

ALS Certification Program Clinical Hour and Competency Summary – Effective: August 5, 2016

Virginia Office of EMS
Division of Educational Development
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AREAS	EMT to AEMT	EMT to INTERMEDIATE ¹³	EMT to PARAMEDIC ¹³	
CLINICAL REQUIREMENTS:				
Emergency Department ¹	12 hrs	12 hrs	Reference: Committee on Accreditation for EMS Professions (CoAEMSP) <i>Standards and Guidelines</i> (http://coaemsp.org/Standards.htm)	
Critical Care Area ²	-	4 hrs		
Pediatrics ³	-	4 hrs		
Labor & Delivery ⁴	-	4 hrs		
OR/Recovery	-	4 hrs		
Other Clinical Settings ⁵	prn	prn		
TOTAL MINIMUM CLINICAL HOURS⁶	36 hrs	72 hrs		
ALS Medic Unit (Field Internship)	12 hrs	24 hrs		And
TOTAL MINIMUM FIELD/CLINICAL	48 Hours	96 Hours		National Registry of EMTs Paramedic Portfolio Manual (https://content.nremt.org/static/documents/Paramedic_Psychomotor_Competency_Portfolio_Manual_v4.pdf)
TOTAL PATIENT CONTACTS⁶	30	60		
COMPETENCIES:				
Trauma Assessment, pediatric	2	5		
Trauma Assessment, adult	2	5		
Trauma Assessment, geriatric	2	5		
Medical Assessment, pediatric	2	5		
Medical Assessment, adult	2	5		
Medical Assessment, geriatric	2	5		
Cardiovascular distress ⁷	5	10		
Respiratory distress	5	10		
Altered Mental Status	5	10		
Obstetrics; delivery	-	-		
Neonatal Assessment/care	-	-		
Obstetrics Assessment	-	5		
Med Administration	15	30		
IV Access	25	25		
Airway Management ^{8, 9, 10}	20[8]	25[10]		
Field Experience (Team Member) ¹¹	5	15		
Capstone Field Experience (Team Leader)	5	10		

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

² CCU, ICU, CC xport team, Cath Lab, etc.

³ PICU, Peds ED, Pediatrician Office, Peds Urgent Care, Ped clinic.

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

⁵ 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.

⁶ 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.

⁷ Cardiac Arrest, Chest pain/pressure, STEMI, dysrhythmia, etc.

⁸ Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation". 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. Airway Management competency can be accomplished through a combination of low fidelity, high fidelity, cadaver lab or live human interactions and must include simple, complex and difficult airways in a minimum of two of the categories allowed to accomplish airway management.

⁹ Ventilation may be accomplished utilizing any combination of low fidelity, high fidelity, cadaver labs or live human interactions and must include simple, complex and difficult airways in a minimum of two of the categories allowed to accomplish airway management.

¹⁰ Intermediate: Endotracheal intubation performed on patients older than 12 years of age.

¹¹ Field Experience contacts will occur during the course of the program. These patient contacts cannot be counted toward the capstone field experience. The Capstone Field Experience must take place when greater than 90% of the program has been completed.

¹³ A certified Intermediate 99 enrolling in a Paramedic program may, at the discretion of the program's director and medical director, be awarded clinical and competency credit less than or equal to that noted in the EMT to Intermediate column. A certified AEMT enrolling in an Intermediate program may, at the discretion of the program's director and medical director, be awarded clinical and competency credit less than or equal to that noted in the EMT to AEMT column. **NOTE: Programs may set higher minimums or add to the list of competencies.**

Program graduates reflect psychomotor conscious competency in the techniques required to perform the procedures listed in the Scope of Practice. It is the agency's responsibility to assure competency for a permitted scope of practice procedure allowed for the specific level of EMS practice.