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NEW HAVEN SPONSOR HOSPITAL PROGRAM MEDICAL AUTHORIZATION POLICY

PURPOSE: To provide a mechanism by which State of Connecticut certified or licensed EMS personnel can become medically authorized by the New Haven Sponsor Hospital Program (NHSHP) MIC Medical Director. Only employees of EMS services sponsored by NHSHP and who otherwise meet the requirements of this Policy are eligible to obtain medical authorization.

A. DEFINITIONS. The following definitions apply to this Policy:

Applicant. An employee of an EMS service who has applied to NHSHP for medical authorization.

ALS calls. Those calls requiring advanced life support services in which the applicant for medical authorization is responsible for assessment of the patient, formulation of an appropriate treatment plan, and performance of appropriate ALS skills under the supervision of an approved Paramedic Field Instructor (PFI) or SHARP Team member.

Medical authorization. Permission to perform medical care treatments (a) to the extent permitted by the CT Office of Emergency Medical Services; and (b) according to NHSHP protocol under the medical oversight and direction of NHSHP as provided by law.

EMS Service. An organization or entity that is (a) authorized under applicable state and local laws and regulations to provide emergency medical services, and (b) sponsored by NHSHP.

B. ELIGIBILITY

To be eligible for consideration for medical authorization, an applicant must:

1. Meet all applicable state licensure and certification requirements;
2. Be employed by and in good standing with an EMS service;
3. Meet all other requirements specified in this Policy.



C. PROCESS

Note: This section currently applies ONLY to paramedics. Over the next 18 months (April 2007 – October 2008), on a service-by-service basis, EMT-Bs and MRTs will be included as well. By October 2008, all EMS personnel in all NHSHP-sponsored agencies will be included in this process.

To be considered for medical authorization, applicants must provide the following documentation to the NHSHP office:

1. A copy of a current State of Connecticut certification card or license at the level for which medical authorization is being sought.
2. A copy of a current BLS-HCP card.
3. A letter from the EMS service verifying employment at the MIC level for which medical authorization is being sought.
4. A completed NHSHP MIC Personnel application.

D. PARAMEDICS

1. In addition to the above (C1-4), the following must be submitted by paramedics seeking medical authorization.
 - a. A current, valid National Registry of EMTs paramedic card, and current ACLS, PALS, and PEPP cards. Paramedic applicants may apply and begin precepting without current PEPP certification on the condition that they complete the program prior to attaining NHSHP medical authorization. Also note that as of 1 May 2007, except in the case of a paramedic already on a department's hiring list, NREMT paramedic registration is mandatory for all paramedic applicants for NHSHP medical oversight.
 - b. A letter of recommendation is required from the applicant's last MIC Medical Director who provided medical authorization, verifying that the applicant is eligible for on-going medical authorization and attesting to her/his professionalism; or, if the applicant is a new graduate, a letter of recommendation from the Course Medical Director or Course Coordinator verifying that the applicant graduated in good standing and attesting to her/his professionalism.
 - c. A current (two years old or less) digital photograph. (The NHSHP staff can take a digital photograph in the office if needed.)
2. Upon review and approval of the required application materials by the NHSHP Director, the applicant will schedule a written protocol exam with the NHSHP office, to be completed within 30 days. If the applicant fails (grade <70%) the protocol exam, he or she may schedule a time to take the exam within an additional 30 days. If the applicant fails the exam a second time, he or she must re-start the application process not less than 90 days after the second failure.

3. Upon successful completion of the protocol exam, the MIC Medical Director will grant probationary medical authorization to the applicant for a period of up to, but not exceeding, ninety (90) days. During this probationary period, applicants for medical authorization at the paramedic level must provide pre-hospital patient care under the supervision of an NHSHP-approved Paramedic Field Instructor (PFI). If the applicant is unable to complete the required number of ALS calls set forth in a. or b. below in the 90-day period, he or she must apply to the NHSHP office in writing for an extension of the probationary period.

a. New graduate EMT-P applicants must complete a minimum of thirty (30) advanced life support (ALS) calls, each to the satisfaction of the NHSHP PFI.

b. EMT-P applicants with prior field experience under the auspices of another medical director must complete a minimum of fifteen (15) ALS calls, each to the satisfaction of the NHSHP PFI. If the applicant has not practiced in the field at the paramedic level for more than six months, the MIC Medical Director may choose to require more than 15 ALS calls, and may require operating room and/or simulation time for demonstration of proficiency in airway management skills.

4. The supervising PFI will evaluate and document each call on an NHSHP MIC Preceptor Field Evaluation form. A copy of the completed patient care report must be attached to the evaluation form for each call. These forms will be compiled for review at the time of the final field evaluation.

5. The minimum requirements set forth in this section may be modified at the sole discretion of the MIC Medical Director, e.g. for paramedics with substantial prior field and teaching experience.

6. When, as determined by the PFI(s) and the EMS Coordinator(s), the MIC applicant has demonstrated sufficient clinical competence and professionalism such that medical authorization is appropriate and in the best interests of the public health and safety, a written or verbal recommendation for final field evaluation will be made to the MIC Medical Director. In the event the PFI(s), EMS Coordinator(s), and/or NHSHP Director determine that the MIC applicant has not demonstrated sufficient clinical competence and professionalism to warrant final field evaluation, the MIC Medical Director will review the applicant's file, discuss the applicant's performance with the PFI(s) and/or EMS Coordinator(s), and determine the appropriate course of action, which may include additional precepting.

