



# State of Louisiana

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Bureau of Emergency Medical Services  
Emergency Medical Services Certification Commission

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## Clinical Field Revisions

Below is a policy revision and policy exception regarding EMS education at the Paramedic, AEMT, and EMT levels in Louisiana. Should the Education Program Director choose to implement the policy revision and/or exception, a plan of action must be developed. The plan must clearly illustrate how the revision and/or exception is going to be implemented and how it will be revoked at the expiration date, if applicable. This documentation must be readily available if requested during a site visit or scholastic audit.

### PARAMEDIC LEVEL

On August 5, 2020, the CoAEMSP released an updated statement regarding COVID-19. The statement says that paramedic education programs may employ a broader array of approaches, including simulation, in determining competency in didactic, laboratory, clinical, field experience, and capstone field internship. Students, who are affiliated with a Louisiana licensed EMS Provider, may now utilize on-duty responses to meet formative and summative EMS experience requirements. The Paramedic Program Director, the Paramedic Program Medical Director, the EMS Provider Director/Chief and EMS Provider Medical Director must authorize the expansion of the Scope of Practice to provide paramedic-level care, under the direct supervision of an approved Paramedic Preceptor. The results of the expansion are two-fold:

1. The student may be authorized to perform advanced airway management, establish peripheral IV/IO access, infuse IV fluids, acquire and interpret single lead and 12 lead ECGs, perform defibrillation and cardioversion, and administer medication via intravenous, intramuscular, inhalation, intranasal, subcutaneous, sublingual, and oral routes.

These attempts (both successful and unsuccessful) may be counted as skill attempts/completions provided that the proper documentation is completed and submitted to the Educational Program.

This constitutes a revision to the Bureau of EMS Policy Manual.

2. Under the provisions above and as long as the student's actions are under the direct observation (including transporting the patient to the hospital) of the Paramedic Preceptor, the student may be authorized to function as a Team Leader to complete the Capstone portion of the Field Experience. The student is required to function as the Team Leader on a minimum of 5 responses requiring ALS level care and until their Paramedic Preceptor and Immediate Supervisor can attest to their competence as an entry-level paramedic.

Documentation of the Capstone experience must be completed and submitted to the Paramedic Program before determination of entry-level competence. Ultimately, it is the responsibility of the Paramedic Program Director and Medical Director of the Paramedic Program to ensure the entry-level competence of each graduate in the cognitive, psychomotor and affective domains.

This policy is in effect through December 31, 2021.

### **AEMT LEVEL**

The Bureau of EMS recommends and the EMS Certification Commission approves that Advanced EMT education programs may employ a broader array of approaches, including simulation, in determining competency in didactic, laboratory, clinical, and field experience. Students, who are affiliated with a Louisiana licensed EMS Provider, may now be able to utilize on-duty responses to meet formative and summative EMS experience requirements. The Education Program Director, the Education Program Medical Director, the EMS Provider Director/Chief and EMS Provider Medical Director must authorize the expansion of the Scope of Practice to provide AEMT-level care, under the director supervision of an approved Paramedic Preceptor. The results of the expansion are two-fold:

1. The student may be authorized to perform advanced airway management, establish peripheral IV/IO access, infuse IV fluids, and administer medications that are within the scope of the National EMS Education Standards via intravenous, intramuscular, inhalation, intranasal, subcutaneous, sublingual and oral routes.

These attempts (both successful and unsuccessful) may be counted as skill attempts/completions provided that the proper documents are completed and submitted to the Education Program.

This constitutes a revision to the Bureau of EMS Policy Manual.

2. Under the provisions above and as long as the student's actions are under the direct observation (including transporting the patient to the hospital) of the Paramedic Preceptor, the student may be authorized to function as a team

member to complete the field experience required by the Education Program. The student is required to function as the team member on a minimum of 5 responses requiring ALS level care and until their Paramedic Preceptor and Immediate Supervisor can attest to their competence as an entry-level AEMT.

Documentation of the field experience must be completed and submitted to the Education Program before determination of entry-level competence. Ultimately, it is the responsibility of the Education Program Director and Medical Director of the Education Program to ensure the entry-level competence of each graduate in the cognitive, psychomotor, and affective domains.

This policy is in effect through December 31, 2021.

### **EMT LEVEL**

The Bureau of EMS recommends and the EMS Certification Commission approves that EMT education program may employ a broader array of approaches, including simulation, in determining competency in didactic, laboratory, clinical and field experience. The Education Program Director and the Education Program Medical Director must authorize the use of these approaches.

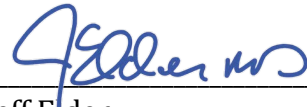
1. If clinical/field experience cannot be obtained, this requirement can be substituted with simulation. The student is required to function as the team leader on a minimum of 5 scenario simulations requiring BLS level care.

Documentation of the simulations must be completed and kept in the student's file. Ultimately, it is the responsibility of the Education Program Director and the Medical Director of the Education Program to ensure that entry-level competence of each graduate in the cognitive, psychomotor, and affective domains.

The policy is in effect through December 31, 2021.



Susan F. Bailey, MSEM, NRP  
Director, Bureau of EMS



Dr. Jeff Elder  
Chair, EMS Certification Commission