



SERVICE PROVIDER APPROVAL PROCESS FOR EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE

PURPOSE

To establish the initial application process and procedure for approval for a Yolo County Emergency Medical Services Agency (YEMSA) approved EMT Optional Scope Service Provider Agency. The EMT Optional Scope skills available in YEMSA are:

- I. Supraglottic Airway

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 2, §§ 1797.80, 1797.90
Health & Safety Code, Division 2.5, Chapter 3, Article 5, §§ 1797.170, 1797.177
Health & Safety Code, Division 2.5, Chapter 4, Article 1, § 1797.220
Health & Safety Code, Division 2.5, Chapter 5, § 1798.2
Health & Safety Code, Division 2.5, Chapter 6, Article 1, § 1798.104
California Code of Regulations, Title 22, Division 9, Chapter 2, Article 2, § 100064

POLICY

Any Service Provider wishing to utilize any of the EMT Optional Scope skills for EMT employees shall be approved as an EMT Optional Scope Service Provider Agency by YEMSA.

An EMT Optional Scope Service Provider Agency shall meet all requirements set forth by State law, regulations and YEMSA policy.

APPROVAL PROCESS

- I. EMT Optional Scope Program Application for Approval Requirements:
 - A. Any Service Provider wishing to utilize one (1) of the EMT Optional Scope skills for EMT employees shall submit a "YEMSA EMT Optional Scope Service Provider: Application for Approval" packet to YEMSA.
 - B. All applicant agencies shall fully complete the application packet. **Incomplete applications will not be processed.**
 - C. The required information/documentation of a complete application shall include the following:
 1. EMT Optional Scope skill being applied for:
 - a. Supraglottic Airway
 2. A Letter of Intent to provide the EMT Optional Scope service being applied for from the Chief Administrative Officer (CAO) expressing willingness to abide by all YEMSA policies, procedures and Optional Scope skill program requirements.



Yolo County Emergency Medical Services Agency

Service Provider

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3. A description of the geographic area within which the optional skill will be utilized by EMT personnel. (Include response area size, population, population distribution and any other unique characteristics associated with the area that may impact the program, such as; tourist impact, recreational activities, large number of elderly patients, etc.)
 4. A description of the need for use of the Optional Scope skill by EMT personnel within the Provider Agency Service Area, including the number of medical/trauma responses that may have benefited from the Optional Scope skill for the last year.
 5. A letter from the Base Hospital documenting participation in the EMT Optional Scope program. The names of the Base Hospital EMT Optional Scope Program Medical Director and Registered Nurse (RN)/Paramedic Coordinator shall be included.
 6. A written EMT Optional Scope Service Provider Agency Continuous Quality Improvement (CQI) Program, including name(s) of personnel responsible for the program.
 7. A completed YEMSA "Principal Instructor" form. The Instructor shall be a Physician, RN, Physician Assistant (PA), Paramedic or Advanced EMT, licensed or certified in California or a Physician licensed in another state immediately adjacent to California.
 8. An EMT accredited in the Optional Scope skill may assist in demonstration of competency and training of that skill.
 9. An outline or description of the EMT Optional Scope Service Provider's plans for the provision of organized training sessions and/or structured clinical experience for accredited EMT Optional Scope personnel, as required.
 10. The EMT Optional Scope Service Provider Agency procedure for collection, disposition and retention of all pertinent medical records.
- II. YEMSA EMT Optional Scope Program Approval Process:
- A. YEMSA shall notify the EMT Optional Scope Service Provider Agency submitting its application for EMT Optional Scope Service Provider approval within seven (7) working days of receiving the request that:
 1. The application has been received;
 2. The application contains or does not contain the requested information; and
 3. What information, if any, is missing from the application.
 - B. Program approval or disapproval shall be made in writing, to the applicant within a reasonable period of time, after receipt of all required documentation. This time period shall not exceed sixty (60) days.
- III. EMT Optional Scope Program Implementation Requirements:
- A. Prior to implementation of a YEMSA approved EMT Optional Scope Program, the CAO, Program Instructor and other appropriate department administrative personnel with EMT Optional Scope Program responsibilities shall complete an YEMSA EMT Optional Scope Program orientation.