

Vermont EMS Student Manual



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Section One:

Course Information

Rights and Responsibilities

Students

As a student in an EMS course, you have the right to:

- quality instruction in the classroom, lab (skill practice) and clinical setting
- a course that is well organized
- clear, consistent policies on course conduct
- an environment that is safe, conducive to learning and free of illegal discrimination and harassment
- sufficient and well maintained equipment in practice sessions
- a reasonable class size
- a course that meets or exceeds the requirements for state licensure
- suitable preparation for the license examination
- fair treatment by the instructional staff
- remediation for poor performance
- confidentiality of private information such as grades and medical information
- recourse for treatment that is unfair or illegal

As a student in an EMS course, you also have the responsibility to:

- behave in a professional manner
- read and follow the rules for course conduct
- attend class in accordance with course attendance requirements
- prepare adequately for each class:
 - read the assigned material
 - do the assigned work
 - develop questions on areas that are not clear
- give your attention to the instructional staff and follow their directions
- support an environment that is safe, conducive to learning and free of illegal discrimination and harassment
- work at developing all skills
- treat equipment with respect
- develop confidence in your knowledge and skills
- evaluate the presentation of the material
- provide accurate, truthful information on course and state license applications

Instructional Staff

The course instructor-coordinator (IC) has the overall responsibility for coordinating and conducting the course. Some of the responsibilities of the IC include:

- explaining what is expected of you
- acting as liaison between students and:
 - the sponsoring agency (if any)
 - the local medical community and
 - the Department of Health
- assuring that the course goals and objectives are met
- assuring that state and district requirements are met
- possibly (but not necessarily) serving as the primary instructor
- seeing that the information is presented appropriately and accurately
- planning, operating and evaluating the course if there is no separate program director
- attending each class (or occasionally sending a substitute)
- selecting guest instructors and skill instructors
- providing for adequate clinical experience
- helping you develop and fine tune the necessary assessment and management skills

The course medical director is a local physician with emergency medical experience who acts as the ultimate medical authority regarding course content, procedures, and protocols. The course medical director and course coordinator work closely together in the preparation and presentation of the program. The course medical director can assist in recruiting physicians to present materials in class, settling questions of medical protocol and acting as a liaison between the course coordinator and the medical community. During the program the medical director will be responsible for reviewing the quality of care rendered by the student. The course medical director or a designee is responsible for verifying student competence in the cognitive, affective and psychomotor domains.

Assistant instructors may teach classroom sessions or practical sessions. Skill instructors are an essential component of your course. When you learn and practice new skills, a practical instructor should work with you and up to five other students (there should be no more than six students in any practice group). The practical instructor should make sure you see a demonstration of the skill (if this has not already happened in the classroom) before you practice it. The practical instructor will also coach you so that by the end of the course you have mastered the necessary skills.

Other assistant instructors may teach classroom sessions. These are typically individuals with special qualifications for the subject they are teaching. This might mean significant field experience or credentials in nursing, respiratory therapy or medicine. Your IC selects these people carefully to give you an opportunity to learn from these individuals.

Americans with Disabilities Act

The intent of the Americans with Disabilities Act of 1990 (ADA) is to prohibit discrimination and ensure equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation. Passing cognitive and psychomotor exams during an EMS course and passing the state license exam are prerequisites for a job as an EMS provider. It is the policy of the Vermont Department of Health (VDH) to administer EMS testing in a manner that does not discriminate against a qualified applicant while at the same time insuring that tests assess the essential skills necessary to provide quality pre-hospital care. The ADA requires that a person with a disability be able to request reasonable accommodation(s) that may be needed to assure that such tests will measure the actual ability of the individual to perform the essential job functions.

The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession, for example, an applicant can be required to perform a psychomotor examination within certain time limits. Performing a skill within a certain period of time can be required if speed of performance is an integral part of the skill being measured.

The Vermont Department of Health has published a functional position description which details the essential functions of the profession. A copy of that description is included in this manual.

Students cannot be discriminated against on the basis of a disability in the offering of programs or services. Students with a disability have the right to request a reasonable accommodation. However, an accommodation during screening tests or course testing that would compromise or fundamentally alter the testing of skills that are required to function safely and efficiently in the profession will not be granted. Students who have received accommodations during a course need to understand that there is a separate process for requesting an accommodation for the National Registry certification examinations. It is possible that an accommodation that was made during the course may not be granted for the National Registry certification examinations.

If you have a documented disability which could negatively affect your performance on the National Registry computer-based cognitive examination, you can find information at the National Registry of EMTs website (https://www.nremt.org/nremt/about/policy_accommodations.asp).

Requests for accommodations on the psychomotor examination must be submitted in writing to the Department of Health using the Questionnaire for Applicants Requesting Examination Accommodations available on the National Registry website at https://www.nremt.org/nremt/downloads/Questionnaire_accom.pdf. The request must include documentation of the disability by a medical professional or other qualified diagnostician, explain why the disability requires special accommodation(s) and provide information regarding previous accommodations. The Department will determine on a case-by-case basis whether the accommodations are appropriate using criteria established by the National Registry. For more information about the National Registry Accommodations policies, see https://www.nremt.org/nremt/about/policy_accommodations.asp.

If you have questions about the accommodations request process, please contact the VT EMS Office at 800-244-0911 or 802-863-7310.

