

# Western Regional Emergency Medical Advisory Committee

<b>Title: Provider Privileges and Continuing Medical Education Policy</b>	<b>Effective Date: January 16, 2013</b>
<b>Policy #2013-1</b>	<b>Revised: March 2014</b> <b>Supersedes: Policy # 2001-2 and revisions: 6/09 &amp; 1/13</b>

## Policy:

As a part of the delegated medical authority of the Western Regional Emergency Medical Advisory Committee (WREMAC), all certified providers and agencies operating within the eight-county region of Western New York are required to comply with the requirements of this WREMAC policy and any additional requirements as set forth by the Agency Medical Director.

Providers must apply for privileges using the “WREMAC Provider Privileges Application”. The application will be reviewed and information verified by the WREMAC, the EMS Program Agency, and Medical Director (or his designee) to determine a provider’s eligibility for regional privileges.

In addition to the “WREMAC Provider Privileges Application”, providers must meet all of the requirements for his/her level of certification as outlined in this policy. A provider who is not entirely compliant with this policy shall be considered “off-line” until such time as he/she becomes compliant. Under the authority of the Agency Medical Director (or designee), the EMS agency is responsible for ensuring its providers are compliant with this policy. Providers who are taken off-line for non-compliance with this policy shall be notified, in writing, and a copy of the notice shall be sent to the EMS Program Agency and Agency Medical Director.

Agency Medical Directors may require additional requirements beyond this policy but may not alter the minimum requirements established in this policy.

Upon review and verification of a provider’s application for privileges and meeting the minimum requirements of this policy (and any additional requirements set by the Agency Medical Director), a provider is credentialed as an on-line provider (OLP) with privileges in this region.

## Procedure:

The agency shall ensure that each certified provider complete and sign the “WREMAC Provider Privilege Application” (ATTACHMENT 1) as follows:

1. upon attaining initial certification, or
2. upon attaining certification at a new level, or
3. upon joining an agency as a currently certified provider

The agency shall ensure each provider meets the minimum didactic and skill requirements set forth in this policy as outlined in items #1-3 above and on an annual basis (July 1 – June 30).

Skill competency shall be demonstrated to the medical director (or his designee), as follows:

1. Demonstrate the skill in simulation to the medical director (or designee); or
2. Documented successful performance of the skill during patient care; or
3. Attend medical director (or designee) approved training on the skill.

Designated skill preceptors must complete the WREMAC Skill Preceptor Course, complete any required updates, and be in good standing with this policy. All preceptors are registered with the EMS Program Agency.

Agencies are responsible for maintaining documentation of competency for each of its providers. Providers who are members of more than one agency must demonstrate competency only once – but must provide verification of competency to each requesting agency.

By August 1<sup>st</sup> of each year, all agencies shall submit a list of on-line providers, in a format acceptable to the EMS Program Agency (identified in ATTACHMENT 2). Agencies are encouraged to have each of its providers complete a “WREMAC Provider Privilege Application” annually.

## **Continuing Medical Education (CME) Requirements**

CME has two components: **didactic** and **skill** requirements. Providers must meet **all** of the didactic and skill requirements for his/her level of privileges. Any provider who does not meet the requirements shall be taken off-line as described in this policy.

### **1. DIDACTIC REQUIREMENTS**

Providers shall maintain continuously current credentials as detailed below. There is no “grace period” for expired credentials.

	<b>CFR</b>	<b>EMT</b>	<b>EMT-I</b>	<b>AEMT</b>	<b>EMT-CC</b>	<b>EMT-P</b>
<b>CPR (healthcare provider)*</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Trauma Life Support*</b>			<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Pediatric Life Support*</b>					<b>X</b>	<b>X</b>
<b>Cardiac Life Support*</b>					<b>X</b>	<b>X</b>
<b>Protocol Exam</b>			<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

\* Programs as approved by the WREMAC (see ATTACHMENT 3)

### **2. SKILL REQUIREMENTS**

Competency in the following skills shall be demonstrated at the time of initial certification and at least once annually between (July 1 – June 30).

