

# RN to Paramedic Bridge Program Overview and Documentation

The following document contains a description of the RN to Paramedic Bridge program and program specific documentation.



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## Registered Nurse to Paramedic Bridge Program (3 year certification)

The Registered Nurse to Paramedic Bridge Program is designed to certify the Virginia Licensed registered nurse to the highest level of pre-hospital advanced life support care available in Virginia. This program fulfills all the requirements of the Virginia EMS Education Standards for the Paramedic.

The Registered Nurse to Paramedic Bridge Program reviews the skills and subjects contained in the Virginia EMS Education Standards for Paramedic over approximately of 120 hours of instruction. A minimum of 120 hours are devoted to extensive clinical rotations requiring specific competencies. Additional hours may be required to complete all the required competencies. Clinical rotations of this type are not usually available for lower level providers to attend. These additional clinical rotations include time spent in OR/Recovery Units, Critical Care Units, Labor & Delivery Units, Pediatrics, Emergency Department, and may include Family Practice, Mental Health Clinics, Dialysis Clinics, Neurovascular Rehabilitation Clinics, Detoxification Units, and Extended Care Facilities.

The Registered Nurse to Paramedic Bridge Program is designed to educate the technician in all areas of pre-hospital patient care. These areas include instruction in: pre-hospital environments, preparatory skills, airway management and ventilation, patient assessment, trauma care, medical patient management, obstetrical/gynecological conditions, pediatric patients, neonatal care, psychiatric and behavioral emergencies, special considerations, and assessment based management.

In Virginia, all initial Paramedic Programs are required to satisfy the testing guidelines established by the National Registry of Emergency Medical Technicians. Upon successful course completion and National Registry Paramedic certification, the technician will receive automatic reciprocity for Virginia Paramedic certification which is required before being allowed to practice at this level. After receiving Virginia credentials, the Paramedic has the option to maintain National Registry Paramedic certification without affecting their Virginia certification. However, Virginia certification must be maintained in order to provide patient care at this level in this state.

### PREREQUISITES FOR ADVANCED LEVEL PROGRAMS

To be eligible to attend an Advanced Level EMT course in Virginia you must:

- A. Be proficient in reading, writing and speaking the English language.
- B. Be a minimum of 18 years of age at the beginning date of the certification course.

- C. Hold a current certification as an EMT-Basic or higher.
- D. Hold, at a minimum, a High School or General Equivalency Diploma.
- E. Have no physical or mental impairment that would render them unable to perform all practical skills required for that level of certification
- F. Not have been convicted of or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in state EMS regulations as follows:
  - 1. Have never been convicted or found guilty of any crime involving sexual misconduct where lack of affirmative consent by the victim is an element of the crime.
  - 2. Have never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm.
  - 3. Have never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploration) of a person entrusted to their care or protection in which the victim is a patient or is a resident of a health care facility.
  - 4. Have never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation or enrollment five years after the date of final release if no additional crimes of this type have been committed during that time.
  - 5. Have never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation or enrollment five years after the date of final release if no additional felonies have been committed during that time
  - 6. Are not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia
  - 7. Have never been subject to a permanent revocation of license or certification by another state EMS office or recognized state or national healthcare provider licensing or certifying body.
- G. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions, and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.
- H. Be clean and neat in appearance.

- I. May not be under the influence of any drugs or intoxicating substances that impairs your ability to provide patient care or operate a motor vehicle while in class or clinicals, while on duty or when responding or assisting in the care of a patient.
- J. If in an ALS Bridge certification Program, must have completed the eligibility requirements for certification at the lower ALS level prior to the beginning date of the ALS Bridge Certification program.
- K. If in an ALS Bridge certification Program, must have become certified at the lower level prior to certification testing for the higher level of ALS certification.

## Registered Nurse to Paramedic Curriculum

### PREREQUISITES

1. The candidate must be a currently licensed in Virginia as a Registered Nurse or possess an RN License recognized through the Nursing Compact.
2. The candidate must be currently participating as an active EMS field provider or actively working as an RN.
  - a. The term “active” as used above for both the field provider and
    - i. RN is defined as a minimum average of eight (8) hours a week over the two previous years or a total of eight hundred thirty-two (832) hours within the previous two years (8 hours / week X 2 years = 832 hours).
3. The candidate must be currently certified as an EMT or possess higher EMS certification.

### CURRICULA

Emphasis needs to be placed on the Airway Management Module with time to be spent with cricoidthyroidotomies and pleural decompression. Critical Decision Making must also be emphasized.

