

EMS Policy No. 2540, Paramedic Accreditation  
 45 Day Public Comment Period  
 October 31, 2025 to December 15, 2025

POLICY# SECTION # PAGE #	SUBMITTER	COMMENT	RESPONSE
EMS Policy No. 2540	Katrina Garcia	All initial accrediting paramedics shall complete the ALS provider's field training program within thirty (30) days of completing the SJCEMSA PAO class, and complete the SJCEMSA 2540A Task Form with assigned preceptor, accreditation officer, or ALS agency liaison. Does this requirement have to be limited to 30 days? We currently have them complete a POA either before or during the academy, which is a two-week academy. After that, we would like them to continue with our 7-10 call process. This means the training will definitely extend beyond 30 days. Limiting it to 30 days would give us very little time to observe their performance in the field—where it truly matters. Thank you.	30 days starts from the first field shift not from the date of PAO completion.
EMS Policy No. 2540	George McKelvie	EMS Policy 2540. After reviewing the proposed changes, a significant concern arises regarding the removal of the requirement for 7–10 ALS patient contacts and the replacement of this standard with a 36-hour pre-accreditation ride requirement, regardless of whether the paramedic encounters any ALS-level calls during that period. Many stations and deployment locations in San Joaquin County experience low call volume, and it is realistic that a paramedic may complete 36 hours and run zero or only one ALS call. Under the current draft, that medic would still be eligible for accreditation. This creates a situation in which a paramedic may be cleared to function independently without ever demonstrating live ALS skills. A time-based standard (36 hours) does not confirm actual clinical performance. Increased	The purpose of this accreditation policy is to provide licensed paramedics local and unique knowledge about San Joaquin specific policy and procedures.  This policy will allow each provider to evaluate their staff during their FTO period.

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		<p>Patient Safety and Liability Risk If a paramedic has not been evaluated during actual ALS encounters, their first exposure to critical patients may occur when they are working independently, which increases the likelihood of.</p> <ul style="list-style-type: none"> <li>• Delayed or incorrect treatment</li> <li>• Medication errors</li> <li>• Inadequate airway management</li> <li>• Scene safety compromise</li> <li>• Incorrect triage and destination decisions</li> </ul> <p>This also increases liability risk for:</p> <ul style="list-style-type: none"> <li>• The individual paramedic</li> <li>• The provider agency</li> <li>• The CQI system</li> <li>• The EMS Agency Preceptors cannot meaningfully evaluate competencies such as decision-making, communication, stress performance, and advanced skills if no ALS calls occur during the evaluation period.</li> </ul> <p>Best Practice Across EMS Systems Relies on a Call-Based Evaluation Standard Neighboring and comparable EMS systems require:</p> <ul style="list-style-type: none"> <li>• A minimum number of ALS contacts</li> <li>• Preceptor evaluation of real-world clinical encounters</li> </ul> <p>A time-based model alone is not common practice because it does not guarantee exposure to critical calls. 5 ALS patient contact requirement This ensures consistent and meaningful evaluation.</p>	