

EMERGENCY
MEDICAL
SERVICES

NATIONAL
EMS
EDUCATION
STANDARDS

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The National EMS Education Standards Table of Contents

Executive Summary	3
Introduction	3
Historical Development of EMS in the United States	6
The National EMS Education Standards	11
National EMS Education Standards	14
Preparatory	15
EMS Systems	15
Research	15
Workforce Safety and Wellness	16
Documentation	16
EMS System Communication	16
Therapeutic Communication	17
Medical/Legal and Ethics	18
Anatomy and Physiology	18
Medical Terminology	19
Pathophysiology	19
Life Span Development	19
Public Health	19
Pharmacology	20
Principles of Pharmacology	20
Medication Administration	21
Emergency Medications	21
Airway Management, Respirations and Artificial Ventilation	22
Airway Management	22
Respiration	23
Artificial Ventilation	23
Assessment	24
Scene Size Up	24
Primary Assessment	25
History Taking	25
Secondary Assessment	25
Monitoring Devices	26
Reassessment	26

Medicine	26
Medical Overview	26
Neurology	27
Abdominal and Gastrointestinal Disorders	28
Immunology	29
Infectious Diseases	30
Endocrine Disorders	31
Psychiatric	32
Cardiovascular	33
Toxicology	34
Respiratory	35
Hematology	36
Genitourinary/Renal	37
Gynecology	38
Non-Traumatic Musculoskeletal Disorders	38
Diseases of the Eyes, ears, Nose, and Throat	39
Shock and Resuscitation	39
Trauma	39
Trauma Overview	40
Bleeding	40
Chest Trauma	41
Abdominal and Genitourinary Trauma	42
Orthopedic Trauma	42
Soft Tissue Trauma	43
Head, facial, Neck, and Spine Trauma	44
Environmental Emergencies	44
Multi-System Trauma	45
Special Patient Populations	46
Obstetrics	47
Neonatal care	48
Pediatrics	49
Geriatrics	50
Patients with Special Challenges	51
EMS Operations	51
Principles of safely Operating a Ground Ambulance	51
Incident Management	51
Multiple Casualty Incidents	52
Air Medical	52
Vehicle Extrication	52
Hazardous Materials	52
Terrorism and Disaster	53

Clinical Behavior/Judgment	54
Assessment	54
Therapeutic Communication and Cultural Competency	54
Psychomotor Skills	55
Professionalism	56
Decision Making	56
Record Keeping	56
Patient Complaints	57
Scene Leadership	57
Scene Safety	58
Educational Infrastructure	59
Educational Facilities	59
Student Space	59
Instructional Resources	59
Instructor Reparation Resources	59
Storage Space	59
Sponsorship	60
Programmatic Approval	60
Faculty	60
Medical Director Oversight	60
Hospital/Clinical Experience	60
Field Experience	62
Course Length	62
Course Design	62
Student Assessment	62
Program Evaluation	63
Instructional Guidelines	64
Glossary for Education Standards	65
References	69
Acknowledgements	70

Executive Summary

The *National EMS Education Standards* (the *Standards*) represent another step toward realizing the vision of the *1996 EMS Agenda for the Future*, as articulated in the *2000 EMS Education Agenda for the Future: A Systems Approach*.

The *National EMS Education Standards* outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the *National EMS Scope of Practice Model*. Although educational programs must adhere to the *Standards*, its format will allow diverse implementation methods to meet local needs and evolving educational practices. The less prescriptive format of the *Standards* will also allow for ongoing revision of content consistent with scientific evidence and community standards of care.

In implementing the *Standards*, EMS instructors and educational programs will have the freedom to develop their own curricula or use any of the wide variety of publishers' lesson plans and instructional resources that are available at each licensure level.

Consistent with the EMS Education Agenda, EMS accreditation authorities will use the *Standards* as the framework for evaluation of program curricula.

The *National EMS Education Standards* are not a stand-alone document. EMS education programs will incorporate each element of the education system proposed in the *Education Agenda*. These elements include:

- National EMS Core Content
- National EMS Scope of Practice
- National EMS Education Standards
- National EMS Certification
- National EMS Program Accreditation

This integrated system is essential to achieving the goals of program efficiency, consistency of instructional quality, and student competence as outlined in the *Education Agenda*.

Introduction

As a profession, EMS is still in its early developmental stages. The formal progression of an organized civilian EMS system began in the 1960s and continues to evolve as we further define and enhance our structure, oversight, and organization.

As EMS system operations have developed, so has EMS education. In the early 1970s, registered nurses and physicians taught most EMS programs. Few student and instructor resources related directly to prehospital emergency care. No standards existed to define practice and there was no clear delineation of scopes of practice in EMS.

Historical Development of EMS in the United States

Table 1 outlines key events in the development of EMS in the United States from the 1950s to the present.

Table 1: Historical Development of EMS		
Year(s)	Event/Organization	Result
1950s	American College of Surgeons	Developed the first training program for ambulance attendants
1960	President’s Committee for Traffic Safety	Recognized the need to address “Health, Medical Care and Transportation of the Injured” to reduce traffic fatalities
1966	National Academy of Science published <i>Accidental Death and Disability: The Neglected Disease of Modern Society (The White Paper)</i>	Quantified the scope of traffic-related death in U.S. Described the deficiencies in prehospital care in this country, including: <ul style="list-style-type: none"> ▪ Call for ambulance standards ▪ State-level policies and regulations ▪ Recommendation to adopt methods for providing consistent ambulance services at the local level
1966	Highway Safety Act of 1966	Required each state to adopt highway safety programs to comply with federal standards (including “emergency services”) Impetus for NHTSA leadership in EMS: <ul style="list-style-type: none"> ▪ Directed writing of National Standard Curricula ▪ Provided funding to states to develop State EMS Offices ▪ Took leadership role in EMS system development, including developing model EMS state legislation
1970s	Robert Wood Johnson Foundation and Federal Government	Funded regional EMS systems and demonstration projects
1970s	Crash Injury Management for the Law Enforcement Officer published by NHTSA	40-hour program that evolved into First Responder: NSC in 1979
1970	National Registry of EMTs (NREMT)	Held first board meeting, with goal to provide uniform standards for credentialing ambulance attendants.
1971	<i>Emergency Care and Transportation of the</i>	One of the first EMS textbooks

	<i>Sick and Injured</i> published by the American Academy of Orthopedic Surgeons (AAOS)	
1973	Emergency Medical Services Act of 1973 enacted by Congress as Title XII of the Public Health Services Act	Over \$300 million in funding for EMS over 8 years: <ul style="list-style-type: none"> ▪ Allowed for EMS system planning and implementation ▪ Required states to focus on EMS personnel and training ▪ Resulted in legislation and regulation of EMS personnel levels
1975	American Medical Association (AMA)	Recognized EMT-Paramedic as an allied health occupation
1977	National Standard Curriculum for EMT-Paramedic published by NHTSA	15 instructional modules
1978	The Essentials for Paramedic Program Accreditation developed by AMA	Joint Review Committee on Education Programs for the EMT-Paramedic (JRCEMT-P) adopted The Essentials as the standard for accreditation
1985	First Responder, EMT-Ambulance, EMT-Intermediate, and EMT-Paramedic: NSC revised by NHTSA	EMT-Paramedic reformatted into six divisions
1990	NHTSA hosts EMS Training Workshop	This workshop facilitated the development of the 90's curricula and introduced the assessment based education concept.
1992	EMS Education and Practice Blueprint.	This document served as a template for the revised format of the 90's NSC revision projects.
1992	Initiated EMS Agenda for the Future	Funded by NHTSA, Maternal and Child Health Bureau (MCHB), and Health Resources and Services Administration (HRSA)
1994	NREMT Practice Analysis	Conducted practice analysis of EMTs and paramedics: <ul style="list-style-type: none"> ▪ Determined importance of EMS actions based on assessment of frequency and potential for harm ▪ Provided foundation for NREMT test blueprint
1994	EMT-Ambulance	

	revised and renamed EMT-Basic: NSC	
1995	First Responder: NSC is revised	
1996	<i>EMS Agenda for the Future</i> is created by the National Association of EMS Physicians and National Association of State EMS Directors	Vision statement for integration of EMS into the health care system and funded by NHTSA and Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), EMSC Program
1998	PEW Health Professions Commission Taskforce on Health Care Workforce Regulation published <i>Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation</i>	Recommended: <ul style="list-style-type: none"> ▪ National Policy Advisory Board to establish standards and model legislative language for uniform scope of practice authority for health professions ▪ Emphasis on states' responsibility to enact uniform scope of practice consistent with the recommendations of the National Policy Advisory Board.
1998	EMT-Paramedic: NSC revised	
1999	EMT-Intermediate: NSC revised	
2000	<i>Education Agenda for the Future: A Systems Approach</i> published by NHTSA	Funded by NHTSA and HRSA. Designed to develop an integrated system of EMS regulation, certification, and licensure.
2004	<i>2004 National EMS Practice Analysis</i> published by NREMT	Updates the 1994 Practice Analysis
2005	<i>National EMS Core Content</i> published by NHTSA and HRSA	Defines: <ul style="list-style-type: none"> ▪ Domain of knowledge of EMS personnel described within the <i>National EMS Scope of Practice</i> ▪ Universal knowledge and skills of EMS personnel
2005	<i>The State of EMS Education EMS Research Project: Characteristics of EMS Educators</i> by Ruple, et al. In <i>Prehospital Emergency Care</i>	Research related to: <ul style="list-style-type: none"> ▪ Identifying characteristics of EMS instructors ▪ Describing infrastructure available to instructors Identifying instructor attributes necessary for implementing education standards

2006	<i>EMS at the Crossroads</i> Institute of Medicine Report	Recommendations related to <i>EMS Education Agenda</i> : <ul style="list-style-type: none"> ▪ State governments should adopt a common scope of practice for EMS personnel, with state licensing reciprocity ▪ States should require national accreditation of paramedic programs States should accept national certification as a prerequisite for state licensure and local credentialing of EMS providers
2007	<i>National EMS Scope of Practice</i> published by NHTSA	National guideline to define levels of EMS licensure: <ul style="list-style-type: none"> ▪ Guide state legislation ▪ Promote reciprocity between states ▪ Clarify EMS roles for the community

In August 1996, the *EMS Agenda for the Future* (the *Agenda*) was published. This consensus document was developed with funding from the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA). The National Association of EMS Physicians (NAEMSP) and the National Association of State EMS Directors (NASEMSD) led this process, which involved many stakeholders.