The RN Bridge to Paramedic Program will include:

1. Didactic (all knowledge objectives)
2. Psychomotor Skills Lab (critical decision making)
3. Competencies
4. Field Internship

The committee outlined the RN to Paramedic curricula and determined that each program would need to spend time in the following modules/topics marked with an \*: The time spent on each topic will vary from program to program however the hours totals are the minimum for the module.

## RN Bridge to Paramedic

Module	Topics	Minimum Contact Hours
<b>Preparatory</b>		4
	<ul style="list-style-type: none"> <li>* EMS Systems/Roles and Responsibilities</li> <li>The Well Being of the Paramedic</li> <li>Illness and Injury Prevention</li> <li>* Medical Legal Issues</li> <li>Ethics</li> <li>General Principles of Pathophysiology</li> <li>* Pharmacology</li> <li>* Venous Access and Medication Administration</li> <li>Therapeutic Communications</li> <li>Life Span Development</li> </ul>	
<b>Airway Management and Ventilation</b>		8
	<ul style="list-style-type: none"> <li>* Airway Management and Ventilation</li> </ul>	
<b>Patient Assessment</b>		12
	<ul style="list-style-type: none"> <li>History Taking</li> <li>Techniques of Physical Examination</li> <li>* Patient Assessment</li> <li>* Clinical Decision Making</li> <li>* Communications</li> <li>Documentation</li> </ul>	
<b>Trauma</b>		20
	<ul style="list-style-type: none"> <li>* Trauma Systems/Mechanism of Injury</li> <li>* Hemorrhage and Shock</li> <li>* Soft Tissue Trauma</li> <li>* Burns</li> <li>* Head and Facial Trauma</li> <li>* Spinal Trauma</li> <li>* Thoracic Trauma</li> <li>* Abdominal Trauma</li> <li>* Musculoskeletal Trauma</li> </ul>	
<b>Medical</b>		40
	<ul style="list-style-type: none"> <li>Pulmonary</li> <li>* Cardiology</li> </ul>	

	<ul style="list-style-type: none"> <li>Neurology</li> <li>Endocrinology</li> <li>* Allergies and Anaphylaxis</li> <li>Gastroenterology</li> <li>Renal/Urology</li> <li>* Toxicology</li> <li>Hematology</li> <li>* Environmental Conditions</li> <li>Infectious and Communicable Diseases</li> <li>Behavioral and Psychiatric Disorders</li> <li>Gynecology</li> <li>Obstetrics</li> </ul>	
<b>Special Considerations</b>		16
	<ul style="list-style-type: none"> <li>* Neonatology</li> <li>* Pediatrics</li> <li>Geriatrics</li> <li>Abuse and Assault</li> <li>Patients with Special Challenges</li> <li>Acute Interventions for the Chronic Care Patient</li> </ul>	
<b>Operations</b>		20
	<ul style="list-style-type: none"> <li>* Ambulance Operations</li> <li>* Medical Incident Command</li> <li>* Rescue Awareness and Operations</li> <li>* Hazardous Materials Incidents</li> <li>* Crime Scene Awareness</li> </ul>	
<b>Total</b>		120

#### CLINICAL HOURS (MINIMUM) (See Appendix: A)

The RN to Paramedic Bridge candidate must complete a total of 72 hours in the Clinical Areas. The following are the minimum hours for each of the required areas: Emergency Department – 12 hours, Critical Care Area – 4 hours, Pediatrics – 4 hours, Labor and Delivery – 4 hours, OR/Recovery – 4 hours. The candidate has the flexibility to choose what areas to complete the remaining required hours.

## COMPETENCIES

Candidates may utilize competencies while in their work setting while they are enrolled in the program as long as the competencies are documented in patient notes or through the use of the program competency log and signed off on by the nurse manager.

It was determined that the clinical requirements (competencies) could not be omitted but credit could be given for properly documented (logged) competencies that the candidate performs while in the work environment. Other competencies that are presented with appropriate documentation will be allowed by the program for past experience as outlined below

(Recommendations as Approved by Medical Direction Committee and Human Resources and Training Committee on October 18, 2001).

