

DAVIS COUNTY HOSPITAL
Job Description

TITLE: EMT-Paramedic Specialist or EMT-Paramedic

DEPARTMENT: Emergency Medical Service

JOB GRADE: 10

APPROVED BY: Chief Operations Officer

LATEST REVISION: 03/06

FORMER REVISION: 02/07

LATEST REVIEW: 05/08

This job description covers the most significant duties performed, but does not exclude other work assignments not mentioned.

DEPARTMENT OBJECTIVES:

To provide quality patient care services appropriate to the age of the patient, pre-hospital and in-hospital settings.

JOB SPECIFICATIONS:

Education & Training: High school graduate or GED required. Iowa Paramedic Certification required. Paramedic Specialist within one year. ACLS certification required. PALS certification required, and NRP certifications required within 6 months of employment. Current BCLS required, BCLS Instructor Certification preferred (Full-time employees required to obtain in a timely manner). EVOC preferred. PHTLS preferred. CCP preferred.

Licensure: Valid Iowa Driver's license; class "D" and endorsement "3" (at a minimum). Driving record must be approved by insurance prior to hiring.

Experience: 1-3 years EMS experience preferred.

Abilities: Good verbal and written communication skills. Motor coordination and manual dexterity required. Adaptable to changing work schedules and patient needs.

REPORTING RELATIONSHIPS:

Reports to: EMS Manager

Supervises: EMT-I's EMT-B's and First Responders, and at times other EMT-P's

JOB SUMMARY:

Works as a member of the team demonstrating knowledge and applying current theory and principles of care in the performance of the following functions appropriate to the age of the patient in the delivery of quality care and services; emergency and routine care of the patient, maintains a safe and clean environment, quality improvement, assists in the supervision of EMT's actively and consistently contributes to department operations and communications, behaves in a manner consistent with the mission and objectives of Davis County Hospital and performs other duties as requested.

ESSENTIAL FUNCTIONS:

1. Functions at the Paramedic/ Paramedic Specialist Level according to Iowa Department of Public Health-EMS section demonstrating the ability to provide and assure the carrying out of procedures and protocols and assuring the maintenance of a safe environment. Provides emergency and non-emergency care, demonstrating the ability to assess patient and situation needs and problems responding appropriately.
2. In the absence of the EMS Manager, will function as Team Leader of the department during emergency and non-emergency responses including the assurance of quality patient care and the efficient operations of the department.
3. Assists in providing patient care in the emergency department, assisting with patient management under the supervision of the ER nurse or physician. Will also assist in other hospital departments as needed and/or assigned, coordinated through EMS Manager.
4. Is ready to respond immediately, in uniform, to calls when on duty. Maintains own skills, remaining current in knowledge of equipment, protocols and trends.
5. Demonstrates thorough, concise and timely documentation and verbal communication of activities, including patient care and fleet maintenance.
6. Assists in the orientation of new personnel. Participates in various hospital and community education services, representing Davis County Hospital EMS in a professional manner.
7. Serves on committees, attends 75% of departmental meetings and actively participating. Follows and assists in the implementation and interpretation of protocols, policies, and procedures.
8. Assist in the monitoring, procurement and proper inventory of supplies in ER and EMS. Assist in maintaining equipment and fleet. Completes charges as appropriate to services, providing appropriate documentation.
9. Self-motivated and able to make decisions independently keeping manager and appropriate others informed and supporting the hospital's philosophy and decisions.

10. Communicates with others (verbally and in writing) in an appropriate and timely manner, demonstrating tact, sensitivity, and ability to deal with people beyond giving and receiving instructions.
11. Adheres to and promotes the established values of the organization, i.e., customer service, safety, compliance standards and all others.
12. Responds to all codes in house while on duty and may be requested while on-call.
13. Reviews Policy & Procedure manuals annually.
14. Reviews 75% of manager's meeting reports.
15. Completes annual OSHA training.