The *Agenda* document was designed to guide government and private organizations in EMS planning, development, and policy-making at the national, state, and local levels. It addressed 14 attributes of EMS, including the EMS education system. The *Agenda* defined a vision for the future of EMS education that “employs sound educational principles,” “based on research,” and “conducted by qualified instructors.” In December of that year, representatives of 30 EMS-related organizations met at an EMS Education Conference sponsored by NHTSA to identify the necessary steps for implementing that vision.

The outcome of the EMS Education Conference was summarized in the *EMS Education Agenda for the Future: A Systems Approach*. This document included the following recommendations:

- The *National EMS Education and Practice Blueprint* (the *Blueprint*) is a valuable component of the EMS education system. A multidisciplinary panel, led by NHTSA, to more explicitly identify core educational content for each licensure level, should revise it.
- National EMS education standards are necessary, but need not include specific declarative material or lesson plans. NHTSA should support and facilitate the development of national EMS education standards.

- The *Blueprint* and national EMS education standards should be revised periodically, with major revisions occurring every 5 to 7 years, and minor updates made every 2 to 3 years.

In 1998, NHTSA convened a Blueprint Modeling Group to revise the *Blueprint*. That group determined that the *Blueprint* represented only one component of a comprehensive EMS education system, so they redefined its mission, and the group was renamed the EMS Education Task Force. The Task Force produced a document entitled the *EMS Education Agenda for the Future: A Systems Approach* (the *Education Agenda*).

The EMS education system envisioned in the *EMS Agenda for the Future* was further defined and articulated into the model shown in Figure 1 in the *Education Agenda*. This document states that, to be most effective, each component in the EMS education system should be structured, coordinated, and interdependent.

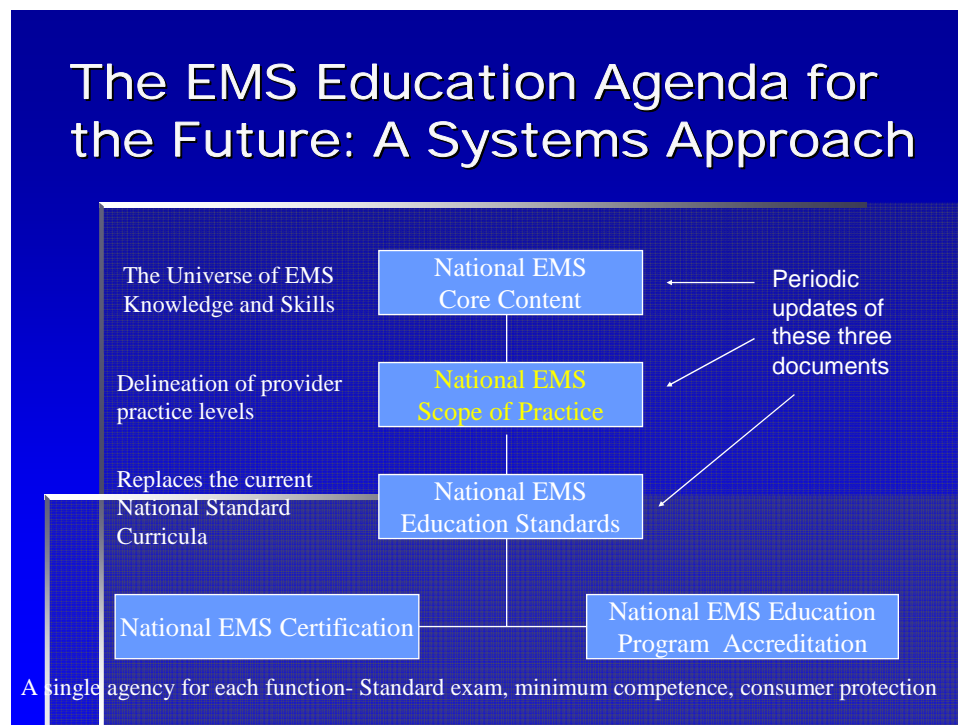


Figure 1: Model EMS System

The *National EMS Core Content* was published in 2005. Core Content defines the entire domain of out-of-hospital practice and identifies the universal body of knowledge and skills for EMS providers who do not function as independent practitioners. Funded by NHTSA and HRSA, this project was led by the National Association of EMS Physicians and the American College of Emergency Physicians.

The *National EMS Scope of Practice Model (Scope of Practice)* is a consensus document that was published in 2006. This document defines the levels of EMS personnel and delineates the practices and minimum competencies for each level of EMS personnel.

The *Scope of Practice* does not have regulatory authority, but provides guidance to States. Adherence to the *Scope of Practice* would increase uniformity in EMS practice throughout this country and facilitate reciprocity between states. Leadership for this project was delegated to the National Association of State EMS Officials and funded by NHTSA and HRSA.

The *Scope of Practice* describes four levels of EMS personnel licensure: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic. The *Scope of Practice* further defines practice, suggests minimum educational preparation, and designates appropriate psychomotor skills at each level of licensure. Further, the document describes each level of licensure as distinct and distinguished by unique “skills, practice environment, knowledge, qualifications, services provided, risk, level of supervisory responsibility, and amount of autonomy and judgment/critical thinking/decision-making.”

The *National EMS Education Standards* (the *Standards*), led by the National Association of EMS Educators, replace the NHTSA National Standard Curricula at all licensure levels. The *Standards* define the competencies, clinical behaviors, and judgments that must be met by entry-level EMS personnel to meet practice guidelines defined in the *National EMS Scope of Practice Model*. Content and concepts defined in the *National EMS Core Content* are also integrated within the *Standards*.

National EMS Certification (Certification) and National EMS Education Program Accreditation (Accreditation) are the “bookends” that support the other key elements of the system. The Education Agenda recommends an individual must graduate from a nationally accredited EMS education program to be eligible for National EMS Certification. This recommendation was also supported by the Institute of Medicine report - *The Future of Emergency Care: EMS at the Crossroads*. Essential components of the EMS Agenda include a single National EMS Accreditation Agency and a single National EMS Certification Agency to ensure consistency and quality of EMS personnel.

The National EMS Education Standards

The *National EMS Education Standards* (the *Standards*) comprise four components (Table 2):

1. Competency (designated in yellow) - This statement represents the minimum competency required for entry-level personnel at each licensure level.
2. Knowledge Required to Achieve Competency (designated in blue) - This represents an elaboration of the knowledge within each competency (when appropriate) that entry-level personnel would need to master in order to achieve competency.
3. Clinical Behaviors/Judgments (designated in green) - This section describes the clinical behaviors and judgments essential for entry-level EMS personnel at each licensure level.
4. Educational Infrastructure (designated in white) - This section describes the

support standards necessary for conducting EMS training programs at each licensure level.

Table 2: Format of National EMS Education Standards				
	EMR	EMT	AEMT	Paramedic
Content Area	Competency	Competency	Competency	Competency
Elaboration of Knowledge	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency
	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments
	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure

Each statement in the *Standards* presumes that the expected knowledge and behaviors are within the scope of practice for that EMS licensure level, as defined by the *National EMS Scope of Practice Model*. Each competency applies to patients of all ages, unless a specific age group is identified.

The *Standards* also assume there is a progression in practice from the Emergency Medical Responder level to the Paramedic level. That is, licensed personnel at each level are responsible for all knowledge, judgments, and behaviors at their level and at all levels preceding their level. For example, a Paramedic is responsible for knowing and doing everything identified in that specific area, as well as knowing and doing all tasks in the three preceding levels.

The descriptors used to illustrate the increasing complexity of knowledge and behaviors through the progression of licensure levels originate, in part, from the *National EMS Scope of Practice Model*. These terms reflect the differences in the breadth, depth, and actions required at each licensure level (Figure 2).

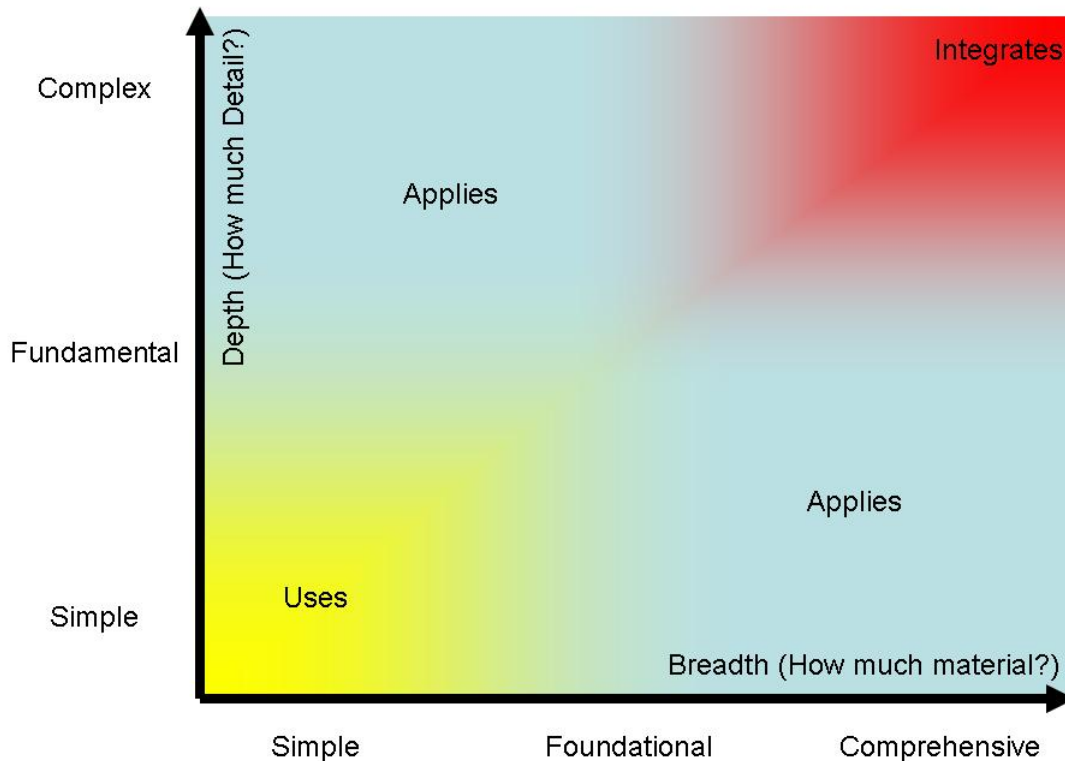


Figure 2: Terminology Graph

The *DEPTH* of knowledge is the amount of detail a student needs to know about a particular topic. The *BREADTH* of knowledge refers to the number of topics or issues a student needs to learn in a particular competency. For example, the Emergency Medical Responder needs to have a thorough understanding (*DEPTH*) about how to safely and effectively use the bag valve mask; however, the EMR is taught a limited number of concepts (*BREADTH*) surrounding management of a patient’s airway.