	<b>CFR</b>	<b>EMT</b>	<b>EMT-I</b>	<b>AEMT</b>	<b>EMT-CC</b>	<b>EMT-P</b>
<b>AED</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		
<b>Epi-Pen</b>		<b>X*</b>	<b>X*</b>	<b>X*</b>		
<b>Nebulized Albuterol</b>		<b>X*</b>	<b>X*</b>	<b>X*</b>		
<b>Intranasal Naloxone</b>	<b>X*</b>	<b>X*</b>	<b>X*</b>			
<b>Blood Glucose Monitoring</b>		<b>X*</b>	<b>X*</b>	<b>X*</b>	<b>X</b>	<b>X</b>
<b>Nebulized Medications</b>					<b>X</b>	<b>X</b>
<b>IV (adult &amp; pediatric)</b>			<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Saline Trap</b>			<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>IO (adult &amp; pediatric)</b>			<b>X*</b>	<b>X*</b>	<b>X</b>	<b>X</b>
<b>EJ Cannulation</b>			<b>X*</b>	<b>X*</b>	<b>X</b>	<b>X</b>
<b>ET Intubation (Adult)</b>			<b>X*</b>	<b>X*</b>	<b>X*</b>	<b>X*</b>
<b>ET Intubation (Pediatric)</b>			<b>X*</b>	<b>X*</b>	<b>X*</b>	<b>X*</b>
<b>Waveform Capnography</b>			<b>X**</b>	<b>X**</b>	<b>X**</b>	<b>X**</b>
<b>Rescue Airways (King, etc)</b>			<b>X*</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>CPAP</b>			<b>X*</b>	<b>X*</b>	<b>X*</b>	<b>X*</b>
<b>Manual Defibrillation</b>					<b>X</b>	<b>X</b>
<b>Lead II cardiac monitoring</b>					<b>X</b>	<b>X</b>
<b>12-lead monitoring</b>					<b>X</b>	<b>X</b>
<b>Synchronized cardioversion</b>					<b>X</b>	<b>X</b>
<b>External Pacing</b>					<b>X</b>	<b>X</b>
<b>NG/OG Tube</b>					<b>X</b>	<b>X</b>
<b>Needle Thoracostomy</b>				<b>X*</b>	<b>X</b>	<b>X</b>
<b>Needle Cricothyrotomy</b>					<b>X</b>	<b>X</b>
<b>IV Bolus Medication</b>				<b>X</b>	<b>X</b>	<b>X</b>
<b>Subcutaneous/IM injection</b>				<b>X</b>	<b>X</b>	<b>X</b>

\* Required only if agency is approved to perform skill

\*\* Required only if credentialed to intubate

# ATTACHMENT

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# **WREMAC Provider Privileges Application**

**Provider:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

*Last Name                      First Name                      Maiden Name or Alias*

**E-Mail Address:** \_\_\_\_\_ **Contact Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

	Paramedic	Critical Care	AEMT	EMT-I	EMT-B	CFR
<b>NYS Certification # (6 digits):</b>						
<b>Expiration Date:</b>						
<b>Date of agency orientation:</b> (new providers with agency only)						
<b>Date skills verification complete:</b>						
<b>Date of WREMAC protocol exam:</b>						
<b>CPR Course Name:</b>						
<b>Expiration Date:</b>						
<b>Trauma Life Support Course:</b>						
<b>Expiration Date:</b>						
<b>Pediatric Life Support Course:</b>						
<b>Expiration Date:</b>						
<b>Cardiac Life Support Course:</b>						
<b>Expiration Date:</b>						

List **all** EMS agencies with which you have **ever** been affiliated as a certified provider (use back of form if necessary)

Name of Service	Dates with Service	Service Medical Director	Telephone Number

If you answer “**Yes**” to any question below, provide a full description on a separate sheet of paper.

