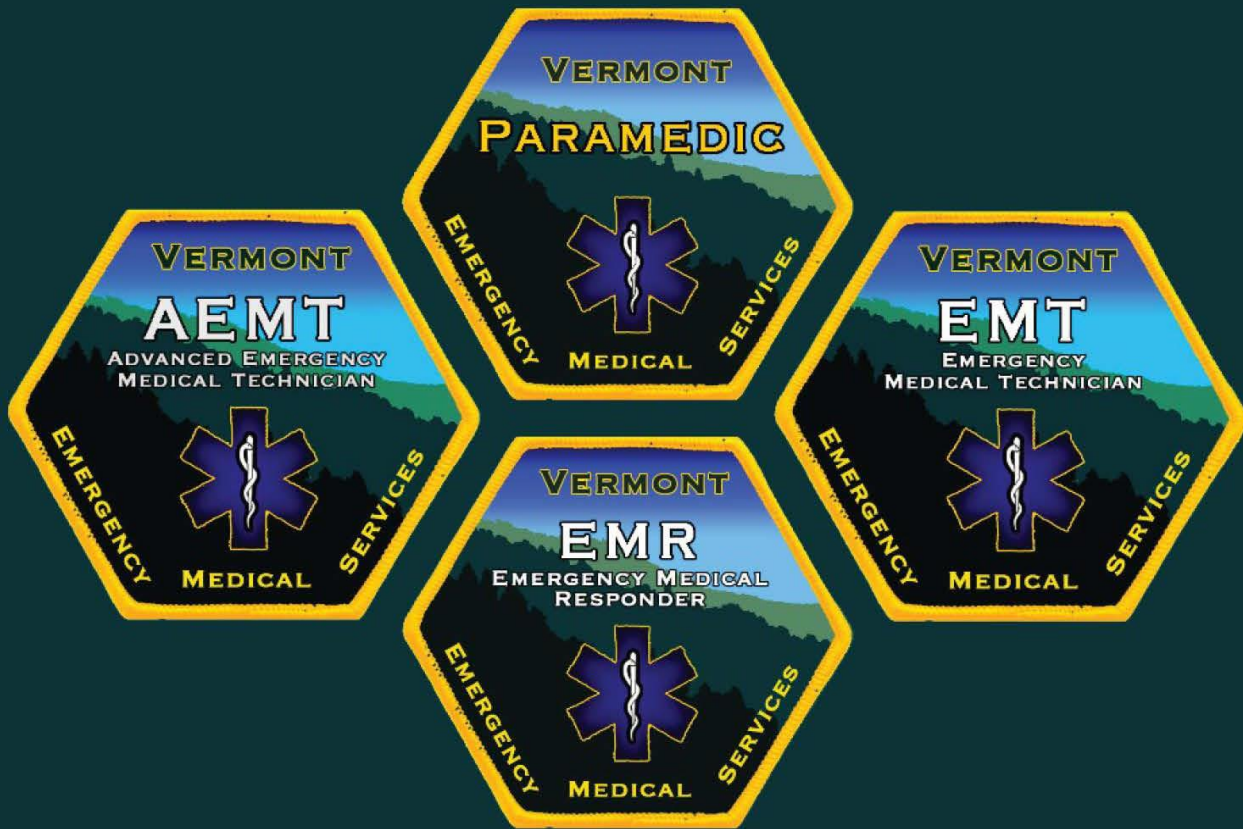




# Vermont Statewide Emergency Medical Services Protocols

2025

## Protocol Education Resource Kit



## Protocol Education Modules – Resource Kit

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*\*\* The information contained in this resource kit serves as guidance from VT EMS about protocol education/training. It is not intended to take the place of comprehensive initial or continuing education, including transition courses, and is designed to be used in conjunction with other educational resources such as VT EMS developed presentations, knowledgeable instructors, etc.*

*Overview of the Education Module -  
Resource Kit for the Vermont Statewide EMS Protocols*

This document has been created as a guide for both EMS practitioners and EMS Services to complete the education modules for the 2025 Vermont Statewide EMS Protocol Updates. This training is required for every level of licensure. This training is also required content for all initial EMR, EMT, AEMT, and Paramedic courses.

If an EMS Service does not carry the equipment necessary for a protocol, then that protocol cannot be used, and the training does not need to be completed. When an EMS Service purchases the necessary equipment, it will be expected that the training will then be completed. If an EMS practitioner works at multiple services, they should complete all required training on all available equipment.

If a district or EMS Service has already completed training on a skill listed due to a waiver granted under the previous set of EMS protocols, clinicians and/or services must be able to provide documentation to VT EMS that verifies the curricula and attendance of members. This includes previous completion of a Resuscitation Academy for Adult HP-CPR and Surgical Cricothyrotomy for Paramedics.

This Resource Kit has been developed to provide both EMS clinicians and EMS Services with multiple options for completing the education.

## **Presentation Methods**

There are several possible formats in which topics may be presented and learned:

- **Individual learning:**
  - **Vector:** All presentations are on Vector and can be accessed by logging in. The course title and course number (if applicable) are listed. Presentations on Vector may be viewed individually or as a group. Some of the presentations have quizzes. While quizzes do not have to be completed to receive credit remember that self-assessment is a useful tool for review and practice.
  - **Some topics require an additional practical skills component that must be completed at the EMS Service level (see below).**

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- **EMS Service-level Trainings (at the department, agency, squad, etc.):** To benefit from group learning opportunities, the protocol material can be delivered in a classroom setting by several methods, making use of qualified instructors including Training Officers, VT EMS I/Cs, hospital staff, senior EMS crew members, DMA, Physician, etc.
  - **Vector:** As stated above, the presentations on Vector can be done as a group. (Example: Training Officer connects a projector to a computer at the station, logs into Vector and runs the course live for the group.)

### **Required Participants:**

Who is required to complete this education? The options are for EMR, EMT, AEMT, and/or Paramedic. Both the Quick Reference Chart beginning on page 7 and each individual topic list will include which license level is required to take each course.

### **Practical Skills:**

Is there a practical requirement for the topic? If yes, this section will provide guidance for how to perform that training at the EMS Service level. The practical component must be instructed by a higher-level licensure. For example: an AEMT can instruct a practical for EMTs, or a Paramedic/RN/RT/MD can instruct a practical for AEMT. Paramedic training should be facilitated by the Paramedic's training officer and/or physician medical director.

All EMS personnel are encouraged to complete training for Adult and Pediatric High-Performance CPR (HP-CPR) annually. Paramedics are encouraged to complete training in the use of surgical airway annually.

### **Documentation:**

Documentation of completion of both the presentation and practical components should be completed in Vector. Enhanced permissions for Training Officers allow for group training to be entered and tracked in the Vector accounts of all participants. In addition, each clinician should keep track of their own protocol education. At the end of this document is a tracking template that can be utilized but does not replace Vector. Both the

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clinician and service should track all protocol training hours as they do for all other continuing education requirements. Verify training using the Vector Certification System.

### **Implementation:**

The final protocols were released February 6, 2025. Once posted, EMS Services and districts are authorized to begin training their personnel. Before an agency may begin to use the new protocols, **ALL** of the agency's EMS clinicians must be trained on the new protocols. Once an agency has trained all their EMS clinicians, they **MAY** begin to use the new protocols as of **00:01 hours on February 10, 2025**. **ALL** agencies **MUST** begin to use the new protocols as of **00:01 hours on May 1, 2025**.

Any questions or concerns should be directed to [vtems@vermont.gov](mailto:vtems@vermont.gov)

Quick Reference Chart					
Topic/Skill	Presentation Availability/Practical Component	EMR	EMT	AEMT	Paramedic
2025 VTEMS Protocol Introduction	<p><b>Vector:</b> 2025 VTEMS Protocol Introduction</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Protocol Introduction presentation required – 8:35</p> <p><b>Practical:</b> No</p>	X	X	X	X
2025 VTEMS EMT Medical	<p><b>Vector:</b> 2025 VTEMS EMT Medical</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMT Medical presentation required – 13:34</p> <p><b>Practical:</b> No</p>		X		
2025 VTEMS EMT Cardiac	<p><b>Vector:</b> 2025 VTEMS EMT Cardiac</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMT Cardiac presentation required – 21:44</p> <p><b>Practical:</b> No</p>		X		
2025 VTEMS EMT Trauma	<p><b>Vector:</b> 2025 VTEMS EMT Trauma</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMT Trauma presentation required – 7:04</p> <p><b>Practical:</b> No</p>		X		

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<p>2025 VTEMS EMT Airway</p>	<p><b>Vector:</b> 2025 VTEMS EMT Airway</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMT Airway presentation required – 6:55</p> <p><b>Practical:</b> No</p>		X		
<p>2025 VTEMS EMT CPAP</p>	<p><b>Vector:</b> 2025 VTEMS EMT CPAP</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMT CPAP presentation required – 12.5</p> <p><b>Practical:</b> YES – CPAP – Adult Only</p>		X		
<p>2025 VTEMS Behavioral 1 (EMR, EMT, AEMT)</p>	<p><b>Vector:</b> 2025 VTEMS Behavioral 1 (EMR, EMT, AEMT)</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMR, EMT, AEMT Behavioral 1 presentation required – 10:11</p> <p><b>Practical:</b> No</p>	X	X	X	
<p>2025 VTEMS Behavioral Emergencies C-SSRS</p>	<p><b>Vector:</b> 2025 VTEMS EMR, EMT, AEMT, Paramedic Behavioral Emergencies/C-SSRS</p> <p><b>Vector:</b> 2025 VTEMS EMR, EMT, AEMT, Paramedic Behavioral Emergencies/C-SSRS presentation required – 46.5</p>	X	X	X	X
<p>2025 VTEMS Naloxone Leave Behind</p>	<p><b>Vector:</b> 2025 VTEMS Naloxone Leave Behind (All)</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Naloxone Leave Behind presentation required – 14.25</p>	X	X	X	X



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	<b>Practical:</b> No				
2025 VTEMS EMR, EMT Procedures & Policies	<b>Vector:</b> 2025 VTEMS EMR, EMT Procedures & Policies  <b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMR, EMT Procedures & Policies presentation required – 11:01  <b>Practical:</b> No	X	X		
2025 VTEMS EMS Prerequisite	<b>Vector:</b> 2025 VTEMS EMT Prerequisite Protocols  <b>EMS Service Level Training:</b> Use of the 2025 VTEMS EMT Prerequisite Protocols presentation required – 0:45  <b>Practical:</b> No		X		
2025 VTEMS AEMT Medical	<b>Vector:</b> 2025 VTEMS AEMT Medical AEMT  <b>EMS Service Level Training:</b> Use of the 2025 VTEMS AEMT Medical presentation required – 16:26  <b>Practical:</b> No			X	
2025 VTEMS AEMT Cardiac	<b>Vector:</b> 2025 VTEMS AEMT Cardiac  <b>EMS Service Level Training:</b> Use of the 2025 VTEMS Cardiac AEMT presentation required – 21:44  <b>Practical:</b> No			X	

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<p>2025 VTEMS AEMT Trauma</p>	<p><b>Vector:</b> 2025 VTEMS AEMT Trauma AEMT</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS AEMT Trauma presentation required – 7:04</p> <p><b>Practical:</b> No</p>			X	
<p>2025 VTEMS AEMT Airway</p>	<p><b>Vector:</b> 2025 VTEMS AEMT Airway</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS AEMT Airway presentation required – 6:55</p> <p><b>Practical:</b> No</p>			X	
<p>2025 VTEMS AEMT Procedures &amp; Policies</p>	<p><b>Vector:</b> 2025 VTEMS AEMT Procedures &amp; Policies</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS AEMT Procedures &amp; Policies presentation required – 20:43</p> <p><b>Practical:</b> No</p>			X	
<p>2025 VTEMS AEMT Prerequisite Protocols</p>	<p><b>Vector:</b> 2025 VTEMS AEMT Prerequisite Protocols</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS AEMT Prerequisite Protocols – 2:39</p> <p><b>Practical:</b> No</p>			X	

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<p>2025 VTEMS Paramedic Medical</p>	<p><b>Vector:</b> 2025 VTEMS Paramedic Medical</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Paramedic Medical presentation required – 21:55</p> <p><b>Practical:</b> No</p>				<p>X</p>
<p>2025 VTEMS Paramedic Cardiac</p>	<p><b>Vector:</b> 2025 VTEMS Cardiac Paramedic</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Cardiac Paramedic presentation required – 22:49</p> <p><b>Practical:</b> No</p>				<p>X</p>
<p>2025 VTEMS Paramedic Trauma</p>	<p><b>Vector:</b> 2025 VTEMS Paramedic Trauma</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Paramedic Trauma presentation required – 7:17</p> <p><b>Practical:</b> No</p>				<p>X</p>
<p>2025 VTEMS Paramedic Airway</p>	<p><b>Vector:</b> 2025 VTEMS Paramedic Airway</p> <p><b>EMS Service Level Training:</b> Use of the 2023 VTEMS Paramedic Airway presentation required – 14:40</p> <p><b>Practical:</b> No</p>				<p>X</p>
<p>2025 VTEMS Paramedic Behavioral 1</p>	<p><b>Vector:</b> 2025 VTEMS Paramedic Behavioral 1</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Paramedic Behavioral 1</p>				<p>X</p>

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	<p>presentation required – 15:47</p> <p><b>Practical:</b> No</p>				
2025 VTEMS Paramedic Procedures & Policies	<p><b>Vector:</b> 2025 VTEMS Paramedic Procedures &amp; Policies</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Paramedic Procedures &amp; Policies presentation required – 25:58</p> <p><b>Practical:</b> Yes – Double Sequential Defib</p>				X
2025 VTEMS Paramedic Prerequisite Protocols	<p><b>Vector:</b> 2025 VTEMS Paramedic Prerequisite Protocols</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Paramedic Prerequisite Protocols presentation required – 6:51</p> <p><b>Practical:</b> No</p>				X
2025 VTEMS CSHN	<p><b>Vector:</b> 2025 VTEMS CSHN Children with Special Health Care Needs (All)</p> <p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS CSHN Children with Special Health Care Needs presentation required</p> <p><b>Practical:</b> No</p>	X	X	X	X
2025 VTEMS Stroke	<p><b>Vector:</b> 2025 VTEMS Stroke</p>	X	X	X	X

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	<p><b>EMS Service Level Training:</b> Use of the 2025 VTEMS Stroke presentation required – 22:22</p> <p><b>Practical:</b> No</p>				
2025 VTEMS Adult Resuscitation Academy	<p><b>Practical:</b> Refresher at your agency or full RA if not already completed</p>	X	X	X	X
2025 VTEMS Pediatric Resuscitation Academy	<p><b>Practical:</b> Refresher at your agency or full RA if not already completed</p>	X	X	X	X

*2025 VTEMS Protocol Introduction*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Protocol Introduction”.  
The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Protocol Introduction”.  
The presentation can be viewed individually or as a group.

**Required:** EMR, EMT, AEMT, Paramedic

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS EMT Medical*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Medical”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Medical”. The presentation can be viewed individually or as a group.

**Required:** EMT

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS EMT Cardiac*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Cardiac”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Cardiac”. The presentation can be viewed individually or as a group.

**Required:** EMT

**Practical:** Not required.

**Documentation:** Vector Certification System



*2025 VTEMS EMT Trauma*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Trauma”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Trauma”. The presentation can be viewed individually or as a group.

**Required:** EMT

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS EMT Airway EMT*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Airway”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Airway”. The presentation can be viewed individually or as a group.

**Required:** EMT

**Practical:** Not required. (See CPAP Module for Practical)

**Documentation:** Vector Certification System

*2025 VTEMS EMT CPAP*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT CPAP”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT CPAP”. The presentation can be viewed individually or as a group.

**Required:** EMT

**Practical: Practical:** YES - CPAP – Adult only - Review the video and familiarize yourself with the CPAP equipment utilized at your agency. The VT EMS Office has created scenarios (See attached document) that require the use of CPAP for EMT clinicians. EMTs will be required to place the equipment on a mannikin or a simulated patient during the scenario. Service Training Officer (Paramedic, AEMT), District Medical Advisor, or Service Medical Director to sign off on proficiency.

*2025 VTEMS EMR, EMT, AEMT Behavioral 1*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMR, EMT, AEMT Behavioral 1”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMR, EMT, AEMT Behavioral 1”. The presentation can be viewed individually or as a group.

**Required:** EMR, EMT, AEMT

**Practical:** Not required.

**Documentation:** Vector Certification System

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### *2025 VTEMS 2.5 Behavioral Emergencies / C-SSRS Screener Training*

#### **Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 2.5 Behavioral Emergencies/C-SSRS Screener Training”. The presentations can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 2.5 Behavioral Emergencies/C-SSRS Screener Training”. The presentations can be viewed individually or as a group.

**Required:** EMR, EMT, AEMT, Paramedic

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS Naloxone Leave Behind*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Naloxone Leave Behind”.  
The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Naloxone Leave Behind”.  
The presentation can be viewed individually or as a group.

**Required:** EMR, EMT, AEMT, Paramedic

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS EMT Procedures & Policies*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Procedures & Policies”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Procedures & Policies”. The presentation can be viewed individually or as a group.

**Required:** EMT

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS EMT Prerequisite Protocols*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Prerequisite Protocols”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS EMT Prerequisite Protocols”. The presentation can be viewed individually or as a group.

**Required:** EMT

**Practical:** Not required.

**Documentation:** Vector Certification System



*2025 VTEMS AEMT Medical*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Medical”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Medical”. The presentation can be viewed individually or as a group.

**Required:** AEMT

**Practical:** Not required

**Documentation:** Vector Certification System

*2025 VTEMS AEMT Cardiac*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Cardiac”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Cardiac”. The presentation can be viewed individually or as a group.

**Required:** AEMT

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS AEMT Trauma*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Trauma”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Trauma”. The presentation can be viewed individually or as a group.

**Required:** AEMT

**Practical:** Not required.

**Documentation:** Vector Certification System

*2023 VTEMS AEMT Airway*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Airway”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Airway”. The presentation can be viewed individually or as a group.

**Required:** AEMT

**Practical:** Not required.

**Documentation:** Vector Certification System

*2025 VTEMS AEMT Procedures & Policies*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Procedures & Policies”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Procedures & Policies”. The presentation can be viewed individually or as a group.