To describe the intended *DEPTH* of knowledge of a particular concept within a provider level, the Project Team uses the terms *simple*, *fundamental*, and *complex*. This terminology better illustrates the progression of the depth of knowledge from one particular level to another. For example, the EMR’s *depth* of knowledge for bleeding control is simple while the EMT’s *depth* of knowledge about bleeding control is fundamental.

To better describe the intended *BREADTH* of knowledge for the concepts and topics that need to be known within a given provider level, the Project Team uses the terms *simple*, *foundational*, and *comprehensive*. An illustration of this at the EMT level is when an EMT has a *comprehensive breadth* of knowledge about scene safety and a *foundational breadth* of knowledge about cardiovascular disorders. Obviously an EMT needs to know as much about scene safety as any other level; however, the EMT does not need to know as much about cardiovascular disorders as a Paramedic.

National EMS Education Standards Final Draft Version 1.1

From the National EMS Scope of Practice Model: EMS Personnel Licensure Levels

Emergency Medical Responder (EMR)

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher-level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

Emergency Medical Technician (EMT)

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Advanced Emergency Medical Technician (AEMT)

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Each educational level assumes mastery of previously stated competencies. Each individual must demonstrate each competency within his or her scope of practice and for patients of all ages.

	EMR	EMT	AEMT	Paramedic
Preparatory	Uses simple knowledge of the EMS system, safety/well being of the EMR, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies fundamental knowledge of the EMS system, safety/well being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies fundamental knowledge of the EMS system, safety/well being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Integrates comprehensive knowledge of EMS systems, the safety/well being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
EMS Systems	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement 	<p>EMR Material PLUS:</p> <p>Simple depth, foundational breadth</p> <ul style="list-style-type: none"> • EMS systems • History of EMS • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • Patient safety 	<p>EMT Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Quality improvement • Patient safety 	<p>AEMT Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • History of EMS <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • Patient safety
Research	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Impact of research on EMR care • Data collection 	<p>EMR Material PLUS:</p> <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Evidence-based decision making 	Same As Previous Level	<p>AEMT Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Research principles to interpret literature and advocate evidence-based practice

	EMR	EMT	AEMT	Paramedic
Workforce Safety and Wellness	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Standard safety precautions • Personal protective equipment • Stress management <ul style="list-style-type: none"> ○ Dealing with death and dying • Prevention of response-related injuries • Lifting and moving patients 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Standard safety precautions • Personal protective equipment • Stress management <ul style="list-style-type: none"> ○ Dealing with death and dying • Prevention of work related injuries • Lifting and moving patients • Disease transmission • Wellness principles 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Provider safety and well being • Standard safety precautions • Personal protective equipment • Stress management <ul style="list-style-type: none"> ○ Dealing with death and dying • Prevention of work related injuries • Lifting and moving patients • Disease transmission • Wellness principles
Documentation	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Recording patient findings 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Principles of medical documentation and report writing 	<p>EMT Material PLUS:</p> <p>Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Principles of medical documentation and report writing 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Principles of medical documentation and report writing
EMS System Communication	<p>Simple depth, simple breadth</p> <p>Communication needed to</p> <ul style="list-style-type: none"> • Call for Resources • Transfer care of the patient • Interact within the team structure 	<p>EMR Material PLUS:</p> <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • EMS communication system • Communication with other health care professionals • Team communication and dynamics 	<p>EMT Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • EMS communication system • Communication with other health care professionals • Team communication and dynamics 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • EMS communication system • Communication with other health care professionals • Team communication and dynamics

	EMR	EMT	AEMT	Paramedic
Therapeutic Communication	<p>Simple depth, simple breadth</p> <p>Principles of communicating with patients in a manner that achieves a positive relationship</p> <ul style="list-style-type: none"> • Interviewing techniques 	<p>EMR Material PLUS:</p> <p>Simple depth, simple breadth</p> <p>Principles of communicating with patients in a manner that achieves a positive relationship</p> <ul style="list-style-type: none"> • Adjusting communication strategies for age, stage of development, patients with special needs, and differing cultures <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Interviewing techniques • Verbal defusing strategies • Family presence issues 	<p>EMT Material PLUS:</p> <p>Simple depth, simple breadth</p> <p>Principles of communicating with patients in a manner that achieves a positive relationship</p> <ul style="list-style-type: none"> • Dealing with difficult patients 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <p>Principles of communicating with patients in a manner that achieves a positive relationship</p> <ul style="list-style-type: none"> • Factors that affect communication • Interviewing techniques • Dealing with difficult patients • Adjusting communication strategies for age, stage of development, patients with special needs, and differing cultures

<p>Medical/Legal and Ethics</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Consent/refusal of care • Confidentiality • Advanced directives • Tort and criminal actions • Evidence preservation • Statutory responsibilities • Mandatory reporting • Ethical principles/moral obligations • End of life issues 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Consent/refusal of care • Confidentiality • Advanced directives • Tort and criminal actions • Evidence preservation • Statutory responsibilities • Mandatory reporting • Ethical principles/moral obligations 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Consent/refusal of care • Confidentiality • Advanced directives • Tort and criminal actions • Statutory responsibilities • Mandatory reporting • Health care regulation • Patient rights/advocacy • End of Life Issues • Ethical principles/moral obligations • Ethical tests and decision making
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	EMR	EMT	AEMT	Paramedic
<p>Anatomy and Physiology</p>	<p>Uses simple knowledge of the anatomy and function of the upper airway, heart, vessels, blood, lungs, skin, muscles, and bones as the foundation of emergency care.</p>	<p>Applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.</p>	<p>Integrates complex knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS.</p>	<p>Integrates a complex depth and comprehensive breadth of knowledge of the anatomy and physiology of all human systems</p>

	EMR	EMT	AEMT	Paramedic
Medical Terminology	Uses simple medical and anatomical terms.	Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.	Same As Previous Level	Integrates comprehensive anatomical and medical terminology and abbreviations into the written and oral communication with colleagues and other health care professionals.

	EMR	EMT	AEMT	Paramedic
Pathophysiology	Uses simple knowledge of shock and respiratory compromise to respond to life threats.	Applies fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.	Applies comprehensive knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.	Integrates comprehensive knowledge of pathophysiology of major human systems.

	EMR	EMT	AEMT	Paramedic
Life Span Development	Uses simple knowledge of age-related differences to assess and care for patients.	Applies fundamental knowledge of life span development to patient assessment and management.	Same As Previous Level	Integrates comprehensive knowledge of life span development.

	EMR	EMT	AEMT	Paramedic
Public Health	Has an awareness of local public health resources and the role EMS personnel play in public health emergencies.	Uses simple knowledge of the principles of illness and injury prevention to emergency care.	Uses simple knowledge of the principles of the role of EMS during public health emergencies.	Applies fundamental knowledge of principles of public health and epidemiology including public health emergencies, health promotion, and illness and injury prevention.

	EMR	EMT	AEMT	Paramedic
Pharmacology	Uses simple knowledge of the medications that the EMR may self-administer or administer to a peer in an emergency.	Applies fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency.	Applies (to patient assessment and management) fundamental knowledge of the medications carried by AEMTs that may be administered to a patient during an emergency.	Integrates comprehensive knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.
Principles of Pharmacology	NA	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Medication safety • Kinds of medications used during an emergency 	<p>EMT Material PLUS:</p> <p>Fundamental depth, foundation breadth</p> <ul style="list-style-type: none"> • Medication safety • Medication legislation • Naming • Classifications • Storage and security • Autonomic pharmacology • Metabolism and excretion • Mechanism of action • Medication response relationships • Medication interactions • Toxicity 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • Medication safety • Medication legislation • Naming • Classifications • Schedules • Pharmacokinetics • Storage and security • Autonomic pharmacology • Metabolism and excretion • Mechanism of action • Phases of medication activity • Medication response relationships • Medication interactions • Toxicity

<p>Medication Administration</p>	<p>Simple depth, simple breadth Within the scope of practice of the EMR, how to</p> <ul style="list-style-type: none"> • Self-administer medication • Peer-administer medication 	<p>EMR Material PLUS: Fundamental depth, foundation breadth Within the scope of practice of the EMT how to</p> <ul style="list-style-type: none"> • Assist/administer medications to a patient 	<p>EMT Material PLUS: Fundamental depth, foundation breadth</p> <ul style="list-style-type: none"> • Routes of administration • Within the scope of practice of the AEMT, administer medications to a patient 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Routes of administration • Within the scope of practice of the paramedic, administer medications to a patient
<p>Emergency Medications</p>	<p>Simple depth, simple breadth Within the scope of practice of the EMR</p> <ul style="list-style-type: none"> • Names • Effects • Indications • Routes of administration • Dosages for the medications administered 	<p>EMR Material PLUS: Fundamental depth, simple breadth Within the scope of practice of the EMT</p> <ul style="list-style-type: none"> • Names • Actions • Indications • Contraindications • Complications • Routes of administration • Side effects • Interactions • Dosages for the medications administered 	<p>EMT Material PLUS: Fundamental depth, foundational breadth Within the scope of practice of the AEMT</p> <ul style="list-style-type: none"> • Names • Actions • Indications • Contraindications • Complications • Routes of administration • Side effects • Interactions • Dosages for the medications administered 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth Within the scope of practice of the paramedic</p> <ul style="list-style-type: none"> • Names • Actions • Indications • Contraindications • Complications • Routes of administration • Side effects • Interactions • Dosages for the medications administered

