

# Policy and Procedure Manual 2018 Edition

**POLICY NUMBER:** 3.27

**POLICY NAME:** Accepted Certifications

**EFFECTIVE DATE:** January 1, 2018

**TARGET EMPLOYEE:** All Employees of Tri-Town Emergency Medical Service

**POLICY PURPOSE:** To state the certifications required for employment by the Service.

#### **POLICY**

1. Cardio-Pulmonary Resuscitation (CPR)

- a. The Service will only accept a current CPR card issued through the American Heart Association ®
- b. Employees will not be allowed to work as an EMS provider with the Service after their CPR card has expired.
- c. The Service reserves the right to request documentation ensuring the validity of the CPR card.
- d. The Service reserves the right to reject a CPR card if there is evidence the card was obtain without meeting all the requirements of the AHA ® for the card.
- e. A current CPR card shall be required for any employee who is involved in patient care.

#### 2. Advanced Cardiac Life Support (ACLS)

- a. The Service will only accept a current ACLS card issued through the American Heart Association ®
- b. Only Paramedics will be required to have a current ACLS card.
- c. Paramedics will not be allowed to work as an EMS provider, in any capacity, without a current ACLS card.
- d. The Service reserves the right to request documentation ensuring the validity of the ACLS card.
- e. The Service reserves the right to reject an ACLS if there is evidence the card was obtained without meeting all the requirements of the AHA® for the card.

## 3. Pediatric Advanced Life Support (PALS)

- a. The Service will only accept a current PALS card issued through the American Heart Association ®
- b. Only Paramedics will be required to have a current PALS card.
- c. Paramedics will not be allowed to work as an EMS provider, in any capacity, without a current PALS card.



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- d. The Service reserves the right to request documentation ensuring the validity of the PALS card.
- e. The Service reserves the right to reject a PALS if there is evidence the card was obtained without meeting all the requirements of the AHA® for the card.

## **REVISIONS**

			Approvals	
	Section	<b>Changes Made</b>	By	Date
Original Adoption	N/A	N/A	TTBOD	10/8/17

### **REFERENCES**

Section & Section Name	Reference

### **APPROVALS**

<b>Service Director</b>	Date	
Chairman of the Board of Directors	Date	