

## **POLICY #350: MOBILE INTENSIVE CARE NURSE INITIAL AUTHORIZATION**

### I. PURPOSE

- A. To establish criteria for the initial authorization of Mobile Intensive Care Nurses (MICN) in the County of San Luis Obispo (SLO).

### II. SCOPE

- A. This policy applies to all California licensed Registered Nurses, who work in the Emergency Department (ED) for a Base Hospital in the County of SLO, wishing to obtain authorization as an MICN.

### III. POLICY

- A. A current and valid California Registered Nurse license and local authorization are required to practice as an MICN in the County of SLO.
- B. Only MICNs with a current authorization may represent themselves as an MICN. Individuals not currently authorized as an MICN who represent themselves as such may be subject to discipline as outlined in Emergency Medical Services (EMS) Agency Policy# 300: Investigation and Disciplinary Process.
- C. All initial authorization candidates must complete the following before applying for initial authorization:
  - 1. EMS Agency Initial Authorization Course and pass the written examination with a minimum score of 80%. The course instructor will evaluate any candidate who fails to pass the testing and evaluation process and recommend to the EMS Agency Medical Director further evaluation or training, as required.
  - 2. Complete the following within 3 months of passing the initial MICN authorization course:
    - a. An orientation to Base Hospital radio operation techniques and hardware provided by the Paramedic Liaison Nurse at the candidate's Base Hospital utilizing the EMS Agency Orientation Checklist – Attachment B.
    - b. A minimum of fifteen (15) paramedic radio calls proctored by an authorized MICN, a minimum of ten (10) calls must be advanced life support (ALS). Record each call, utilizing the EMS Agency Proctoring Form – Attachment C, indicating date, time, and nature of the case (e.g., major trauma, syncope, chest pain). The candidate and the proctoring MICN must sign each recorded call.
    - c. Ten (10) hours of field observation time accompanying a field training officer (FTO) or other EMS Agency approved evaluator as follows: six (6) hours with an ALS ambulance and four (4) hours with a non-transporting ALS agency. The supervising training officer will complete and sign the

EMS Agency MICN Field Orientation Checklist – Attachment D. The candidate may elect to tour the County of SLO Emergency Operations Center (EOC) or MedCom in lieu of the four-hour field observation time with a non-transporting ALS agency.

- D. Candidates for initial authorization must apply to the EMS Agency in person, by mail, fax or E-mail, and pay the non-refundable application fee.
- E. Candidates whose checks return for insufficient funds may be subject to disciplinary action as outlined in EMS Agency Policy# 101: Fee Collection.
- F. All information on the EMS Agency application is subject to verification. Candidates who supply information found to be fraudulent will be subject to the disciplinary process outlined in EMS Agency Policy# 300: Investigation and Disciplinary Process.
- G. Authorization will be for a maximum of two years:
  - 1. The effective date of authorization will be the date the candidate meets all local requirements as demonstrated to the EMS Agency.
  - 2. The authorization will expire:
    - a. Two years from the completion date of the initial MICN authorization course, or
    - b. On the date, the MICN no longer meets authorization requirements.
- H. Once authorized as an MICN, based on the continuous quality improvement process the employer or EMS Agency Medical Director may determine that a MICN needs additional training, observation or testing. The employer, the EMS Agency Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the MICN. If there is disagreement between the MICN, the employer and/or the EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail.
- I. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend authorization for a minimum of one (1) year and up to two (2) years.
- J. As a condition of continued authorization, a MICN must attend and pass all mandated training as may be required from time to time by the EMS Agency.
- K. It is the responsibility of the MICN to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- L. The EMS Agency Medical Director must approve exceptions to any authorization requirements.

#### IV. PROCEDURE

- A. A candidate for initial MICN authorization in the County of SLO must complete the EMS Agency application – Attachment A, and supply documentation establishing eligibility for authorization as follows:
1. Current California Registered Nurse license
  2. Current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the standards for professional rescuers of the American Heart Association or other course approved by the EMS Agency Medical Director.
  3. Current Advanced Cardiac Life Support (ACLS) provider certification issued by the American Heart Association or other course approved by the EMS Agency Medical Director.
  4. Provide a letter of employment from a County of SLO Base Hospital indicating current employment in their ED with a minimum of one-year experience in ED nursing.
  5. Proof of completing the initial MICN authorization course.
  6. Proof of completing the orientation to Base Hospital radio operations.
  7. Proof of completing the MICN field orientation, including EOC/MedCom visit documentation if applicable.
  8. Documentation of fifteen (15) proctored radio calls.
  9. Pay the established non-refundable authorization fee.

V. AUTHORITY

- Health and Safety Code, Division 2.5, Chapter 2, Section 1797.56; Chapter 3, Article 5, Section 1797.175; Chapter 4, Article 1, Section 1797.210; and Chapter 4, Article 1, Section 1797.213(a)

VI. ATTACHMENTS

- A. MICN Authorization Application Form
- B. Base Hospital Orientation Checklist
- C. Base Hospital Proctoring Form
- D. Field Orientation Checklist