

**M A S S A C H U S E T T S**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
DEPARTMENT OF PUBLIC HEALTH**ADMINISTRATIVE REQUIREMENT MANUAL****EFFECTIVE DATE:** May 6, 2015     **AUTHORIZATION:** M. Kass, Director**TITLE:** Requirements for ALS/BLS Interface Training**SUPERSEDES:** November 10, 2010**PURPOSE:**

This administrative requirement contains the content that course sponsors and instructors must meet in developing a DPH/OEMS-approved continuing education course, commonly called “ALS/BLS interface training,” that trains **all** levels of EMTs to work side-by-side as a team for an ambulance service.

This administrative requirement also sets out the standards for training that must be used by all ambulance services, and their EMTs at all levels, in order to meet the conditions of 105 CMR 170.305(C), for staffing a Paramedic-level ambulance with a Paramedic and EMT-Intermediate (Paramedic-Intermediate), Paramedic and Advanced EMT (Paramedic-Advanced), or Paramedic and EMT-Basic (Paramedic-Basic) configuration. Finally, it also sets out the training required for staffing an ambulance with an EMT-Intermediate and EMT-Basic (Intermediate-Basic) or Advanced EMT and EMT-Basic (Advanced-Basic) configuration.

As a reminder, ALS level EMTs currently include EMT-Intermediates, Advanced EMTs and Paramedics. Please note that the EMT-Intermediate level is in the process of being phased out and will no longer exist after April 1, 2017.

**TRAINING REQUIREMENTS:**

An ambulance service licensed at the advanced life support (ALS) level must ensure that each of its certified EMTs, at all levels, who the service plans to use to staff paramedic-level ambulances in either a Paramedic-Intermediate, Paramedic-Advanced or Paramedic-Basic staffing configuration -- or on advanced-level ambulances in an Advanced-Basic, or an intermediate-level ambulances, in an Intermediate-Basic, staffing configuration -- has successfully completed a training course of a minimum of 2 hours in length meeting the requirements of this Administrative Requirement before they work in such staffing configurations. It is the responsibility of each ambulance service to ensure these employees are properly trained and provided updated training regarding changes or updates in all Statewide Treatment Protocols, service policy/procedures and all equipment they will be using or assisting with.

***COPIES OF THIS ADMINISTRATIVE REQUIREMENT MUST BE PROVIDED TO AND REVIEWED WITH ALL PARTICIPANTS WHO ATTEND ALS/BLS INTERFACE PROGRAMS***

**TARGET AUDIENCE:**

Certified EMTs at all levels, who are employed by ambulance services and who are currently or will be working on ambulance services licensed at the ALS level for both emergency and ALS interfacility patient transports that have not already received this interface training.

**INSTRUCTOR QUALIFICATIONS:**

Faculty for this program must include pre-hospital ALS providers who have a working knowledge of the scope of practice for all levels of certified EMTs and are at a minimum a Massachusetts-certified EMT at equal or higher level of the ALS ambulance service licensure. The instructor must also have a working knowledge regarding the role of the ambulance service’s affiliate hospital medical director, on-line medical control and all quality assurance initiatives.

**PROGRAM OBJECTIVES:**

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- To establish competency of all levels of certified EMTs with their specific patient care role with regards to working as a team while continuing to provide basic life support to the patient.
- To establish competency of all levels of certified EMTs with their specific patient care role when handling both emergent and ALS inter-hospital transfers when the patient requires ALS skills or monitoring of ALS interventions.
- To establish competency of all levels of certified EMTs in the medical/legal aspects of pre-hospital ALS and BLS care for both emergent and ALS inter-facility transfers when EMT, EMT-Intermediates, Advanced EMTs and Paramedics are working together to provide patient care, referencing the following:
  - ◆ State EMS law, M.G.L. c. 111C, EMS System regulations, 105 CMR 170.000, which govern EMS in Massachusetts, including levels of EMT training and certification;
  - ◆ The Statewide Treatment Protocols, which set the standard for patient care at each level of certification;
  - ◆ Current DPH/OEMS Statewide Treatment Protocols Appendix 3, Interfacility Transfer Guidelines and Protocols
  - ◆ State and Federal drug laws and regulations. On the state level, M.G.L. c. 94C, and 105 CMR 700.000;
  - ◆ State Hospital Licensure regulations for medical control hospitals, 105 CMR 130.1501-.1504, which sets standards for medical control, responsibilities of medical control hospitals, affiliate hospital medical directors and physicians who provide medical control, as well as related medical control requirements in the EMS System regulations, at 105 CMR 170.300; and
  - ◆ Responsibility of EMTs to continue to provide Basic Life Support (BLS) to the patient before, during and after the administration of ALS, until responsibility for patient care is either transferred entirely to the ALS personnel or to the hospital emergency department.