**“The committee recommends that each program have a written policy defining how it will determine whether a student starting a program can apply past experience or proven competency for their current program. In cases where the previous experience or competency is recognized, credit can only be awarded up to the competency number required for the level of certification held. Any additional competency numbers described for the higher level of certification being sought must be completed during the higher certification’s training course. In all cases where a program awards credit for past experience or competency, such recognition requires that all competency number allowances have documentation supporting each competency recognition. (Example: 1) If three field intubations are accepted, then documentation must be submitted reflecting each skill performance. 2) If using a previous training program, then documentation from that program reflecting each time the skill competency was performed is required.) Further, all recognized competencies must have occurred within one (1) year of the programs begin date. However, each skill must be documented as demonstrating competency during the current program. (If a program accepts previous competency documentation from a program and no more competency contacts are required based upon the curriculum, the current program must verify competency during its course of instruction. This process is described in a policy created by each program.)”**

It should be emphasized that when the candidate is not in their normal work setting (department) being precepted by their nurse manager then they are to follow the policies and procedures established for approved preceptors. Programs should utilize a document such as the one in Appendix: B to assess and document previous experience that is being applied to the program.



## EVALUATION

The RN to Paramedic Program must cover and evaluate all of the objectives in the Paramedic Curricula to properly prepare the candidate as a paramedic. All of the paramedic objectives must be met and documented for each of the candidates. Evaluation of the candidate must be performed throughout the program on the knowledge objectives and psychomotor skills as outlined in the objectives. The evaluation can be any combination of written and labs (psychomotor skills) to determine a thorough understanding of the objectives after each didactic section during the program. This module testing can occur in variety of methods.

## PROGRAM MARKETING

The new curricula dictate that successful completion of the program will be determined by producing a competent field provider not by the arbitrary use of hours as a course determinant. Didactic material, competencies and field team leader activities will run this program to approximately three hundred (300) hours. There are several variables that may play a significant role in this number as documented previous experiences, aggressiveness of the candidate to complete their competencies and field leader activities will dictate the time frame for this program.

Appendix: A

Form TR-17D

RN to P Bridge

Clinical and Competency

Hours

# RN to Paramedic Bridge Program Clinical Hour and Competency Summary

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

AREAS	RN to P Bridge
<b>CLINICAL REQUIREMENTS:</b>	
Emergency Department <sup>1</sup>	12 hrs
Critical Care Area <sup>2</sup>	4 hrs
Pediatrics <sup>3</sup>	4 hrs
Labor & Delivery <sup>4</sup>	4 hrs
OR/Recovery	4 hrs
Other Clinical Settings <sup>5</sup>	prn
<b>TOTAL MINIMUM CLINICAL HOURS<sup>6</sup></b>	<b>72 hrs</b>
ALS Medic Unit (Field Internship)	48 hrs
<b>TOTAL MINIMUM FIELD/CLINICAL</b>	<b>120 Hours</b>
<b>TOTAL PATIENT CONTACTS<sup>6</sup></b>	<b>60</b>
<b>COMPETENCIES:</b>	
Trauma Assessment, pediatric <sup>7</sup>	5
Trauma Assessment, adult	5
Trauma Assessment, geriatric	5
Medical Assessment, pediatric <sup>7</sup>	5
Medical Assessment, adult	5
Medical Assessment, geriatric	5
Cardiovascular distress <sup>8</sup>	10
Respiratory distress	10
Altered Mental Status	10
Obstetrics; delivery	2
Neonatal Assessment/care	2
Obstetrics Assessment	5
Med Administration	30
IV Access <sup>9</sup>	-
Airway Management <sup>10</sup>	25[10]
Ventilate Non-Intubated Patient <sup>9, 11</sup>	-
Endotracheal Intubation <sup>12</sup>	1 real Patient
<b>Team Leader on EMS Unit<sup>13</sup></b>	<b>50 (30)</b>

<sup>1</sup> May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.

<sup>2</sup> CCU, ICU, CC xport team, Cath Lab, etc.

<sup>3</sup> PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.

<sup>4</sup> Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.

<sup>5</sup> Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients

<sup>6</sup> The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.

<sup>7</sup> The student should attempt to complete one in each age group: Neonate, Infant, Child, and Adolescent.

<sup>8</sup> Cardiac Arrest, Chest pain/pressure, STEMI, dysrhythmia, etc.

<sup>9</sup> Although students in bridge programs do not have minimums, the program must ensure continued skill competency.

<sup>10</sup> Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation"

<http://coaemsp.org/Documents/Intubation%20Subcommittee%20FINAL%20revised%202013-02-1.pdf> In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets.

<sup>11</sup> Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

<sup>12</sup> AEMT –I: older than 12 years; Intermediate: older than 12 years; I-P: any age group, P: any age group.

<sup>13</sup> The number in parentheses is the maximum number of Team Leader calls that can be BLS. The program must establish, in writing, what constitutes an ALS call.

