



**Charlotte Hungerford Hospital
Department of Emergency Medicine
Division of EMS**

II MEDICAL DIRECTION/CONTROL POLICIES

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**The Charlotte Hungerford Hospital
EMS Division**

**Medical Control for MIC Technicians (EMT-I and EMT-P) Without Prior ALS
Experience**

Policy Number:

Issue Date:

Signature: _____

	Date	Signature
Revised	_____	_____
Revised	_____	_____

Purpose: To ensure that all MIC personnel are properly trained and qualified.

Policy: All new MIC technicians will complete a standardized process and successfully complete a field preceptorship prior to obtaining medical control to function as an EMT-Intermediate or EMT-Paramedic.

Pre-Requisites: Intermediate

- a. Current affiliation with a service at the Intermediate or Paramedic Level.
- b. Valid BCLS Healthcare Provider, or equivalent, or CPR-Instructor certification.
- c. Documentation of successful completion of course and/or state OEMS certification/licensure as an EMT-I or EMT-P.

Paramedic (Ambulance, minimum 2 person crew)

- a. Current affiliation with a service providing service at the paramedic level.
- b. Documentation of successful completion of course and state DPH license as an EMT-Paramedic.
- c. Valid BCLS Healthcare Provider, or equivalent, or CPR-Instructor certification.
- d. Current ACLS provider or instructor certification.
- e. Current PALS provider or instructor certification.
- f. Minimum of 10 successful IV starts.
- g. Minimum of two successful medication administrations.
- h. Minimum of 10 successful endotracheal intubations

Paramedic (Intercept Unit, non-transport)

NEW PARAMEDICS WITHOUT PRIOR EXPERIENCE ARE NOT ELIGIBLE FOR INTERCEPT (NON-Transport) UNIT MEDICAL CONTROL

Note: Cases involving candidates who do not meet the prerequisites will be discussed with the Sponsor Hospital MIC Medical Director, EMS Director/Coordinator and the EMS Service Chief for possible responses.

Requirements

Intermediates

- a. Minimum of 5 medical histories.
- b. Minimum of 5 physical examinations.
- c. Minimum of 10 successful IV starts (minimum of 5 in the field).

Paramedics

- a. Minimum of 30 medical histories.
- b. Minimum of 30 physical examinations.
- c. 10 successful IV starts.
- d. 5 successful medication administrations, at least two of which are IV push
- e. 1 defibrillation/cardioversion.
- f. 10 correct EKG interpretations.
- g. 2 successful endotracheal intubations.

Procedure:

1. Complete an Application for Medical Control Authorization and provide copies of the following items:

- a. Letter or certificate of course completion and/or a copy of DPH certification/licensure.
- b. Letter of recommendation.
- c. Copies of all relevant certificates (i.e. CPR, ACLS, PALS, PHTLS, etc.)

2. Upon receipt of the above, the EMS Director/Coordinator will provide the MIC candidate with a copy of the policies and protocols and schedule the candidate for a written Sponsor Hospital Orientation/Protocol exam (and skills assessment if deemed appropriate).

3. The candidate will then complete a written orientation/protocol exam, administered by the EMS Director/Coordinator or his/her designee, with a passing grade of 75% or better. Any candidate failing the exam will have one additional opportunity to take the test. A second unsuccessful attempt will result in a meeting with the service chief or designee, the MIC Medical Director, The EMS Director/Coordinator and the candidate to determine further action.

4. Upon successful completion of the above, the EMS Director/Coordinator will issue temporary medical control for a period not to exceed 60 days during which the candidate can practice ALS skills only under the direct supervision of an approved field preceptor. The candidate will then be re-evaluated.

5. Upon completion of all minimum requirements, the candidate will submit a letter of recommendation from the EMS Service Chief or designee indicating successful completion of service orientation for MIC technicians (including training in infection control and hazardous materials) and recommending the candidate receive medical control.

6. The field preceptor will complete a preceptor evaluation form for each call handled by the candidate and will review the candidate's performance. These forms will be submitted to the EMS Director/Coordinator for review as they are completed.

7. Upon meeting all of the above requirements the candidate will contact the EMS Director/Coordinator to review performance during the probationary period. The EMS Director/Coordinator (or designee) may elect to do a personal field evaluation of the candidate prior to granting final authorization and/or may schedule a meeting to discuss performance issues and medical authorization.

