

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT Optional Skills		Policy Number 303
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: June 1, 2024
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2024
Origination Date:	July 13, 2017	
Date Revised:	December 14, 2023	
Date Last Reviewed:	December 14, 2023	Effective Date: June 1, 2024
Review Date:	December 31, 2025	

- I. PURPOSE: To define the process related to authorizing EMT optional skills and EMT trial studies
- II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section 100064
- III. POLICY:
 - A. In addition to the basic and expanded skills outlined in VCEMS Policy 300 – EMT Scope of Practice, the VCEMS Medical Director may establish policies and procedures for local accreditation of an EMT student or certified EMT to perform any or all of the following optional skills specified in this policy. Accreditation for EMTs to practice optional skills shall be granted in accordance with VCEMS Policy 305 – EMT Accreditation, and will be limited to those whose:
 - 1. EMT certification is active,
 - 2. have completed the minimum required education and training outlined in this policy,
 - 3. and are employed by a VCEMS approved optional skills provider.
 - B. Use of perilyngeal airway adjuncts
 - 1. Training in the use of perilyngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills:
 - a. Anatomy and physiology of the respiratory system.
 - b. Assessment of the respiratory system.

- c. Review of basic airway management techniques, which includes manual and mechanical.
 - d. The role of the perilaryngeal airway adjuncts in the sequence of airway control.
 - e. Indications and contraindications of the perilaryngeal airway adjuncts.
 - f. The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.
 - g. Perilaryngeal airway adjuncts insertion and assessment of placement.
 - h. Methods for prevention of basic skills deterioration.
 - i. Alternatives to the perilaryngeal airway adjuncts.
2. At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts.
- C. Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.
1. Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:
 - a. Names
 - b. Indications and contraindications
 - c. Complications
 - d. Side/adverse effects and interactions
 - e. Routes of administration
 - f. Dosage calculation
 - g. Mechanisms of drug actions
 - h. Medical asepsis
 - i. Disposal of contaminated items and sharps
 - j. Medical administration

2. At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall include:
 - a. Assessment of when to administer epinephrine,
 - b. Managing a patient before and after administering epinephrine,
 - c. Using universal precautions and body substance isolation procedures during medication administration,
 - d. Demonstrating aseptic technique during medication administration,
 - e. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and
 - f. Proper disposal of contaminated items and sharps
- D. Administration of the following medications through the use of an auto-injector for the purposes of treating exposure to a nerve agent:
 1. Atropine
 2. Pralidoxime Chloride
 3. In addition to a basic weapons of mass destruction training, the nerve agent antidote training shall consist of no less than two (2) hours of didactic and skills training to result in competency. Training in the profile of the medications contained in the DuoDote/Mark I auto-injector and atropine auto-injector shall include, but not limited to:
 - a. Indications and contraindications
 - b. Side/adverse effects
 - c. Routes of administration
 - d. Dosages
 - e. Mechanisms of drug action
 - f. Disposal of contaminated items and sharps
 - g. Medication administration
 4. At the completion of this training, the student shall complete a competency based written and skills examination for the administration of the Duo-dote/Mark I and atropine auto-injector.
 - a. Assessment of when to administer the auto-injector,
 - b. Managing a patient before and after administering the auto-injector

- c. Using the universal precautions and body substance isolation precautions during medication administration,
 - d. Demonstrating aseptic technique during medication administration,
 - e. Demonstrating the preparation and administration of medications by the intramuscular (IM) route, and
 - f. Proper disposal of contaminated items and sharps.
- E. Competency training in procedures and skills for all EMT optional skills shall be completed at least every two (2) years. At a minimum, ongoing training and demonstration of competency shall be comprised of the following:
- 1. Review of indications and contraindications
 - 2. Patient assessment and management before and after medication administration
 - 3. Demonstration of appropriate aseptic technique
 - 4. Appropriate preparation and administration of the medication by the intramuscular route utilizing the Ventura County EMS psychomotor skills evaluation form
 - 5. Demonstration of proper disposal of contaminated items sharps.
- F. VCEMS shall develop and maintain a plan for each EMT optional skill allowed. This plan will include:
- 1. A description of the need for use of the optional skill
 - 2. A description of the geographic area within which the optional skills will be utilized
 - 3. A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill
 - 4. The policies and procedures to be instituted by the LEMSA regarding medical control and use of the optional skill
- G. For an accredited EMT who fails to demonstrate competency in any of the optional skills outlined in this policy:
- 1. EMT accreditation shall be immediately suspended pending clinical remediation
 - 2. Employer agency will submit a written plan of action to VCEMS to include: method of remediation, course curriculum, date(s) and location(s) of remediation training.
 - 3. VCEMS will review and approve written plan of action prior to commencement of remediation training

4. Once complete, evidence of satisfactory training and minimum competency in the optional skills will be submitted to VCEMS prior to the reinstatement of the EMT accreditation.