	EMR	EMT	AEMT	Paramedic
Airway Management, Respiration and Artificial Ventilation	Applies knowledge (fundamental depth, foundational breadth) of anatomy and physiology to assure a patent airway, adequate mechanical ventilation, and respiration while awaiting additional EMS response for patients of all ages.	Applies knowledge (fundamental depth, foundational breadth) of anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.	Applies knowledge (fundamental depth, foundational breadth) of upper airway anatomy and a physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.	Integrates complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
Airway Management	<p>Fundamental depth, simple breadth Within the scope of practice of the EMR</p> <ul style="list-style-type: none"> • Airway anatomy • Airway assessment • Techniques of assuring a patent airway 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth Within the scope of practice of the EMT</p> <ul style="list-style-type: none"> • Airway anatomy • Airway assessment • Techniques of assuring a patent airway 	<p>EMT Material PLUS:</p> <p>Fundamental depth, foundational breadth Within the scope of practice of the AEMT</p> <ul style="list-style-type: none"> • Airway anatomy • Airway assessment • Techniques of assuring a patent airway 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth Within the scope of practice of the paramedic</p> <ul style="list-style-type: none"> • Airway anatomy • Airway assessment • Techniques of assuring a patent airway

<p>Respiration</p>	<p>Fundamental depth, simple breadth</p> <ul style="list-style-type: none"> • Anatomy of the respiratory system • Physiology and pathophysiology of respiration <ul style="list-style-type: none"> ○ Pulmonary ventilation ○ Oxygenation ○ Respiration <ul style="list-style-type: none"> ▪ External ▪ Internal ▪ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Anatomy of the respiratory system • Physiology and pathophysiology of respiration <ul style="list-style-type: none"> ○ Pulmonary ventilation ○ Oxygenation ○ Respiration <ul style="list-style-type: none"> ▪ External ▪ Internal ▪ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy 	<p>EMT Material PLUS:</p> <p>Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Anatomy of the respiratory system <p>Fundamental depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Physiology and pathophysiology of respiration <ul style="list-style-type: none"> ○ Pulmonary ventilation ○ Oxygenation ○ Respiration <ul style="list-style-type: none"> ▪ External ▪ Internal ▪ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Anatomy of the respiratory system • Physiology, and pathophysiology of respiration <ul style="list-style-type: none"> ○ Pulmonary ventilation ○ Oxygenation ○ Respiration <ul style="list-style-type: none"> ▪ External ▪ Internal ▪ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy
<p>Artificial Ventilation</p>	<p>Fundamental depth, simple breadth</p> <p>Assessment and management of adequate and inadequate ventilation</p> <ul style="list-style-type: none"> • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Assessment and management of adequate and inadequate ventilation</p> <ul style="list-style-type: none"> • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output 	<p>EMT Material PLUS:</p> <p>Complex depth, foundational breadth</p> <p>Assessment and management of adequate and inadequate ventilation</p> <ul style="list-style-type: none"> • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <p>Assessment and management of adequate and inadequate ventilation</p> <ul style="list-style-type: none"> • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output

	EMR	EMT	AEMT	Paramedic
Assessment	Use scene information and simple patient assessment findings to identify and manage immediate life threats and injuries within the scope of practice of the EMR.	Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history, and reassessment) to guide emergency management.	Same As Previous Level	Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
Scene Size Up	<p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Scene safety <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Scene management <ul style="list-style-type: none"> ○ Impact of the environment on patient care ○ Addressing hazards ○ Violence ○ Need for additional or specialized resources ○ Standard precautions 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Scene management <ul style="list-style-type: none"> ○ Multiple patient situations 	<ul style="list-style-type: none"> • SAPL 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Scene management <ul style="list-style-type: none"> ○ Impact of the environment on patient care ○ Addressing hazards ○ Violence ○ Multiple patient situations

<p>Primary Assessment</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Primary assessment for all patient situations <ul style="list-style-type: none"> ○ Level of consciousness ○ ABCs ○ Identifying life threats ○ Assessment of vital functions • Begin interventions needed to preserve life 	<p>EMR Material PLUS: Fundamental depth, simple breadth</p> <ul style="list-style-type: none"> • Primary assessment for all patient situations <ul style="list-style-type: none"> ○ Initial general impression ○ Level of consciousness ○ ABCs ○ Identifying life threats ○ Assessment of vital functions • Integration of treatment/procedures needed to preserve life 	<p>EMT Material PLUS: Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Primary assessment for all patient situations <ul style="list-style-type: none"> ○ Initial general impression ○ Level of consciousness ○ ABCs ○ Identifying life threats ○ Assessment of vital functions • Integration of treatment/procedures needed to preserve life 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Primary assessment for all patient situations <ul style="list-style-type: none"> ○ Initial general impression ○ Level of consciousness ○ ABCs ○ Identifying life threats ○ Assessment of vital functions • Integration of treatment/procedures needed to preserve life
<p>History Taking</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Determining the chief complaint • Mechanism of injury/nature of illness • Associated signs and symptoms 	<p>EMR Material PLUS: Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Investigation of the chief complaint • Mechanism of injury/nature of illness • Past medical history • Associated signs and symptoms • Pertinent negatives 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS: Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Components of the patient history • Interviewing techniques • How to integrate therapeutic communication techniques and adapt the line of inquiry based on findings and presentation
<p>Secondary Assessment</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Performing a rapid full body scan • Focused assessment of pain • Assessment of vital signs 	<p>EMR Material PLUS: Fundamental depth, foundational breadth</p> <p>Techniques of physical examination</p> <ul style="list-style-type: none"> • Respiratory system <ul style="list-style-type: none"> ○ Presence of breath sounds • Cardiovascular system • Neurological system • Musculoskeletal system • All anatomical regions 	<p>EMT Material PLUS: Complex depth, foundational breadth</p> <p>Assessment of</p> <ul style="list-style-type: none"> • Lung sounds 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth</p> <p>Techniques of physical examination for all major</p> <ul style="list-style-type: none"> • Body systems • Anatomical regions

Monitoring Devices	NA	Simple depth, simple breadth Within the scope of practice of the EMT <ul style="list-style-type: none"> Obtaining and using information from patient monitoring devices including (but not limited to) <ul style="list-style-type: none"> Pulse oximetry Non-invasive blood pressure 	EMT Material PLUS: Within the scope of practice of the AEMT Simple depth, simple breadth <ul style="list-style-type: none"> Obtaining and using information from patient monitoring devices including (but not limited to) <ul style="list-style-type: none"> Blood glucose determination 	AEMT Material PLUS: Fundamental depth, foundational breadth Within the scope of practice of the paramedic <ul style="list-style-type: none"> Obtaining and using information from patient monitoring devices including (but not limited to): <ul style="list-style-type: none"> Continuous ECG monitoring 12 lead ECG interpretation Carbon dioxide monitoring Basic blood chemistry
Reassessment	Simple depth, simple breadth <ul style="list-style-type: none"> How and when to reassess patients 	EMR Material PLUS: Fundamental depth, foundational breadth <ul style="list-style-type: none"> how and when to perform a reassessment for all patient situations 	Same As Previous Levels	AEMT Material PLUS: Complex depth, comprehensive breadth <ul style="list-style-type: none"> How and when to perform a reassessment for all patient situations

	EMR	EMT	AEMT	Paramedic
Medicine	Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.	Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.	Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.	Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.
Medical Overview	Simple depth, simple breadth Assessment and management of a <ul style="list-style-type: none"> Medical complaint 	EMR Material PLUS: Simple depth, foundational breadth Pathophysiology, assessment, and management of a medical complaints to include <ul style="list-style-type: none"> Transport mode Destination decisions 	EMT Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of a medical complaints to include <ul style="list-style-type: none"> Transport mode Destination decisions 	AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of <ul style="list-style-type: none"> Medical complaints to include <ul style="list-style-type: none"> Transport mode Destination decisions

<p>Neurology</p>	<p>Simple depth, simple breadth Anatomy, presentations, and management of</p> <ul style="list-style-type: none"> • Decreased level of responsiveness • Seizure • Stroke 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Stroke/ transient ischemic attack • Seizure • Status epilepticus • Headache 	<p>EMT Material PLUS: Complex depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Seizure 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Stroke/intracranial hemorrhage/transient ischemic attack • Seizure • Status epilepticus • Headache <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Dementia • Neoplasms • Demyelinating disorders • Parkinson’s disease • Cranial nerve disorders • Movement disorders • Neurologic inflammation/ infection • Spinal cord compression • Hydrocephalus • Wernicke’s encephalopathy
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<p>Abdominal and Gastrointestinal Disorders</p>	<p>Simple depth, simple breadth Anatomy, presentations and management of shock associated with abdominal emergencies</p> <ul style="list-style-type: none"> • Gastrointestinal bleeding 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Acute and chronic gastrointestinal hemorrhage <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Peritonitis • Ulcerative diseases 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute and chronic gastrointestinal hemorrhage • Liver disorders • Peritonitis • Ulcerative diseases <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Irritable bowel syndrome • Inflammatory disorders • Pancreatitis • Bowel obstruction • Hernias • Infectious disorders • Gall bladder and biliary tract disorders <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Rectal abscess • Rectal foreign body obstruction • Mesenteric ischemia
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<p>Immunology</p>	<p>Simple depth, simple breadth Recognition and management of shock and difficulty breathing related to</p> <ul style="list-style-type: none"> • Anaphylactic reactions 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment, and management of hypersensitivity disorders and/or emergencies</p> <ul style="list-style-type: none"> • Anaphylactic reactions 	<p>EMT Material PLUS: Complex depth, comprehensive breadth Anatomy, physiology, pathophysiology, assessment, and management of hypersensitivity disorders and/or emergencies</p> <ul style="list-style-type: none"> • Allergic and anaphylactic reactions 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major immune system disorders and/or emergencies Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Hypersensitivity • Allergic and anaphylactic reactions • Anaphylactoid reactions <p>Fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • Collagen vascular disease • Transplant related problems
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<p>Infectious Diseases</p>	<p>Simple depth, simple breadth Awareness of</p> <ul style="list-style-type: none"> • A patient who may have an infectious disease • How to decontaminate equipment after treating a patient 	<p>EMR Material PLUS: Simple depth, simple breadth Assessment and management of</p> <ul style="list-style-type: none"> • A patient who may have an infectious disease • How to decontaminate the ambulance and equipment after treating a patient 	<p>AEMT Material PLUS: Fundamental depth, foundational breadth Assessment and management of</p> <ul style="list-style-type: none"> • A patient who may be infected with a bloodborne pathogen <ul style="list-style-type: none"> ○ HIV ○ Hepatitis B • Antibiotic resistant infections • Current infectious diseases prevalent in the community 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, reporting requirements, prognosis, and management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • HIV-related disease • Hepatitis • Pneumonia • Meningococcal meningitis <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Tuberculosis • Tetanus • Viral diseases • Sexually transmitted disease • Gastroenteritis • Fungal infections • Rabies • Scabies and lice • Lyme disease • Rocky Mountain Spotted Fever • Antibiotic resistant infections
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<p>Endocrine Disorders</p>	<p>Simple depth, simple breadth Awareness that</p> <ul style="list-style-type: none"> • Diabetic emergencies cause altered mental status 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Acute diabetic emergencies 	<p>EMT Material PLUS: Complex depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Acute diabetic emergencies 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute diabetic emergencies • Diabetes <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Adrenal disease • Pituitary and thyroid disorders
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<p>Psychiatric</p>	<p>Simple depth, simple breadth Recognition of</p> <ul style="list-style-type: none"> Behaviors that pose a risk to the EMR, patient or others 	<p>EMR Material PLUS:</p> <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> Basic principles of the mental health system <p>Fundamental depth, foundational breadth</p> <p>Assessment and management of</p> <ul style="list-style-type: none"> Acute psychosis Suicidal/risk Agitated delirium 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS:</p> <p>Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> Acute psychosis Agitated delirium <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> Cognitive disorders Thought disorders Mood disorders Neurotic disorders Substance-related disorders / addictive behavior Somatoform disorders Factitious disorders Personality disorders Patterns of violence/abuse/neglect Organic psychoses
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<p>Cardiovascular</p>	<p>Simple depth, simple breadth Anatomy, signs, symptoms and management</p> <ul style="list-style-type: none"> • Chest pain • Cardiac arrest 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Acute coronary syndrome <ul style="list-style-type: none"> ○ Angina pectoris ○ Myocardial infarction • Aortic aneurysm/dissection • Thromboembolism <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Heart failure • Hypertensive emergencies 	<p>EMT Material PLUS:</p> <p>Complex depth, foundational breadth</p> <p>Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Acute coronary syndrome <ul style="list-style-type: none"> ○ Angina pectoris ○ Myocardial infarction <p>Fundamental depth, simple breadth</p> <ul style="list-style-type: none"> • Heart failure • Hypertensive emergencies 	<p>AEMT Material PLUS:</p> <p>Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute coronary syndrome <ul style="list-style-type: none"> ○ Angina pectoris ○ Myocardial infarction • Heart failure • Non-traumatic cardiac tamponade • Hypertensive emergencies • Cardiogenic shock • Vascular disorders <ul style="list-style-type: none"> ○ Abdominal aortic aneurysm ○ Arterial occlusion ○ Venous thrombosis • Aortic aneurysm/dissection, • Thromboembolism • Cardiac rhythm disturbances <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Infectious diseases of the heart <ul style="list-style-type: none"> ○ Endocarditis ○ Pericarditis • Congenital abnormalities
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<p style="text-align: center;">Toxicology</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Recognition and management of <ul style="list-style-type: none"> ○ Carbon monoxide poisoning ○ Nerve agent poisoning • How and when to contact a poison control center 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Inhaled poisons • Ingested poisons • Injected poisons • Absorbed poisons • Alcohol intoxication and withdrawal 	<p>EMT Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Opiate toxidrome 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <p>Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of the following toxidromes and poisonings:</p> <ul style="list-style-type: none"> • Cholinergics • Anticholinergics • Sympathomimetics • Sedative/hypnotics • Opiates • Alcohol intoxication and withdrawal • Over-the-counter and prescription medications • Carbon monoxide • Illegal drugs • Herbal preparations
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<p style="text-align: center;">Respiratory</p>	<p>Simple depth, simple breadth Anatomy, signs, symptoms and management of respiratory emergencies including those that affect the</p> <ul style="list-style-type: none"> • Upper airway • Lower airway 	<p>EMR Material PLUS: Anatomy, physiology, pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Epiglottitis • Spontaneous pneumothorax • Pulmonary edema • Asthma • Chronic obstructive pulmonary disease • Environmental/industrial exposure • Toxic gas <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Pertussis • Cystic fibrosis • Pulmonary embolism • Pneumonia • Viral respiratory infections 	<p>EMT Material PLUS: Complex depth, foundational breadth Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Asthma • Obstructive/restrictive disease • Pneumonia 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute upper airway infections • Spontaneous pneumothorax • Obstructive/restrictive lung diseases • Pulmonary infections <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Neoplasm • Pertussis • Cystic fibrosis
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<p>Hematology</p>	<p>NA</p>	<p>Simple depth, simple breadth Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Sickle cell crisis • Clotting disorders 	<p>EMT Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Sickle cell crisis 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major hematological diseases and/or emergencies Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Sickle cell disease <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Blood transfusion complications • Hemostatic disorders • Lymphomas • Red blood cell disorders • White blood cell disorders • Coagulopathies
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<p>Genitourinary/Renal</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Blood pressure assessment in hemodialysis patients 	<p>EMR Material PLUS:</p> <p>Simple depth, simple breadth</p> <p>Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Complications related to <ul style="list-style-type: none"> ○ Renal dialysis ○ Urinary catheter management (not insertion) • Kidney stones 	<p>EMT Material PLUS:</p> <p>Fundamental depth, simple breadth</p> <p>Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Complications related to renal dialysis • Kidney stones 	<p>AEMT Material PLUS:</p> <p>Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Complications of <ul style="list-style-type: none"> ○ Acute renal failure ○ Chronic renal failure ○ Dialysis • Renal calculi <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Acid base disturbances • Fluid and electrolyte • Infection • Male genital tract conditions
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<p>Gynecology</p>	<p>Simple depth, simple breadth Recognition and management of shock associated with</p> <ul style="list-style-type: none"> • Vaginal bleeding 	<p>EMR Material PLUS: Anatomy, physiology, assessment findings, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Vaginal bleeding • Sexual assault <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Infections 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major gynecological diseases and/or emergencies Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Vaginal bleeding • Sexual assault <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Infections • Pelvic Inflammatory Disease • Ovarian cysts • Dysfunctional uterine bleeding • Vaginal foreign body
<p>Non-Traumatic Musculoskeletal Disorders</p>	<p>NA</p>	<p>Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Non-traumatic fractures 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS: Fundamental depth, foundation breadth Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major non-traumatic musculoskeletal disorders</p> <ul style="list-style-type: none"> • Disorders of the spine • Joint abnormalities • Muscle abnormalities • Overuse syndromes

Diseases of the Eyes, Ears, Nose, and Throat	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> Nose bleed 	Same As Previous Level	Same As Previous Level	<p>AEMT Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Knowledge of anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of</p> <ul style="list-style-type: none"> Common or major diseases of the eyes, ears, nose, and throat, including nose bleed
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	EMR	EMT	AEMT	Paramedic
Shock and Resuscitation	<p>Uses assessment information to recognize shock, respiratory failure or arrest, and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response.</p>	<p>Applies a fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.</p>	<p>Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.</p>	<p>Integrates a comprehensive knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.</p> <p>Integrates a comprehensive knowledge of the causes, pathophysiology into the management of shock, respiratory failure or arrest with an emphasis on early intervention to prevent arrest.</p>

	EMR	EMT	AEMT	Paramedic
Trauma	<p>Uses simple knowledge to recognize and manage life threats based on assessment findings for an acutely injured patient while awaiting additional emergency medical response.</p>	<p>Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.</p>	<p>Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely injured patient.</p>	<p>Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient.</p>

<p>Trauma Overview</p>	<p>NA</p>	<p>Fundamental depth, foundational breadth Pathophysiology, assessment, and management of the trauma patient</p> <ul style="list-style-type: none"> • Trauma scoring • Rapid transport and destination issues • Transport mode 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS: Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Pathophysiology of the trauma patient • Assessment of the trauma patient • Management of the trauma patient • Trauma scoring • Transport and destination issues
<p>Bleeding</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Bleeding 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Bleeding 	<p>EMT Material PLUS: Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Fluid resuscitation 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Bleeding

