

EMS Education Transition Workgroup  
Minutes of January 19, 2012

Attendees: Chris McCarthy, Kate Soons, Deb Benson, Scott Supernaw, Carl Matteson, Sue Poirier, Andy Jackson, Bernie Tolmie, Brian Richardson, Inge Luce, Jim Finger, John Engler, Keith Hermiz, Tom Goddard, Tom Numann, Ed Sullivan, Bill Hathaway, Chris Bell, Ray Walker, Donna Jacob

Note: All Health Department emails are changing—please drop @ahs. Format is [first.last@state.vt.us](mailto:first.last@state.vt.us)

This is the last formal meeting of this group. Smaller groups will handle the development going forward. Tonight's task is to agree on length, target dates and content.

### FR-ECA to EMR

#### Discussion:

- 7.9 hrs + 8.0 supplemental = 15.9 total
- Email received today suggesting that those with ECA+4 could automatically be considered transitioned. After a review, it was noted that even ECA+4 doesn't include auto injector, hemorrhage control/tourniquet and eye irrigation.
- Three ECA+4 classes are finishing their end run to EMT-Basic soon.
- Modules 1 through 4 equate to 48 hours max; transition itself from ECA to EMR is only 15.9 total. Additional "fluff material" to equip students for EMT-B is missing from the 15.9 but included in Mods 1 through 4.
- Ray reports 50 ECA+4s statewide.
- Areas who rely on first responders are frustrated by the loss of the "+4" skills.
- Ongoing course instructors have received information on the new exam process, thanks to Ray.
- Existing ECAs can sit in on ongoing EMR courses and obtain the necessary supplemental skills.
- Any transition hours count toward refresher of level. For example, lets say the EMT-B to EMT transition is a total of 14 hours of training. To recert National Registry, an EMT needs a total of 72 hours, 24 of refresher and 48 hours of elective credits. The 14 hours of transition education counts as refresher, but only hour for hour. This still leaves 10 hours of "refresher" that needs to be done, but instead of being in the "refresher" categories, the 10 hours can be made up of elective credits, just as the remaining 48 hours are.

#### Decisions:

- Full curriculum, including supplemental material, will be taught. Consistency with the curriculum was stressed, to more broadly conform to the nation.
- Refresher rosters can be used to record which individuals have successfully transitioned.
- Staff will review the curriculum and adjust hours to be specific to Vermont's needs.

## EMT-Basic to EMT

### Discussion:

- 10.25 hrs + 3.25 hrs supplemental = 13.5 hours total

### Parking Lot:

- Blood glucose determination is strongly supported. For consistency, it will be handled separately as a waiver, either statewide or district specific. After discussion of adding to transition materials, it was noted that graduating students will not have the material—separate is cleaner. The skill can be added to the statewide protocols.

### Decisions:

- Full curriculum, including supplemental material, will be taught. Consistency with the curriculum was stressed.
- Refresher rosters can be used to record which individuals have successfully transitioned.
- Staff will review the curriculum and adjust hours to be specific to Vermont's needs.
- Teach theory of devices like mechanical CPR, using video or other means. Not device specific. Services do not need to purchase the equipment unless it becomes necessary to do so.

## EMT-Paramedic to Paramedic

### Discussion:

- 13.1 hrs + 5 hrs supplemental = 18.1 total
- Theory, not equipment specific. Agency can teach specifics if needed.
- Utilize hospitals for training materials such as indwelling catheters, ports, etc. Partner with them.
- Question as to whether the transition alleviates the need for an IFT expanded scope of practice. Chris said he would research pumps and blood.
- NH, MA and NY entry-level medics can do what VT's CCPs can do. Stressed bringing VT up to par.
- Upcoming joint meeting of ED directors and nurse/managers to ensure that Vermont's meeting receiving hospitals' transport needs.
- For billing at the SCT level (Specialty Care Transport), care must be above the standard SOP. There is a significant cost difference/needs consideration. Chris will address this with ED directors and nurse/managers as well.

### Parking Lot:

- Transition regarding IFT – pumps, blood, etc.

### Decisions:

- Full curriculum, including supplemental material, will be taught. Consistency with the curriculum was stressed.

- Refresher rosters can be used to record which individuals have successfully transitioned.
- Staff will review the curriculum and adjust hours to be specific to Vermont's needs.
- Theory, not equipment specific. Agency can teach specifics if needed.

### I-85 to AEMT

#### Discussion:

- 13 hrs + 3.3 hrs supplemental = 16.6 total
- Lots centering around I-90 and how to transition them. Original I90 to I03 transition is 24 hrs. To lump them into the transition with the I03s or transition them in a 2-step process.
- Total of 24 VT-based EMT-I-90s, and 3 of them are in the midst of I-03 transition testing. Additionally, there are 15 or 20 I-90s on out-of-state squads who hold VT certification as part of a special reciprocity deal we have with MA, NH and NY-based squads. Under this arrangement, we honor their home state Intermediate certification if they continue to meet their home state's certification requirements.
- Some skills have already been taught, although perhaps not in depth; transition will serve as a good refresher of skills. For example, methods of sub-q injection are taught but not many Intermediates perform the skill.
- Why isn't adult intraosseous infusion included in the AEMT protocol? Waiver

#### Decisions:

- Same as previously discussed with regard to theory vs equipment, and utilizing the entire curriculum.
- Chris is leaning toward having both I90s and I03s do the I85 to AEMT transition.

### All Levels

Hazmat Awareness (HAZWOPER) is included in all levels and this is above and behind the hours listed for transition. For agencies receiving any federal funding, it's likely all members have already attained this level but it will be important to point out the need.

### Coordination/Delivery:

Lots of discussion around who was qualified at each level and how training would be rolled out. Those certified above a level and already transitioned can teach any level below their cert level. Finally decided that training ICs and select Paramedics who may be assisting in the AEMT or Paramedic transition programs would result in all ICs being on the same sheet of music. That and having standardized training materials should result in "train the train the trainer" programs being consistent.

A day-long train the trainer session was suggested for ICs and select paramedic assistants. From there, ICs can designate and train trainers.

ECA/EMR:	EMT with new material skills can do in-squad training.
EMT-Basic/EMT:	AEMT IC, with assistance of a Paramedic (IC or not)

I85/AEMT: AEMT IC, with assistance of a Paramedic (IC or not)  
EMT-Paramedic/Paramedic: District Medical Advisor oversight; District paramedicine docs will most likely desire involvement. Materials can be delivered by a transitioned Paramedic IC or appropriate talent as designated by DMA

It was noted that ICs are credentialed by the state and are not district-specific. Oversight of a course can be done without the IC being in the classroom the entire time.

No exams will be utilized.

#### Materials

- ICs should break into interest groups to prepare training materials as appropriate.
- Standardized training materials throughout the state was stressed.
- Border states will be contacted and other training materials will be utilized as appropriate, based on their position on the NSOP.

#### Transition Deadline

- Either March or September of 2015, depending on provider level.
- Earliest that updated protocols will be available is May/June and that's being optimistic.

#### Future IC Courses

- Need for IC courses is recognized. Chris has reached out to two training agencies, neither of which have responded in several months.
- Also investigating equivalent courses for "reciprocity" purposes. FF1 would be equivalent to the NECEMS course, with a one-day add-on and student teaching for 2 days. There is a course taught to law enforcement officials that is also most likely an equivalent.
- Setting up listserv and opting to add all certified members. Disinterested folks can unsubscribe.