**Required:** AEMT

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS AEMT Prerequisite Protocols*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Prerequisite Protocols”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS AEMT Prerequisite Protocols”. The presentation can be viewed individually or as a group.

**Required:** AEMT

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS Paramedic Medical*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Medical”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Medical”. The presentation can be viewed individually or as a group.

**Required:** Paramedic

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS Paramedic Cardiac*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Cardiac”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Cardiac”. The presentation can be viewed individually or as a group.

**Required:** Paramedic

**Practical:** No: (See Double Sequential Defibrillation under Procedures)

**Documentation:** Vector Certification System



*2025 VTEMS Paramedic Trauma*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Trauma”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Trauma”. The presentation can be viewed individually or as a group.

**Required:** Paramedic

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS Paramedic Airway*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Airway”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Airway”. The presentation can be viewed individually or as a group.

**Required:** Paramedic

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS Paramedic Behavioral 1*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Behavioral 1”.  
The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Behavioral 1”.  
The presentation can be viewed individually or as a group.

**Required:** Paramedic

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS Paramedic Procedures & Policies*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Procedures & Policies”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Procedures & Policies”. The presentation can be viewed individually or as a group.

**Required:** Paramedic

**Practical: YES** – Double Sequential Defibrillation - Providers should practice hands-on pad placement in both **anterior-lateral** and **anterior-posterior** configurations in a controlled setting, ensuring proper positioning and sequencing for double sequential defibrillation as outlined in the protocol.

**Documentation:** Vector Certification System

*2025 VTEMS Paramedic Prerequisite Protocols*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Prerequisite Protocols”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Paramedic Prerequisite Protocols”. The presentation can be viewed individually or as a group.

**Required:** Paramedic

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS CSHN – Children with Special Healthcare Needs*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS CSHN – Children with Special Healthcare Needs”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS CSHN – Children with Special Healthcare Needs”. The presentation can be viewed individually or as a group.

**Required:** EMR, EMT, AEMT, Paramedic

**Practical:** No

**Documentation:** Vector Certification System

*2025 VTEMS Stroke*

**Presentation Methods:**

- **Individual Learning:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Stroke”. The presentation can be viewed individually or as a group.
- **EMS Service-level Training:**
  - Vector: The presentation is on Vector under the title “2025 VTEMS Stroke”. The presentation can be viewed individually or as a group.

**Required:** EMR, EMT, AEMT, Paramedic

**Practical:** No

**Documentation:** Vector Certification System

*Adult Resuscitation Academy*  
*High-Performance CPR*

**Presentation Methods:**

- **EMS Service-level Training:**
  - If your agency has not already done so, contact VT EMS to schedule a full Resuscitation Academy for your agency or region. VT EMS will provide instructors, manikins, and curriculum. This is typically a 3-to-4-hour training.

**Required:** EMR, EMT, AEMT, Paramedic

**Practical:** Yes. Annual refresher at your agency. Full RA if not already completed. Consider Virtual RA.

**Documentation:** Vector Certification System



*Pediatric Resuscitation Academy*  
*High-Performance CPR*

**Presentation Methods:**

- **EMS Service-level Training:**

- TBD. In the coming year VT EMS will sponsor regional train-the-trainer programs for pediatric high-performance CPR. Individual agencies should then arrange for training of all personnel. It may be possible to combine pediatric with adult Resuscitation Academies.

**Required:** EMR, EMT, AEMT, Paramedic

**Practical:** Yes. Annual refresher at your agency. Full RA if not already completed. Hands-on training.

**Documentation:** Vector Certification System



*EMR Protocol Education Tracking Document*

**Name:**

**VT License #:**

<b>Topic/Skill</b>	<b>Presentation View Date:</b>	<b>Instructor or Squad Training Officer Signature:</b>
Protocol Intro		
Naloxone Leave Behind		
Behavioral 1		
Behavioral Emergencies		
Policies & Procedures		
CSHN		
Stroke		
Adult RA		
Pediatric RA		

*EMT Protocol Education Tracking Document*

**Name:**

**VT License #:**

<b>Topic/Skill</b>	<b>Presentation View Date:</b>	<b>Practical Date:</b>	<b>Instructor or Squad Training Officer Signature:</b>
Protocol Intro		N/A	
EMT Medical		N/A	
EMT Cardiac		N/A	
EMT Trauma		N/A	
EMT Airway		N/A	
EMT CPAP – Adult Only		YES	
Proc/Policy		N/A	
Naloxone Leave Behind		N/A	
Behavioral 1		N/A	
Behavioral Emergencies		N/A	
CSHN		N/A	
Stroke		N/A	
Adult RA			
Pedi RA			