MARGINAL FUNCTIONS:

1. Cooperates with student education programs.
2. Assists in various hospital departments as requested.

WORKING CONDITIONS:

The worker is subject to hazards: including a variety of physical conditions such as proximity to mechanical parts and chemicals including odors.

The worker at times is required to wear a facemask, gown and/or gloves.

Employees in this job classification have been identified as having the likelihood of occupational exposure to blood and other potentially infectious materials, therefore are included in the OSHA Exposure Control Plan with it's specification for preventing contact with the above materials.

PHYSICAL ACTIVITY REQUIREMENTS: (Constant = 67-100% of work day, Frequent = 34-66% of work day, Occasional 33% or less of work day.)

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| Constant | Walking: Moving about on foot to accomplish tasks, particularly of long distances. |
| | Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. |
| Frequent | Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. |
| | Kneeling: Bending legs at knee to come to a rest on knee or knees. |
| | Crouching: Bending the body downward and forward by bending leg and spine. |

Reaching: Extending hand(s) and arm(s) in any direction.

Standing: Particularly for sustained periods of time.

Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.

Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.

Occasional Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.

Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.

Crawling: Moving about on hands and knees or hands and feet.

Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.

PHYSICAL REQUIREMENTS:

Very heavy work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

VISUAL ACUITY REQUIREMENTS:

MACHINE OPERATORS (including inspection), INSPECTION CLOSE ASSEMBLY, CLERICAL, ADMINISTRATIVE. This is a minimum standard for use with those whose work deals largely with preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small defects, small parts, operation of machines (including inspection), using measurement devices, assembly or fabrication of parts at distances close to the eyes.

INTELLECTUAL AND EMOTIONAL REQUIREMENTS:

1. Adaptability to accepting responsibility for the direction, control, or planning of an activity.
2. Adaptability to situations involving the interpretation of feelings, ideas, or facts in terms of personal viewpoint.

3. Adaptability to influencing people in their opinions, attitudes, or judgments about ideas or things.
4. Adaptability to making generalizations, evaluations, or decisions based on sensory or judgmental criteria.
5. Adaptability to making generalizations, evaluations or decisions based on measurable or verifiable criteria.
6. Adaptability to dealing with people beyond giving and receiving instructions.
7. Adaptability to performing repetitive work, or to performing continuously the same, according to set procedures sequence, or pace.
8. Adaptability to performing under stress when confronted with emergency, critical, unusual, or dangerous situations; or situations in which working speed and sustained attention are make-or-break aspects of the job.
9. Adaptability to situations requiring the precise attainment of set limits, tolerance, or standards.
10. Adaptability to performing a variety of duties, often changing from one task to another of a different nature without loss of efficiency or composure.

Emergency Medical Technician – Paramedic (EMT-P)

This EMS provider level identifies individuals who have successfully completed a program of training that used, as a minimum, the 1985 EMT-P national standard curriculum (NSC), or the 1999 EMT-I NSC curriculum and have successfully completed the department’s testing requirements. Individuals certified at this level have a certification number identified with the letter “P”. EMT-P certificates expire on March 31. Rectification requirements include 48 hours of approved continuing education.

Scope of Practice for EMT-P certified providers

AIRWAY/VERTILATION/OXYGENATION
Skill
Airway – Esophageal/Tracheal – Multi Lumen
Airway – Nasal
Airway – Oral
Bag-Valve-Mask (BVM)
Chest Decompression – Needle
Cricoid Pressure (Sellick)
Cricothyroidotomy - Needle
Demand Valve – Oxygen Powered
End Tidal CO ₂ Monitoring/Capnometry
Gastric Decompression – NG Tube
Gastric Decompression – OG Tube
Head-tilt/Chin-lift
Intubation – Lighted Stylet
Intubation – Medication Assisted (non-paralytic)
Intubation – Orotracheal
Jaw-Thrust
Jaw-Thrust – Modified (trauma)
Mouth-to-Barrier
Mouth-to-Mask
Mouth-to-Mouth
Mouth-to-Nose
Mouth-to-Stoma
Obstruction – Direct Laryngoscopy
Obstruction – Manual
Oxygen Therapy – Humidifiers
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Partial Rebreather Mask
Oxygen Therapy – Regulators
Oxygen Therapy – Simple Face Mask
Oxygen Therapy – Venturi Mask
Pulse Oximetry
Suctioning - Tracheobronchial
Suctioning – Upper Airway
Ventilators – Automated Transport (ATV)

