

# Solano County Health & Social Services Department



Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services

Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

Michael A. Frenn  
EMS Agency Administrator

## EMERGENCY MEDICAL SERVICES AGENCY

275 Beck Ave., MS 5-240  
Fairfield, CA 94533  
(707) 784-8155 FAX (707) 421-6682  
[www.solanocounty.com](http://www.solanocounty.com)

Richard C. Lotsch, D. O.  
EMS Agency Medical Director

Patrick O. Duterte, Director

**POLICY MEMORANDUM 3700**  
**DATE: March 1, 2007**

REVIEWED/APPROVED BY:

  
RICHARD LOTSCH, D.O. EMS AGENCY MEDICAL DIRECTOR

  
MICHAEL FRENN, EMS AGENCY ADMINISTRATOR

### **SUBJECT: CONTINUING EDUCATION FOR PRE-HOSPITAL PERSONNEL**

AUTHORITY: CALIFORNIA ADMINISTRATIVE CODE, §100165, 100080, &  
CALIFORNIA HEALTH & SAFETY CODE, §1798.100, 1797.175, 1797.214 & 1798.104.

#### **PURPOSE/POLICY:**

To establish criteria for various types of continuing education needed for accreditation/certification in Solano County.

- I. **DEFINITION** – Continuing Education can be defined as the constant and on-going effort to improve knowledge and/or skills and maintain proficiency.
- II. **EMT-I CONTINUING EDUCATION** will be in the form of completion of an approved refresher course or by obtaining continuing education hours as specified in Section 100080 and 1797.175 of the California Health & Safety Code.
- III. **EMT-P CONTINUING EDUCATION** shall be consistent with 100165 and 1797.214 of Division 2.5 of the California Health & Safety Code.

Within the certification period an EMT-P shall complete a minimum of 48 hours every two (2) years to include but not be limited to participation in:

- A. Didactic courses or academic offerings (totaling no less than 24 hours/2 years) that are applicable to prehospital care; examples as follows: Academic Courses – Courses taught at a college or university, to receive credit per semester or quarter hours achieved.
  - 1. For each semester unit, 15 hours of credit is given.
  - 2. For each quarter unit, 10 hours of credit is given.
- B. Standard Courses which are pre-approved for credit are:
  - 1. Prehospital Trauma Life Support (PHTLS);
  - 2. Basic Trauma Life Support (BTLS) or International Trauma Life Support (ITLS);
  - 3. Advanced Cardiac Life Support (ACLS);
  - 4. Basic Life Support (BLS);
  - 5. Advanced Pediatric Life Support (APLS);
  - 6. Pediatric Advanced Life Support (PALS);
  - 7. Pediatric Education for Prehospital Professionals (PEPP);
  - 8. EMT Refresher Course (8 hrs. credit for 24 hours attendance)..
- C. Pre-Approved Magazine CE Articles.
- D. Pre-Approved Video Programs with prehospital content.
- E. Pre-Approved Structured Clinical Training; examples are:
  - 1. Clinical Emergency Department time at a Base Station (3 clinical hrs. = 1 CE, for a maximum of 2 CE credits per reaccreditation time period.
  - 2. Preceptor training.
  - 3. In-service on new skills.
- F. Other courses provided by approved CE Providers.
- G. In each case, approval is contingent upon adequate documentation to include learning, objectives, participant evaluation and return demonstration if applicable.
- H. Eight (8) tape audits = 1 CE credit/hours. Up to 4 credit-hours of tape audits may be used per reaccreditation time period.

#### IV. MICN CONTINUING EDUCATIONS

Requirements within one certification period:

- A. Ten (10) CE hours as described above, and
- B. Twelve (12) hours of Field Care Audits as described above, and
- C. Four (4) hours of ALS ride along observation or two patient assessments to include primary and secondary assessment by the EMT-P. This ride along may

- be with an ALS transporting unit, an ALS first responder unit, or an air rescue or air ambulance unit.
- D. Documentation of ride along experience shall take place on the approved Solano County EMS Form.

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### VERIFICATION OF EMT-P EMERGENCY DEPARTMENT OBSERVATION

Emergency Department observation may be utilized for continuing education credit. EMT-Ps may function within their full range of paramedic practice as defined by Solano County EMS Agency only under the direct orders of the ER M.D.

Date(s) & Time(s) of Observation: \_\_\_\_\_

MICN Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMT-P Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALS Provider agency: \_\_\_\_\_

### **OBSERVATION OBJECTIVES**

1. To observe and participate in Emergency Department and patient encounters to include patient assessment and treatment within the EMT-P scope of practice.
2. To encourage good communication and enhance working relationships between the EMT-P and the Emergency Department staff.
3. To perceive Base Hospital communications from a Base Hospital perspective.
4. To gain an understanding of the Emergency Department and radio conditions under which an MICN must operate.

### EMERGENCY DEPARTMENT PATIENT CONTACTS

Total Number of Patient Contacts: \_\_\_\_\_

Number with ALS Care Initiated: \_\_\_\_\_

Assessment Categories: \_\_\_\_\_

### EVALUATION

Were the stated objectives met?  yes  no

If no, state Reason: \_\_\_\_\_

What is your evaluation of this Experience: