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DEPARTMENT OF HEALTH & SOCIAL SERVICES

Public Health Division



SOLANO
COUNTY

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POLICY MEMORANDUM 3420

Implementation Date: August 1, 1991
Revised Date: March 1, 2020
Review Date: March 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: PARAMEDIC PRECEPTOR – ROLES & RESPONSIBILITIES

AUTHORITY: HEALTH AND SAFETY CODE, DIVISION 2.5, SECTION 1797.220 and
CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 9, ARTICLE 2,
CHAPTER 4, SECTION 100150.

PURPOSE/POLICY:

To establish a means for designating Paramedic Preceptors and criteria for evaluation of interns, candidates, and paramedics that require monitoring.

I. ROLE OF PARAMEDIC PRECEPTOR

- A. Solano County Emergency Medical Services (EMS) Agency shall designate Paramedics as preceptors who shall monitor and evaluate:
1. The performance of Paramedic students performing internship requirements of their Paramedic program.
 2. Paramedics undergoing pre-accreditation evaluation to be able to become a Solano County Accredited Paramedic.
 3. Solano County Accredited Paramedics identified by the Quality Assurance (QA) process as needing in-service education and/or probationary monitoring as required by the EMS Agency Medical Director.

- B. Paramedic Preceptors perform their functions within a two tiered system that outlines which level of monitoring is required.

TIER 1

Paramedic Preceptor I – A Solano County EMS Accredited Paramedic that has two (2) years of experience as a Paramedic in Solano County. A Designated Paramedic Preceptor I shall only be assigned to monitor the criteria outlined in Section (I)(A)(2) and/or (3) of this policy.

TIER 2

Paramedic Preceptor II – A Solano County EMS Accredited Paramedic that has four (4) years of experience as a Paramedic in Solano County. A Designated Paramedic Preceptor II can be assigned to monitor the criteria outlined in Section (I)(A)(1), (2), and (3) of this policy.

- C. Upon the implementation of this policy, all current Designated Paramedic Preceptors will keep their current status until the expiration of their current Solano County EMS Paramedic Accreditation. Upon Paramedic reaccreditation, the Designated Preceptor will be given the proper level of Paramedic Preceptor Designation in accordance with the years of service within Solano County as outlined in Section (I)(B) of this policy, if they so choose.

II. PREREQUISITES FOR DESIGNATION OF PRECEPTOR

- A. Applicant must be currently accredited in Solano County as a Paramedic and be in good standing with Advanced Life Support (ALS) Provider and EMS Agency current audit review mechanisms;
- B. Applicant shall demonstrate field experience in Solano County as an Accredited Paramedic as outlined in Section (I)(B) of this policy;
- C. Applicant must have a course completion certificate for a basic Preceptor Training Workshop from a preceptor program approved by Solano County EMS within the last three months;
- D. Applicant must have a written recommendation from **BOTH** his/her employer and ALS Provider Medical Director. This letter should speak to the Paramedic's abilities, knowledge, and potential leadership skills.
- E. A Tier II Applicant must have completed formal training in education or adult education (e.g. college courses, teaching credentials, American Heart Association Instructor, California State Fire Marshal Fire Instructor 1A and 1B, etc.).
 - 1. This requirement may also be satisfied by completion of an in-depth, provider-based, training program, approved by the EMS Agency Medical Director, focused on the topics of precepting a Paramedic student intern and instruction techniques of adult education.
- F. Applicant must fill out an Initial Paramedic Preceptor Application (Attachment A) and submit with copies of all recommendations and certificates required in (B), (C), and (D) for Tier I or (B), (C), (D), and (E) for Tier II
 - 1. A current Designated Tier I Preceptor that wishes to upgrade to Tier II will only be required to file documentation of adult education training when applying for change of status.

III. DESIGNATION

- A. After approval of all required documentation, applicants shall be granted Paramedic Preceptor Status by the Solano County EMS Agency for a period that runs concurrent with their Solano County Paramedic Accreditation.
- B. Preceptor status may be revoked by the EMS Medical Director at any time, after formally reviewing a written request from Base Hospital Liaison personnel, training institutes, ALS Providers, Physician's Forum, EMS Agency Staff, the Preceptor, or after review of the annual Designated Paramedic Preceptor Quality Improvement Review.
- C. Revocation of Paramedic Preceptor status shall follow due process, to include:
 - 1. Revocation recommendation with reason for revocation clearly identified by the petitioner, AND
 - 2. Preceptor interview with final outcome status to be under the purview of the EMS Agency Medical Director.