<p style="text-align: center;">Chest Trauma</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Blunt vs. penetrating mechanisms • Open chest wound • Impaled object 	<p>EMR Material PLUS: Fundamental depth, simple breadth Pathophysiology, assessment and management</p> <ul style="list-style-type: none"> • Blunt vs. penetrating mechanisms • Hemothorax • Pneumothorax <ul style="list-style-type: none"> ○ Open ○ Simple ○ Tension • Cardiac tamponade • Rib fractures • Flail chest • Commotio cordis 	<p>EMT Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Traumatic aortic disruption • Pulmonary contusion • Blunt cardiac injury • Hemothorax • Pneumothorax <ul style="list-style-type: none"> ○ Open ○ Simple ○ Tension • Cardiac tamponade • Rib fractures • Flail chest • Commotio cordis • Traumatic asphyxia 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Traumatic aortic disruption • Pulmonary contusion • Blunt cardiac injury • Hemothorax • Pneumothorax <ul style="list-style-type: none"> ○ Open ○ Simple ○ Tension • Cardiac tamponade • Rib fractures • Flail chest • Commotio cordis • Tracheobronchial disruption • Diaphragmatic rupture • Traumatic asphyxia
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<p>Abdominal and Genitourinary Trauma</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Blunt vs. penetrating mechanisms • Evisceration • Impaled object 	<p>EMR Material PLUS: Fundamental depth, simple breadth Pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Solid and hollow organ injuries • Blunt vs. penetrating mechanisms • Evisceration • Injuries to the external genitalia • Vaginal bleeding due to trauma • Sexual assault 	<p>EMT Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Vascular injury • Solid and hollow organs injuries • Blunt vs. penetrating mechanisms • Evisceration • Retroperitoneal injuries • Injuries to the external genitalia • Vaginal bleeding due to trauma • Sexual assault 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Vascular injury • Solid and hollow organ injuries • Blunt vs. penetrating mechanisms • Evisceration • Retroperitoneal injuries • Injuries to the external genitalia
<p>Orthopedic Trauma</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Open fractures • Closed fractures • Dislocations • Amputations 	<p>EMR Material PLUS: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Upper and lower extremity orthopedic trauma • Open fractures • Closed fractures • Dislocations • Sprains/strains • Pelvic fractures • Amputations/replantation 	<p>EMT Material PLUS: Pathophysiology, assessment, and management of Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Compartment syndrome <p>Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Pelvic fractures • Amputations/replantation 	<p>AEMT Material PLUS: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Pediatric fractures • Tendon laceration/ transection/ rupture (Achilles and patellar) • Compartment syndrome <p>Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Upper and lower extremity orthopedic trauma • Open fractures • Closed fractures • Dislocations

<p>Soft Tissue Trauma</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Wounds • Burns <ul style="list-style-type: none"> ○ Electrical ○ Chemical ○ Thermal • Chemicals in the eye and on the skin 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Pathophysiology, assessment, and management</p> <ul style="list-style-type: none"> • Wounds <ul style="list-style-type: none"> ○ Avulsions ○ Bite wounds ○ Lacerations ○ Puncture wounds ○ Incisions • Burns <ul style="list-style-type: none"> ○ Electrical ○ Chemical ○ Thermal ○ Radiation <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Crush syndrome 	<p>EMT Material PLUS:</p> <p>Fundamental depth, simple breadth</p> <ul style="list-style-type: none"> ▪ Crush syndrome 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <p>Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Wounds <ul style="list-style-type: none"> ○ Avulsions ○ Bite wounds ○ Lacerations ○ Puncture wounds • Burns <ul style="list-style-type: none"> ○ Electrical ○ Chemical ○ Thermal • High-pressure injection • Crush syndrome
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<p>Head, facial, neck, and spine trauma</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Life threats • Spine trauma 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Penetrating neck trauma • Laryngeotracheal injuries • Spine trauma <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Facial fractures • Skull fractures • Foreign bodies in the eyes • Dental trauma 	<p>EMT Material PLUS: Complex depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Facial fractures • Laryngeotracheal injuries 	<p>AEMT Material PLUS: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Unstable facial fractures • Orbital fractures • Perforated tympanic membrane <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Skull fractures • Penetrating neck trauma • Laryngeotracheal injuries • Spine trauma <ul style="list-style-type: none"> ○ Dislocations/subluxations ○ Fractures ○ Sprains/strains • Mandibular fractures
<p>Nervous System Trauma</p>	<p>NA</p>	<p>Fundamental depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Traumatic brain injury • Spinal cord injury 	<p>EMT Material PLUS: Complex depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Traumatic brain injury 	<p>AEMT Material PLUS: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Cauda equina syndrome • Nerve root injury • Peripheral nerve injury <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Traumatic brain injury • Spinal cord injury • Spinal shock

<p>Special Considerations in Trauma</p>	<p>Simple depth, simple breadth Recognition and management of trauma in</p> <ul style="list-style-type: none"> • Pregnant patient • Pediatric patient • Geriatric patient 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of trauma in the</p> <ul style="list-style-type: none"> • Pregnant patient • Pediatric patient • Geriatric patient • Cognitively impaired patient 	<p>EMT Material PLUS: Complex depth, foundational breadth Pathophysiology, assessment, and management of trauma in the</p> <ul style="list-style-type: none"> • Pregnant patient • Pediatric patient • Geriatric patient • Cognitively impaired patient 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of trauma in the</p> <ul style="list-style-type: none"> • Pregnant patient • Pediatric patient • Geriatric patient • Cognitively impaired patient
<p>Environmental Emergencies</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Submersion incidents • Temperature-related illness 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Near drowning • Temperature-related illness • Bites and envenomations • Dysbarism <ul style="list-style-type: none"> ○ High-altitude ○ Diving injuries • Electrical injury • Radiation exposure 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Near-drowning • Temperature-related illness • Bites and envenomations • Dysbarism <ul style="list-style-type: none"> ○ High-altitude ○ Diving injuries • Electrical injury • High altitude illness
<p>Multi-System Trauma</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Multi-system trauma 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Multi-system trauma • Blast injuries 	<p>EMT Material PLUS: Complex depth, foundational breadth Pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Multi-system trauma 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Multi-system trauma • Blast injuries

	EMR	EMT	AEMT	Paramedic
Special Patient Populations	Recognizes and manages life threats based on simple assessment findings for a patient with special needs while awaiting additional emergency response.	Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.	Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic and selected advanced emergency care and transportation for a patient with special needs.	Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for patients with special needs.

<p style="text-align: center;">Obstetrics</p>	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Normal delivery • Vaginal bleeding in the pregnant patient 	<p>EMR Material PLUS: Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Anatomy and physiology of normal pregnancy • Pathophysiology of complications of pregnancy • Assessment of the pregnant patient • Management of <ul style="list-style-type: none"> ○ Normal delivery ○ Abnormal delivery <ul style="list-style-type: none"> ▪ Nuchal cord ▪ Prolapsed cord ▪ Breech delivery ○ Third trimester bleeding <ul style="list-style-type: none"> ▪ Placenta previa ▪ Abruptio placenta ○ Spontaneous abortion/miscarriage ○ Ectopic pregnancy ○ Preeclampsia/Eclampsia 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS: Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Anatomy and physiology of pregnancy • Pathophysiology of complications of pregnancy • Assessment of the pregnant patient <p>Psychosocial impact, presentations, prognosis, and management of</p> <ul style="list-style-type: none"> • Normal delivery • Abnormal delivery <ul style="list-style-type: none"> ○ Nuchal cord ○ Prolapsed cord ○ Breech • Spontaneous abortion/miscarriage • Ectopic pregnancy • Eclampsia • Antepartum hemorrhage • Pregnancy induced hypertension • Third trimester bleeding <ul style="list-style-type: none"> ○ Placenta previa ○ Abruptio placenta • High risk pregnancy • Complications of labor <ul style="list-style-type: none"> ○ Fetal distress ○ Pre-term ○ Premature rupture of membranes ○ Rupture of uterus • Complication of delivery • Post partum complications <p>Foundational depth, foundational breadth</p> <ul style="list-style-type: none"> • Hyperemesis gravidarum • Post partum depression
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<p>Neonatal care</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Newborn care • Neonatal resuscitation 	<p>EMR Material PLUS:</p> <p>Assessment and management</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Newborn • Neonatal resuscitation 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Anatomy and physiology of neonatal circulation • Assessment of the newborn <p>Presentation and management</p> <ul style="list-style-type: none"> • Newborn • Neonatal resuscitation
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<p>Pediatrics</p>	<p>Simple depth, simple breadth Age-related assessment findings, and age-related assessment and treatment modifications-for pediatric-specific major diseases and/or emergencies</p> <ul style="list-style-type: none"> • Upper airway obstruction • Lower airway reactive disease • Respiratory distress/failure/arrest • Shock • Seizures • Sudden Infant Death Syndrome 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Age-related assessment findings, age-related, and developmental stage related assessment and treatment modifications for pediatric specific major diseases and/or emergencies</p> <ul style="list-style-type: none"> • Upper airway obstruction • Lower airway reactive disease • Respiratory distress/failure/arrest • Shock • Seizures • Sudden Infant Death Syndrome • Gastrointestinal disease 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS:</p> <p>Age-related assessment findings, age-related anatomic and physiologic variations, age-related and developmental stage related assessment and treatment modifications of the pediatric-specific major or common diseases and/or emergencies</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Foreign body (upper and lower) airway obstruction • Bacterial tracheitis • Asthma • Bronchiolitis <ul style="list-style-type: none"> ◦ Respiratory Syncytial Virus (RSV) • Pneumonia • Croup • Epiglottitis • Respiratory distress/failure/arrest • Shock • Seizures • Sudden Infant Death Syndrome (SIDS) • Hyperglycemia • Hypoglycemia <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Pertussis • Cystic fibrosis • Bronchopulmonary dysplasia • Congenital heart diseases • Hydrocephalus and ventricular shunts
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<p style="text-align: center;">Geriatrics</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • impact of age-related changes on assessment and care 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Changes associated with aging, psychosocial aspects of aging and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies</p> <ul style="list-style-type: none"> • Cardiovascular diseases • Respiratory diseases • Neurological diseases • Endocrine diseases • Alzheimer’s • Dementia 	<p>EMT Material PLUS:</p> <p>Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Fluid resuscitation in the elderly 	<p>AEMT Material PLUS:</p> <p>Normal and abnormal changes associated with aging, pharmacokinetic changes, psychosocial and economic aspects of aging, polypharmacy, and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Cardiovascular diseases • Respiratory diseases • Neurological diseases • Endocrine diseases • Alzheimer’s • Dementia • Delirium <ul style="list-style-type: none"> ○ Acute confusional state <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Herpes zoster • Inflammatory arthritis
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<p>Patients with Special Challenges</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> Recognizing and reporting abuse and neglect 	<p>EMR Material PLUS:</p> <p>Simple depth, simple breadth</p> <p>Healthcare implications of</p> <ul style="list-style-type: none"> Abuse Neglect Homelessness Poverty Bariatrics Technology dependent Hospice/ terminally ill Tracheostomy care/dysfunction Homecare Sensory deficit/loss Developmental disability 	<p>EMT Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <p>Healthcare implications of</p> <ul style="list-style-type: none"> Abuse Neglect Homelessness Poverty Bariatrics Technology dependent Hospice/ terminally ill Tracheostomy care/dysfunction Homecare Sensory deficit/loss Developmental disability 	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <p>Healthcare implications of</p> <ul style="list-style-type: none"> Abuse Neglect Poverty Bariatrics Technology dependent Hospice/ terminally ill Tracheostomy care/ dysfunction
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	EMR	EMT	AEMT	Paramedic
<p>EMS Operations</p>	<p>Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety</p>	<p>Same As Previous Level</p>	<p>Same As Previous Level</p>	<p>Same As Previous Level</p>
<p>Principles of Safely Operating a Ground Ambulance</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> Risks and responsibilities of emergency response 	<p>EMR Material PLUS:</p> <p>Simple depth, foundational breadth</p> <ul style="list-style-type: none"> Risks and responsibilities of transport 	<p>Same As Previous Level</p>	<p>Same As Previous Level</p>
<p>Incident Management</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> Establish and work within the incident management system 	<p>EMR Material PLUS:</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> Establish and work within the incident management system 	<p>Same As Previous Level</p>	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> Establish and work within the incident management system