8. Upon successful completion of the above, the Sponsor Hospital will issue a Medical Control Authorization letter and/or card to the technician which indicates the level of authorization and expiration date. A copy of this letter and/or card will also be sent to the Service Chief(s) and one copy placed in the personnel record of the MIC technician.

**The Charlotte Hungerford Hospital
EMS Division**

Medical Control for MIC Technicians (EMT-I and EMT-P) With Prior ALS Experience

Policy Number:

Issue Date:

Signature: _____

	Date	Signature
Revised	_____	_____
Revised	_____	_____

Purpose: To ensure that all MIC personnel are properly trained and qualified.

Policy: Candidates who have previously held medical control may gain authorization to practice under the CHH EMS Sponsor Hospital Program by meeting specified criteria and following the process described below.

Pre-Requisites Intermediate

1. Current affiliation with a service at the Intermediate or Paramedic level.
2. Valid BCLS for Healthcare Providers, or the equivalent or instructor certification.
3. Documentation of successful completion of course and/or state OEMS certification/licensure as an EMT-I or EMT-P.
4. Letter of recommendation from primary Sponsor Hospital, previous employer and/or medical director or EMS Director/Coordinator which indicates satisfactory performance as an ALS provider.

Paramedic (Ambulance- minimum 2 person crew)

- a. Current affiliation with a service providing service at the paramedic level.
- b. Documentation of successful completion of course and state OEMS licensure as an EMT-P.
- c. Valid BCLS for Healthcare Providers, or the equivalent or instructor certification
- d. Valid ACLS provider or instructor certification.
- e. Valid PALS provider or instructor certification.
- f. Letter of recommendation from primary Sponsor Hospital, previous employer and/or medical director or EMS director/ coordinator, which indicates satisfactory performance as an ALS provider.

Paramedic (Intercept Unit; non-transport- may function as sole initial responder)

- a. All criteria listed above.
- b. One-year active experience at the paramedic level (active defined as more than 15 calls per month).

NOTE: Cases involving candidates who do not meet the pre-requisites will be discussed with the MIC Medical Director, EMS Director/Coordinator and the EMS service Chief or their designee for possible responses.

Procedure: 1. Complete an application for Medical Control Authorization and provide copies of the following items by December 31st of each year:

- a. Copy of State of Ct DPH certification/licensure.
- b. Copies of all relevant certificates (i.e. CPR, ACLS, PALS, PEPP, PHTLS, etc.).
- c. Copies of CME attendance records (note: valid NREMT certificate and license are NOT acceptable as proof of CME).
- d. Copies of procedural log sheets (if applicable or requested).

2. Upon receipt of the above, the EMS director/Coordinator will review the MIC technician file and based on any identifiable issues recommend one of the following to the MIC Medical Director:

- a. Full authorization/reauthorization.
- b. Withdrawal of medical authorization (following due process).
- c. Probationary Status (not to exceed 60 days) with remediation.

3. The technician, if not fully authorized, may be required to complete an individualized course of remediation which may include didactic training, clinical rotations and/or examinations.

4. If remediation is required, once successfully completed, the EMS Director/Coordinator will re-issue medical control for a period not to exceed 90 days during which the technician can practice ALS skills. The technician will then be re-evaluated by the EMS Director/Coordinator (or designee).

5. The EMS Director/Coordinator (or designee) may elect to “ride along” for direct observation with the technician prior to granting final authorization and/or may schedule a meeting to discuss performance issues and medical authorization.

6. The technician will complete any additional required in-service training in order to be familiar with all active protocols, policies and procedures.

7. Upon successful completion of the above, the Sponsor Hospital will issue a Medical Control Authorization letter and/or card, which indicates the level of authorization and the expiration date. A copy of this letter/card will also be sent to the Service Chief(s) and one

copy placed in the personnel record of the MIC technician. The Medical Control Authorization letter will be granted or denied within 30 days after the application has received. The EMT-P will not be allowed to work independently, and will be assigned a Paramedic preceptor at all times. The EMT-I will only allowed to function as an EMT-B until he or she receives medial authorization.

8. Medical Authorization automatically expires on December 31.

9. Individuals who do not actively practice with a sponsored MIC service for four months or more may be required to demonstrate or document skills proficiency at the discretion of the MIC Medical Director and EMS Director/Coordinator. Failure to comply with such a request within thirty days of notification may result in withdrawal of medical authorization (following due process guidelines).

**The Charlotte Hungerford Hospital
EMS Division**

Limiting/Suspension of MIC Medical Authorization

Policy Number:

Issue Date:

Signature: _____

	Date	Signature
Revised	_____	_____
Revised	_____	_____

Purpose:

1. To provide for a uniform process to address issues related to compliance with protocols and policies defined in the Charlotte Hungerford Hospital Sponsor Hospital Agreement for sponsored MIC services and individuals when routine quality improvement activities are unsuccessful or inadequate.

2. To ensure that MIC technicians and services are notified of problems, potential problems or areas in need of improvement in a timely basis and provide documentation for quality assurance and due process purposes (see also Quality Improvement Program).

3. To provide pre-hospital providers with due process involving circumstances which may limit or suspend MIC level authorization in accordance with Connecticut Department of Public Health Office of Emergency Medical Services regulations 19a-179-15.

Guidelines:

MIC technicians are expected to follow established protocols, guidelines and standards of care. Deviations from these may result in corrective, remedial or disciplinary actions. It should be noted that the purpose of these actions is to improve and assure the quality of care delivered to patients. Examples of corrective and remedial actions which may be required include:

- Re-testing for knowledge of protocols and guidelines.
- Skills assessment/refresher.
- Scheduled clinical time for remediation at a hospital or EMS service.
- Attendance and successful completion of prescribed courses or training programs.

Serious or repeated deviations from protocol/policy or inability to meet performance standards may result in administrative medical control action as described in this policy. Failure to comply with required corrective or remedial actions may result in the suspension or withdrawal of medical control authorization. Those instances which may require corrective or remedial actions include but are not limited to:

- Deviations from established protocols and guidelines.
- Deficiencies in quality of care or care delivered which does not meet the standards of care.
- Complaints from patients, bystanders, ED staff or other EMS providers.
- Discourtesy to patient, staff and emergency service personnel.
- Inability to meet established performance standards for skills and procedures.
- Failure to comply with Sponsor Hospital requirements for medical control such as applicable certifications CME requirements, mandated in-service training, etc.

In the event that a MIC technician or service refuses or is unable to comply with the necessary corrective or remedial actions, or hinders requests from the Sponsor Hospital to facilitate performance reviews, the Sponsor Hospital MIC Medical Director may suspend medical control authorization.

In the event of evidence of gross misconduct, gross negligence or situations which threaten health or safety, the Sponsor Hospital MIC Medical Director may, in the interest of patient care, suspend medical control authorization immediately.

There are three types of action that may be taken by the MIC Medical Director in the event that this policy is implemented:

- 1. Probation**
- 2. Suspension of Medical Control Authorization or Specific Skill Limitation**
- 3. Emergency Suspension of Medical Authorization**

I. Probation

In the event that an individual or service has repeated documented deviations from established guidelines/policies or protocols, demonstrates deficiencies in care, is unable to meet established standards for skills performance or fails to comply with established Sponsor Hospital requirements for medical control authorization, a specified period of probation may be imposed.

Probation terms will be established with the intention of providing an opportunity for the individual or service to improve or correct performance. Probation means that the activities of an individual or service will be more closely examined for a specified period of time. If the criteria for improvement or corrective action are met within the specified period then the probation review activity will cease. Failure to meet terms of probationary status within the specified time frame may result in action to suspend medical control authorization.

II. Suspension or Specific Skill Limitation

Serious or repeated deviations from established guidelines/policies/protocols or standards of care may result in suspension of medical control authorization at the discretion of the MIC Medical Director. This may include the limitation of practice of one or more MIC authorized skills or may involve suspension of all authorization at a given MIC level.

III. Emergency Suspension of Medical Authorization

In the event of gross misconduct, demonstrated incompetence, negligence or substantial evidence of an immediate threat to public health or safety, the MIC Medical Director may immediately suspend medical authorization pending a full review.

Process

Probation

1. Upon recognition that a problem or potential problem exists, the EMS Director/Coordinator will discuss the situation with the Sponsor Hospital MIC Medical Director.
2. If the Sponsor Hospital MIC Medical Director finds sufficient cause, an attempt to contact the individual/service will be made to arrange a meeting. If no contact can be made within three days, a certified letter will be sent to the MIC technician/service requesting that a meeting be held to discuss the situation. The MIC technician/service will also be advised of the right to have an attorney or service representative present, regardless of the circumstances. In the case of services, the PSA CEO will receive a copy.
3. At the meeting, the issue(s) will be presented and the individual and/or service will be given the opportunity to respond. The MIC technician and/or service may bring any documentation or other persons to corroborate his/her/their findings regarding the issue(s). This conference will take place within ten days of the notification. A plan of corrective action(s) will be defined between the MIC technician and /or service, the EMS Director/Coordinator and the Sponsor Hospital MIC Medical Director.
4. A letter will be sent to the MIC technician and/or service within ten days of the meeting that formally advises the individual and/or service of their status. The letter will include at least the following information:
 - a. Summary of any restrictions
 - b. Actions which must be taken to correct deficiencies and/or the thresholds which must be met to regain full medical control authorization
 - c. The date by which the required actions must be completed and/or thresholds met
5. On the date set for completion of corrective actions, the Sponsor Hospital MIC Medical Director may take one of the following actions:
 - a. Reinstate full medical control authorization
 - b. Extend the terms of the probation
 - c. Request an additional meeting to discuss the situation and the further actions which are required
 - d. Move to suspend medical control authorization.

Suspension of Medical Control Authorization or Specific Skill Limitation

1. Upon recognition that a problem exists which has not been corrected through remedial actions, or recommended remedial actions have not been completed as specified, a MIC technician's and/or service's medical control authorization may be suspended.
2. A meeting to discuss the problem(s), which may result in suspension of medical control authorization, will be scheduled. The individual and/or service shall be notified, in writing, of at least the following information:
 - a. The reason(s) for the proposed suspension
 - b. Any supporting documentation of the action
 - c. The time and place of a meeting to discuss the suspension
 - d. The right to have an attorney or service representative present, regardless of the circumstances.
3. At the meeting, the issue(s) will be presented and the individual and/or service will be given the opportunity to respond. The MIC technician and/or service may bring any documentation or other persons to corroborate his/her/their findings regarding the issue(s). The conference will take place within ten days of notification.
4. Formal written reports of the findings will be presented within ten days of the conference/meeting. The report will indicate one of the following:
 - a. The MIC Medical Director accepts the individual and/or service's explanation of the problem or issue and the matter is considered closed. This may include recommendations to avoid similar incidents in the future, but no further action is necessary.
 - b. The MIC Medical Director finds the explanation of the circumstances to be unacceptable and the individual and/or service will be advised of the measures to be taken to correct the identified problem.
 - c. If the MIC Medical Director finds that the safety, health and general welfare of the general public is in imminent danger, the MIC Medical Director may suspend the medical control of the individual/service, notify OEMS of the circumstances and request an immediate investigation. When dealing with a service, withdrawal of medical control authorization does not affect the service's ability to provide the basic level of emergency care.
5. If the MIC technician and/or service fails to take the necessary action(s) as set forth in Section 4B by the established date, medical control authorization may be suspended.
6. The MIC technician and/or service will be sent a letter via certified mail informing them of suspension. In the case of an individual, the service chief and OEMS will also receive a copy. In the case of services, the PSA CEO and OEMS will receive a copy.

Emergency Suspension of Medical Control Authorization

In the event of a documentation of gross misconduct, gross negligence and/or serious deviations from established policies, procedures or protocols, the Sponsor Hospital MIC Medical Director may, in the interest of patient care, public health or safety, suspend medical control authorization from any sponsored individual or service via the following process:

1. An issue/incident is identified that appears to pose an immediate threat to the public health or safety (to include personnel under the influence of drugs or alcohol while on duty).
2. A preliminary review of all available pertinent information is performed by the EMS Director/Coordinator and presented to the MIC Medical Director.
3. If there is deemed to be sufficient cause, direct contact will be made with the individual/service and they will be advised of the decision to suspend authorization pending a full review. Additionally, at this time, regardless of the ability to contact the individual/service, a certified letter advising the individual/service of the action will be sent. In the case of individuals, a copy will be sent to the service chief and OEMS. In the case of a service, a copy will be sent to the PSA CEO and OEMS.
4. A meeting date will be established for a formal review.
5. Notification of the formal review will be made to the individuals involved by certified mail. The individual and/or service shall be notified, in writing of, the facts, the time and place of a meeting to discuss the incident, and the right to have an attorney present regardless of the circumstances. Participants shall include the technicians involved, the EMS Service Chief or representative, the Sponsor Hospital Medical Director, the EMS Director/Coordinator and any other parties directly involved.
6. At the meeting, the problem will be described and the individual and/or service will be given the opportunity to respond. The MIC technician and/or service may bring any documentation or other persons to corroborate his/her/their findings regarding the incident. This conference will take place within ten days of notification.
7. Formal written reports of the findings will be presented within ten days of the conference/meeting. The report will indicate one of the following:
 - a. The MIC Medical Director accepts the individual and/or service's explanation of the problem or issue and the matter is considered closed. This may include recommendations to avoid similar incidents in the future, but no further action is necessary.
 - b. The MIC Medical Director finds the explanation of the circumstances to be unacceptable and the individual and/or service will be advised of the measures to be taken to correct the identified problem.
 - c. If the MIC Medical Director finds that the safety, health and general welfare of the general public is in imminent danger, the MIC Medical Director may suspend the medical control of the

individual/service, notify OEMS of the circumstances and request an immediate investigation. When dealing with a service, withdrawal of medical control authorization does not affect the services ability to provide the basic level of emergency care.

8. Any individual or service who fails to attend the meeting/conference risks the suspension of medical control authorization.

Grievance Procedure

1. Should action be taken against a MIC technician and/or service, the technician or service may request, in writing, a hearing with the EMS Director/Coordinator, the Sponsor Hospital Medical Director to discuss the action(s).
2. The MIC technician/service may bring documentation or other person(s) to corroborate his/her findings regarding the incident(s) or problem(s) resulting in suspension.

**The Charlotte Hungerford Hospital
EMS Division**

Precepting Guidelines

Policy Number:

Issue Date:

Signature: _____

	Date	Signature
Revised	_____	_____
Revised	_____	_____

Guideline: MIC personnel are expected to perform complex patient assessments and provide a variety of potentially life saving medical interventions with minimal on-site support and guidance. In order to provide a reasonable understanding of system operations, to practice new skills and procedures in a safe environment and to verify clinical competence, students, new personnel or personnel with identified deficiencies may be required to spend time with Sponsor Hospital authorized preceptors at the appropriate level.

Authorized preceptors will operate under written guidelines and will receive specialized education in adult education and EMS field training and evaluation.

All clinical field precepting with sponsored EMS services will take place utilizing authorized preceptors.

Precepting for paramedic level personnel will be provided under the guidance of the Paramedic Field Instructor (PFI) Program Policy.

**The Charlotte Hungerford Hospital
EMS Division**

Paramedic Field Instructor Program

Policy Number:

Issue Date:

Signature: _____

	Date	Signature
Revised	_____	_____
Revised	_____	_____

Requirements for Appoinment

Criteria:

1. Current State of Connecticut EMT-P License
2. Current Americal Heart Association ACLS and PALS Certification.
3. Must be ACLS, PALS, PHTLS BCLS, First Aid or CT EMS-I or National Registry Evaluator within one year of appointment.
4. Minimum of 3 years active field experience as an EMT-P. Active experience is defined as more than 15 emergency calls a month.
5. Compliance with sponsor hospital and regional EMS medical protocols, policies and CME attendance requirements.
6. Recommendation from employing service chief or designated representative reflecting that the candidate is a professional role model; has a positive view of EMS; excellent attendance and punctuality; has no documented personnel problems and does not discriminate against patients, co-workers or students on the basis of race religion, sex, sexual preference, socio-economic status or disease process.
7. Appropriate verbal and written communications skills; interest or experience in teaching; positive attitude, good judgment, and a high degree of motivation; willingness to participate in training programs as both a student and an instructor in the classroom and in the field.
8. Will agree not to discriminate against patients, co-workers and students on the basis of race religion, sex, sexual preference, socio-economic status or disease process.
9. Will agree to attend an approved clinical precepting workshop within one year of appointment.

Process:

1. The Charlotte Hungerford Hospital Sponsor hospital Program will send a letter of invitation to qualified paramedics to complete an application if interested

2. Upon completion, the EMS Director/Coordinator, The MIC Medical Director and the EMS Liaison will review the application, and a joint decision will be needed for acceptance.
3. If not accepted the applicant will be notified in writing, if appropriate the reasons may be disclosed, and an invited to reapply in 1 calendar year.
4. If accepted, the Paramedic Field Instructor (PFI) would:
 - a. Participate in an orientation program
 - b. Attend periodically scheduled meetings/discussions about patient care and EMS issues, which would be credited towards CME hourly requirements.
 - c. Provide factual written evaluation of students/candidates and actively assist the EMS Director/Coordinator and the MIC Medical Director in the granting of medial authorization for MIC field personnel.
 - d. Serve as faculty and instructors for CHH Sponsor Hospital programs.
5. PFIs may be involved in field studies and trials of new equipment, supplies, medications and procedures.
6. PFIs will be granted credit towards CME requirements for didactic program participation.
7. PFIs will be reviewed annually and may be re-appointed indefinitely in one-year increments. Renewal status will be based on participation in educational and quality improvement activities. The EMS Director/Coordinator and the MIC Medical Director reserve the right to revoke the status of PFIs at any time, if warranted and provided there is due process.

