

This month will be dedicated to a discussion related to EMT-I certification. Let me provide you with the history of this issue, as I understand it. Hopefully, this will help you to understand the actions taken by OEMS. In 2010, the National Registry announced that the EMT-I certification was going to be eliminated. WV began preparations for this certification to be eliminated in 2014. Pierpont Community College volunteered to provide the bridge program to transition EMT-Is to paramedics. Individuals certified as EMT-Is were contacted multiple times by Pierpont for opportunities to enroll in the program. All individuals certified as EMT-Is did not choose to enroll in this bridge program to become paramedics. The bridge program was provided and is now coming to an end. Students will be testing in December/January. As of January 2015, individuals certified as EMT-Is that have not gone through the bridge program and successfully pass the paramedic exam will complete their respective certification period (and subsequently recertify) as an EMT-B.

Statewide EMS protocols were revised in 2014 with an effective date of January 1, 2015. Due to the elimination of the EMT-I certification, no 5000 series protocols (those related to the scope and practice of EMT-Is) were included in the revision process. These protocols resulted in the development of revised medication and equipment lists that are required to be maintained on active ambulances providing pre-hospital care in communities throughout WV.

Without 5000 series protocols, EMT-Is are not able to practice within this certification as of 1/1/15. There would be an increased liability issue for agencies that utilize EMT-Is without protocols. These protocols cannot be extended beyond 1/1/15 because of the medications and equipment that have been revised in the new protocols. There would be conflicting treatments occurring. There are so few EMT-Is in the field currently (approximately 10 out of the 10,500 EMS personnel currently certified in the state), that it is not prudent to spend the time and resources required to revise the 5000 series protocols. An option that was discussed and given consideration was to provide each EMT-I with a detailed listing of what he/she would be permitted to do (scope of practice) based on current protocols. However, the individual MedComs would not know who these individuals are and would not have the revised scope of practice for each (again, keep in mind the number of EMT-Is in relation to the total number of EMS personnel operating in the field).

I realize this may not be an optimal resolution for those few remaining EMT-Is and their respective agencies. However, OEMS must take into account doing the least harm to the greatest number while ensuring the most appropriate and safe treatment for the patient.

To close, this is an important time of year, and here at OEMS, we hope everyone enjoys their time with friends and family and makes the most of it. And, in the meantime, keep doing what you do best: providing quality care to the citizens of WV. Wishing you and yours a happy and safe holiday season!