***AEMT Protocol Education Tracking Document***

**Name:**  
**VT License #:**

<b>Topic/Skill</b>	<b>Presentation View Date:</b>	<b>Practical Date:</b>	<b>Instructor or Squad Training Officer Signature:</b>
Protocol Intro		N/A	
AEMT Medical		N/A	
AEMT Cardiac		N/A	
AEMT Trauma		N/A	
AEMT Airway		N/A	
Proc/Policy		N/A	
Behavioral 1		N/A	
Behavioral Emergencies		N/A	
Naloxone Leave Behind		N/A	
CSHN		N/A	
Stroke		N/A	
Adult RA			
Pedi RA			

***EMT-P/Paramedic Protocol Education Tracking Document***

**Name:**

**VT License #:**

<b>Topic/Skill</b>	<b>Presentation View Date:</b>	<b>Practical and Date:</b>	<b>Instructor or Squad Training Officer Signature:</b>
Protocol Intro		N/A	
Paramedic Medical		N/A	
Paramedic Cardiac		N/A	
Paramedic Trauma		N/A	
Paramedic Airway		N/A	
Policies/Proc		YES	
Behavioral Paramedic		N/A	
Behavioral Emergencies		N/A	
Naloxone Leave Behind		N/A	
CSHN		N/A	
Stroke		N/A	
Adult RA		Yes	
Pedi RA		Yes	

***Acknowledgements***

## RESOURCE KIT

Vermont EMS would like to thank the following for their assistance and/or use of their training materials:

Maine EMS

New Hampshire EMS

Resuscitation Academy

VT EMS Protocol Workgroup

VT EMS District Medical Advisors

RESOURCE KIT

Psychomotor training tool kit for the VT EMS 2025 Protocol

Continuous Positive Airway Pressure (CPAP) for EMTs



# Psychomotor training tool kit for the VT EMS 2025 Protocol Continuous Positive Airway Pressure (CPAP) for EMTs

## **Purpose:**

This training toolkit was created to be used by Training agencies for the VT EMS 2025 protocol 5.4: CPAP for EMTs (Adult Only). As part of the training, Providers licensed at the EMT level are required to complete a psychomotor component in the form of a low-fidelity simulation. This should be done upon successful completion of the didactic portion provided by the State EMS Office which can be found on Vector. Agencies should file the completed documents from this training as they would for any other agency training offered.

## **This toolkit includes the following documents:**

- Attestation statement confirming review of agencies' CPAP equipment with the EMT
- Scenario 1: COPD
- Scenario 2: Asthma
- Scenario 3: CHF
- CPAP Skill Verification Sheet

**Attestation Statement:**

By Signing below, I, (preceptor name)\_\_\_\_\_attest that I have worked with EMT,(EMT name)\_\_\_\_\_ to ensure that they are familiar with the CPAP equipment carried by (service name) \_\_\_\_\_.

Preceptor name:

Preceptor signature:

Date:



## Simulation Guidance- Tips and Tricks:

For the low-fidelity simulation to go as smoothly as possible the evaluators and all involved should review the scenario that they choose from this document before the start of the simulation.

Keep in mind that simulations can be stressful especially when a provider is being observed by their colleagues or peers. It is important to foster and maintain a “no fault” learning environment.

Here are some tips for a successful simulation for all:

- Have a pre-brief- This is a designated time to allow the EMT the opportunity to ask clarifying questions about the simulation they are about to walk into.
- Do not interrupt the simulation- Aside from giving information pertinent to the situation, or any safety concerns, the evaluator and all other live actors involved cannot stop the simulation to correct the EMTs actions or ask them questions about their decisions.
- Never skip the debrief- The debrief should focus on the learner's perspective of how the simulation went. It is a set aside time for the EMT to reflect on their decisions and ask more questions. The evaluator should guide this conversation but be mindful of the amount of time that they are speaking in comparison to the EMT.
- Remember the goal is for EMTs to be successful in this training. Please, do not alter the scenarios with an intent to make it more challenging for the EMT.

Objectives for this simulation:

- During the simulation, the EMT will have determined whether the need for CPAP is indicated based on a thorough assessment of the patient.
- During the simulation, the EMT will successfully gather and connect all CPAP equipment necessary.
- During the simulation, the EMT will be able to apply CPAP per the procedure outlined in protocol 5.4.

# Scenario 1:

## Dispatch:

You are dispatched to a private residence for a 68-year-old female patient with a chief complaint of difficulty breathing. The patient is sitting upright in a recliner and appears to be in distress.

## Patient Demographics and Chief Complaint

- Age: 68 years old
- Gender: Female
- Chief Complaint: Difficulty breathing

## General Impression

Upon arrival:

- The patient is sitting upright, visibly anxious, and gasping for air.
- Accessory muscle use is evident.
- Skin is pale, diaphoretic, and slightly cyanotic around the lips.

