Vermont EMS District 6

Paramedic &

Advanced EMT

Credentialing Manual

Last revised 1/2021

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**Purpose**

This document’s purpose is to provide a single source of information for paramedics, AEMTs, and paramedic/AEMT services on getting individuals credentialed to function as advanced providers in Vermont EMS District Six.

**Introduction**

Welcome to advanced level of care within Vermont EMS District Six. This document will provide you with everything you need to know about the requirements of becoming and practicing as a paramedic or AEMT (advanced emergency medical technician) in Vermont EMS District Six and has been approved by the Vermont EMS District Six Medial Advisor.

**Definitions**

As used in this document, the following terms mean:

Credential – authorization for a Vermont licensed paramedic or AEMT to practice at the paramedic or AEMT level in Vermont EMS District Six after formal review and evaluation of their license, experience, and qualifications of the individual.

DMA (district medical advisor) – the physician with authority and responsibility for oversight of all responders within Vermont EMS District Six.

Orientation – The period at the beginning of a District 6 paramedic’s or AEMT’s orientation when she or he is learning how the district works. During this interval, the new paramedic or AEMT may perform paramedic-level or AEMT-level interventions only when working with a credentialed paramedic or AEMT. Typically, this period lasts between ten and twenty regular calls before she or he moves to probationary status. This manual refers to such a person as a new paramedic or AEMT even though the person may not be new to District 6 or to per may not be new to paramedicine / AEMT care in another area.

Probation – the period after orientation when a paramedic or AEMT demonstrates to a preceptor(s) and/or service leadership the knowledge, skills and judgment necessary for safe practice.

Training officer (or designee) – the person designated by a District 6 licensed paramedic or AEMT agency who is responsible for overseeing the orientation and probationary oversight of new advanced level providers for that agency.

**INITIAL CREDENTIAL FOR NEW PARAMEDICS or EXPERIENCED PARAMEDICS NEW TO DISTRICT 6**

Phase 1: Orientation and Initial Field Experience

1. The new paramedic meets with the agency training officer and agency head of service to schedule orientation and initial field experience. The training officer must notify and provide the District Medical Advisor (DMA) with the following before any field experience begins:

a. The name of the new paramedic.

b. The name(s) of the preceptor(s) who will be working with the paramedic.

c. Any additional information the training officer feels is pertinent or that the DMA requests.

2. The orientation must include:

a. Review of the State of Vermont EMS protocols, if new to practicing in Vermont.

b. Review of the District 6 Restrictions on and clarifications of state protocols.

c. Satisfactory performance of skills on the District 6 checklist.

d. Satisfactory performance on the District 6 protocol test.

3. The field experience includes the paramedic acting as the primary care provider on at least five-to-ten regular EMS calls under the direct supervision of a paramedic preceptor who is approved by the DMA, and the agency head / training officer. For each call, this includes:

a. Handling radio communications with dispatch.

b. Acting as the team leader in assessing and managing patients.

c. Providing updates to the hospital communication center and ED staff

d. Documenting the patient encounter.

4. The calls do not all have to include performance of paramedic procedures or administration of paramedic medications but they should allow the preceptor, training officer, and DMA to evaluate the new paramedic’s knowledge, skills and attitudes. Depending on the types of calls received, this may not be possible with the first ten calls and new paramedics with limited experience should expect that twenty-to-thirty calls may be necessary vs. an experienced paramedic may only need five-to-ten calls.

5. Each of the five-to-ten calls, or more if needed, must include transport to a hospital or interfacility transfer (transfer to higher level of care).

6. Each of the five-to-ten calls, or more if needed, used for credentialing must be reviewed by the paramedic preceptor and agency training officer.

Phase 2: Evaluation to Probation

1. After successful completion of phase 1, the training officer / head of service in conjunction with the preceptor(s) will evaluate if the new paramedic is ready to be considered a probationary paramedic at phase 2 or to be fully credentialed as a paramedic.

a. If the training officer believes that the experienced paramedic is ready to be credentialed:

i. The training officer or head of service submits a letter of recommendation to the DMA.

ii. The experienced paramedic submits a portfolio to the DMA containing a call log for cases where they acted as the primary care giver, corresponding patient care reports and any run evaluation forms.

iii. The DMA will notify the service of their decision within seven days. If the DMA is satisfied that the experienced paramedic is ready to practice independently in the field, the DMA will grant credentialed paramedic status.

b. If the training officer / head of service believes that the new paramedic is ready to be credentialed as a probationary paramedic only:

i. The training officer or head of service submits a letter of recommendation to the DMA and a plan to allow the probationary paramedic to further develop on calls with and/or without a preceptor.

ii. The new paramedic submits a portfolio containing a call log for when they acted as the primary care giver, corresponding patient care reports and transport critique forms.

iii. The DMA will notify the service of their decision within seven days. If the DMA is satisfied that the new paramedic is ready to practice in the field with restrictions, the DMA will grant probationary paramedic status. Probationary paramedics must call medical direction for any paramedic level interventions or medications excluding cardiac arrest management, unless there is a credentialed paramedic is on board. All cardiac arrest management incidents will be submitted to the DMA as well during this probationary period.

iv. The paramedic in probationary period (phase 2) do not need to be directly observed by a preceptor, but must have online medical control for any paramedic level interactions or medications, unless there is a credentialed paramedic on board and excluding cardiac arrest management. They must have at least ten of these calls before being considered to fully credentialed (phase 3).