IV. REDESIGNATION

- A. An approved Paramedic Preceptor may redesignate by completing a Renewal Paramedic Preceptor Redesignation Application (Attachment B) when reaccrediting as a Paramedic for Solano County as outlined in Policy 3400, Paramedic Accreditation/Reaccreditation Process Section II.
 - 1. If a Paramedic fails to meet the Paramedic reaccreditation criteria and Paramedic accreditation expires, the Paramedic's Preceptor Designation shall be forfeited and the Paramedic must reapply for Preceptor Designation using the initial designation process.
- B. An approved Paramedic Preceptor shall perform preceptor duties for at least one (1) Paramedic (accrediting Paramedic or Paramedic under review) or a paramedic student OR be a lead instructor for an EMS related educational endeavor per two-year period. The names of Paramedics or paramedic students and time periods of monitoring or name of educational endeavor shall be documented on the renewal application.
 - 1. If a Paramedic Preceptor is unable to perform instructional duties for at least one Paramedic (accrediting Paramedic or Paramedic under review) or a paramedic student or be lead instructor per two-year period, the Paramedic Preceptor shall do the following:
 - a. Submit a Renewal Paramedic Preceptor Redesignation Application (Attachment B) as outlined in Section (IV)(A) of this policy; AND
 - b. Retake a Preceptor Training Workshop from a preceptor program approved by Solano County EMS
- C. By not filing this application, the Paramedic Preceptor will forfeit Paramedic Preceptor Designation. The former Paramedic Preceptor may reapply at a later time using the initial designation process.
- D. A Designated Paramedic Preceptor may voluntarily request at any time to surrender his/her designation status. This request shall be submitted in writing to the EMS Agency and the Paramedic Preceptor's employer will be notified.

- E. For any reason, if an ALS Provider removes Designated Paramedic Preceptor status from a preceptor, the ALS Provider shall notify Solano County EMS Agency and provide written documentation and supporting evidence as to why this is occurring.

V. DESIGNATED PARAMEDIC PRECEPTOR QUALITY IMPROVEMENT REVIEW

- A. The ALS Provider shall conduct a quality improvement review annually, during the month of June, including a critique of each Paramedic Preceptor's activities during the preceding year with special attention to:
 - 1. Review of all audits completed involving Paramedic Preceptor being reviewed;
 - 2. Review of all counseling sessions documented;
 - 3. Review of any Field Advisory Reports;
- B. The ALS Provider, after the annual Preceptor review, shall provide a summary of findings to Solano County EMS Agency. This summary is to include, but not be limited to:
 - 1. Number of times Preceptors were used and how many Paramedic field interns or Accrediting Paramedics each Paramedic Preceptor had in the preceding year;
 - 2. A sampling of feedback from Paramedic field interns and Accrediting Paramedics on each Paramedic Preceptor;
 - 3. Any issues with patient care witnessed by Paramedic Preceptors by the Paramedics being precepted;
 - 4. Any Field Advisory Reports (FAR) involving the Paramedic Preceptor;
 - 5. Any action taken against the Paramedic Preceptor by the ALS Provider.
- C. Any adverse action reported to the Solano County EMS Agency stemming from the Preceptor annual review may affect the Paramedic's Designated Preceptor status, including but not limited to: reeducation, suspension of the Preceptor Designation, and/or notification of action to the California State EMS Authority for further investigation.

VI. DOCUMENTATION

- A. Documentation of performance for Paramedic field interns shall be recorded on forms provided by the Paramedic training institutes and approved by Solano County.
- B. Documentation of performance for Paramedics awaiting accreditation, or probationary Paramedics, shall be recorded on Solano County Paramedic Performance Evaluation Form (see attached).
- C. Patient Care Reports (PCR) shall be utilized, as set forth in Solano County Policy 6100, Instructions for Completion of Patient Care Record. Both the Paramedic Preceptor and/or the Paramedic field intern shall sign and review the PCR prior to submission at the receiving hospital.
- D. Skills verification reports generated and documented through Electronic PCRs will be made available upon written request by the Paramedic Trainee. These will be mailed directly to the Training Instructor responsible for the requesting Paramedic field intern within 60 days of completion of the Paramedic Field Internship.