Requirements for Maintaining Status:

1. Maintain all of the above listed requirements.
2. Attend 32 hours of Sponsor Hospital approved Continuing Medical Education (CME) every 12 months through attendance at PFI sessions or via Sponsor Hospital approved CME activities.
3. Maintain NREMTP status (those who are EMT-P certified prior to 2001, and not NREMTP certified are exempt).

**The Charlotte Hungerford Hospital
EMS Division**

Medical Control Authorization for MIC Technicians for Early Defibrillation (MRT, EMT, EMT-I) Using Semi-Automatic Defibrillators

Policy Number:

Issue Date:

Signature: _____

	Date	Signature
Revised	_____	_____
Revised	_____	_____

Purpose

1. To define the technician requirements to achieve and maintain authorization at the early defibrillation level through the CHH Sponsor Hospital Program.
2. To define the initial and subsequent training for MRTs, EMTs, and EMT-Is authorized to function at the defibrillation level by the CHH Sponsor Hospital Program.
3. To ensure accurate and complete documentation of all credentials to function at the defibrillation level, to ensure familiarity with early defibrillation protocols and to define the procedure to follow to gain medical authorization at the defibrillation level.

Requirements

Individual Technician

1. Must be at least 16 (sixteen Years of age by the time of training completion).
2. Shall be currently certified as BCLS for Healthcare Providers or the equivalent, or CPR-Instructor.
3. Must successfully complete a defibrillation training program which is approved by the Sponsor Hospital.
4. Must be affiliated with a Defibrillation Service.
5. May only utilize their skills when functioning as an authorized member of the defibrillation service.
6. Must comply with any additional educational and quality assurance requirements as set forth by the Sponsor Hospital.

Training

The Sponsor Hospital Program must approve early Defibrillation initial training programs in order to be eligible for meeting medical authorization requirements. Programs must be no less than 4 (four) hours in duration and must meet or exceed the American Heart Association early defibrillation curriculum standard.

Medical Control Authorization

EMS personnel are authorized to perform defibrillation by the Sponsor Hospital MIC Medical Director. Continued authorization is contingent upon early defibrillation refresher and practical skills testing at the discretion of the MIC Medical Director. Medical control authorization is valid for 1 year from completion of training and/or receipt of all necessary materials and continued affiliation with sponsored defibrillation service.

Procedure

1. Complete an Application for Medical Control Authorization and provide copies of the following items:
 - a. Current OEMS certification as an MRT, EMT and EMT-I
 - b. Current CPR, Professional Rescuer or Instructor certification.
 - c. Copies of all other relevant pre-hospital certificates (i.e. PHTLS, PALS, etc.)
 - d. Letter from sponsored EMS provider stating current affiliation.
 - e. Letter or certificate indicating successful completion of an approved early defibrillation course.
2. The technician must successfully complete the protocol exam with a passing grade of 75% or better. Any technician failing the protocol exam will have another opportunity to take the test.
3. Upon receipt of all of the above and satisfactory review and acceptance by the MIC Medical Director, the defibrillation technician will receive a letter or card that will serve as authorization to function at the defibrillation level under the authority of the MIC Medical Director. This authorization is valid for 1 year.
4. To re-new medical control authorization to function at the defibrillation level, the technician must complete the required refresher training and must submit a medical control renewal application.
5. Only AEDs that are hands off are approved for usage by defibrillation technicians, at no time shall the use of non-automated defibrillation and pacing be allowed by defibrillation technicians who are not licensed and practicing as a EMT-P.

