

**OFFICE OF EMERGENCY MEDICAL SERVICES****Administrative Requirements Manual**

Effective: November 10, 2010

Authorization: AR

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A/R Title: REQUIREMENTS FOR ALS/BLS INTERFACE TRAINING

Supersedes: September 8, 2010

**PURPOSE:**

This administrative requirement contains the content that course sponsors and instructors must meet in developing a DPH/OEMS-approved continuing education course that trains all levels of EMTs to work side-by-side as a team for the purpose of continuity of patient care.

This administrative requirement also sets out the standards for training that must be used by all ambulance service providers, and their EMTs at all levels, in order to meet the conditions of 105 CMR 170.305(C), for staffing an ambulance with a Paramedic/Intermediate or Paramedic/Basic or Intermediate/Basic configuration.

**TRAINING REQUIREMENTS:**

All levels of certified EMTs who work for ambulance services licensed at the advanced life support (ALS) level and work as staff on paramedic-level ambulances in either a Paramedic-Intermediate or Paramedic-Basic staffing configuration must have successfully completed a training course of a minimum of 4 hours in length meeting the requirements of this Administrative Requirement. Every two years thereafter, or concurrent with their EMT certification period, EMTs working on paramedic-level ambulances in these staffing configurations must successfully complete a review training program of a minimum of 2 hours in length addressing the main points of this Administrative Requirement, and also addressing any changes in policy or any new equipment the service has acquired and deployed on paramedic-level ambulances.

***COPIES OF THIS ADMINISTRATIVE REQUIREMENT MUST BE PROVIDED TO AND REVIEWED WITH ALL PARTICIPANTS WHO ATTEND ALS/BLS INTERFACE PROGRAMS***

**INTER-HOSPITAL TRANSPORT OF ADVANCED LIFE SUPPORT (ALS) PATIENTS:**

These standards are requirements for currently certified EMTs at all levels who work in both the emergency setting and the inter-hospital setting (i.e, ALS interfacility transfers). The scope of practice guidelines are already set forth in other Administrative Requirements and/or Statewide Treatment Protocols of the Department, and will not be addressed here. The specific skills that may be utilized by the EMT-Basic for the inter-hospital transports will be identified in this A/R.

**TARGET AUDIENCE:**

All levels of certified EMTs employed by ambulance services who are currently or will be working on ambulance services licensed at the ALS level for both emergency and ALS interfacility patient transports that have not already received this interface training.

**INSTRUCTOR QUALIFICATIONS:**

Faculty for this program must include pre-hospital ALS providers who have a working knowledge of the scope of practice for all levels of certified EMTs and are at a minimum a Massachusetts-certified EMT-Paramedic). The instructor must also have a working knowledge regarding the role of the affiliate medical control, medical direction and quality assurance initiatives.

**PROGRAM OBJECTIVES:**

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- To familiarize all levels of certified EMTs with their specific patient care role with regards to working as a team while continuing to provide basic life support to the patient.
- To familiarize all levels of certified EMTs with their specific patient care role when handling ALS inter-hospital transfers when that patient requires ALS skills or monitoring of ALS interventions.
- To refresh and reorient all levels of certified EMTs in the medical/legal aspects of pre-hospital ALS and BLS care for both emergent and ALS inter-facility transfers when EMT-Basics, EMT-Intermediates and EMT-Paramedics are working together to provide patient care, referencing the following:
  - ◆ State EMS law, M.G.L. c. 111C, EMS System regulations, 105 CMR 170.000, which govern EMS in Massachusetts, including levels of EMT training and certification;
  - ◆ The Statewide Treatment Protocols, which set the standard for patient care at each level of certification;
  - ◆ DPH/OEMS Administrative Requirement (AR) 5-509, ALS Interfacility Transfers;
  - ◆ State and Federal drug laws and regulations. On the state level, M.G.L. c. 94C, and 105 CMR 700.000
  - ◆ State Hospital Licensure regulations for medical control hospitals, 105 CMR 130.1401-1404, which sets standards for medical control, responsibilities of medical control hospitals, affiliate hospital medical directors and physicians who provide medical control, as well as related medical control requirements in the EMS System regulations, at 105 CMR 170.300.
  - ◆ Responsibility of EMT-Basics to continue to provide Basic Life Support (BLS) to the patient before, during and after the administration of ALS, until responsibility for patient care is either transferred entirely to the ALS personnel or to the hospital emergency department.