Multiple Casualty Incidents	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Triage principles • Resource management 	<p>EMR Material PLUS:</p> <p>Simple depth, foundational breadth</p> <ul style="list-style-type: none"> • Triage • Performing • Re-Triage • Destination Decisions • Post Traumatic and Cumulative Stress 	Same As Previous Level	Same As Previous Level
Air Medical	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Safe air medical operations • Criteria for utilizing air medical response 	Same As Previous Level	Same As Previous Level	<p>AEMT Material PLUS:</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Medical risks/needs/advantages
Vehicle Extrication	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Safe vehicle extrication • Use of simple hand tools 	Same as Previous Level	Same as Previous Level	Same as Previous Level
Hazardous Materials	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Risks and responsibilities of operating in a cold zone at a hazardous material or other special incident 	Same as Previous Level	Same as Previous Level	Same as Previous Level

<p>Terrorism and Disaster (this section subject to ongoing collective and cooperative review and input from all stakeholders including the Department of Transportation, Department of Homeland Security and the Department of Health and Human Services)</p>	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none">• Risks and responsibilities of operating on the scene of a natural or man made disaster	<p>Same as Previous Level</p>	<p>Same as Previous Level</p>	<p>Same as Previous Level</p>
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Clinical Behavior/Judgment				
	EMR	EMT	AEMT	Paramedic
Assessment	Perform a simple assessment to identify life threats, identify injuries requiring immobilization and conditions requiring treatment within the scope of practice of the EMR: including foreign substance in the eyes and nerve agent poisoning.	Perform a basic history and physical examination to identify acute complaints and monitor changes. Identify the actual and potential complaints of emergency patients.	Perform a basic history and physical examination to identify acute complaints and monitor changes. Identify the actual and potential complaints of emergency patients.	Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Relate assessment findings to underlying pathological and physiological changes in the patient's condition. Integrate and synthesize the multiple determinants of health and clinical care. Perform health screening and referrals.
Therapeutic communication and cultural competency	Communicates to obtain and clearly transmit information with an awareness of cultural differences.	Communicate in a culturally sensitive manner.	Communicate in a culturally sensitive manner.	Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome.

Psychomotor Skills	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Basic Airway Maneuvers <ul style="list-style-type: none"> • Head-tilt, chin-lift • Jaw thrust • Modified chin lift • FBAO relief - manual • Oropharyngeal airway • Sellick’s maneuver • Positive pressure ventilation devices such as BVM • Suction of the upper airway • Supplemental oxygen therapy <ul style="list-style-type: none"> • Nasal cannula • Non-rebreather mask <p>Assessment</p> <ul style="list-style-type: none"> • Manual B/P <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Unit-dose autoinjectors (life-saving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit) <p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Manual CPR • AED • Assisted normal delivery <p>Trauma care</p> <ul style="list-style-type: none"> • Manual stabilization <ul style="list-style-type: none"> • C-spine injuries • Extremity fractures • Bleeding control • Emergency moves • Eye irrigation 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Nasopharyngeal airway • Positive pressure ventilation <ul style="list-style-type: none"> • Manually-triggered ventilators • Automatic transport ventilators • Supplemental oxygen therapy <ul style="list-style-type: none"> • Humidifiers • Partial-rebreather mask • Venturi mask <p>Assessment</p> <ul style="list-style-type: none"> • Pulse oximetry • Automatic B/P <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Assist patients in taking their own prescribed medications • Administration of OTC medications with medical oversight <ul style="list-style-type: none"> • Oral glucose for hypoglycemia • Aspirin for chest pain <p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Mechanical CPR • Assisted complicated delivery <p>Trauma care</p> <ul style="list-style-type: none"> • Spinal immobilization <ul style="list-style-type: none"> • Cervical collars • Seated • Longboard • Rapid extrication • Splinting <ul style="list-style-type: none"> • Extremity • Traction • PASG • Mechanical patient restraint • Tourniquet 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Airways not intended for insertion into the trachea <ul style="list-style-type: none"> • Esophageal-tracheal • Multi-lumen airway • Tracheal-bronchial suctioning of an already intubated patient <p>Assessment</p> <ul style="list-style-type: none"> • Blood glucose monitor <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Establish and maintain peripheral intravenous access • Establish and maintain intraosseous access in pediatric patient • Administer (nonmedicated) intravenous fluid therapy • Sublingual nitroglycerin (chest pain) • Subcutaneous or intramuscular epinephrine (anaphylaxis) • Glucagon (hypoglycemia) • Intravenous 50% dextrose (hypoglycemia) • Inhaled beta agonists (wheezing) • Intravenous narcotic antagonist (narcotic overdose) • Nitrous oxide (pain) 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Oral and nasal endotracheal intubation • FBAO – direct laryngoscopy • Percutaneous cricothyrotomy • Pleural decompression • BiPAP, CPAP, PEEP • Chest tube monitoring • ETCO2 monitoring • NG/OG tube <p>Assessment</p> <ul style="list-style-type: none"> • ECG interpretation • 12-lead interpretation • Blood chemistry analysis <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Intraosseous insertion • Enteral and parenteral administration of approved prescription medications • Access indwelling catheters and implanted central IV ports • Medications by IV infusion • Maintain infusion of blood or blood products • Blood sampling • Thrombolytic initiation • Administer physician approved medications <p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Cardioversion • Manual defibrillation • Transcutaneous pacing • Carotid massage <p>Trauma care</p> <ul style="list-style-type: none"> • Morgan lens
		<p>Anticipate and prospectively intervene to improve patient outcome.</p>		

Professionalism	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Is a role model of exemplary professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
Decision Making	Initiates simple interventions based on assessment findings.	Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Initiates basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Performs basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Evaluates the effectiveness of interventions and modifies treatment plan accordingly.
Record Keeping	Record simple assessment findings and interventions	Report and document assessment data and interventions.	Report and document assessment findings and interventions.	Report and document assessment findings and interventions. Collect and report data to be used for epidemiological and research purposes.

<p>Patient Complaints</p>	<p>Perform a patient assessment and provide prehospital emergency care for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, apnea, back pain, behavioral emergency, bleeding, cardiac arrest, chest pain, cyanosis, dyspnea, eye pain, GI bleeding, hypotension, multiple trauma, pain, paralysis, poisoning, shock, and stridor/drooling.</p>	<p>Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.</p>	<p>Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.</p>	<p>Perform a patient assessment, develop a treatment and disposition plan for patients with the following complains: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ascites, ataxia, back pain, behavioral emergency, bleeding, blood and body fluid exposure, cardiac arrest, cardiac rhythm disturbances, chest pain, congestion, constipation, cough/hiccough, cyanosis, dehydration, dental pain, diarrhea, dizziness/vertigo, dysmenorrhea, dysphasia, dyspnea, dysuria, ear pain, edema, eye pain, fatigue, feeding problems, fever, GI bleeding, headache, hearing disturbance, hematuria, hemoptysis, hypertension, hypotension, incontinence, jaundice, joint pain/swelling, malaise, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, pruritus, rash, rectal pain, red/pink eye, shock, sore throat, stridor/drooling, syncope, tinnitus, tremor, urinary retention, visual disturbances, weakness, and wheezing.</p>
<p>Scene Leadership</p>	<p>Manage the scene until care is transferred to an EMS team member licensed at a higher level arrives.</p>	<p>Entry-level EMTs serve as an EMS team member on an emergency call with more experienced personnel in the lead role. EMTs may serve as a team leader following additional training and/or experience.</p>	<p>Serve as an EMS team leader of an emergency call.</p>	<p>Function as the team leader of a routine, single patient advanced life support emergency call.</p>

Scene Safety	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.
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Educational Infrastructure				
	EMR	EMT	AEMT	Paramedic
Educational Facilities	<ul style="list-style-type: none"> • Facility sponsored or approved by sponsoring agency • ADA compliant facility • Sufficient space for class size • Controlled environment 	<ul style="list-style-type: none"> • Facility sponsored or approved by sponsoring agency • ADA compliant facility • Sufficient space for class size • Controlled environment 	<ul style="list-style-type: none"> • Facility sponsored or approved by sponsoring agency • ADA compliant facility • Sufficient space for class size • Controlled environment 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) <i>Standards and Guidelines</i> (www.coaemsp.org)¹
Student Space	<ul style="list-style-type: none"> • Provide space sufficient for students to attend classroom sessions, take notes and participate in classroom activities • Provide space for students to participate in kinematic learning and practice activities 	<ul style="list-style-type: none"> • Provide space sufficient for students to attend classroom sessions, take notes and participate in classroom activities • Provide space for students to participate in kinematic learning and practice activities 	<ul style="list-style-type: none"> • Provide space sufficient for students to attend classroom sessions, take notes and participate in classroom activities • Provide space for students to participate in kinematic learning and practice activities 	
Instructional Resources	<ul style="list-style-type: none"> • Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction 	<ul style="list-style-type: none"> • Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction 	<ul style="list-style-type: none"> • Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction 	
Instructor Preparation Resources	<ul style="list-style-type: none"> • Provide space for instructor preparation • Provide support equipment for instructor preparation 	<ul style="list-style-type: none"> • Provide space for instructor preparation • Provide support equipment for instructor preparation 	<ul style="list-style-type: none"> • Provide space for instructor preparation • Provide support equipment for instructor preparation 	
Storage Space	<ul style="list-style-type: none"> • Provide adequate and secure storage space for instructional materials 	<ul style="list-style-type: none"> • Provide adequate and secure storage space for instructional materials 	<ul style="list-style-type: none"> • Provide adequate and secure storage space for instructional materials 	

¹ The *National EMS Education Agenda for the Future: A Systems Approach* calls for national accreditation of Paramedic programs. CoAEMSP is currently the only national agency that offers EMS paramedic education program accreditation; it is used or recognized by most states. While the CoAEMSP *Standards and Guidelines* are adopted for the Education Infrastructure section, this does not itself require the program to be CoAEMSP accredited. Recognition of national accreditation is the responsibility of each state.

