



United States Office of Personnel Management

Office of Merit Systems Oversight and Effectiveness
Digest of Significant Classification Decisions and Opinions
October 1989
No. 13-01

Standards: [Practical Nurse Series, GS-0620](#) (May 1983)
[Nurse Series, GS-0610](#) (June 1977)

Factor: Factor 2, Supervisory Controls

Issue: Modification of emergency treatment by paramedic/Advanced Life Support Technician, Level 2-2 vs. Level 2-3

Identification of the Classification Issue

This issue arose in the reconsideration of a classification appeal decision issued by the Office of Personnel Management. An Advanced Life Support Technician (ALST), GS-0640, position, had been downgraded due to crediting Factor Evaluation System Factor 2, Supervisory Controls, at Level 2-2 rather than Level 2-3. Level 2-2 had been assigned because it was believed that the established treatment protocols and assistance from an emergency room physician via radio communication precluded crediting the paramedic/ALST position at Level 2-3 of the GS-0620 standard which specifies that "without specific instruction for each patient's condition," the employee "modifies . . . care as conditions warrant." The appellant contended that he did modify treatment by moving from one treatment protocol to another on his own judgment. Thus, the Classification Appeals Office had to determine whether the judgment exercised by the appellant within the context of established treatment protocols and radio contact with a physician constituted sufficiently independent judgment to warrant credit at Level 2-3.

Resolution

In the absence of grade level criteria in the Health Aid and Technician Series, GS-0640, the Practical Nurse Series standard, GS-0620, was used because it came closest to meeting the criteria for selecting a standard as similar as possible to a subject position with respect to the kind of work performed, qualification requirements, level of difficulty and responsibility, and the combination of classification factors which have the greatest influence on the grade level.

The standard does not provide a specific example of modified care. However, two benchmark descriptions (6-1 and 6-2) credit Level 2-3 for nurses in a hospital setting for carrying out nursing care and handling problems and deviations independently "in accordance with previous training, instructions, policies, accepted nursing practices and the assigned patient care plans."

The Classification Appeals Office found that in an emergency situation, the appellant had to act quickly to evaluate the patient, determine what type of facility (e.g., nearest hospital, shock trauma, burn center, eye center) the patient should be sent to and in what type of conveyance (e.g., helicopter, emergency ambulance, routine ambulance), and determine the most appropriate treatment approach or combination of approaches to deal with the patient's condition and provide emergency care. The appellant had available over 30 protocols that outline step-by-step treatment of the patient based on the specific symptoms exhibited by the patient. He memorized and had to follow them. However, he had to exercise judgment in selecting a protocol and modifying treatment by moving to another protocol based on the patient's response. Each protocol determines when a physician is called. The appellant first had to perform an initial patient assessment and administer certain emergency treatments before communication was established with the physician. The physician with whom he would consult by radio would be dependent on the appellant's onsite evaluation and description of the patient's condition, made in the absence of his supervisor, under emergency conditions, and without a specific plan developed for the care of the particular patient, as would be the case in a hospital. The appellant, unlike the practical nurse, had to assess the patient and determine which of more than 30 protocols to apply.

In addition to the GS-0620 benchmarks mentioned above, the Classification Appeals Office referred to Nurse Series, GS-0610, benchmarks, with due allowance for occupational differences, which reveal the description of a nurse who, "In emergency situations when a physician is not present or immediately available, initiates appropriate measures, for example, takes resuscitative measures in case of cardiac or respiration arrest." This example, (Benchmark 9-2) is assigned Level 2-3, partly because "[n]ursing procedures are carried out independently within the framework of established policy." In Benchmark 9-3, the nurse, among other duties, "[p]rovides emergency treatment, for example, to accident victims." Again, the nurse is assigned Level 2-3, in part due to responding "to emergencies in accordance with policy and accepted nursing practice without specific instructions." It is significant that the benchmark description specifies that the nurse "[w]orks under protocols of care that provide instructions for taking care of problems and patient needs during absence of physician." The following of these protocols is not considered sufficient to obviate crediting Level 2-3. It is also interesting to note that the GS-0610 standard provides as an illustration of Level 2-3, "[o]ccupational health nurses who work under the general direction of a nurse or physician who is either on the same premises or available for guidance by telephone." Again, the availability of higher level direction, by itself, is not a bar to assigning Level 2-3. Indeed, the GS-0621 Nursing Assistant Series also provides for Level 2-3 for carrying out patient care in accordance with treatment plans, patient charts, and instructions, and for modifying nursing care as conditions warrant, notwithstanding the lower levels of knowledge required and complexity of work covered by that series.

The Classification Appeals Office concluded that Level 2-3 was creditable, thereby restoring the appellant's grade level.