**PROGRAM RESTRICTIONS:**

The program shall not allow EMTs to have any hands-on practice of any procedure that: 1) is not authorized for their level of certification under the state EMS law and regulations or the Statewide Treatment Protocols and 2) is restricted or prohibited by state or federal laws governing controlled substances. Such practice may result in denial or revocation of program approval under 105 CMR 170.976, and/or actions against the individual EMTs and/or instructor.

**GENERAL GUIDELINES FOR PROCEDURES:**

In addition to didactic presentation of the above information, the training program must include skill sessions for EMTs of all level in simulated ALS-level patient care situations with EMT-Basics, EMT-Intermediates, Advanced EMTs and Paramedics, where each person assumes a role appropriate to their level of certification. These simulated patient care situations must include inter-facility and emergency situations to ensure that EMTs are able to identify the proper equipment and supplies for both types of situations.

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**Please note: The following standards apply to enhanced skills for the EMT-Basic that are not in the BLS scope of practice:**

#### Advanced Airway Maintenance Devices

MUST NOT:	MAY, under supervision of ALS personnel at the appropriate level of certification
Insert supraglottic or other advanced airway	Retrieve advanced airway and associated equipment
Assemble or test devices (including laryngoscopes or CPAP) prior to insertion	Ventilate the patient with advanced airway using the bag-valve mask device and/or assist with CPAP
Auscultate breath sounds to confirm airway placement	Retrieve equipment for capnography
Assemble capnography device or equipment	Attach capnography equipment to the cardiac monitor or monitoring device
Assemble, test or operate the automated ventilator on interfacility transfers	On interfacility transfers, retrieve the automated ventilator and associated equipment, such as circuitry

#### Drugs, Vascular Access and Blood Samples

MUST NOT:	MAY, under supervision of ALS personnel at the appropriate level of certification
Prepare drugs for administration (beyond scope of practice)	Retrieve drug box, IV/IO set-up box from the ALS ambulance
Perform the venipuncture or other vascular access methods	Assemble for use connecting tubing (such as "spiking" the fluid bag [isotonic fluids only])
Apply venous constricting device for venipuncture	On interfacility transfers, retrieve the IV pump and drip set
Cleanse the IV/IO site	Prepare tape and assist with securing of IV
Handle or dispose of needles	
Obtain blood samples or fill blood sample tubes	

#### Cardiac Monitor/Defibrillator

MUST NOT:	MAY, under supervision of ALS personnel at the appropriate level of certification
Operate, charge or deliver shock with defibrillator in manual mode	Retrieve cardiac monitor/manual defibrillator
Interpret the EKG tracings	Turn on/print/acquire/transmit EKG tracings
	Apply electrodes, defibrillation pads and/or 12-leads
	Retrieve any summary data
	Replace the cardiac monitor paper

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**TEAM APPROACH TO INTERFACE:**

**EMT-Basics:** They should assess and begin stabilizing and packaging the patient before the arrival of, or in conjunction with, the ALS-level EMTs. They should utilize all appropriate skills (per the Statewide Treatment Protocols), such as:

- Triage, patient assessment and monitoring vital signs.
- Airway management using oro/nasopharyngeal airways, oral suctioning, BVM and oxygen administration.
- Bandaging and shock prevention/treatment
- CPR and Defibrillation
- Splinting and spinal immobilization
- Packaging, updating vital signs and safe transportation to the hospital
- Complete documentation of BLS-level patient care activities.

**EMT-Intermediates, Advanced EMTs and Paramedics:** They should be prepared to utilize all of the above skills and, depending on their level of certification, they would be responsible for all appropriate skills (per the Statewide Treatment Protocols), such as:

- Updating vital signs and re-examination of the patient
- Advanced airway maintenance (ETT or supraglottic airways)
- Intravenous/Intraosseous fluid administration
- Cardiac monitoring, defibrillation, pacing, cardioversion, and 12-lead interpretation
- Capnography application, wave form interpretation, recording and monitoring
- Medication administration
- Complete documentation of ALS-level patient care activities

**PROGRAM EVALUATION:**

A written or verbal quiz must be incorporated at the completion of the interface training program to assure that each EMT in the class is knowledgeable and competent regarding their scope of practice, ALS equipment and understand statutory/regulatory limitations and the legal implications of patient care in ALS/BLS teamwork situations.

**SERVICE RESPONSIBILITIES FOR RECORD KEEPING:**

The ambulance service must maintain all associated training documents for its EMTs regarding the interface training program and upon request submit these training records to the Department. This documentation must be readily available to the Department and will include at a minimum skill performance and attendance rosters for each EMT it employs and utilizes in staffing paramedic-level ambulances with a crew of EMS personnel who are not both paramedics, or staffing advanced or intermediate-level ambulances with an ALS/BLS staffing configuration.