Obtaining |  |
| **Pharmacology/Medication Administration for Emergency Medical Technician** | |
| Acetyl Salicylic Acid |  |
| Adenosine |  |
| Adrenaline (1:10000) |  |
| Adrenaline (1:1000) |  |
| Amiodarone Hydrochloride |  |
| Atenolol |  |
| Atropine Sulphate |  |
| Beta 2 Adrenergic Stimulants (Salbutamol nebulizer) |  |
| Calcium Chloride 10% |  |
| Ceftriaxone |  |
| Cholrpheniramine |  |
| Clopidogrel |  |
| Dexamethasone |  |
| Dextrose 10% |  |
| Dextrose 50% |  |
| Diazepam |  |
| Diclofenac Sodium |  |
| Etomidate |  |
| Enoxaparin |  |
| Fentanyl |  |
| Flumazenil |  |
| Furosemide |  |
| Gelofusine |  |
| Glucagon |  |
| Glucose Gel/Powder |  |
| Glyceryl Trinitrate (GTN - SL) |  |
| Haemaccel |  |
| Haloperidol |  |
| Heparin |  |
| Hydrocortisone |  |
| Hyoscine-N-butylbromide |  |
| Ibuprofen |  |
| **Responsibilities** | **Privilege** |
| Ipratropium Bromide |  |
| Ketamine |  |
| Lidocaine HCI (Local Anesthetic) |  |
| Lidocaine HCI (Systemic) |  |
| Lorazepam |  |
| Magnesium Sulphate |  |
| Mannitol |  |
| Medical Oxygen |  |
| Methoxyflurane |  |
| Metoclopramide Monohydrochloride |  |
| Midazolam |  |
| Morphine Sulphate |  |
| Naloxone Hydrochloride |  |
| Normal Saline 0.9% |  |
| Nitrous Oxide |  |
| Ondansetron |  |
| Oral Rehydration Salt |  |
| Paracetamol (Oral) |  |
| Paracetamol (IV) |  |
| Prochlorperazine |  |
| Promethazine |  |
| Ranitidine |  |
| Rocuronium |  |
| Ringers Lactate/Hartmans |  |
| Sodium Bicarbonate 8.5% |  |
| Suxamethonium Chloride |  |
| Tenectaplase |  |
| Tramadol |  |
| Tranexamic Acid |  |
| Voluven 6% |  |

Clinician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise thisPolicy 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:

Title Format

Medical Director

**Change Brief**

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| **Version No.** | **Date** | **Changes** |
| 1 | January 2021 | New form for all clinician as per DOH requirement |
| 2 | May 2021 | * Update the form as per the DOH Template * Add one sentence at the beginning “license category, clinical skills, periodic training, and courses received”. * Removed the on prior training, skills, competency assessment and validation. * Added information in roles and responsibilities |

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Dr. Ayman Ahmad – Medical director Date

Review & Approval