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[email] vtems@state.vt.us*Agency of Human Services***MEMORANDUM****TO: Vermont EMS Heads of Services, District Medical Advisors, and ED Directors****FROM: Daniel Wolfson, MD - VT State EMS Medical Director****DATE: May 6, 2014****Subject: Interfacility Transfer Protocol Update: Critical Care Paramedicine**

Interfacility transfer (IFT) requires a unique set of skills distinct from the training of most hospital-based or prehospital providers. It is essential that personnel used to provide care during interfacility transfer be properly trained, familiar with the demands of providing care during ground or air transport, legally authorized to perform these skills, and prepared to handle the variety of patient contingencies that may arise during transport. The overriding principle for all aspects of IFT is matching patient needs with adequate provider knowledge and skills, equipment and infrastructure that provide seamless patient flow during transport. Any judgment should err on the side of caution in providing care at the level likely to be needed or potentially needed during IFT. For guidance on the options and capabilities of non-paramedic EMS crews, see IFT protocol 7.0 in the current version of the VT Statewide EMS Protocols. In addition to traditional EMS crews, critical care transport teams are an important means of providing an appropriate level of care during the transfer of critically ill and injured patients. Transferring physicians are responsible for initial patient assessment and determining the appropriate level of care for the patient during transfer. Accepting physicians must ensure that the receiving facility is fully capable of providing necessary patient services and care.

Under the National Scope of Practice Model as adopted by Vermont EMS, the Paramedic scope/curriculum does not specifically address the care of the critically ill or injured patient during an extended transport between facilities. VT EMS therefore requires specific additional training for Paramedics to provide extended transport of critically ill or injured patients if their clinical needs exceed those otherwise covered by the VT Statewide EMS protocols.

Historically, Vermont EMS has had an endorsement for EMT-P known as the Vermont Critical Care Paramedic that allowed, with additional training and credentialing, for an expanded scope of practice including the use of infusion pumps and the administration of certain otherwise restricted medications and nutritional preparations to address the majority of interfacility transfer situations (see EMS Rule 6.2.6.5.5). Now that Vermont has revised the Paramedic scope of practice in accordance with the National Scope of Practice Model, all (transitioned) Paramedics are allowed to use infusion pumps and administer IV nitroglycerine and electrolytes. This



expansion of the National Scope of Practice will allow ‘regular’ Paramedics to provide IFT for appropriately selected patients. However, there are still several important procedures and medications vital to the safe interfacility transfer of critically ill or injured patients that are beyond the scope of practice for a Paramedic for which advanced critical care knowledge and skills will be required.

As noted, the current endorsement of critical care paramedic provides few additional skills above the new Paramedic level and will eventually be phased out and replaced by a new Vermont Critical Care Paramedic endorsement. To obtain the new endorsement, a Vermont Paramedic must complete and maintain either the Critical Care Emergency Medical Technician-Paramedic (CCEMT-P) course credential developed by the University of Maryland Baltimore County (UMBC), **OR** successfully complete and maintain the Board for Critical Care Transport Paramedic Certification (BCCTPC) exam for Critical Care Paramedic Certification (CCP-C), or Flight Paramedic Certification (FP-C). In addition to providing a course completion certificate or exam certification, the EMS provider will need the endorsement of their District Medical Advisor (DMA) and Head of Service. On-going credentialing will then be managed at the district/service level with DMA oversight. For current Vermont Critical Care Paramedics that completed their critical care training previously in Vermont (based on old scope/curriculum) and operated as such under the old scope, there is no mechanism in place to bridge. In order to practice as a new Vermont Critical Care Paramedic, the CCEMT-P course or CCP-P or FP-C exam must be completed. Until December 31, 2015, current Vermont critical care paramedics may continue to perform those few additional skills that are permitted under continued approval and oversight of the DMA and agency. After January 1, 2016, this endorsement will cease and the new scope/eligibility requirements will define the only recognized level for critical care paramedicine in Vermont.

After completion of either training or certification exam, new VT Critical Care Paramedics will be allowed to perform an expanded scope of practice as outlined in the attached spreadsheet. Note that there are some procedures or medications that will require an additional waiver from VT EMS and therefore are not likely skills that all new Vermont Critical Care Paramedics will engage in. This list of the procedures and medications that may be needed for the safe interfacility transfer of critically ill or injured patients by critical care paramedics was developed with the assistance of the IFT workgroup and the District Medical Advisors. At this time we are asking that you please review this draft in detail and return comments to the VT EMS office (vtems@state.vt.us) by June 1, 2014. Our intention is to then publish a final IFT scope and eventually a specialized companion protocol set.

Thank you for your interest and involvement in making the IFT process in Vermont the best it can be.

Regards,
Dr. Dan Wolfson and VT EMS