Description of the Profession

(Source: The National Emergency Medical Services Scope of Practice Model)

Emergency Medical Responder (EMR)

The Emergency Medical Responder's scope of practice includes simple skills focused on lifesaving interventions for critical patients. Typically, the Emergency Medical Responder renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

In many communities, Emergency Medical Responders provide a mechanism to increase the likelihood that trained personnel and lifesaving equipment can be rapidly deployed to serious emergencies. In all cases, Emergency Medical Responders are part of a tiered response system. Emergency Medical Responders work alongside other EMS and healthcare professionals as an integral part of the emergency care team.

The Emergency Medical Responder's scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, the Emergency Medical Responder provides care designed to minimize secondary injury and comfort the patient and family while awaiting additional EMS resources.

A major difference between the lay person and the Emergency Medical Responder is the "duty to act" as part of an organized EMS response.

In some systems, Emergency Medical Responders serve as a part of the crew on transporting EMS units; however, the EMR is not intended to be the highest level caregiver in such situations. They must function with an EMT or higher level personnel during the transportation of emergency patients. The scope of practice model of an EMR is limited to simple skills that are effective and can be performed safely in an out-of hospital setting with medical oversight.

After initiating care, the Emergency Medical Responder transfers care to higher level personnel. The Emergency Medical Responder serves as part of an EMS response system that ensures a progressive increase in the level of assessment and care.

Psychomotor Skills

The following are the minimum psychomotor skills of the EMR:

- Airway and Breathing
 - Insertion of airway adjuncts intended to go into the oropharynx
 - Use of positive pressure ventilation devices such as the bag-valve-mask
 - Suction of the upper airway
 - Supplemental oxygen therapy

- Pharmacological interventions
 - Use of unit dose auto-injectors for the administration of life saving medications intended for self or peer rescue in hazardous materials situations (MARK I, etc.)
 - Administration of an intranasal narcotic antagonist to a patient suspected of narcotic overdose
- Medical/Cardiac Care
 - Use of an automated external defibrillator
- Trauma Care
 - Manual stabilization of suspected cervical spine injuries
 - Manual stabilization of extremity fractures
 - Bleeding control
 - Emergency moves

Emergency Medical Technician (EMT)

The Emergency Medical Technician's scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In many communities Emergency Medical Technicians provide a large portion of the out-of-hospital care. In some jurisdictions, especially rural areas, Emergency Medical Technicians provide the highest level of out-of-hospital care. Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

Emergency Medical Technicians' scope of practice includes basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings.

Additionally, Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

An Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Emergency Medical Technician has the knowledge of, and is expected to be competent in, all of the skills of the EMR. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.

The Emergency Medical Technician level is the minimum licensure level for personnel transporting patients in ambulances. The scope of practice is limited to basic skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Emergency Medical Technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The Emergency Medical

Technician serves as part of an EMS response system, assuring a progressive increase in the level of assessment and care. The Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

Psychomotor Skills

The following are the minimum psychomotor skills of the EMT:

- Airway and Breathing
 - Insertion of airway adjuncts intended to go into the oropharynx or nasopharynx
 - Use of positive pressure ventilation devices such as manually triggered ventilators and automatic transport ventilators
- Medical/Cardiac Care
 - Acquire and transmit 12-lead EKG
- Pharmacological Interventions
 - Assist patients in taking their own prescribed medications
 - Administration of the following over-the-counter medications with appropriate medical oversight
 - Oral glucose for suspected hypoglycemia
 - Aspirin for chest pain of suspected ischemic origin
- Administration of an intranasal narcotic antagonist to a patient suspected of narcotic overdose

Advanced Emergency Medical Technician (AEMT)

The Advanced Emergency Medical Technician's scope of practice includes basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

For many communities, Advanced Emergency Medical Technicians provide an option to provide high benefit, lower risk advanced skills for systems that cannot support or justify Paramedic level care. This is frequently the case in rural and volunteer systems. In some jurisdictions, Advanced Emergency Medical Technicians are the highest level of out-of-hospital care. In communities which utilize emergency medical dispatch systems, Advanced Emergency Medical Technicians may function as part of a tiered response system. In all cases, Advanced Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Advanced Emergency Medical Technician's scope of practice includes basic, limited advanced and pharmacological interventions to reduce the morbidity and mortality associated

with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, Advanced Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

The Advanced Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Advanced Emergency Medical Technician has the knowledge associated with, and is expected to be competent in, all of the skills of the EMR and EMT. The major difference between the Advanced Emergency Medical Technician and the Emergency Medical Technician is the ability to perform limited advanced skills and provide pharmacological interventions to emergency patients.

The Advanced Emergency Medical Technician is the minimum licensure level for patients requiring limited advanced care at the scene or during transportation. The scope of practice model is limited to lower risk, high benefit advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Advanced Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Advanced Emergency Medical Technician is not prepared to independently make decisions regarding the disposition of patients. The Advanced Emergency Medical Technician serves as part of an EMS response system assuring a progressive increase in the level of assessment and care. The Advanced Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Advanced Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

Psychomotor Skills

The following are the minimum psychomotor skills of the AEMT:

- Airway and Breathing
 - Insertion of airways that are NOT intended to be placed into the trachea
 - Tracheobronchial suctioning of an already intubated patient
 - Administration of continuous positive airway pressure to a patient experiencing breathing difficulty
 - Monitoring of end tidal carbon dioxide levels through quantitative and/or waveform capnography
- Assessment
- Pharmacological Interventions
 - Establish and maintain peripheral intravenous access
 - Establish and maintain intraosseous access in an adult and pediatric patient
 - Administer (non-medicated) intravenous fluid therapy