VII. RESPONSIBILITY OF THE PARAMEDIC PRECEPTOR

- A. It shall be the responsibility of the Paramedic Preceptor to allow or disallow patient contact and EMS intervention based on his/her perceptions as to the ability of the Paramedic (accrediting Paramedic or Paramedic under review) or paramedic student. The health and safety of the patient is always the paramount issue.
 - 1. If an incident should occur while performing patient care, the Paramedic Preceptor, as well as the Paramedic (accrediting Paramedic or Paramedic under review) or paramedic student, shall be reviewed under the QI processes of the ALS Provider Agency and the EMS Agency. The EMS Agency shall be notified of an incident through the FAR process within 48 hours of the incident.
 - a. If a paramedic student is involved with the incident, the paramedic student's Instructional Institution shall be notified of the incident for possible reeducation.

VIII. MINIMUM NUMBER OF PARAMEDIC PRECEPTORS PER PROVIDER SERVICE

- A. Each provider service shall maintain a minimum of one (1) Paramedic Preceptor for every ten (10) Paramedics employed so as to adequately provide for Paramedic preceptor responsibilities.
- B. ALS Providers shall submit to Solano County EMS Agency a list of active/approved Paramedic Preceptors by June 1st annually, or upon request.
 - 1. Failure by the ALS Provider to submit a list of active/approved Paramedic Preceptors may result in the suspension of **ALL** Paramedic Preceptors until this documentation is received.

IX. ASSIGNMENT OF PRECEPTORS

- A. Assignment of Paramedic Preceptors to persons being monitored must be approved by the EMS Medical Director, or their designee (written verification to be provided from EMS Agency).

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**POLICY 3420 ATTACHMENT A
INITIAL PARAMEDIC PRECEPTOR APPLICATION**

FOR _____ through _____
(Start date) (Accreditation expiration date)

NAME: _____

SOLANO COUNTY PARAMEDIC #: _____

DATE: _____

EMPLOYER: _____

Years as an Accredited Paramedic in Solano County: _____

Preceptor Tier Level Applying For: TIER I TIER II

Checklist for required preceptor prerequisite documentation:

- Verification of Solano County Paramedic accreditation in good standing **AND** years of service within Solano County in accordance of Tier Level applying for;
- For Tier II ONLY: Documentation of successful completion of any formal adult education training programs (AHA certified instructor, teaching credentials, transcripts, Fire Instructor 1A and 1B, etc.) **OR** documentation of provider based training program on precepting a Paramedic student intern and instruction techniques of adult education;
- Written recommendations from my employer **AND** ALS Provider Medical Director;
- Written verification of course completion of a Paramedic Preceptor Training Workshop or equivalent within the last three months as approved by the EMS Agency Medical Director.

I hereby attest that all statements above and attachments are true.

Applicant Signature

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POLICY 3420 ATTACHMENT B
PARAMEDIC PRECEPTOR APPLICATION RENEWAL

FOR: _____ through _____
(Start date) (Accreditation expiration date)

DATE: _____

NAME: _____

CALIFORNIA STATE PARAMEDIC LICENSE #: _____

SOLANO COUNTY PARAMEDIC #: _____

EMPLOYER: _____

Years as an accredited Paramedic in Solano County: _____

Years as an approved Paramedic Preceptor in Solano County: _____

Renewing Paramedic Preceptor Tier Level: TIER I TIER II

Upgrading from TIER I to TIER II: YES NO

If yes, submit documentation of formal education training as outlined in Policy 3420 Section II(E) or II(E)(1).

Name of Paramedics/Paramedic Interns Precepted OR EMS Instruction	Dates Precepted or Instructed

*If more room is needed, continue on the back of this application.

I hereby attest that all statements above are true.

Applicant Signature