**PROGRAM RESTRICTIONS:**

EMT cannot have any hands-on practice of any procedure that is either not authorized for their level of certification under the state EMS law and regulations, the Statewide Treatment Protocols, State/Federal drug laws or any procedure otherwise restricted or prohibited by those same laws and regulations. Such practice may result in denial or revocation of program approval under 105 CMR 170.976, and/or actions against the individual EMTs and/or instructor.

**GENERAL GUIDELINES FOR PROCEDURES:**

In addition to didactic presentation of the above information, the ALS/BLS Interface Program must include skill sessions for EMTs of all level in simulated paramedic-level patient care situations with EMT-Basics, Intermediates and EMT-Paramedics, where each person assumes a role appropriate to their level of certification. These simulated patient care situations must include inter-facility and emergency situations to ensure that EMTs are able to identify the proper equipment and supplies for both types of situations.

The following standards apply to enhanced skills for the EMT-Basic:

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<b>Key = ** equates to inter-hospital transfer equipment</b>
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<u><i>Advanced Airway Maintenance Devices</i></u>
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<b>MUST NOT:</b>	<b>MAY,</b> under supervision of ALS-level EMT:
-- Insert LMA, Combitube or ET tubes	-- Retrieve advanced airway and associated equipment
-- Assemble or operate the automated ventilator	-- Ventilate the patient w/ advanced airway using the bag-valve mask device
-- Assemble or test devices (including laryngoscopes) prior to insertion	**Retrieve the automated Ventilator and associated equipment such as circuitry
-- Auscultate breath sounds for tube placement	-- Retrieve equipment for capnography
-- Assemble capnography device or equipment	

<u><i>Drugs, IV Blood Glucose Testing and Blood Samples</i></u>
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<b>MUST NOT:</b>	<b>MAY,</b> under supervision of ALS-level EMT:
-- Retrieve or prepare drugs for administration	-- Retrieve drug box, IV set-up box from the ALS ambulance
-- Obtain blood samples	-- Assemble for use(connecting tubing, spiking" the IV fluid bag, etc.)
-- Fill blood sample tubes	** retrieve the IV pump and drip set
-- perform the venipuncture	-- prepare tape and assist with securing of IV.
-- Apply tourniquet	--Obtain perform a finger stick for blood Glucose and perform the testing.
-- Handle or dispose of needles	
-- Cleanse the IV site	

<u><i>Cardiac Monitor/Defibrillator</i></u>
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<b>MUST NOT:</b>	<b>MAY,</b> under supervision of ALS-level EMT:
-- Operate or charge manual defibrillator	-- Retrieve monitor/manual defibrillator
-- Interpret or otherwise interpret the cardiac tracing	-- turnon/print/acquire EKG tracings
-- Deliver defibrillation using a manual monitor	-- Apply electrodes, defibrillation pads and/or 12-leads
	-- Retrieve any summary data
	-- Replace the cardiac monitor paper

**TEAM APPROACH TO INTERFACE:**

EMT-Basics: They should assess and begin stabilizing and packaging the patient before the arrival of, or in conjunction with, the ALS-level EMTs. They should utilize all appropriate skills (per the Statewide Treatment Protocols), such as:

- Triage, patient examination and monitoring vital signs.

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- Airway management using oro/nasopharyngeal airways, oral suctioning, BVM and oxygen administration.
- Bandaging and shock prevention/treatment
- CPR and Defibrillation
- Splinting and spinal immobilization
- Packaging, updating vital signs and safe transportation to the hospital
- Complete documentation of BLS-level patient care activities.

EMT-Intermediates and Paramedics: They should be prepared to utilize all of the above skills and, depending on their level of certification, they would be responsible for all appropriate skills (per the Statewide Treatment Protocols), such as:

- Updating vital signs and re-examination of the patient
- Advanced airway maintenance (ETT, LMA, King LT)
- Intravenous fluid administration
- Cardiac monitoring, defibrillation, pacing, cardioversion, and 12-lead interpretation
- Capnography application, wave form interpretation, recording and monitoring
- Drug administration
- Complete documentation of ALS-level patient care activities

**PROGRAM EVALUATION:**

A written or verbal quiz must be incorporated at the completion of the interface training program to assure that EMT-Basics are knowledgeable regarding the scope of practice, ALS equipment and understand statutory/regulatory limitations and the legal implications of patient care in ALS/BLS teamwork situations.

**SERVICE RESPONSIBILITIES FOR RECORD KEEPING:**

The ambulance service must maintain all associated training documents for its EMTs regarding the interface training program and upon request submit these training records to the Department. This documentation must be readily available to the Department and will include at a minimum skill performance and attendance rosters for each EMT it employs and utilizes in staffing paramedic-level ambulances under an ALS/BLS staffing configuration.