- Administer sublingual nitroglycerine to an adult patient experiencing congestive heart failure or chest pain of suspected ischemic origin
- Administer epinephrine to a patient in anaphylaxis
- Administer cardiac epinephrine
- Administer glucagon to a hypoglycemic patient
- Administer intravenous D10 or D50 to a hypoglycemic patient
- Administer inhaled beta or ipratropium agonists to a patient experiencing difficulty breathing and wheezing
- Administer a narcotic antagonist to a patient suspected of narcotic overdose
- Administer an antiemetic to a patient experiencing nausea
- Administer nitrous oxide for pain relief

Personnel Levels

(Source: The National Emergency Medical Services Scope of Practice Model)

Emergency Medical Responder (EMR)

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

Emergency Medical Technician (EMT)

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Advanced Emergency Medical Technician (AEMT)

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Description of Clinical Behavior and Judgment

(The following charts are sourced from the National Emergency Medical Services Education Standards, which may be found online at www.ems.gov)

	EMR	EMT	AEMT	Paramedic
Assessment	Perform a simple assessment to identify life threats, identify injuries requiring immobilization and conditions requiring treatment within the scope of practice of the EMR: including foreign substance in the eyes and nerve agent poisoning.	Perform a basic history and physical examination to identify acute complaints and monitor changes. Identify the actual and potential complaints of emergency patients.	Perform a basic history and physical examination to identify acute complaints and monitor changes. Identify the actual and potential complaints of emergency patients.	Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Relate assessment findings to underlying pathological and physiological changes in the patient's condition. Integrate and synthesize the multiple determinants of health and clinical care. Perform health screening and referrals.
Therapeutic communication and cultural competency	Communicates to obtain and clearly transmit information with an awareness of cultural differences.	Communicate in a culturally sensitive manner.	Communicate in a culturally sensitive manner.	Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome.

Professionalism	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Is a role model of exemplary professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
Decision Making	Initiates simple interventions based on assessment findings.	Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Initiates basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Performs basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Evaluates the effectiveness of interventions and modifies treatment plan accordingly.
Record Keeping	Record simple assessment findings and interventions	Report and document assessment data and interventions.	Report and document assessment data and interventions.	Report and document assessment findings and interventions. Collect and report data to be used for epidemiological and research purposes.

Patient Complaints

Perform a patient assessment and provide prehospital emergency care for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, apnea, back pain, behavioral emergency, bleeding, cardiac arrest, chest pain, cyanosis, dyspnea, eye pain, GI bleeding, hypotension, multiple trauma, pain, paralysis, poisoning, shock, and stridor/drooling.

Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.

Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.

Perform a patient assessment, develop a treatment and disposition plan for patients with the following complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ascites, ataxia, back pain, behavioral emergency, bleeding, blood and body fluid exposure, cardiac arrest, cardiac rhythm disturbances, chest pain, congestion, constipation, cough/hiccough, cyanosis, dehydration, dental pain, diarrhea, dizziness/vertigo, dysmenorrhea, dysphasia, dyspnea, dysuria, ear pain, edema, eye pain, fatigue, feeding problems, fever, GI bleeding, headache, hearing disturbance, hematuria, hemoptysis, hypertension, hypotension, incontinence, jaundice, joint pain/swelling, malaise, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, pruritus, rash, rectal pain, red/pink eye, shock, sore throat, stridor/drooling, syncope, tinnitus, tremor, urinary retention, visual disturbances, weakness, and wheezing.

Scene Leadership	Manage the scene until care is transferred to an EMS team member licensed at a higher level arrives.	Entry-level EMTs serve as an EMS team member on an emergency call with more experienced personnel in the lead role. EMTs may serve as a team leader following additional training and/or experience.	Serve as an EMS team leader of an emergency call.	Function as the team leader of a routine, single patient advanced life support emergency call.
Scene Safety	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.

Discrimination and Harassment

Discrimination

Every student is entitled to a learning environment that is free of discrimination on the basis of race, color, religion, creed, ancestry, sex, marital status, sexual orientation, age, national origin, handicap or any other condition described by law. It is the responsibility of the IC to see that such an environment is maintained.

Harassment

Every student is entitled to a learning environment that is free of sexual harassment.

Sexual harassment is a form of sex discrimination and means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:

- a) Submission to such conduct is made either explicitly or implicitly a term or condition of employment; or
- b) Submission to or rejection of such conduct by an individual is used as a component of the basis for employment decisions affecting that individual; or
- c) The conduct has the purpose or effect of unreasonably interfering with an individual's work performance or of creating an intimidating, hostile, or offensive work environment.

Prohibited Conduct

Sexual harassment can be verbal, physical, auditory, or visual. It can be either subtle or overt. Sexual harassment refers to behavior that is not only unwelcome, but which can also be personally offensive, fails to respect the rights of others, lowers morale and interferes with work effectiveness, or violates a person's sense of well-being. Both men and women can be the victims of sexual harassment and it can occur in situations where one person has authority (or the appearance of authority) over another, and can also occur between equals.

Instructor-coordinators and others with the appearance of authority shall not threaten or insinuate, either explicitly or implicitly, that a student's submission to or rejection of sexual harassment will in any way affect the student's grades, recommendations, employment, evaluations, wages, advancement, assigned duties, shifts, or any other condition of employment or career development. Harassment by fellow students is also prohibited, even though the loss to the victim may not involve the tangible benefits outlined above.

Examples of other forms of prohibited sexual harassment include, but are not limited to the following, when such acts or behavior come within one of the above definitions:

Verbal: Sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, threats, unwelcome sexual flirtations, persistent requests for dates, degrading words used to describe an individual, other verbal comments of a sexual nature, and graphic commentaries about an individual's body.

