

April 1, 2014

**TO:** SJCEMS Committee Sponsored EMS Provider Organizations and EMS Personnel  
**FROM:** St. Joseph County EMS Committee Medical Directors  
**Subject:** Advanced Emergency Medical Technicians

Providers:

As you are aware, the Indiana EMS Commission is phasing out the EMT-BA and EMT-Intermediate certifications in favor of the Advanced EMT (AEMT) certification. The official discontinuation date of EMT-BA and EMT-Intermediate certifications is July 1, 2014. A number of local EMT-BA to AEMT bridge courses have been completed or are in process and will be completed prior to the July 1 deadline.

**The following is intended to allow newly certified AEMTs to practice during a transition period, from April 1-June 30, 2014, inclusive.**

During the transition period, EMS Personnel operating under the authority of the SJCEMSC and certified at the AEMT level may practice at that level, commensurate with training, including performing the following state permitted skills that require, at a minimum, AEMT certification:

- Tracheobronchial suctioning of an already intubated patient
- ECG application and interpretation of sinus rhythms, pulseless electrical activity, ventricular fibrillation, ventricular tachycardia, and asystole
- Manual defibrillation
- 12-lead ECG application, acquisition, and transmission (NO interpretation)
  - NOTE: AEMTs who have not received training, including the successful completion of testing, during or subsequent to their AEMT course or bridge course, in ECG monitoring, rhythm recognition (sinus rhythms, pulseless electrical activity, ventricular fibrillation, ventricular tachycardia, and asystole), manual defibrillation, and 12-lead acquisition and transmission may not perform those skills until they have completed the necessary training and successfully completed the associated testing. Those unsure of their status should contact one of the EMS Coordinators.
- SL nitroglycerine administration for chest pain of suspected ischemic origin
- SQ or IM epinephrine administration for anaphylaxis
- IM Glucagon or IV dextrose administration for hypoglycemia
- Inhaled  $\beta$ -agonist administration for dyspnea and wheezing (note that this does NOT include administration of inhaled non  $\beta$ -agonist medication, such as ipratropium bromide)
- Naloxone administration
- Peripheral venous access (IV and IO)
- Blood sample procurement

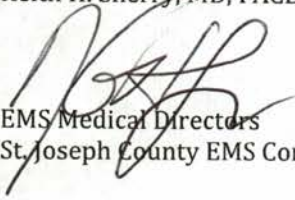
- Blood glucose measurement
- With case-by-case EMS Medical Director approval prior to transport, transport of patients receiving:
  - IV vitamin infusions delivered via an IV infusion pump system
  - Sodium chloride (> 0.9% concentration) infusions
  - Potassium chloride (> 20 but ≤ 40 mEq/L concentration) infusions at < 10 mEq/hr, delivered via an IV infusion pump system
  - IV steroid infusions delivered via an IV infusion pump system
  - IV antibiotic infusions delivered via an IV infusion pump system

In the SJCEMSC Guidelines, the above skills are listed as applicable to one or more of the following certification levels: EMT-BA, EMT-I, and Paramedic. Regardless of the Guideline listed minimum level, AEMTs may perform the above skills as clinically necessary based on the patient-specific scenario and within the framework of the Standing Medical Orders. Supervision by a Lead Paramedic is not required for the above skills.

Please direct any questions to one of the EMS Coordinators or EMS Medical Directors.

Sincerely,

Keith H. Sherry, MD, FACEP

  
EMS Medical Directors  
St. Joseph County EMS Committee



Jason M. Jaronik, MD, FACEP