2. The decision to grant probationary or credential status ultimately rests with the DMA. Any time the DMA denies probationary or credentialed status, they will work with the training officer or head of service to identify a plan to further develop the paramedic’s skills, interactions, and processes.

a. The goals of any plan are:

i. Correct any gaps in the paramedic’s knowledge, skills or attitudes.

ii. Describe what additional training or experience is needed for paramedic to function in the field with or without a preceptor.

iii. Provide an opportunity for the probationary paramedic to demonstrate appropriate knowledge, skills and attitudes in an EMS setting.

b. The plan must include a schedule for reporting progress to the DMA by the training officer and head of service. In general, this should be at least once a month of active service.

c. At any time, the training officer or head of service may request an informal meeting with the DMA to evaluate the progress the probationary paramedic is making.

d. After three months, if the paramedic has still not accomplished all of the goals of the plan, the training officer or head of service should schedule a meeting with the DMA to re-evaluate and possibly revise the plan.

Phase 3: Probationary to Credentialed (if necessary)

1. For experienced paramedic that have completed their initial orientation, or for probationary paramedics after at least ten additional calls as a probationary paramedic, the training officer (or head of service) in conjunction with the preceptor(s) will evaluate if the probationary paramedic is ready to be fully credentialed as a paramedic. The agency will:

a. The training officer or head of service submits a letter of recommendation to the DMA.

b. The paramedic submits a portfolio to the DMA containing a call log for cases where they acted as the primary care giver, corresponding patient care reports and transport critique forms.

c. For paramedics in their probationary period (phase 2), they will submit at least ten incidents patient care reports where they performed paramedic level interventions or medications.

d. The DMA will notify the head of service of their decision within seven days. If the DMA is satisfied that the new paramedic is ready to practice in the field, the DMA will grant credentialed paramedic status.

2. The decision to grant credential status ultimately rests with the DMA. Any time the DMA denies credentialed status, they will work with the training officer or head of service to identify a plan to further develop the paramedic’s skills.

a. The goals of any plan are:

i. Correct any gaps in the paramedic’s knowledge, skills or attitudes.

ii. Describe what additional training or experience is needed for paramedic to function in the field with or without a preceptor.

iii. Provide an opportunity for the probationary paramedic to demonstrate appropriate knowledge, skills and attitudes in an EMS setting.

b. The plan must include a schedule for reporting progress to the DPMA by the training officer. In general, this should be at least once a month.

c. At any time, the training officer or head of service may request an informal meeting with the DPMA to evaluate the progress the probationary paramedic is making.

3. After three months, if the paramedic has still not accomplished all of the goals of the plan, the training officer or head of service should schedule a meeting with the DMA to re-evaluate and possibly revise the plan.

Return to Probationary Status:

1. At any time, the DMA may place any paramedic into probationary status (phase 2) as a result of any incident, complaint, concern, or long period of time where there was limited practice. The decision to place any individual into probationary status rests completely with the DMA with any District 6 paramedic at any time. The DMA will notify the head of service of their decision as soon as possible, with the goal to correct any gaps in the paramedic’s knowledge, skills, or attitudes.

**INITIAL CREDENTIAL FOR NEW AEMTs or EXPERIENCED AEMTs NEW TO DISTRICT 6**

Phase 1: Orientation and Initial Field Experience

1. The new AEMT meets with the agency training officer and agency head of service to schedule orientation and initial field experience. The training officer must notify and provide the District Medical Advisor (DMA) with the following before any field experience begins:

a. The name of the new AEMT.

b. The name(s) of the preceptor(s) who will be working with the AEMT

c. Any additional information the training officer feels is pertinent or that the DMA requests.

2. The orientation must include:

a. Review of the State of Vermont EMS protocols, if new to practicing in Vermont.

b. Review of the District 6 Restrictions on and clarifications of state protocols.

3. The field experience includes the AEMT acting as the primary care provider on at least five-to-ten regular EMS calls under the direct supervision of a AEMT or paramedic preceptor who is approved by the DMA, and the agency head / training officer. For each call, this includes:

a. Handling radio communications with dispatch.

b. Acting as the team leader in assessing and managing patients.

c. Providing updates to the hospital communication center and ED staff

d. Documenting the patient encounter.

4. The calls do not all have to include performance of AEMT procedures or administration of AEMT medications but they should allow the preceptor, training officer, and DMA to evaluate the new AEMT’s knowledge, skills and attitudes. Depending on the types of calls received, this may not be possible with the first ten calls and new AEMT with limited experience should expect that twenty-to-thirty calls may be necessary vs. an experienced AEMT may only need five-to-ten calls.

5. Each of the five-to-ten calls, or more if needed, must include transport to a hospital or interfacility transfer (transfer to higher level of care).

6. Each of the five-to-ten calls, or more if needed, used for credentialing must be reviewed by the AEMT preceptor and agency training officer / head of service.