Non-Verbal: Sexually suggestive or offensive objects or pictures, written comments, suggestive or insulting sounds, leering, whistling, obscene gestures.

Physical: Unwanted physical contact, which may include touching, pinching or brushing the body, coerced sexual intercourse, and assault.

Reporting & Resolution of Complaints

All students should report any incidents of discrimination or harassment they experience, witness, or know of. Students are also encouraged, but not required, to identify objectionable actions to those responsible for them, and to try to resolve issues informally.

The IC is expected to take quick and effective action to ensure that discrimination or harassment does not occur or persist. A timely response to discrimination or harassment is essential to protect victims from further unwelcome behavior. It also ensures that the person responsible for objectionable behavior understands its impact on others. A timely report provides the best opportunity for the IC to expeditiously and effectively address the matter with the least possible adverse impact on all parties concerned.

To File a Complaint

Any student who believes (s)he has been the subject of discrimination or harassment shall report the alleged act(s) as soon as possible to any one of the following:

- the course coordinator;
- the sponsoring agency for the course, if any;
- any district official;
- The Department of Health.

Processing of Complaints

All complaints received by ICs or other instructional staff which the course coordinator is unable to satisfactorily address will be referred immediately to the sponsoring agency or, if there is no sponsoring agency, to the EMS District Board. The sponsoring agency or district board will ensure that a timely and complete review of the complaint is made. The sponsoring agency or district board will identify and take steps to promptly remedy the harassment and prevent its recurrence.

Within five (5) work days, the sponsoring agency or district board shall issue a written response to the complainant acknowledging the complaint and providing notice, if applicable, that any prohibited activity is expected to cease. An investigation will be done promptly and a written response will be provided to the complainant. The investigation and response will normally be completed within thirty (30) days.

Complainants should be notified that confidentiality cannot be guaranteed if a complaint results in a grievance or other litigation of the complainant. The sponsoring agency or district board shall ensure that an investigation is conducted when any instance of sexual harassment comes to their attention.

Any intimidation, harassment, or interference for filing a complaint or assisting in an investigation and/or intentionally filing a false complaint of sexual harassment will be subject to appropriate discipline, up to and including dismissal.

Confidentiality

Patient Confidentiality

Every patient has the right to have private information treated in a confidential manner. As a student in a healthcare provider course, you will come upon information about patients that is private and that you must keep confidential. Your IC may have more specific information about actions you should or should not take to protect patients' privacy. You may also need to sign a form describing confidentiality and your role in protecting it before you will be allowed to observe patient care in a healthcare setting. To participate in clinical activities in certain environments, you may need to complete some training to comply with the organization's plan for compliance with the privacy rules of the Health Insurance Portability and Accountability Act (HIPAA).

Student Confidentiality

Just as every patient has the right to have private information treated in a confidential manner, so does every student have the right to have private information treated in a confidential manner.

This means the instructional staff for your course will:

- Keep grade information private. Your IC must balance this with the need to share progress reports with your training officer. Your IC will explain how much and what type of information the IC will provide to your training officer. If you decide not to allow your TO access to this information, you may limit your opportunities for remediation and assistance and, depending on your service, not get reimbursement for course expenses.
- Keep medical information private. This includes, for example, information about potential exposures to communicable disease during clinical rotations.
- Keep personal information private. If you confide in your IC during the course about personal matters that are affecting your performance in class, you have the right to expect your IC to keep that information private.

Section Two:

How Your Course Runs

Textbooks

A variety of textbooks to accompany the curriculum for this course are available. Many have accompanying study guides, CD-ROMs with graphics or similar supplemental material. The decision about which textbook to use is left to the Instructor Coordinator and the Course Medical Director. The IC will give you information about how to obtain the necessary text materials. If you want more information about other texts or supplemental reading materials, speak to your IC.

Course Schedule

The specific schedule for this course has been determined by your Instructor Coordinator. The course has been approved by the Department of Health to assure that adequate time has been allotted to cover all of the material in the curriculum. The specific arrangement of lessons may vary from course to course depending on presenter availability and other factors. Rather than delivering a specific number of hours, the IC is responsible for teaching the course according to a schedule that will allow students to master the material.

Course Completion Requirements

Before you can take the exam for certification, your IC will need to verify to the National Registry that you have completed a course approved by Vermont EMS. Course completion requirements may include:

- Fulfilling all standards outlined in your course syllabus
- Attendance requirements
- Grade requirements including: quizzes, tests, exams, homework, projects, other assignments
- Completion of required course prerequisites if necessary (i.e., CPR)
- Completion of required paperwork
- Maintaining current EMS licensure if enrolled in an AEMT class
- Payment of all course fees

Occasionally, an IC must cancel a class session. Your IC will inform you of the procedure to notify you if that should happen.

If you find that you will not be able to complete the course, contact your IC and let him or her know. The IC will probably wish to talk with you briefly to discover why you are leaving the course. This may allow the IC to discover problems or obstacles early so that future students can benefit.

Grievances and Appeals

Your IC will provide you with a syllabus that includes the requirements for course completion. If you are unable to meet these requirements, you must speak with your IC to determine if there are alternate options or if it is possible to retake the course. If you are unable to reach a satisfactory solution with your IC, contact the VT EMS State Training Coordinator to discuss further possibilities.

Psychomotor or Lab Sessions

During psychomotor sessions, a number of psychomotor instructors will help you learn new skills. These psychomotor instructors offer their time because they wish to help you learn skills. They bring varying levels of knowledge, experience, and teaching ability.