1. **Has your medical command authorization ever been restricted?**    ☐ No    ☐ Yes (explain)
2. **Has your medical command authorization ever been denied or withdrawn, or have you ever voluntarily resigned from an EMS agency to avoid any form of discipline?**    ☐ No    ☐ Yes (explain)
3. **Has any disciplinary sanction been imposed against you (regardless of whether it is presently stayed pending disposition of an appeal), or is any disciplinary charge currently pending against you?**    ☐ No    ☐ Yes (explain)

By signing below, I attest that all information contained on this form is completely accurate and no information has been omitted or misrepresented. I give permission to the WREMAC, the EMS Program Agency, or any affiliates to verify all information which may be relevant in determining my eligibility for privileges. I understand that any decision is final and that privileges are not rights, they are privileges which may be revoked (all or in part) at any time for violation of just cause. I agree to meet the continuing education requirements of the WREMAC and this agency's medical director and understand that failure to do so will result in suspension or revocation of my privileges. I understand that a loss of privileges in any agency will affect my privileges in all agencies with which I have an affiliation, regardless if volunteer or paid. I agree to hold harmless the WREMAC, the EMS Program Agency, the Medical Director, and all affiliates for any loss incurred related to my eligibility for privileges as a pre-hospital care provider. I grant permission to the WREMAC, the EMS Program Agency, the Medical Director, and all affiliates to notify all relevant credentialing or certifying entities if my privileges are suspended or revoked for any reason.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Date reviewed by medical director: \_\_\_\_\_

# ATTACHMENT

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# **WREMAC EMS Program Agencies**

All documents shall be provided to the EMS Program Agency contracted to serve the region in which your EMS agency is registered with the Bureau of EMS.

## **Niagara, Orleans, & Genesee Counties**

### **Lake Plains Community Care Network**

575 East Main Street

Batavia, NY 14020

Phone: 585-345-6110

Fax: 585-345-7452

[www.lpcnems.org](http://www.lpcnems.org)

Director: Charlotte Crawford

[ccrawford@lakeplains.org](mailto:ccrawford@lakeplains.org)

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## **Wyoming & Erie Counties**

### **Office of Prehospital Care**

462 Grider Street

Buffalo, New York 14215

Phone: 716-898-3600

Fax: 716-898-5988

[www.opcems.org](http://www.opcems.org)

Director: Scott Wander

[swander@ecmc.edu](mailto:swander@ecmc.edu)

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## **Chautauqua, Cattaraugus, & Allegany Counties**

### **Southern Tier EMS (STEMS)**

One Blue Bird Square

Olean, New York 14760

Phone: 716-372-0614

Fax: 716-372-5217

[www.sthcs.org](http://www.sthcs.org)

Director: Donna Kahm

[dkahm@sthcs.org](mailto:dkahm@sthcs.org)

# WREMAC Policy 2013-1

## ATTACHMENT 3

The Western Regional Emergency Medical Advisory Committee (WREMAC) has approved only the following courses to meet the requirements of WREMAC Policy 2013-1.

Note: Valid instructor certification satisfies the requirement for provider certification.

### **CPR:**

Training must meet or exceed the requirements established in **Bureau of EMS Policy #11-07: Required CPR Testing**. In general, CPR courses intended for healthcare providers meet the requirement. CPR courses intended for lay rescuers (Heartsaver, etc) do not satisfy the requirement.

### **Trauma Life Support:**

Valid certification from one of the following courses:

- Pre-Hospital Trauma Life Support (PHTLS) – advanced level only; **OR**
- International Trauma Life Support (ITLS) – advanced level only

### **Cardiac Life Support:**

Valid certification from an American Heart Association Advanced Cardiac Life Support (ACLS) Course.

### **Pediatric Life Support:**

Valid certification from one of the following courses:

- Pediatric Advanced Life Support (PALS) – American Heart Association only; **OR**
- NAEMT's Emergency Pediatric Care (EPC) – advanced level only; **OR**
- Pediatric Emergencies for Prehospital Professionals (PEPP) – advanced level only