

## **Out of Hospital Care Provider Policy**

**Title:** Continuing Medical Education Requirements

**Effective Date:** February 1, 1995

**Revised Date:** February 1, 1996

### **POLICY:**

Continuing education and frequent skill performance is essential for prehospital care providers to maintain an adequate level of proficiency. Continuing medical education is also an essential component of a QA/QI program. As a requirement of the prehospital care medical director, all agencies and prehospital care providers receiving medical direction from the Erie County Medical Center are required to adhere to the CME requirements as set forth by the Western Regional Emergency Medical Services Council.

### **PROCEDURE:**

The chart on the following page indicates the nature and frequency of didactic, clinical and skill credentialing activities that need to be performed for each level prehospital care provider. All activities must be documented and copies of such documentation shall be submitted to the Office of Prehospital Care. It shall be the responsible of the prehospital care agency to ensure that all prehospital care providers operating under the auspices of the agency remain current in the required CME activities. If, at any time, a prehospital care provider fails to meet the CME requirements set forth by WREMS, the agency shall forward such information to the Office of Prehospital Care and the individual shall be immediately suspended from rendering ALS care until such time that CME activities are brought current and the Office of Prehospital Care has been notified.

	<b>PAD</b>	<b>CFR-D, EMT</b>	<b>EMT-I</b>	<b>EMT-CC</b>	<b>EMT-P</b>
<b>CPR</b> *1	2 years	every 3 years	every 3 years	every 3 years	every 3 years
<b>ACLS</b> *1	not required	not required	not required	every 3 years	every 3 years
<b>Trauma Life Support</b> *1	not required	recommended	recommended	every 3 years	every 3 years
<b>Pediatric Life Support</b> *1	not required	not required	every 3 years	every 3 years	every 3 years
<b>Protocol Exam</b> *2	not required	not required	initial & w/change	initial & w/change	initial & w/change
<b>External Pacing</b> *3	not required	not required	not required	1 demo/quarter	1 demo/quarter
<b>Needle Cricothyrotomy</b> *3	not required	not required	not required	1 demo/quarter	1 demo/quarter
<b>Adult E.T.</b> *3	not required	not required	1 demo/quarter	1 demo/quarter	1 demo/quarter
<b>Adult N.T.</b> *3	not required	not required	1 demo/quarter	1 demo/quarter	1 demo/quarter
<b>Pediatric E.T.</b> *3	not required	not required	1 demo/quarter	1 demo/quarter	1 demo/quarter
<b>Needle Thoracostomy</b> *3	not required	not required	not required	1 demo/quarter	1 demo/quarter
<b>Defibrillation</b> *3	1 demo/quarter	1 demo/quarter	1 demo/quarter	1 demo/quarter	1 demo/quarter
<b>External Jugular Cannulation</b> *3	not required	not required	1 demo/quarter	1 demo/quarter	1 demo/quarter
<b>Peripheral IV</b> *3	not required	not required	1 demo/quarter	1 demo/quarter	1 demo/quarter
<b>Intraosseous Infusion</b> *3	not required	not required	1 demo/quarter	1 demo/quarter	1 demo/quarter

\*1 Required every 3 years, equivalent training acceptable

\*2 Initially required and with change in protocol

\*3 Required only if credentialed to use skill. Demo must be observed by the medical director or his/her designee.

**Erie County Medical Center  
Office of Prehospital Care  
Agency Didactic CME Reporting Form**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Topic: \_\_\_\_\_ Presenter: \_\_\_\_\_

Hours: \_\_\_\_\_

Name (please print)	Certification Number
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