

EMS Certification Requirements for Flight Nurses

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Introduction: Emergency medical technician (EMT) or paramedic (EMTP) certification requirements for flight nurses (FNs) providing on-scene patient care vary. We surveyed those requirements and evaluated the relationships between flight team composition or program location and FN EMS certification.

Methods: Telephone survey of all 184 rotor-wing programs responding with a nurse to scenes

Results: The overall EMS training requirement for FNs was: none—57.6%, EMT—21.7%, EMTP—14.7%, local credential (not EMT or EMTP)—6.0%. Second team members were EMTP, RN, physician, or respiratory therapist (RRT). Overall, team configuration related significantly to FN EMS certification ($P = .01$). FN/EMTP and FN/RRT teams were individually significant ($P < .01$), with FN/EMTP teams tending not to require certification and all FN/RRT teams tending toward a certification requirement. Neither FN/FN nor FN/physician pairings related significantly with FN EMS certification requirements. Regional patterns emerged to both crew configuration and FN EMS certification requirements.

Conclusion: Most flight programs do not require FN EMT/EMTP certification. Team configuration and geography are related to those requirements.

Introduction

Flight nurses (FNs) are the primary care provider on most air medical transport teams, present on 97% of rotor-wing or fixed-wing teams.¹ Although nurses have provided out-of-hospital care for many years, there are widely different approaches to the training that FNs are required to have. In particular, variability arises because FNs provide care on both scene and interfacility requests.² Both state boards of nursing and state emergency medical services (EMS) agencies often regulate prehospital nursing practice. Some states require that the nurse have a recognized prehospital provider credential.^{3,4} Flight programs also have variable requirements about requiring FNs to have an EMS credential.

In this survey, we attempted to evaluate the current industry practices regarding FN EMS credentialing and to determine whether that requirement was affected by flight team composition or program location.

Methods

Rotor-wing flight programs were identified through the Association of Air Medical Services (AAMS) directory, the *Air Medical Journal* annual survey, and Internet resources.⁵⁻⁷ Each program identified was contacted by telephone to select those that respond to scene flight requests with at least 1 nurse crewmember. A total of 184 qualifying programs were identified, and survey information was obtained by telephone for each of those programs. Relationships were evaluated with descriptive and nonparametric statistics.

Results

The survey first yielded a description of flight team composition. The most common team configuration was an FN partnered with a paramedic (EMTP), representing 85.9% (158/184) of teams. Other patterns were FN/FN—7.6% (14/184), FN/physician—4.3% (8/184), and FN/respiratory therapist (RRT)—2.2% (4/184).

Statistically significant differences arose in team composition among the 6 AAMS regions (Figure 1) in the United States (chi-square test, $P < .05$). FN/EMTP teams were the most common in each region, ranging from 76.2% to 95.8%. The range of FN/FN teams was from 2.9 to 14.3%, with the lowest in region 3, where it tied with FN/RRT for the least common configuration. In that region, FN/physician was the second most common at 17.1%. Only 2 of the 6 regions had FN/physician teams (Figure 2).

More than half of FNs, 57.6% (106/184), were not required to have either an emergency medical technician (EMT)

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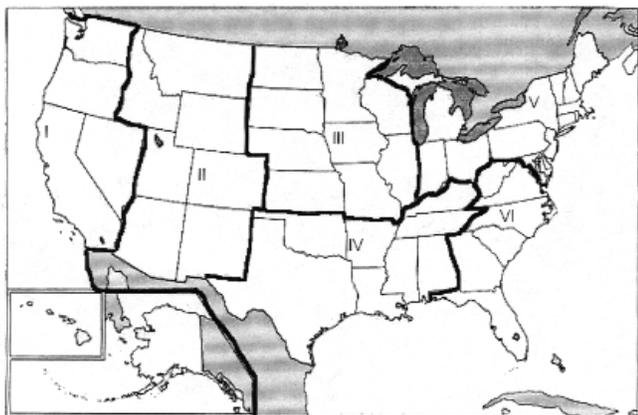
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Table 1