Phase 2: Evaluation to Probation

1. After successful completion of phase 1, the training officer / head of service in conjunction with the preceptor(s) will evaluate if the new AEMT is ready to be considered a probationary AEMT at phase 2 or to be fully credentialed as an AEMT.

a. If the training officer believes that the experienced AEMT is ready to be credentialed:

i. The training officer or head of service submits a letter of recommendation to the DMA.

ii. The experienced AEMT submits a portfolio to the DMA containing a call log for cases where they acted as the primary care giver, corresponding patient care reports and any run evaluation forms.

iii. The DMA will notify the service of their decision within seven days. If the DMA is satisfied that the experienced AEMT is ready to practice independently in the field, the DMA will grant credentialed AEMT status.

b. If the training officer / head of service believes that the new AEMT is ready to be credentialed as a probationary AEMT only:

i. The training officer or head of service submits a letter of recommendation to the DMA and a plan to allow the probationary AEMT to further develop on calls with and/or without a preceptor.

ii. The new AEMT submits a portfolio containing a call log for when they acted as the primary care giver, corresponding patient care reports and transport critique forms.

iii. The DMA will notify the service of their decision within seven days. If the DMA is satisfied that the new AEMT is ready to practice in the field with restrictions, the DMA will grant probationary AEMT status. Probationary AEMT must call medical direction for any AEMT level interventions or medications, unless there is a credentialed AEMT or paramedic on board, excluding cardiac arrest management. All cardiac arrest management incidents will be submitted to the DMA as well during this probationary period.

iv. The AEMT in probationary period (phase 2) do not need to be directly observed by a preceptor, but must have online medical control for any AEMT level interactions or medications, unless there is a credentialed AEMT or paramedic on board, and excluding cardiac arrest management. They must have at least ten of these calls before being considered to fully credentialed (phase 3).

2. The decision to grant probationary or credential status ultimately rests with the DMA. Any time the DMA denies probationary or credentialed status, they will work with the training officer or head of service to identify a plan to further develop the AEMT’s skills, interactions, and processes.

a. The goals of any plan are:

i. Correct any gaps in the AEMT’s knowledge, skills or attitudes.

ii. Describe what additional training or experience is needed for AEMT to function in the field with or without a preceptor.

iii. Provide an opportunity for the probationary AEMT to demonstrate appropriate knowledge, skills and attitudes in an EMS setting.

b. The plan must include a schedule for reporting progress to the DMA by the training officer and head of service. In general, this should be at least once a month of active service.

c. At any time, the training officer or head of service may request an informal meeting with the DMA to evaluate the progress the probationary AEMT is making.

d. After three months, if the AEMT has still not accomplished all of the goals of the plan, the training officer or head of service should schedule a meeting with the DMA to re-evaluate and possibly revise the plan.

Phase 3: Probationary to Credentialed (if necessary)

1. For experienced AEMT that have completed their initial orientation, or for probationary AEMT after at least ten additional calls as a probationary AEMT, the training officer (or head of service) in conjunction with the preceptor(s) will evaluate if the probationary AEMT is ready to be fully credentialed as an AEMT. The agency will:

a. The training officer or head of service submits a letter of recommendation to the DMA.

b. The AEMT submits a portfolio to the DMA containing a call log for cases where they acted as the primary care giver, corresponding patient care reports and transport critique forms.

c. For AEMTs in their probationary period (phase 2), they will submit at least ten incidents patient care reports where they performed AEMT level interventions or medications.

d. The DMA will notify the head of service of their decision within seven days. If the DMA is satisfied that the new AEMT is ready to practice in the field, the DMA will grant credentialed AEMT status.

2. The decision to grant credential status ultimately rests with the DMA. Any time the DMA denies credentialed status, they will work with the training officer or head of service to identify a plan to further develop the AEMT’s skills.

a. The goals of any plan are:

i. Correct any gaps in the AEMT’s knowledge, skills or attitudes.

ii. Describe what additional training or experience is needed for AEMT to function in the field with or without a preceptor.

iii. Provide an opportunity for the probationary AEMT to demonstrate appropriate knowledge, skills and attitudes in an EMS setting.

b. The plan must include a schedule for reporting progress to the DPMA by the training officer. In general, this should be at least once a month.

c. At any time, the training officer or head of service may request an informal meeting with the DPMA to evaluate the progress the probationary AEMT is making.

3. After three months, if the AEMT has still not accomplished all of the goals of the plan, the training officer or head of service should schedule a meeting with the DMA to re-evaluate and possibly revise the plan.

Return to Probationary Status:

1. At any time, the DMA may place any AEMT into probationary status (phase 2) as a result of any incident, complaint, concern, or long period of time where there was limited practice. The decision to place any individual into probationary status rests completely with the DMA with any District 6 AEMT at any time. The DMA will notify the head of service of their decision as soon as possible, with the goal to correct any gaps in the AEMT knowledge, skills, or attitudes.

***TRANSPORT CRITIQUE***

**AEMT / Paramedic: \_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Agency Incident # Date of Transport Primary Complaint of Patient**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Paramedic / AEMT Head of Service