It is the responsibility of the IC to see that psychomotor skills are taught properly. If you have problems with a psychomotor instructor, please discuss it with your IC. There are several types of psychomotor sessions that may be held during your course:

Demonstration and practice sessions- Here the psychomotor instructors will teach new skills. While not every skill may be new to you, it will likely be new to at least some students. You are expected to participate in the practice of all skills whether you already know them or not. The psychomotor instructor will work with you to demonstrate the skill appropriately and then help you move from a state of readiness to learn to mastery of the skill. A skill may be taught as a stand-alone skill or part of the continuum of patient care. You may be asked to serve as a patient model for other students.

Review sessions- These sessions give you additional time to practice skills under the guidance of a psychomotor instructor. This may involve “additional teaching” or “drill” practice. You may work with a partner or members of a small group of not more than five other students.

Situation psychomotor sessions- These sessions involve simulation of a real emergency situation. You will be expected to assess the situation and patient, establish priorities, make decisions and provide simulated treatments. The psychomotor instructor will guide the session and provide information as appropriate, but will not ordinarily correct errors until the end of your performance. The situation may be straightforward, to develop a series of skills, or may have one or more “curves” to develop your ability to think about situations and improvise. Sometimes patients with simulated injuries will be provided for these simulations.

Testing sessions- Here you will be asked to demonstrate correct performance of the skills being tested without guidance from a psychomotor instructor. There will be a time limit for these sessions. You may or may not be told about your performance at the end of a particular situation, but you will receive your results before the end of the course. During the course, testing sessions provide the student with valuable feedback regarding skill development.

The scoring of psychomotor instructors is final. It is the responsibility of the student to perform a skill so well and so clearly that there is no question as to whether or not the skill was done correctly.

Clinical Requirements – EMR/EMT

You will perform at least five patient assessments in a clinical setting during your EMR/EMT course. Your course may have additional requirements, e.g., that you spend a certain number of hours observing in an emergency department.

How you fulfill the requirement of five patient assessments will depend on your affiliation status, your experience, the willingness of busy local services to allow observers, and other factors. The best environment for this to happen in is the field (ambulance or first responder service), where EMR/EMTs typically work. If this is not possible, your course coordinator will make arrangements for students to practice in one of these environments (in descending order of preference): hospital emergency department, other hospital patient care area, clinic, physician office or classroom setting with programmed patients.

Your course coordinator will inform you about how to document your experience and performance. Ideally, you will write up patient care reports as though you were actually in charge of the assessment and care of the patients.

When you observe in a hospital, you must keep in mind:

- The opportunity to observe patients is a privilege, not a right, and you must obey the hospital's rules.
- You may need to show proof of immunizations, sign a release of liability form and complete an agreement to comply with agency standards on confidentiality.
- You must show up on time, neatly groomed and dressed in a manner appropriate for the environment.
- You must wear appropriate identification in accordance with the hospital's requirements.
- You should receive an orientation which should acquaint you with the staff, facilities, expectations and the person who will act as your preceptor. You must follow the directions of your preceptor.
- At no time are you to exceed your level of training, e.g., if a staff member asks you to administer a medication through an IV drip, you are to decline with the explanation that you are not qualified to do so.

Your course coordinator will explain further the options open to you and the performance and documentation requirements expected of you.

Clinical Requirements – AEMT

A significant part of the education of AEMT students includes becoming proficient in both patient assessments in general and management of certain chief complaints for which the AEMT has specific treatments. An essential part of this education is participating in the assessment and management of actual patients.

AEMT students are required to assess and participate in the management of certain minimum numbers of patients with certain chief complaints. This is the only way to provide the first-hand experience the AEMT will need in the field after graduation. The student must not only participate in a certain minimum number of contacts, but must also demonstrate proficiency at the mastery level in the assessment and management of patients with these chief complaints. This proficiency must be verified by the signatures of the course coordinator and the course medical director. **The emphasis of your clinical experience should be on developing your assessment skills and clinical judgment, not on the number of hours you log.**

Skills you should perform include:

- Patient assessment, including vital signs, history gathering and physical examination (including lung sounds, blood glucometry and pulse oximetry)
- Airway management, including suctioning and bag-valve-mask ventilation
- Intravenous therapy
- Medication administration by the oral, sublingual, intranasal, inhalation, subcutaneous, intramuscular and intravenous routes
- Development of patient rapport; and
- Formulation of a treatment plan.

Your course coordinator will inform you about how to document your experience and performance. Ideally, you will write up patient care reports as though you were actually in charge of the assessment and care of the patients. Your course coordinator will provide you with a Student Clinical Experience Tracking Form. This does not take the place of documenting the assessment and care of particular patients, but simply provides you with a simple way to track your experience in the clinical portion of your course.

When you observe in a clinical environment, you must keep in mind:

- The opportunity to observe patients is a privilege, not a right, and you must obey the facility's rules.
- You may need to show proof of immunizations, sign a release of liability form and complete training on infectious diseases and confidentiality.
- You must show up on time, neatly groomed and dressed in a manner appropriate for the environment.
- You must wear appropriate identification in accordance with the facility's requirements.
- You should receive an orientation which will acquaint you with the staff, facilities, expectations and the person who will act as your preceptor. You must follow the directions of your preceptor.

- At no time are you to exceed your level of training, e.g., if a staff member asks you to administer a medication through an IV drip, you are to decline with the explanation that you are not qualified to do so.