ASSISTED MEDICATIONS – PATIENT’S
Skill
Activated Charcoal
Auto-Injected Epinephrine
Medicated Inhaler
Nitroglycerin
Oral Glucose

CARDIOVASCULAR/CIRCULATION
Skill
Cardiac Monitoring – Multi Lead (non-interpretive)
Cardiac Monitoring – Single Lead (non-interpretive)
Cardiopulmonary Resuscitation (CPR)
Cardioversion - Electrical
Carotid Massage
Defibrillation – Automated/Semi-Automated (AED)
Defibrillation – Manual
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control – Tourniquet
MAST/PASG
Mechanical CPR Device
Transcutaneous Pacing – Automated
Transcutaneous Pacing – Manual

IMMOBILIZATION

MEDICATION ADMINISTRATION –

Skill
Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization – Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc)
Splinting – Manual
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum

IV INITIATION/MAINTENANCE/FLUIDS
Skill
Blood/Blood By-Products
Crystalloid (D ₅ W, R/L, NS)
Intraosseous - Initiation
Peripheral – Initiation
Maintenance – Medicated IV Fluids
Maintenance – Non-Medicated IV Fluids (D ₅ W, R/L, NS)

ROUTES
Skill
Aerosolized/Nebulized
Buccal
Endotracheal Tube (ET)
Intramuscular (IM)
Intravenous (IV) Piggyback
Intravenous (IV) Push
Nasogastric
Oral
Rectal
Subcutaneous
Sub-lingual

MISCELLANEOUS
Skill
Assisted Delivery (child-birth)
Blood Glucose Monitoring
Blood Pressure – Manual/Automated
Epi-Pen – Carrying & Administration (By Protocol)
Eye Irrigation
Initiation of IV at Central Line Port
Over-the-Counter Medications (OTC)
Thrombolytic Therapy – Monitoring
Urinary Catheterization
Venous Blood Sampling – Obtaining

Paramedic Specialist (PS)

This EMS provider level identifies individuals who have successfully completed a program of training that used, as a minimum, the 1985 EMT-P national standard curriculum (NSC), plus documentation of completion of the objectives to the 1998 EMT-P NSC, or completed the 1998 EMT-P NSC, and have successfully completed the department's testing requirements. Individuals certified at this level have a certification number identified with the letter "PS". Paramedic Specialist certificates expire on March 31. Rectification requirements include 60 hours of approved continuing education.

Scope of Practice for PS certified providers

AIRWAY/VENTILATION/OXYGENATION
Skill
Airway – Esophageal/Tracheal – Multi Lumen
Airway – Nasal
Airway – Oral
Bag-Valve-Mask (BVM)
Chest Decompression – Needle
Cricoid Pressure (Sellick)
Cricothyroidotomy - Needle
Demand Valve – Oxygen Powered
End Tidal CO ₂ Monitoring/Capnometry
Gastric Decompression – NG Tube
Gastric Decompression – OG Tube
Head-tilt/Chin-lift
Intubation – Lighted Stylet
Intubation – Medication Assisted (non-paralytic)
Intubation – Medication Assisted (paralytics) (RSI)
Intubation - Nasotracheal
Intubation – Orotracheal
Jaw-Thrust
Jaw-Thrust – Modified (trauma)
Mouth-to-Barrier
Mouth-to-Mask
Mouth-to-Mouth
Mouth-to-Nose
Mouth-to-Stoma
Obstruction – Direct Laryngoscopy
Obstruction – Manual
Oxygen Therapy – Humidifiers
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Partial Rebreather Mask
Oxygen Therapy – Regulators
Oxygen Therapy – Simple Face Mask