## Primary Assessment:

- Mental Status: Alert to person, place, time and event
- Airway: Patent
- Breathing: Rapid and shallow, with audible wheezing
- Circulation: Rapid radial pulse, weak quality

Initial Treatment Actions:

- Establish rapport with the patient to calm anxiety.
- Obtain an SpO2 reading
  - **Initial reading:** is 86% on room air (ORA).
- Provide high-flow oxygen via a non-rebreather mask (NRB) initially at 15 L/min.

## Secondary Assessment:

Initial Vital Signs:

RR	HR	BP	SpO2	Temp.
30	122 regular	160/92 mmHg.	86% ORA	98.2F

**S:** Accessory muscle use/ pale/ diaphoretic

**A:** None noted

**M:** Albuterol via MDI and nebulizer as needed/ metoprolol

**P:** COPD/ HTN

**L:** Ate dinner with no difficulty.

**E:** Woke up after taking an evening nap in her recliner and felt like she couldn't breathe.

**O:** About 30 minutes ago.

**P:** Nothing makes it better or worse.

**Q:** It feels like I can't catch my breath.

**R:** Experiencing some chest pain.

**S:** It has never been this hard to breathe.

**T:** It has been getting harder to breathe since calling 911.

Focused Assessment:

- Listen to lung sounds: Diffuse wheezing bilaterally, diminished bases.
- Reassess vitals after oxygen is initiated.
- Acquire and transmit a 12-lead ECG

### Treatment Plan:

- Consider pts. MDI
- Consider duo neb or albuterol neb
- CPAP Administration: (Evaluator should complete skill verification form when EMT places CPAP).

### Reassessment:

- Reassess respiratory effort, SpO2, and lung sounds every 5 minutes.
- Consider DuoNeb administered via CPAP.
- Call the receiving facility to let them know you have an incoming patient on CPAP.

Second set of vital signs:

RR	HR	BP	SpO2	Temp.
24	110 regular	142/90 mmHg.	96% on CPAP	98.2F

# END OF SIMULATION

**Debrief:** (Evaluator- ask the EMT provider the following questions.)

What do you think went well during this scenario?

What would you have done differently? Why?

What are the contraindications for CPAP (e.g., unresponsiveness, inability to protect the airway)?

When should ALS backup be considered?

What would you do if the patient did not, or stopped responding positively to CPAP?

# Scenario 2:

## Dispatch:

You are dispatched to the local high school for a male experiencing difficulty breathing.

## Patient Demographics and Chief Complaint

- Age: 22
- Gender: Male
- Chief Complaint: Difficulty breathing

## General Impression

Upon arrival:

- The patient is in the gym sitting on the bottom bleacher in a tripod position.
- Skin is warm and diaphoretic.

## Primary Assessment:

- Mental Status: Alert to person, place, time and event.
- Airway: Patent
- Breathing: Rapid and shallow, with audible wheezing
- Circulation: Radial pulses are present, rapid, and regular bilaterally.

Initial Treatment Actions:

- Establish rapport with the patient to calm anxiety.
- Obtain an SpO2 reading
  - Initial reading: is 89% on room air (ORA).
- Provide high-flow oxygen via a non-rebreather mask (NRB) at 15 L/min.

## Secondary Assessment:

Initial Vital Signs:

RR	HR	BP	SpO2	Temp.
30	130 regular	132/84 mmHg.	89% ORA	98.2F

**S:** Appears tired/ Breathing fast/ audible wheezes

**A:** None noted

**M:** Albuterol MDI as needed

**P:** Exercise-induced asthma

**L:** Ate a normal lunch

**E:** Participating in basketball practice

**O:** About 20 minutes ago

**P:** Unsure if anything makes it better or worse.

**Q:** Feels like he can't catch his breath.

**R:** Denies pain or discomfort anywhere else in the body.

**S:** It has never been this hard to breathe before.

**T:** The dyspnea has gotten worse over time.

**Focused Assessment:**

- Listen to lung sounds: Diffuse wheezing bilaterally, diminished bases.
- Reassess vitals after oxygen is initiated.

**Treatment Plan:**

- Consider pts. MDI
- Consider duo neb or albuterol neb
- CPAP Administration: (Evaluator should complete skill verification form when EMT places CPAP).

**Reassessment:**

- Reassess vital signs, respiratory effort, and lung sounds every 5 minutes.
- Consider DuoNeb hooked administered via CPAP.
- Call the receiving facility to let them know you have an incoming patient on CPAP.

Second set of vital signs:

RR	HR	BP	SpO2	Temp.
22	118 regular	130/82 mmHg.	96% on CPAP	98.2F

**END OF SIMULATION**



**Debrief:** (Evaluator- ask the EMT provider the following questions.)

What do you think went well during this scenario?