To complete your AEMT course, you must perform these psychomotor skills:

- Successfully access the venous circulation on at least 20 patients of various age groups; and
- Ventilate at least 5 patients of various age groups. If this is not available, your course coordinator will explain how you can meet the ventilation requirements in the classroom.
- Properly administer medications at least 12 times:
 - 2 oral
 - 2 SC
 - 2 sublingual
 - 2 IM
 - 2 IV
 - 2 nebulization

These medication administration skills should ideally be performed in a clinical environment. If this is not available, your course coordinator will explain how you can meet the medication administration requirements in the classroom.

You must also participate in the assessment and management of patients with these chief complaints:

- Perform an advanced patient assessment on at least 5 trauma patients.
- Perform an advanced patient assessment, formulate and implement a treatment plan on:
 - at least 5 patients with chest pain
 - at least 5 adult patients with dyspnea/respiratory distress
 - at least 2 pediatric patients with dyspnea/respiratory distress
 - at least 5 patients with altered mental status

The ideal clinical environment would be a busy EMS system with a cadre of experienced preceptors. This is not practical or efficient, however, so the emergency department is where you will probably gain most of your clinical experience. The emergency department provides opportunities for students to do all of the required skills, but there may be good reasons for students to avail themselves of other hospital units. IV nurses have long been a mainstay of advanced EMS training where they are available. Respiratory therapy can be an excellent way to practice listening to breath sounds and administering nebulized albuterol. Where it is available, operating room anesthesia can provide numerous opportunities for the student to practice bag-valve-mask ventilation. If a hospital cannot provide the clinical exposure AEMT students need, a course coordinator may make arrangements with nursing homes, clinics or physician offices.

It is preferable for students to perform the procedures that would be appropriate for the chief complaint at hand, e.g., administering a nebulized albuterol treatment to a patient with asthma, but

the skill of administering a nebulized medication can be evaluated in the classroom if necessary. The emphasis in the clinical section of the course is on developing students' assessment and decision making skills.

PLEASE NOTE: This internship is likely to continue after your class sessions have ended, but your course is not over until you have met all internship requirements. Likewise, your authorization to perform advanced level skills expires when you begin NR-AEMT testing (either cognitive or psychomotor), so NR-AEMT testing may not begin until your internship has ended and you have met all other course requirements.

Section Three:

National Certification and Vermont Licensure Requirements

Requirements for Initial Certification and Licensure

Certification

To become a certified Emergency Medical Responder (EMR), Technician (EMT), or Advanced Technician (AEMT) an individual must successfully complete a course of study approved by the Department of Health and achieve a passing score on the corresponding psychomotor and cognitive certification examinations administered jointly by the Department and the National Registry of EMTs (NREMT). (Note: age restrictions apply: candidates must be at least 16 years old for EMR, or 18 for EMT/AEMT.)

The Examination Process

The Department of Health uses the National Registry of EMTs test for initial licensure at all levels. The examination consists of two parts: a cognitive (computer-based) test and a psychomotor (hands-on) test. Students are encouraged to create a user account on the National Registry website (www.nremt.org) at least several weeks before the end of the course.

Instructions for registering for the cognitive exam are provided on the NREMT website. The Health Department will pay the NREMT cognitive exam fee for all candidates who are eligible for state licensure. In the Payment Method box of the Application Status screen, select “Direct Bill to Home State”. For more information on the National Registry’s computer adaptive testing, see their website.

You may take the NREMT psychomotor examination at any NREMT-approved exam site. You can find a list of Vermont exam sites on the Vermont EMS Office website at www.vermontems.org.

- At the EMR and EMT levels, you can register for a psychomotor exam site by completing an EMR/EMT License Exam Application (found in the Documents link of the Vermont EMS office website) at least TWO WEEKS before the desired test date. Indicate your desired exam site on the bottom of the first page of the application form.
- At the AEMT level, you can register for the psychomotor exam by providing your name and Practical Authorization to Test (PATT) number to the EMS Office at least THREE WEEKS before the test date. The PATT number is obtained after your online NREMT application has been approved. (Frequently, the course instructor submits a course roster to register their students for the psychomotor exam.)

Description of the EMR Examination for Certification

Cognitive Examination for Initial Certification

The NREMT EMR cognitive exam is a computer adaptive test (CAT). The number of items a candidate can expect will range from 80 to 110. The maximum amount of time given to complete the exam is 1 hour 45 minutes. The exam will cover the entire spectrum of EMS care including: Airway, Ventilation, Oxygenation; Trauma; Cardiology; Medical; and EMS Operations. Items related to patient care are focused on adult patients (85%) and pediatric patients (15%). In order to pass the exam, you must meet a standard level of competency. The passing standard is defined by the ability to provide safe and effective entry level emergency medical care.

Candidates do not receive a numerical score for their performance on the exam; rather, they receive a score of Pass or Fail. Should you fail the exam, you will be given an assessment of Above the Passing Standard, Near the Passing Standard or Below the Passing Standard on each rubric, or section, of the exam. Results are usually reported to the candidate within 24 hours of the exam.

Candidates have three attempts to pass the cognitive exam without additional training.

Psychomotor Examination for Initial Certification

The practical examination consists of five skill stations:

1. Trauma Assessment and Management
2. Medical Assessment and Management
3. Cardiac Arrest Management
4. Oxygen Administration via Non-Rebreather Mask
5. Bag-Valve-Mask Ventilation of the Apneic Patient

Each candidate gets three attempts to pass the practical exam. Three failures of one skill station, or failure of more than two stations at a single exam site requires remediation of ALL skill stations with their course instructor and a retest of ALL five skill stations.

