Date: 07/01/2025 Policy #2600

## I. <u>Purpose:</u>

To assist with the clinical and field internship placement of paramedics enrolled in training programs outside of Imperial County and to enable the quality management of paramedic internships.

## II. Authority:

Health and Safety Code, Division 2.5; California Code of Regulations Title 22, Div 9

## III. Policy:

- A. All paramedic students enrolled in out-of-county training programs, who seek to complete an internship with an Imperial County Advanced Life Support Provider Agency, shall submit the completed Application for Internship Placement form accompanied by the required documentation as well as obtaining an out-of-county intern number for use in the electronic patient care record system. Submission shall include:
  - 1. Proof of completion of didactic portion of an approved paramedic training program.
  - 2. Proof of five medically supervised endotracheal intubations during the clinical training.
  - 3. Application and completion for Local Paramedic Accreditation Orientation and test.
    - a. If unsuccessful on an attempt on the Accreditation orientation test, the applicant must wait one (1) week in order to be eligible for another attempt.
  - 4. Copy of current ACLS, PALS or PEPP, and ITLS, PHTLS, or ATLS card.
  - 5. Copy of current (AHA Healthcare Provider or equivalent as approved by ICEMS)
  - 6. Current non-restricted or under investigation EMT certification card.
- B. All Out-of-County Paramedic Training Agencies seeking to place students in Imperial County shall contact the Imperial County EMS Agency to notify the potential placement of students in Imperial County.
  - 1. Email the Imperial County EMS Agency at EMS@co.imperial.ca.us to verify the availability for internship placement in Imperial County.
  - 2. Supply a fully executed copy of a contract with the provider agency/hospital that will accommodate the paramedic intern. This contract must outline the process for monitoring the paramedic intern as well as the process that will be followed should it be necessary to terminate the internship.
  - 3. List on training agency letterhead, the name(s) of the students(s), the provider agency/hospital that will facilitate the placement of the intern, the name(s) of

## **EMS Personnel**

Out-of-County Paramedic Training Program Internship

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preceptor(s) and the training agency contact information for all instructors that will be involved with intern(s) placed in Imperial County.

APPROVED:

SIGNATURE ON FILE - 07/01/25

Katherine Staats, M.D. FACEP

**EMS Medical Director**