CERTIFICATION REQUIREMENTS GROUPED BY TEAM CONFIGURATION

| Crew Configuration | Certification Requirement | | | Total |
|--------------------|---------------------------|------------|-------------|-------|
| | EMTP | EMT | None/Other | |
| FN/EMTP | 21 (13.3%) | 30 (19.0%) | 107 (67.7%) | 158 |
| FN/FN | 3 (21.4%) | 5 (35.7%) | 6 (42.9%) | 14 |
| FN/Physician | 1 (12.5%) | 3 (37.5%) | 5 (50%) | 8 |
| FN/RRT | 2 (50%) | 2 (50%) | 0 | 4 |
| All flight teams | 27 (14.7%) | 40 (21.7%) | 117 (63.6%) | 184 |

Figure 1. Association of Air Medical Services Regions



or EMTP certification. Of those who were, 21.7% (40/184) were required to be certified as an EMT, 14.7% (27/184) as an EMTP, and 6.0% (11/184) as a mobile intensive care nurse or prehospital registered nurse. No standard national curriculum exists for either the mobile intensive care nurse or prehospital registered nurse certifications, although local curricula exist. These certifications were reported only in AAMS regions 1 and 5. For the data analysis, only national certifications were considered, so local credentials were not counted as an EMS requirement.

Certification requirements were grouped by team configuration as shown in Table 1. Relationships between team composition and nurse EMS certification requirements were evaluated with a chi-square test. The overall relationship between team configuration and a requirement for the nurse to have either an EMT or EMTP certification was significant ($P = .01$).

Fisher's exact test with a Bonferroni correction was used to compare the training requirement by individual team configuration styles. Both FN/EMTP and FN/RRT pairs were individually significant ($P < .01$ for each). For FN/EMTP teams, the tendency was *not* to require certification, as only 32.3% of these teams do so (19.0% EMT and 13.3% EMTP). Conversely, all FN/RRT teams require certification (50% EMT and 50% EMTP). Neither FN/FN nor FN/physician team composition significantly related to an EMS certification requirement for the FN.

Training requirements also varied by AAMS region (Chi square test, $P < .01$). In the generally western regions 1, 2,

and 3, FNs were required to have an EMS certification by fewer than 22% of programs, compared with more than 42% in the remainder of the country. The highest frequency of an EMS training requirement for FNs was 69% in region 4, the only region where the certification was required for greater than half of programs (Figure 3). The regional EMS training requirements did not correlate with the regional distribution of FN/EMTP programs.

Discussion

There are no published comparisons of out-of-hospital care between nurses with and without EMS credentials. A comparison of FN/FN and FN/EMTP teams found no difference in patient outcomes but did not evaluate the impact of FN EMS credentials.⁸ The regional distribution of such requirements suggests a social component to the regulation, but there is no reported support of that theory.

The national standard curriculum for EMT courses is 110 hours, and the standard EMTP course is more than 1000 hours.^{9,10} Anecdotally, this additional training requirement represents an important entry barrier to flight nursing practice in some areas.

The Air and Surface Transport Nurses Association³ and the Emergency Nurses Association⁴ share an official position that "recognizes that EMS personnel possess a specialized body of knowledge and skills ... (and) recognize(s) the need for collaboration and communication with EMS agencies regarding all aspects of the prehospital role" but states that "qualified nurses practicing in the prehospital environment should not be required to certify as emergency or flight medical technicians, at any level, before assuming a nursing role in the prehospital environment, provided that they have obtained the appropriate knowledge and demonstrated skill proficiency unique to the delivery of prehospital care and are not designated as first responders or provide search and rescue."^{3,4} We could not find other position statements on this topic.

Conclusion

Most FNs are not required to have a national standard EMS certification. Crew configuration and geography affect the requirement for that certification. FN/EMTP flight teams are the most common and tend not require EMS certification for the nurse. FN/RRT teams are the least common and tend toward a certification requirement. Programs in the AAMS regions 4, 5,

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