



**SOUTHWESTERN CONNECTICUT
EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

611 OLD POST ROAD FAIRFIELD, CONNECTICUT 06430 (203) 255-4411

**GUIDELINES FOR THE USE OF CARDIAC DEFIBRILLATORS
BY MRT/EMT-D PERSONNEL AND SERVICES**

I. PERSONNEL

- A. Cardiac defibrillation is to be performed only by those EMTs and MRTs who have been properly trained in a course recognized by the region and who have demonstrated their knowledge and skills, and hold a current medical identity number.
- B. In order to perform cardiac defibrillation, the MRT/EMT must be active with a service that is recognized by the region and has been authorized by the Office of Emergency Medical Services to provide MRT/EMT-D service.
- C. **Cardiac defibrillation** is to be practiced regularly and the MRT/EMT shall demonstrate his/her ability to the sponsor hospital medical director or his/her designee every 24 months in an appropriate written and practical refresher exam.

MRTs/EMTs using an AED must also demonstrate proficiency annually to the sponsor hospital medical director or his/her designee. (More frequent practice sessions may be required by the sponsor hospital.)

For EMTs using a manual defibrillator, a minimum of two hours of didactic training is required annually. (Frequent practice sessions may be required by the sponsor hospital.)

II. SERVICES

- A. An MRT-D service must have:
 - 1. At least one defibrillator, and two sets of charged batteries available at all times. The service must have access to a



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replacement defibrillator in the event that the primary unit becomes inoperable.

2. Have the ability to respond to EMS calls with a two-way radio, compatible with the First Responder service Dispatcher. The dispatcher must have the ability to coordinate with the Paramedic responder service.
- B. An EMT-D service must have:
1. At least one defibrillator, and two sets of charged batteries available at all times. The service must have access to a replacement defibrillator in the event that the primary unit becomes inoperable.
 2. Direct ambulance-to-hospital voice capability by radio and be part of the regional emergency medical communications system.
- C. Each service must be able to offer MRT/EMT-D service 100 percent of the time on a first-call basis and 80 percent in aggregate for secondary calls.
- D. Each service is to have a Medical Director (the Sponsor Hospital Medical Director or his/her designee) and Director of Training who shall agree to be responsible for ongoing inservice training, including the device, and for remedying any problems brought to his/her attention by the emergency department director at any controlling hospital.
- E. Defibrillators will only be used under the direction of a medical control physician, according to regional guidelines, and in accordance with approved standing orders, where appropriate.
- F. MRT/EMT-D providers must work with paramedics as a part of a tiered response system. An MRT/EMT-D service must have a formal agreement with a paramedic service to assure rapid paramedic assistance at a scene requiring paramedic level care.

III. TRAINING PROGRAMS



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- A. An EMS-I or physician must be designated lead instructor. The lead instructor must be approved by a sponsor hospital medical director. An EMS-I serving as lead instructor must be regionally trained and/or approved in defibrillation. The medical director is responsible for course content.
- B. A course T-1 must be submitted to the regional office for approval at least 30 days prior to the class start date.

If initial AED training is to be included in an initial or refresher MRT or EMT training course, it must cover the AED training program outline—see page 3, Section E. The AED module must also be recorded on the appropriate T-I and signed by the sponsor hospital medical director.

Post Course: The lead instructor must submit **a roster or** application for medical control authorization and post-course **student** evaluations to the regional office as required by the Medical Advisory Committee and Executive Board.

- C. In order to enroll in an EMT-D program utilizing manual defibrillators, a person must be certified as an EMT for one year and be active with a service no less than one year or be able to document 75 nonscheduled calls. There is no exception to this requirement.
- D. There is no minimum requirement to enroll in an MRT/EMT-D program utilizing an AED. The applicant must, however, hold valid MRT or EMT certification.
- E. **Initial AED MRT/EMT-D training programs** will be scheduled for no less than 6 hours (3 hours of MRT/EMT-D material and 3 hours of BLS-ALS skills integration.)



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MRT/EMT-D Component:

1. Course overview.
2. History of the MRT/EMT-D and responsibilities.
3. Sudden cardiac death.
4. Cardiac anatomy and physiology. (Cardiac rhythms are optional for programs utilizing semiautomatic defibrillators.)
5. Documentation.
6. Treatment protocols and standing orders.
7. Recertification requirements.

BLS-ALS Skills Integration Component:

1. Airway care.
2. Scene management.
3. Paramedic interface.
4. Hospital communications.
5. Scenarios and skill practice.

NOTE: Students successfully completing the initial AED training program as part of an approved initial or refresher EMT or MRT course and working for a service authorized at that level, will not be required to take additional training. Students must, however, demonstrate proficiency to the sponsor hospital medical director or his/her designee for medical control authorization.

- D. **Manual EMT-D training programs** will be scheduled for no less than 12 hours (6 hours of EMT-D material and 6 hours of BLS-ALS skills integration.)

Manual EMT-D component:

1. Course overview.
2. History of the EMT-D and responsibilities.
3. Sudden cardiac death.
4. Cardiac anatomy and physiology.



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5. The ECG and cardiac rhythms including: normal sinus rhythm, ventricular fibrillation, wide QRS tachycardia, and asystole.
6. Defibrillation - components, principles, and concept.
7. Treatment protocols and standing orders.
8. Documentation.
9. Recertification requirements and regional guidelines.

BLS-ALS Skills Integration Component:

1. Airway care.
2. Scene management.
3. Paramedic interface.
4. Hospital communications.
5. Scenarios and skill practice.

IV. TREATMENT GUIDELINES:

See "Guidelines for Cardiac Defibrillation by MRT/EMT-D personnel."

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