CARDIOVASCULAR/CIRCULATION

AIRWAY/VENTILATION/OXYGENATION
(Cont.)
Skill
Oxygen Therapy – Venturi Mask
PEEP – Therapeutic (> 6 cm H ₂ O Pressure)
Pulse Oximetry
Suctioning - Tracheobronchial
Suctioning – Upper Airway
Ventilators – Automated Transport (ATV)

ASSISTED MEDICATIONS – PATIENT'S
Skill
Activated Charcoal
Auto-Injected Epinephrine
Medicated Inhaler
Nitroglycerin
Oral Glucose

CARDIOVASCULAR/CIRCULATION
Skill
Cardiac Monitoring – Multi Lead (non-interpretive)
Cardiac Monitoring – Multi Lead (interpretive)
Cardiac Monitoring – Single Lead (non-interpretive)
Cardiac Monitoring – Single Lead (interpretive)
Cardiopulmonary Resuscitation (CPR)
Cardioversion - Electrical
Carotid Massage
Defibrillation – Automated/Semi-Automated (AED)
Defibrillation – Manual
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control – Tourniquet
MAST/PASG
Mechanical CPR Device

MEDICATION ADMINISTRATION –

Skill
Transcutaneous Pacing – Automated
Transcutaneous Pacing – Manual
IMMOBILIZATION
Skill
Spinal Immobilization – Assessment Based
Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization – Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc)
Splinting – Manual
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum

IV INITIATION/MAINTENANCE/FLUIDS
Skill
Blood/Blood By-Products
Colloids – (Albumin, Dextran)
Crystalloid (D ₅ W, R/L, NS)
Intraosseous - Initiation
Peripheral – Initiation
Maintenance – Medicated IV Fluids
Maintenance – Non-Medicated IV Fluids (D ₅ W, R/L, NS)

ROUTES
Skill
Aerosolized/Nebulized
Buccal
Endotracheal Tube (ET)
Intramuscular (IM)
Intravenous (IV) Piggyback
Intravenous (IV) Push
Nasogastric
Oral
Rectal
Subcutaneous
Sub-lingual

MISCELLANEOUS
Skill
Assisted Delivery (child-birth)
Blood Glucose Monitoring
Blood Pressure – Manual/Automated
Epi-Pen – Carrying & Administration (By Protocol)
Eye Irrigation
Initiation of IV at Central Line Port
Over-the-Counter Medications (OTC)
Thrombolytic Therapy – Initiation
Thrombolytic Therapy – Monitoring
Urinary Catheterization
Venous Blood Sampling – Obtaining

Critical Care Paramedic (CCP)

This EMS provider endorsement identifies individuals who hold a valid Iowa PS certification and have successfully completed an Iowa approved critical Care Paramedic program. Individuals holding a valid endorsement as a CCP and working for an approved CCP transporting service may perform CCP skills listed below during an intra-facility critical care transport (CCT). CCP endorsement will expire along with the individual's PS certification on March 31. Individuals wishing to maintain their endorsement as a CCP must complete a minimum of 8 hours of continuing education based on the CCP core curriculum during their PS certification period.

Scope of Practice for PS certified providers with CCP endorsement

AIRWAY/VENTILATION/OXYGENATION
Skill
Airway – Esophageal/Tracheal – Multi Lumen
Airway – Nasal
Airway – Oral
Bag-Valve-Mask (BVM)
BiPAP
Chest Decompression – Needle
Chest Tube Placement – Assist Mode Only
Chest Tube – Monitoring & Management
CPAP
Cricoid Pressure (Sellick)
Cricothyroidotomy – Needle
Cricothyroidotomy – Surgical
Demand Valve – Oxygen Powered
End Tidal CO ₂ Monitoring/Capnometry
Gastric Decompression – NG Tube
Gastric Decompression – OG Tube
Head-tilt/Chin-lift
Intubation – Digital
Intubation – Lighted Stylet
Intubation – Medication Assisted (non-paralytic)
Intubation – Medication Assisted (paralytics) (RSI)
Intubation - Nasotracheal
Intubation – Orotracheal
Intubation - Retrograde
Jaw-Thrust
Jaw-Thrust – Modified (trauma)
Mouth-to-Barrier
Mouth-to-Mask
Mouth-to-Mouth
Mouth-to-Nose
Mouth-to-Stoma