7. Following completion of the minimum requirements (and/or such other requirements as the MIC Medical Director may prescribe pursuant to Section D.6 above) and recommendation as in D.6 above, the supervising PFI, as applicable, will submit the applicant's field evaluation documentation to the NHSHP office for review by the NHSHP Director. Arrangements will then be made for final field evaluation through the NHSHP office. This field evaluation shall consist of a minimum of four hours of direct field observation by a member of the NHSHP Operations Committee who shall then either recommend or not recommend medical authorization to the MIC Medical Director.

If the Operations Committee member does not recommend medical authorization, the Operations Committee shall advise the MIC Medical Director regarding how to proceed. Typically additional precepted ALS calls will be required before the applicant is granted another final field evaluation.

E. Modification of Medical Authorization for Paramedics: Should a medically authorized EMT-P wish to function at the EMT-B level only, but maintain EMT-P licensing, written notification of such must be submitted to the NHSHP Director and one of the following must occur:

- a. The EMT-P must continue to complete the requirements of the NHSHP MIC Continuing Education Policy for paramedics; or
- b. The EMT-P must successfully complete an EMT-B refresher course within six months of relinquishing medical authorization, and every two calendar years thereafter. Once the EMT-P has accrued a total of six years of field practice at any level of certification, the requirement for a refresher shall change to every three calendar years.

Note: For reasons of liability, NHSHP strongly recommends against NHSHP-authorized paramedics serving as paramedics at one NHSHP-sponsored ALS agency, but as EMT-Bs at another NHSHP-sponsored ALS agency.

F. CRIMINAL CONVICTION POLICY

(Note: This policy is modeled, with permission, on the National Registry of EMTs felony policy.)

EMS practitioners, pursuant to their state licensure, certification, or national registration, have unsupervised contact with patients, as well as unsupervised access to patients' personal property, at a time when patients are at maximum physical and emotional vulnerability. In this capacity, EMS practitioners are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants to enter private property and are subject to substantial oversight when carrying out duties of an intrusive nature, such as "strip searches," EMS practitioners are afforded free access to the homes and bodies of patients who, because of their need for medical attention, are extremely vulnerable and often unable to voice objections to offensive actions, provide an accurate account of events at a later time, or otherwise defend or protect themselves.

Citizens in need of EMS services rely on the EMS system and state licensure, certification or national registration requirements to assure that those who respond to calls for aid and provide the necessary medical and/or transportation services are worthy of this extraordinary trust. Federal law prohibits persons convicted of criminal conduct from serving as police officers, and in NHSHP's view, EMS providers should be held to a similar, if not higher, standard. NHSHP is empowered to grant medical authorization to individual EMS practitioners who meet the applicable criteria, and therefore must ensure that individuals who are granted medical authorization do not present an unreasonable risk to public safety and are otherwise worthy of the high degree of public trust that is placed in them.

1. General Denial

Medical authorization of individuals convicted of certain crimes presents an unreasonable risk to public health and/or safety. Thus, individuals who have been convicted of any of the following types of crimes are not eligible for medical authorization at any level, and shall have their applications denied or their authorization revoked, as applicable:

- A felony involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime (e.g., forcible rape).
- A felony involving the sexual or physical abuse or assault of children, the elderly or the infirm, including but not limited to sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child or assault on an elderly or infirm person.
- Any crime in which the victim is a person whose care is entrusted to NHSHP (e.g., an out-of-hospital patient or a patient or resident of a health care facility), including but not limited to abuse, neglect, theft or financial exploitation.

Revocation of medical authorization shall be effective immediately upon documentation or determination of conviction of any of the above.

2. Presumptive Denial

Medical authorization of the following individuals will be denied or revoked except in extraordinary circumstances, and then will be granted only if the MIC Medical Director determines, based on clear and convincing evidence, that such authorization will not pose an unreasonable risk to public health and/or safety:

- Individuals who have been convicted of any crime and who are currently incarcerated, on work release, or on probation or parole.
- Individuals convicted of any one of the following crimes, unless at least five years have passed since the conviction OR at least five years have passed since release from custodial confinement, whichever occurs later:
 - A serious crime of violence against any person, including but not limited to assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, voluntary manslaughter, kidnapping, robbery of any degree or arson.
 - A crime involving any controlled substance, including but not limited to unlawful possession or distribution, or intent to distribute unlawfully, any Schedule I through V drug as determined by the Uniform Controlled Dangerous Substances Act.
 - A serious crime against property, including but not limited to grand larceny, burglary, embezzlement or insurance fraud;
 - Any crime involving sexual misconduct.

The MIC Medical Director's decision shall be final.

3. Discretionary Denial

Notwithstanding any other provisions of this Policy, the MIC Medical Director may, in his or her sole discretion, deny an individual's application for medical authorization where such individual has been convicted of any other crime (not including minor traffic violations) not specified in this Policy. In determining whether denial of such individual's application is appropriate, the MIC Medical Director may consider the following factors:

- The seriousness of the crime;
- Whether the crime relates directly to the delivery of patient care;
- The period of time that has elapsed since the crime was committed;
- Whether the crime involved violence to, or abuse of, another person;
- Whether the victim of the crime was a minor or a person of diminished capacity;
- Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

The MIC Medical Director may consider such additional factors as are appropriate under the circumstances.