NOTE: The above listed clinical hours/competencies are minimum mandatory for RN's who enroll in an RN to Paramedic Bridge Course as of May 10, 2014.

Accredited Programs may set higher minimums or add to this list.

# Appendix: B

## RN to P Bridge Clinical and Competency Waiver

# RN to Paramedic Program

## Clinical and Field Internship Waiver Packet

The goal of this packet is to help guide you through the process by which credit may be granted for past medical experience. This past experience must be within the past 12 months prior to entering the program and must be documented and presented in a specific format. This information collected will be sent to the program medical director for review. The review process can take up to one month to be completed. It is imperative that all information contained in this packet be completely filled out prior to submitting for review to avoid any delays. Any incomplete packages will be returned to the student to be resubmitted. It is important to understand that the decision to grant credit for prior medical experience is solely at the discretion of the program's medical director.

Please note: Credit will only be considered for work/ experience performed after being released, not while obtaining that level of certification - even if extra work was performed. Credit can only be given once.

The following information must be included in your package prior to submittal:

- Typed cover letter requesting waiver credit to be granted. (Based on prior Clinical and/ or Field Experience)
- Completed original of the Clinical and Field checklist (see attached) to document any and all skills performed within the past 12 consecutive months. This checklist should be annotated with the number of skills performed and time frame in which they were performed. This sheet must be endorsed by the agency's medical director or nurse manager's signature.
- Job description of clinical or field assignment. Employment specifics (place employed, length of time employed, number of hours per week, part-time, or full time). A resume can be used to satisfy this requirement provided it lists the above information
- Education and training pertinent to Medical Care in either the in-hospital, or pre-hospital environment. This information can be included on the resume.
- For military, please list length of time in service, training, duty stations, and any other specific information regarding education and training that may be beneficial in determining the amount of waiver credit the applicant may be eligible to receive.
- Students requesting field competency waiver must be a regionally released Cardiac Technician or Intermediate. Students must submit a copy of their regional councils, or agency letter of release.
- Must submit signature page along with documentation.
- Letter of endorsement from the student's medical director or nurse manager.

## RN-P Competency Documentation

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date Range: \_\_\_\_\_ TCC Emp ID/ or SSN  
(MM/DD/YYYY) – (MM/DD/YYYY)

Clinical: \_\_\_\_\_ Field: \_\_\_\_\_ Agency: \_\_\_\_\_

Students applying for both clinical and field credit must fill out a separate skills sheets for each area that is requested.

Skills /Competency Performed	Number Performed	Comments & Supervisor Signature
Cardiac Assessment		
Pediatric Respiratory		
Adult Respiratory		
Syncope		
Abdominal		
Altered LOC/ Neuro.		
Obstetrical		
Psychiatric/ Behavioral		
Trauma Assessment		
Pediatric Assessment		
Adult Assessment		
Geriatric Assessment		
IV Starts (Peds. <17)		
IV Start (Adult <65)		
IV Start (Geriatric >65)		

Skills /Competency Performed	Number Performed	Comments & Supervisor Signature
Med. Admin. (PO/SL)		
Med. Admin. (IM/SQ)		
Med. Admin. (IV)		
Med. Admin. (HHN)		
Med. Admin. (IV-Piggy Back)		
Med. Admin. (IO)		
12 Lead EKG (Placement)		
12 Lead EKG Interpretation		
Lead 2 EKG Interpretation		
Naso/ Orogastric Tube (Placement)		
Naso/ Orogastric Tube (Suctioning)		
Oral Suctioning		
Tracheal Suctioning		
Ventilation/ Non-intubated		
Endotracheal Intubation		
Defibrillation		
Cardio-version		
External Pacing		

Field Patient Type	Number of Patients	Comments/ Supervisor Signature
ALS Patients		
BLS Patients		
ALS Team Leader		
BLS Team Leader		

Other Skills Clinical/ Field		

Additional Information:

Signature: \_\_\_\_\_  
Medical Director/ Nurse Manager

Signature: \_\_\_\_\_  
Student

Printed Name: \_\_\_\_\_  
Medical Director/ Nurse Manager

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

Day Phone Contact Number: \_\_\_\_\_



## RN to Paramedic Program

### Credit Waiver Signature Page

I \_\_\_\_\_, understand that all information submitted in the packet is complete and true. I, also understand that any misinformation given is a direct violation of the college honor code, and is considered to be academic misconduct, and can be subject to disciplinary action, and or dismissal from the college. I am aware that the Emergency Medical Director has the final determination as to how much waiver credit may or may not be granted.

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Signature

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Date