What would you have done differently? Why?

What are the contraindications for CPAP (e.g., unresponsiveness, inability to protect the airway)?

When should ALS backup be considered?

What would you do if the patient did not, or stopped responding positively to CPAP?

## Scenario 3:

### Dispatch:

You are dispatched to a private residence for an older individual experiencing difficulty breathing.

### Patient Demographics and Chief Complaint

- Age: 74
- Gender: Female
- Chief Complaint: Difficulty breathing

### General Impression

Upon arrival:

- The patient is found sitting upright on the side of their bed with their hands on their knees in a tripod position.

### Primary Assessment:

- Mental Status: Alert to person, place, time and event.
- Airway: Patent
- Breathing: Rapid and shallow, with audible wheezing
- Circulation: Radial pulses are present, weak, rapid, and regular bilaterally.

Initial Treatment Actions:

- Establish rapport with the patient to calm anxiety.
- Obtain an SpO2 reading
  - Initial reading: is 85% on room air (ORA).
- Provide high-flow oxygen via a non-rebreather mask (NRB) at 15 L/min.

### Secondary Assessment:

Initial Vital Signs:

RR	HR	BP	SpO2	Temp.
30	140 regular	170/96 mmHg.	85% ORA	98.2F

**S:** Diaphoretic/ pale/ tripodding/ accessory muscle use

**A:** None noted

**M:** Lasix/ ASA/ Lisinopril

**P:** CHF/ HTN

**L:** Normal

**E:** Was sleeping for about three hours

**O:** 20 minutes ago

**P:** laying down makes it worse

**Q:** Pt states, " I...can't... breathe"

**R:** Denies pain or discomfort anywhere else

**S:** Pt has never experienced dyspnea to this extent

**T:** It has gotten worse since calling 911

**Focused Assessment:**

- Listen to lung sounds: Crackles bilaterally, diminished bases.
- Reassess vitals after oxygen is initiated.
- Acquire and transmit a 12-lead ECG to the receiving hospital.

**Treatment Plan:**

- CPAP Administration: (Evaluator should complete skill verification form when EMT places CPAP).

**Reassessment:**

- Reassess vital signs, respiratory effort, and lung sounds every 5 minutes.
- Call the receiving facility to let them know you have an incoming patient on CPAP.

Second set of vital signs:

RR	HR	BP	SpO2	Temp.
24	110 regular	158/90 mmHg.	96% on CPAP	98.2F

**END OF SIMULATION**

**Debrief:** (Evaluator- ask the EMT provider the following questions.)

What do you think went well during this scenario?

What would you have done differently? Why?

What are the contraindications for CPAP (e.g., unresponsiveness, inability to protect the airway)?

When should ALS backup be considered?

What would you do if the patient did not, or stopped responding positively to CPAP?

## Protocol 5.4: CPAP for EMTs (Adult Only) Skill Verification Sheet

As the EMT provider works through one of the Difficulty breathing scenarios provided by the state EMS office, please ensure that they are performing the following actions when applying CPAP. As they complete each action, please place a checkmark in the blank column to the right of the action. The EMT should not be signed off on this skill until they have successfully completed a scenario having completed all actions listed below.

<b>PREPARATION &amp; APPLICATION</b>	
Takes / verbalizes appropriate PPE	
Identifies indication(s) for CPAP SpO2 <94% and/or labored breathing and/or RR >25-adult or teen, >30-school age, >34 -toddler, >60-infant	
Verifies no contraindications Apnea, unable to follow commands/maintain airway, agitated, vomiting or upper GI bleed, chest trauma, pneumothorax, facial trauma or difficult mask seal, adult or adolescent SBP<100 or MAP<65, pediatric SBP < 70 + (age in years x 2)	
Ensures sufficient oxygen and access to reserve/onboard oxygen	
Selects appropriately sized mask for the patient	
Applies bacterial-viral filter (or identifies integrated if equipped)	
Prepares patient for the procedure with explanation and coaching	
Adjusts device settings to achieve desired pressure: o 5-15 cmH <sub>2</sub> O	
Follows device directions to ensure oxygen is flowing prior to Application	
Places mask on patient & secures straps to ensure minimal leaks	
Titrates pressure (and FiO <sub>2</sub> if available) to patient's response	
Identifies need to notify receiving hospital CPAP is in use	
Verbalizes need to reassess patient & vital signs often.	

I \_\_\_\_\_, attest that I have observed EMT, \_\_\_\_\_ successfully asses for the need and apply CPAP to a simulated pt or mannikin.

Preceptor Name:

Preceptor signature:

Date:

