

Superseded September 18, 2019

Western Regional Emergency Medical Advisory Committee

Title: Provider Privileges and Continuing Medical Education	Policy # 2013-1
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Effective Date:	01/2013								
Reviewed:									
Updated:	05/2015	01/2018							

Policy:	<p>As a part of the delegated medical authority of the Western Regional Emergency Medical Advisory Committee (WREMAC), all certified providers and all agencies (at all levels of care) 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.</p> <p>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.</p> <p>In addition to the “WREMAC Provider Privileges Application”, providers must meet all of the didactic and skill requirements for his/her level of certification as outlined in this policy on a yearly basis. A provider who is not entirely compliant with this policy shall be considered “off-line” until such time as he/she becomes compliant. An agency that fails to comply with this policy will be taken “off-line” and may be required to attend a WREMAC review hearing. Under the authority of the Agency Medical Director (or designee), the EMS agency is responsible for ensuring its providers are compliant with this policy. A provider or agency 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, the Agency Medical Director, and NYS Department of Health’s Bureau of EMS and Trauma. In cases when an agency is taken off-line, proper notice shall also be made to the County EMS Coordinate and appropriate elected official(s) for the area(s) serviced by the agency to ensure proper planning during the service’s absence.</p> <p>“Off-line” means an agency or provider is restricted from performing procedures, treatments, and therapies. Restrictions are defined as follows:</p> <ul style="list-style-type: none"> • “Full Restriction”: all care is restricted (may not provide care at any level). • “ALS Restriction”: skills beyond the BLS level are restricted (may still provide basic level care) • “Partial Restriction”: restricts an individual skill or procedure, and/or removes standing orders (requires contact with Medical Control and receive specific on-line orders to perform procedures, treatments, and therapies). <p>Agency Medical Directors may require additional requirements beyond this policy but may not alter the minimum requirements established in this policy.</p>
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	<p>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.</p>
<p>Procedure:</p>	<p>The agency shall ensure that each certified provider complete and sign the “WREMAC Provider Privilege Application” (ATTACHMENT 1) as follows:</p> <ol style="list-style-type: none"> a. Upon attaining initial certification, or b. Upon attaining certification at a new level, or c. Upon joining an agency as a currently certified provider, or d. Upon request from the program agency, Medical Director, or WREMAC. <p>The EMS agency shall ensure each provider maintains continuous certification with all didactic requirements (by level of care) and successfully demonstrates skill competency as set forth in this policy on an annual basis (all skills must be verified at least 1 time between the period of July 1 – June 30 each year). Providers with lapsed certifications/credentials and/or who do not successfully demonstrate skill competency shall be taken “off-line” by the agency and notice shall be provided to the EMS Program Agency.</p> <p>Skill competency shall be validated when any one of the following occurs:</p> <ol style="list-style-type: none"> 1. Successfully demonstrate the skill in the presence of a WREMAC Skill Preceptor, Medical Director (or designee) during simulation; or 2. Medical Director approved documentation of successful performance of the skill during patient care; or 3. Attend Medical Director (or designee) approved training on the skill. <p>Designated skill preceptors must meet WREMAC Skill Preceptor Qualifications as outlined in the position description (attached), complete the WREMAC Skill Preceptor Course, complete any required updates, be in good standing with all WREMAC policies, and not have any restrictions imposed by the WREMAC or Medical Director. All preceptors are registered with the EMS Program Agency and will be posted to the WREMAC Website.</p> <p>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 written verification of competency to each requesting agency.</p> <p>By August 1st of each year, all agencies shall submit a list of on-line providers, in a format acceptable to the EMS Program Agency. Agencies are encouraged to have each of its providers complete a “WREMAC Provider Privilege Application” annually. Agencies that do not submit the required information to the EMS Program Agency by August 1st will be taken “off-line” (as described in paragraph 3 on page 1 of this policy), will not be authorized to provide EMS, and will be subject to a hearing review by the WREMAC.</p>

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.lpccnems.org

Director: Charlotte Crawford

ccrawford@lakeplains.org

**Wyoming & Erie Counties
Office of Prehospital Care**

462 Grider Street

Buffalo, New York 14215

Phone: 716-898-3600

Fax: 716-898-5988

www.ubmdems.com

Director: Scott Wander

srwander@buffalo.edu

**Chautauqua, Cattaraugus, & Allegany Counties
Southern Tier EMS (STEMS)**

150 North Union Street

Olean, New York 14760

Phone: 716-372-0614

Fax: 716-372-5217

www.sthcs.org

Director: Donna Kahm

dkahm@sthcs.org

Credentialing Courses

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 the **Bureau of EMS Policy #11-07: Required CPR Testing**. In general, CPR courses intended for healthcare providers that issue completion cards meet this requirement, so long as there is an included skills verification session. CPR training courses must meet the current American Heart Association Guidelines for Emergency Cardiac Care.

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

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.

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

* 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).

	CFR	EMT	AEMT	EMT-CC	EMT-P
AED	X	X	X		
BLS Naloxone	X*	X*			
Epi-Pen	X*	X*	X		
Nebulized Albuterol		X*			
Blood Glucose Monitoring		X*	X	X	X
BLS EKG Acquisition		X*	X*		
IM Syringe Epi		X*			
CPAP		X*			
IV w/ Trap (Adult and Ped)			X	X	X
IO (adult and pediatric)			X*	X	X
EJ Cannulation			X*	X	X
ET Intubation (adult)			X	X	X
Rescue Airways (Kings, etc)			X	X	X
CPAP			X*	X*	X
IM Syringe Epi			X*		
IV Bolus Medication			X	X	X
Subcutaneous/IM Injection			X	X	X
Nebulized Medication				X	X
Manula Debrillation				X	X
Lead II Cardiac Monitoring				X	X
12-lead monitoring				X	X
Synchronized cardioversion				X	X
External Pacing				X	X
Needle Thoracostomy				X	X
Surgical Cricothyrotomy					X*

WREMAC Provider Privileges Application

Provider: _____ Agency: _____
Last Name First Name Maiden Name or Alias

E-Mail Address: _____ Contact Number: () - _____

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

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: _____