**The Charlotte Hungerford Hospital
EMS Division
Sponsor Hospital Program**

Medical Control Authorization for MIC Technicians for Epinephrine Auto Injector

Policy Number:

Issue Date:

Signature: _____

	Date	Signature
Revised	_____	_____
Revised	_____	_____

THIS POLICY IS CURRENTLY UNDER REVIEW

PLEASE REFER TO THE EMT-BLS PROTOCOLS

Forms



**Charlotte Hungerford Hospital
Department of Emergency Medicine
Division of EMS**

Application For Medical Authorization

Initial Renewal

Level: EMT-Paramedic EMT-Intermediate EMT-B

Personal Information

Last Name: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____-_____

Home Phone: () ____-____ Work Phone: () ____-____ Other: () ____-____

Email: _____ Date of Birth: __/ __/ ____

Gender: () Male () Female Social Security Number: ____-____-____

Primary Sponsor Hospital: _____

NOTE: If you are changing your primary Sponsor Hospital, please have all of your CME records forwarded to the EMS Director at The Charlotte Hungerford Hospital.

Current EMS Affiliations (List below those services with whom you are currently affiliated. Applicant must furnish a letter verifying EMS affiliation from his/her primary CHH Sponsor Hospital EMS Affiliation)

Start Date Month/Year	Name of Service	Position (EMT, EMT-P)	Employment Status (F/T, P/T, Volunteer)	Sponsor Hospital*

* Applicants should provide a letter from each Sponsor Hospital verifying control authorization in good standing

Certifications (Attach a copy of each with your application. You are Responsible for providing updated copies as they are renewed and a copy of all certifications prior to December 15th of each year)

Certification	Number	Level	Expiration
State of Connecticut OEMS		<input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic	
CPR		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
ACLS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
PALS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
PHTLS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
Other		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
Other		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	

EMS Training Information If recent graduate and/or less than 1 year of experience, please include a letter from program director which describes the program including the number or hours [lecture, labs, clinical rotations] and any additional course requirements [i.e. number of successful IV, ET, etc.].

Level	Sponsor	Program Director/Instructor	Dates of Course
EMT-I			
EMT-P			

Prior EMS Experience List below all prior EMS experience. If on the ALS level, also indicate the Sponsor Hospital and /or Medical Control Authorizing Agency. Attach additional sheets as necessary. *Please attach a copy of your current resume/CV.*

Dates (From - To)	EMS Service Address	Position (EMT, Paramedic) Status (F/T, P/T, Vol.)	Sponsor Hospital Contact Person

Check here if additional information is attached regarding prior EMS experience.

**The Charlotte Hungerford Hospital
EMS Sponsor Hospital Program**

Consent for Release of EMS Clinical Performance Information

EMS Agency: _____

Medical Director: _____

EMS Director/Coordinator: _____

Hospital: _____

Address: _____

Phone: _____

Having made application for medical control authorization through the Charlotte Hungerford Hospital, I request that their representative be informed of the following information. I release all Persons from all liability in responding to inquiries in connection with my application.

Name: _____

Signature: _____

Date: _____

Applicant do not write below this line

The applicant above has applied for medical authorization at The Charlotte Hungerford Hospital at the _____ level. To assist us in evaluating this person's qualifications, please answer the questions below and provide any other information that might be helpful. All information will be held in confidence. Please note that the applicant has authorized the release of this information.

1. Have you directly observed this applicant's clinical skills? If so please comment.
2. In your opinion is he/she competent in his/her practical skills?
3. Does he/she have a good rapport with patients?
4. Does he/she exhibit professional behavior?
5. Is he/she eligible for rehire/recredentialing by you?

Completed by: _____

Title: _____



**Charlotte Hungerford Hospital
Department of Emergency Medicine
Division of EMS**

Application For Paramedic Field Instructor

Name: _____

Home Address: _____

Phone: _____ Email: _____

Primary EMS Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Date of Employment: _____ Full or Part Time: _____

Total Years in EMS: _____

Awards and Recognitions: _____

Memberships: _____

References

Name	Address and Phone	Relationship

Certifications

Certification	Number	Level	Expiration
NREMTP			
State of Connecticut OEMS		<input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic	
CPR		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
ACLS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
PALS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
PHTLS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
Other		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
Other		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
State of Connecticut OEMS		<input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic	
CPR		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
ACLS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
PALS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
PHTLS		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
AHLS (advanced Hazmat Life Support)		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	
CCEMTP (Critical Care EMTP)		<input type="checkbox"/> Instructor <input type="checkbox"/> Provider	

Please attach a copy of your resume/CV

Paramedic Training Program Attended: _____

City: _____ State: _____

Dates: From _____ To _____

