

**North Central Connecticut
Emergency Medical Services Council**

**GUIDELINES FOR OBTAINING
MEDICAL CONTROL AUTHORIZATION
BY
EXPERIENCED NON-PRACTICING
PARAMEDICS**

Definition: Any EMT-Paramedic with greater than two years experience who has not been functioning as a paramedic (at least 32/hours a month) for more than Ninety (90) days.

Purpose:

To provide a mechanism for Licensed Connecticut Paramedics to obtain medical authorization to practice as a paramedic with sponsorship through a hospital within the North Central Connecticut Region.

To familiarize each candidate with the sponsor hospital's policies, procedures, and protocols.

To accurately document each candidate's credentials.

Process:

1. Candidates requesting medical control authorization must provide the following documentation to the sponsor hospital's EMS Coordinator and/or EMS Medical Director.
 - a. A completed application for medical control authorization shall include, but not be limited to:
 - Regional Request to Precept Application
 - EMS Education and related certifications
 - All past and present EMS employment and affiliations
 - All past and most recent MIC medical control authorizations
 - b. A current resume or curriculum vitae

- c. Copies of current certification cards to include:
 - Connecticut Paramedic License
 - ACLS
 - PALS/PEPP
 - BLS (CPR)
 - Other cards (optional) PHTLS, NALS
 - Paramedic CME for the past six months
 - d. A letter from the sponsored MIC service verifying the candidate's status as an employee at the paramedic level, and the MIC service's request that the candidate be medically authorized to practice at the paramedic level.
 - e. A letter of recommendation from the candidate's most recent sponsor hospital EMS Coordinator or Medical Director. This letter should also indicate continuing medical education completed to date.
2. Upon completion of Step 1, the EMS Coordinator will schedule a meeting with the candidate. At that time the candidate will receive copies of applicable policies, treatment protocols, and other expectations. The candidate will be scheduled to take the North Central Regional Paramedic Protocol Exam. The candidate shall be scheduled for a minimum of four- (4) hour's observation time in the Sponsor Hospital's Emergency Department. A skills assessment will be scheduled if deemed necessary by the EMS Coordinator. A candidate must successfully complete these. Any inadequacies will be address with the candidate, and options delineated.
 3. Temporary medical control authorization will be granted for the purpose of precepting, during which the candidate may practice paramedic skills under the direct supervision of sponsor hospital approved preceptors.
 - a. A candidate must complete at least 30 ALS calls or 160 hours of ride time, which are defined as those in which the candidate is responsible for patient assessment, formulation of a treatment plan and performance of appropriate ALS skills. This requirement can be waived or modified by the EMS Medical Director.
 4. The EMS Coordinator will review with the candidate his/her performance during the field preceptorship. A field evaluation of the candidate may be conducted at the discretion of the EMS Coordinator.
 5. The EMS Coordinator will make a recommendation to the EMS Medical Director concerning medical control authorization for the candidate.