Description of EMT Examination for Certification

Cognitive Examination for Initial Certification

The number of items a candidate can expect on the EMT exam will range from 70 to 120. The maximum amount of time given to complete the exam is 2 hours. The exam will cover the entire spectrum of EMS care including: Airway, Ventilation, Oxygenation; Trauma; Cardiology; Medical; and EMS Operations. Items related to patient care are focused on adult patients (85%) and pediatric patients (15%). In order to pass the exam, you must meet a standard level of competency. The passing standard is defined by the ability to provide safe and effective entry level emergency medical care.

Candidates have three attempts to pass the cognitive exam without additional training. Upon completion of remediation with their course instructor, candidates earn an additional three attempts.

Psychomotor Examination for Initial Certification

The psychomotor examination consists of seven skill stations. Candidates take only one of the four Random skill stations listed below:

1. Trauma Assessment and Management
2. Medical Assessment and Management
3. Cardiac Arrest Management
4. Spine Immobilization - Supine Patient
5. BVM Ventilation of an Apneic Patient
6. O2 Administration via NRB
7. One (1) Random skill:
 - a Immobilization of Long Bone Injury
 - b Immobilization of Joint Injury
 - c Bleeding Control and Shock Management
 - d Spinal Immobilization – Seated Patient

Each candidate gets three attempts to pass the practical exam. Three failures of one skill station, or failure of more than three stations at a single exam site require remediation of ALL skill stations with their course instructor and a retest of ALL seven skill stations.

Description of AEMT Examination for Certification

Cognitive Examination for Initial Certification

Each candidate will see 135 questions. The maximum amount of time given to complete the exam is 2 hours and 15 minutes.

The exam will cover the entire spectrum of EMS care including: Airway, Respiration & Ventilation; Cardiology & Resuscitation; Trauma; Medical & Obstetrics/Gynecology; and EMS Operations. Items related to patient care are focused on adult and geriatric patients (85%) and pediatric patients (15%). In order to pass the exam, you must meet a standard level of competency. The passing standard is defined by the ability to provide safe and effective entry level advanced emergency medical care.

Psychomotor Examination for Initial Certification

The NREMT Advanced Emergency Medical Technician psychomotor examination consists of ten (10) separate skills presented in a scenario-type format to approximate the abilities of the Advanced Emergency Medical Technician to function in the out-of-hospital setting. All skills have been developed in accordance with the U.S. Department of Transportation National EMS Education Standards for the Emergency Medical Technician, the Advanced Emergency Medical Technician, American Heart Association Guidelines for CPR and ECC, and the U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Trauma Triage Protocol.

Psychomotor Stations:

- Patient Assessment – Trauma
- Patient Assessment – Medical
- Cardiac Arrest Management
- Ventilatory Management (2 Skills)
 - Apneic Adult
 - Pediatric Respiratory Compromise
- IV and Medications (2 Skills)
 - Intravenous Therapy
 - Intravenous Bolus Medications
- Pediatric Intraosseous Infusion Skills
- Spinal Immobilization –Supine Patient
- One (1) Random Skill:
 - Spinal Immobilization – Seated Patient
 - Bleeding Control and Shock Management
 - Joint Immobilization
 - Long Bone Immobilization

Licensure

To become licensed as an EMS provider by the Department of Health, individuals must obtain a certification at the appropriate level from the NREMT and:

- be sponsored by an ambulance or first responder service of appropriate level or be affiliated with a medical facility that requires state licensure at the appropriate level;
- apply for and be granted a license through the Department of Health.

The Vermont Legislature has passed laws prohibiting state agencies from granting licenses or certifications under certain conditions described below:

Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A “license” is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. “Good standing” means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

Tax Liability (32 V.S.A. Section 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all Vermont taxes due as of the date such statement is made. “Good standing” means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

Information for EMS Applicants with Criminal Convictions

Under Section 11 of Vermont EMS Rules, “The Department may refuse to issue or refuse to renew a personnel license, or may suspend or revoke a personnel license for any of the following reasons: [including but not limited to] being convicted of a crime, provided the acts involved are found by the Department to have a direct bearing on the person's fitness to serve the public in ways subject to licensure under these rules.”

The following are answers to common questions of applicants having criminal convictions and considering applying for EMS license by the Vermont Department of Health:

Q: What happens if I have been convicted of a crime (a misdemeanor or felony)?

A: You must circle “YES” on the form and, in the space provided, briefly explain the conviction.

Q: Should I include traffic violations?

A: Traffic violations not resulting in a misdemeanor or felony conviction should not be included. If you have been convicted of a misdemeanor or felony-class crime, in any state, you must disclose this to the EMS Office.

Q: What happens if I was convicted of a crime, and I circle “YES” and describe the conviction?

A: If we learn that you have or may have a criminal conviction, our office will contact you for follow-up. A case-by-case approach is used in order for individual cases to be handled as thoroughly and fairly as possible. You may be asked specific questions about the incident(s), asked to describe the incident in writing, and/or produce police or court records from your case(s). In some cases, the EMS Office will ask to meet with you to determine whether to approve your license, condition your license, or deny you a license. You will have the opportunity to appeal this decision or withdraw your application.

Q: How do I know if I am cleared to test and get licensed?

A: Upon closing the case, the EMS Office will mail correspondence indicating the disposition of your case. If you are permitted to test and/or be licensed, you may be subject to conditions or stipulations and their terms, if applicable, will be included in the document. Generally, the EMS Office will permit applicants to take the practical portion of an exam, but payment for the NREMT cognitive exam will not be approved until an eligibility determination is made.

Some important things to consider:

- Individuals **MUST** disclose all criminal convictions when requested to do so by the EMS Office. Failure to properly disclose such information may result in immediate revocation of licensure and may also result in legal action if appropriate. Applicants are encouraged to

call if they are unsure of what information must be disclosed, or whether or not an involvement was criminal in nature.

