

## Vermont Interim Interfacility Transport Work Group Meeting Minutes

October 14, 2011

Attendees: Clay O'Dell, Jon Bouffard, Mark Podgwaite, Patricia Wolff, Kirsten Jaquith, Bill Edson, Roger Gosselin, Mark Considine, Troy Madigan, Scott Cooney, Jim Finger, Don Perreault, Chris Bell, Ray Walker, Donna Jacob

Purpose: Produce consensus recommendations to Department of Health for IFT guidelines and possible protocol and procedure changes

Scope of Issues:

What can EMS personnel at each level do under their normal scope of practice?

What can EMS personnel at each level not do under their normal scope of practice?

What additional training is needed?

What are the rules and requirements for out-of-state providers in Vermont?

What other types of transports occur that are beyond the EMS scope?

New policies, procedures and guidelines need to take into account the new scope of practice levels and Critical Care Paramedics.

CCP does not exist as a certification level in VT, but some Paramedics have been allowed to function as CCPs. We need to compare VT's CCP training to other states'. Vermont's rules specify the scope of practice of a CCP and the Department has issued an waiver to allow glycoprotein inhibitors.

Ventilators will be allowed under the new scope of practice for all levels at or above the EMT level.

VT EMS does not have any rules or required qualifications for nurses on IFTs. Is this an issue the group should pursue? Perhaps at a later time.

Specific interventions allowed at each certification level:

EMT-B: Only what a patient would be able to do at home, 12-lead EKG capture and transmission, but not interpretation

EMT-I-90: All of the above, plus D50, Narcan, Epi IM/SQ, nitro, IV maintenance

EMT-I-03: All of the above plus thiamine, nebulized albuterol, aspirin, glucagon

Paramedic: All of the above plus dopamine, epi infusions, RSI (in some districts)

CCP: Pressure infusion pumps, heparin, nitro infusion, nutritional preparations, electrolytes, antibiotics, oral non-narcotic analgesics, chest tubes, NG/OG tubes, urinary catheter maintenance

What interventions are not allowed?

- Blood – not addressed in any VT EMS scopes of practice, rules or protocols. Probably won't be considered because hospitals are very possessive of blood resources. NH paramedics can use blood products after receiving training and entering into a cooperative agreement with the hospital
- Other pressors and cardiovascular infusion meds

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- Lytics –
- Anesthesia and analgesic meds

Invasive ventilators – will be a standard part of the Paramedic scope of practice under the new standards

RSI meds are part of VT's CCP course but squads need a waiver from the Department to use them.

Venous access/ports are part of the current Paramedic curriculum  
Hemodynamic monitoring is not – can't monitor venous pressure

Pediatric/neonatal considerations? Nothing that isn't already in the current and/or new scope of practice

NH PIFT (Paramedic Interfacility Transport) course:

- Teaches medications and devices

- Central lines
- Chest tubes
- Ventilators
- Other things taught in CCP course
- Does not teach pathophysiology

- No clinical training required, but students need to get hands-on experience with devices through hospital credentialing

- Annual competency checks

- Medico-legal instruction and QI

Issue 1: This is about more than deciding what level of certification can transport patients on certain medications or interventions. The decision should be based on the need for dynamic patient management en route – what is the risk for deterioration?

Issue 2: There needs to be a procedure or guidance for helping transport crews to judge what transport situations are within their scope and comfort arrange and which ones will require help from the facility. Facilities also need to understand their responsibility in providing the assistance rather than just trying to get the patient out the door.

Out of state providers functioning in Vermont: The Statewide EMS Protocols spell out which state's protocols are used depending on the origin and destination of the patient and the state licensure of the agency.

Parking Lot issue: How to address out of state agencies not licensed in Vermont that come to VT to pick up a patient. Under current VT rule, this is not allowed.

For further discussion:

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- Are there things the group identified that are outside the scope of VT EMS providers that should be included?  
If yes, what kind of training should be provided?
- Is PIFT a good model for Vermont?
  - Credentialing mechanism, but not as a new certification level

### Next steps

- Chris Bell will invite ED physicians and nurses to the next meeting
- Chris Bell will consult with NH re: ??
- Group members should discuss these issues with their represented constituencies
- At next meeting:
  - Discuss having a specific course for IFTs
  - Address setting criteria for each certification level on IFTs

Next Meeting: on a Friday 3-4 weeks out.