AIRWAY/VENTILATION/OXYGENATION (Cont.)
Skill
Obstruction – Direct Laryngoscopy
Obstruction – Manual
Oxygen Therapy – Humidifiers
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Partial Rebreather Mask
Oxygen Therapy – Regulators
Oxygen Therapy – Simple Face Mask
Oxygen Therapy – Venturi Mask
PEEP – Therapeutic (> 6 cm H ₂ O Pressure)
Pulse Oximetry
Suctioning - Tracheobronchial
Suctioning – Upper Airway
Ventilators – Automated Transport (ATV)
Ventilators, Automated – Enhanced Assessment & Management

ASSISTED MEDICATIONS – PATIENT'S
Skill
Activated Charcoal
Auto-Injected Epinephrine
Medicated Inhaler
Nitroglycerin
Oral Glucose

CARDIOVASCULAR/CIRCULATION

IV INITIATION/MAINTENANCE/FLUIDS

Skill
Cardiac Monitoring – Multi Lead (non-interpretive)
Cardiac Monitoring – Multi Lead (interpretive)
Cardiac Monitoring – Single Lead (non-interpretive)
Cardiac Monitoring – Single Lead (interpretive)
Cardiopulmonary Resuscitation (CPR)
Cardioversion - Electrical
Carotid Massage
Defibrillation – Automated/Semi-Automated (AED)
Defibrillation – Manual
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control – Tourniquet
Internal Cardiac Pacing – Monitoring Only
MAST/PASG
Mechanical CPR Device
Transcutaneous Pacing – Automated
Transcutaneous Pacing – Manual

IMMOBILIZATION	
Skill	
Spinal Immobilization – Assessment Based	
Spinal Immobilization – Cervical Collar	
Spinal Immobilization – Long Board	
Spinal Immobilization – Manual Stabilization	
Spinal Immobilization – Seated Patient (KED, etc)	
Splinting – Manual	
Splinting – Rigid	
Splinting – Soft	
Splinting – Traction	
Splinting – Vacuum	

IV INITIATION/MAINTENANCE/FLUIDS	
Skill	
Arterial Line – Monitoring & Access Only	
Blood/Blood By-Products	
Central Line – Monitoring & Access Only	

Skill
Colloids – (Albumin, Dextran)
Crystalloid (D ₅ W, R/L, NS)
Intraosseous - Initiation
Peripheral – Initiation
Maintenance – Medicated IV Fluids
Maintenance – Non-Medicated IV Fluids (D ₅ W, R/L, NS)

MEDICATION ADMINISTRATION – ROUTES	
Skill	
Aerosolized/Nebulized	
Buccal	
Endotracheal Tube (ET)	
Intramuscular (IM)	
Intravenous (IV) Piggyback	
Intravenous (IV) Push	
Nasogastric	
Oral	
Rectal	
Subcutaneous	
Sub-lingual	

MISCELLANEOUS	
Skill	
Assisted Delivery (child-birth)	
Blood Glucose Monitoring	
Blood Pressure – Manual/Automated	
Epi-Pen – Carrying & Administration (By Protocol)	
Eye Irrigation	
Hemodynamic Monitoring	
ICP Monitoring	
Initiation of IV at Central Line Port	
Over-the-Counter Medications (OTC)	
Thrombolytic Therapy – Initiation	
Thrombolytic Therapy – Monitoring	
Urinary Catheterization	
Venous Blood Sampling – Obtaining	