- It is the responsibility of the applicant to obtain and provide to the EMS Office copies of at least the following documents (or their out-of-state equivalents) for each individual conviction:
 1. **Docket Sheet (also called a DDR) – This is a printed chronology of court activities pertaining to the conviction(s)**
 2. **Information Form – This is a specification of the charge(s) brought by the prosecuting attorney**
 3. **Police Affidavit – This is the police officer’s written narrative of probable cause for the crime(s)**
- These documents are publicly available in Vermont and can be obtained by contacting the court which heard the charges. **NOTE: a decision generally cannot be reached until all necessary documents are received by the EMS Office.**
- Records can be faxed to 802-863-7577, scanned/emailed to vtems@vermont.gov or mailed to:

Vermont Department of Health - EMS Office
PO Box 70
Burlington, VT 05402
- This process doesn’t occur only at exam times. If the EMS Office is notified or becomes aware of criminal charges or convictions a provider or candidate’s status may be reviewed as previously outlined.
- **Not all cases necessitate a meeting with the EMS Office.** An individual may be cleared to test and be licensed after the EMS Office receives the requested documentation, depending on specifics of the case and at the discretion of the EMS Office.

Appeals Process

If you are not satisfied with the EMS Office’s decision, you may appeal the decision to the Commissioner of Health who may schedule a formal hearing. Appeals of Commissioner’s decisions are made to the Board of Health and then to the Vermont Supreme Court.

This information is not intended to provide or substitute for legal counsel. Please contact the EMS Office if you have additional questions, concerns or if you would like to know more about the process.

License Renewal

To renew a Vermont EMS license, a person must:

- Renew their National Registry certification, which includes receiving continuing education conforming to the National Continued Competency Program over the course of your certification period. Information on the NCCP can be found at <http://healthvermont.gov/hc/ems/nccp.aspx>.
- Continue involvement with the delivery of emergency medical treatment as described for initial licensure;
- Complete and submit a license renewal application before the previous license period expires.

The Importance of Continuing Your Education

To deliver care, you need to continue your education. Fortunately, a number of sources of education are available to you.

- Your patients – You learn about a number of medical conditions in the classroom. Classroom learning is an essential part of your education, but it is not the only one. Now, when you see a patient with one of these conditions, you have the opportunity to understand what it really looks like. This should help you recognize it in the future. You will also see patients with injuries and illnesses you have not heard of. This is the time to approach the emergency department physician or nurse or another health care provider to find out more.
- Your EMS agency – Virtually every licensed EMS agency in the state provides regular training to its members and employees. Take advantage of these sessions. They provide the opportunity to learn in a controlled environment from more experienced providers.
- Your district – Most EMS districts provide some form of education for EMTs. Some have special continuing education sessions.
- Your district medical advisor – The medical advisor for your EMS district is responsible for the care you administer and so has a vested interest in seeing that you have the best training possible. Many districts have case review or critique sessions where the district medical advisor or another health care provider goes over recent EMS cases.
- EMS conferences – Vermont and neighboring states offer excellent EMS conferences where opportunities for continuing education and networking are offered.
- Teaching – It's been said that you don't really know a topic until you have to teach it. This is because no instructor wants to be in a position of being unable to answer people's

questions. This leads the instructor to prepare very thoroughly before teaching a topic. You may wish to consider becoming either an instructor or a service training officer.

- Journals and magazines – A number of EMS magazines and medical journals are available which can help keep you current on recent developments in the rapidly changing field of EMS.
- Advanced courses – Several organizations offer courses that address specific areas of care, e.g. Basic Trauma Life Support and Prehospital Trauma Life Support. These courses give you the chance to learn a few new things and practice skills you may not get to use very often.
- Online Education- All current, licensed Vermont EMS providers have access to LearnEMS, the online learning management system for Vermont EMS. You will be provided with access to LearnEMS once you obtain your Vermont EMS license.

Section Four:

Reference Materials

Vermont Statutes

Please take the time to read the following Vermont statutes that concern EMS providers. Use the links provided to find the documents online.

Statue	Link
Title 12, Chapter 23 § 519: Emergency Medical Care	http://legislature.vermont.gov/statutes/section/12/023/00519
Title 13, Chapter 25: Vermont's Baby Safe Haven Law	http://legislature.vermont.gov/statutes/section/13/025/01303
Title 18, Chapter 231: Regarding Advanced Directives	http://legislature.vermont.gov/statutes/chapter/18/231
Title 23, Chapter 13: Regarding Lights and Sirens	http://legislature.vermont.gov/statutes/chapter/23/013
Title 24, Chapter 71: Ambulance Services	http://legislature.vermont.gov/statutes/chapter/24/071
Title 33, Chapter 49: Reporting Abuse and Neglect of Children	http://dcf.vermont.gov/fsd/reporting/mandated
Title 33, Chapter 69: Reporting Abuse, Neglect, and Exploitation of Vulnerable, Elderly, and Disabled Adults	http://legislature.vermont.gov/statutes/chapter/33/069

Important EMS Specific References

Reference	Link
National Emergency Medical Services Education Standards	http://www.ems.gov/pdf/811077a.pdf
National EMS Scope of Practice Model	http://www.nasemso.org/NewsAndPublications/News/documents/EMS_Feb07_PMS314.pdf
National Highway Traffic Safety Alliance EMS Education Materials & Standards	http://www.ems.gov/EducationStandards.htm
National Registry of EMTs	http://www.nremt.org
Vermont EMS	http://www.vermontems.org