<p>Sponsorship</p>	<ul style="list-style-type: none"> • Sponsoring organizations shall be one of the following: <ul style="list-style-type: none"> • Accredited educational institution, or • Public safety organization, or • Accredited hospital, clinic, or medical center, or • Other state approved institution or organization 	<ul style="list-style-type: none"> • Sponsoring organizations shall be one of the following: <ul style="list-style-type: none"> • Accredited educational institution, or • Public safety organization, or • Accredited hospital, clinic, or medical center, or • Other state approved institution or organization 	<ul style="list-style-type: none"> • Sponsoring organizations shall be one of the following: <ul style="list-style-type: none"> • Accredited educational institution, or • Public safety organization, or • Accredited hospital, clinic, or medical center, or • Other state approved institution or organization 	
<p>Programmatic Approval</p>	<ul style="list-style-type: none"> • Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State) 	<ul style="list-style-type: none"> • Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State) 	<ul style="list-style-type: none"> • Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State) 	
<p>Faculty</p>	<p>The course primary instructor should</p> <ul style="list-style-type: none"> • BE educated at a level higher than he or she is teaching; however, as a minimum, he or she must be educated at the level he or she is teaching • Have completed an approved instructor training program or equivalent 	<p>The course primary instructor should</p> <ul style="list-style-type: none"> • be educated at a level higher than he or she is teaching; however, as a minimum, he or she must be educated at the level he or she is teaching • have completed an approved instructor training program or equivalent 	<p>The course primary instructor should</p> <ul style="list-style-type: none"> • be educated at a level higher than he or she is teaching; however, as a minimum, he or she must be educated at the level he or she is teaching • have completed an approved instructor training program or equivalent 	
<p>Medical Director Oversight</p>	<ul style="list-style-type: none"> • Provide medical oversight for all medical aspects of instruction 	<ul style="list-style-type: none"> • Provide medical oversight for all medical aspects of instruction 	<ul style="list-style-type: none"> • Provide medical oversight for all medical aspects of instruction 	
<p>Hospital/Clinical Experience</p>	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care Students must perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, 	<ul style="list-style-type: none"> ▪ The student must demonstrate the ability to safely administer medications (the student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patient). ▪ The student must demonstrate the ability to safely gain 	

		<p>nursing home, doctor’s office, etc., or on standardized patients if clinical settings are not available.</p>	<p>vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups).</p> <ul style="list-style-type: none"> ▪ The student should demonstrate the ability to effectively ventilate unintubated patients of all age groups (the student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups). • Students should demonstrate the ability to effectively ventilate unintubated patients of all age groups. • The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain. • The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress. • The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status. • The student must demonstrate the ability to perform an 	
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			adequate assessment on pediatric, adult and geriatric patients.	
Field Experience	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • The student must participate in and document patient contacts in a field experience approved by the medical director and program director. 	<ul style="list-style-type: none"> • The student must participate in and document team leadership in a field experience approved by the medical director and program director. 	
Course Length	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: <ul style="list-style-type: none"> • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately 48-60 didactic and laboratory clock hours 	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: <ul style="list-style-type: none"> • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately 150-190 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: <ul style="list-style-type: none"> • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately 150-250 clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	
Course Design	<ul style="list-style-type: none"> • Provide the following components of instruction: <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories 	<ul style="list-style-type: none"> • Provide the following components of instruction: <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories • Hospital/Clinical experience • Field experience 	<ul style="list-style-type: none"> • Provide the following components of instruction: <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories • Hospital/Clinical experience • Field experience 	
Student Assessment	<ul style="list-style-type: none"> • Perform knowledge, skill, and professional behavior evaluation based on educational standards and program 	Same as Previous Level	Same as Previous Level	

	<p>objectives</p> <ul style="list-style-type: none"> • Provide several methods of assessing achievement • Provide assessment that measures, as a minimum, entry level competency in all domains 			
Program Evaluation	<ul style="list-style-type: none"> • Provide evaluation of program instructional effectiveness • Provide evaluation of organizational and administrative effectiveness of program 	Same as Previous Level	Same as Previous Level	

Instructional Guidelines

The *Standards* are broad to allow for incorporation of evidence-based changes within the profession as they influence practice and to permit diverse presentation methods. The Instructional Guidelines (IG) are not part of the *National EMS Education Standards*, but are a companion document. The IG are intended to provide guidance to instructors, regulators, and publishers regarding the content that may be included within each area of the *Standards*, and to provide interim support as EMS instructors and programs transition from the NSC to the *National EMS Education Standards*. The IG are not intended to be all-inclusive; it is understood that they will become outdated as research, technology, and national organization guidelines dictate changes in patient assessment and care. The IG does not comprise a curriculum and are not intended to be adopted by states.

Glossary for Education Standards

Academic institution— A body or establishment instituted for an educational purpose that provides college credit or awards degrees.

Accreditation— The granting of approval by an official review board after specific requirements have been met. The review board is nongovernmental, and the review is collegial and based on self-assessment, peer assessment, and judgment. The purpose of accreditation is student protection and public accountability.

Advanced-level care— Care that has greater potential benefit to the patient, but also greater potential risk to the patient if improperly or inappropriately performed. It is more difficult to attain and maintain competency in, and requires significant background knowledge in basic and applied sciences. This level of care includes invasive and pharmacological interventions.

Affective domain: Describes learning in terms of feelings/emotions, attitudes, and values. (NAEMSE, 2005, p. 306)

Asynchronous instruction/learning: an instructional method that allows the learner to use a self directed and self-paced learning format to move through the content of the course. In this type of instruction, learner-to-learner and learner-to-instructor interactions are independent of time and place. Communications and submission of work typically follow a schedule while learners and instructors do not interact at the same time.

Certification— The issuing of a certificate by a private agency based upon standards adopted by that agency that are based upon competency.

Cognitive domain: Describes learning that takes place through the process of thinking—it deals with facts and knowledge. (NAEMSE, 2005, p. 306)

Competency— Expected behavior or knowledge to be achieved within a defined area of practice.

Credential: generic term referring to all forms of professional qualification.

Credentialing - The umbrella term that includes the concepts of accreditation, licensure, registration, and professional certification. Credentialing can establish criteria for fairness, quality, competence, and/or safety for professional services provided by authorized individuals, for products, or for educational endeavors. Credentialing is the process by which an entity, authorized and qualified to do so, grants formal recognition to, or records the recognition status of individuals, organizations, institutions, programs, processes, services, or products that meet predetermined and standardized criteria. (NOCA, 2006)

Credentialing agency— An organization that certifies an institution’s or individual’s authority or claim of competence in a course of study or completion of objectives.

Curriculum— A particular course of study, often in a specialized field. For EMS education, it has traditionally included detailed lesson plans.

Didactic: The instructional theory, the lesson content. (NAEMSE, 2005, p. 307)

Distributive education: a generic term used to describe a variety of learning delivery methods that attempt to accommodate a geographical separation (at least for some of the time) of the instructor and learners. Distributed education includes computer and web-based instruction, distance learning through television or video, web-based seminars, video conferencing, and electronic and traditional educational models.

Domains: A category of learning. (See Affective domain, Cognitive domain, and Psychomotor domain.) (NAEMSE, 2005, p. 307)

Entry-level competence— The level of competence expected of an individual who is about to begin a career. The minimum competence necessary to practice safely and effectively.

Health Screening: - A test or exam performed to find a condition before symptoms begin. Screening tests may help find diseases or conditions early, when they may be easier to treat. (Medline Plus definition)

Instructional Guidelines— A resource document that provides initial guidance for content within the *National EMS Education Standards*—it is not a curriculum and should not be adopted by states.

Licensure— The act of granting an entity permission to do something that the entity could not legally do without such permission. Licensing is generally viewed by legislative bodies as a regulatory effort to protect the public from potential harm. In the health care delivery system, an individual who is licensed tends to enjoy a certain amount of autonomy in delivering health care services. Conversely, the licensed individual must satisfy ongoing requirements that ensure certain minimum levels of expertise. A license is generally considered a privilege, not a right.

Medical oversight: Physician review and approval of clinical content and matters relevant to medical authority.

National EMS Core Content— The document that defines the domain of out-of-hospital care.

National EMS Education Program Accreditation— The accreditation process for institutions that sponsor EMS educational programs.

National EMS Education Standards— The document that defines the terminal objectives for each licensure level.

National EMS Scope of Practice Model— The document that defines the scope of practice of the various levels of EMS licensure.

Patient simulation: an alternative to a human patient to help students improve patient assessment and management skills; a high fidelity patient simulator provides realistic simulation that responds physiologically to student therapies. These simulators have realistic features such as chests that rise and fall with respirations, pupils that react to light, pulses that can be palpated, etc

Post grad internship and/or experience: experience gained after the student has completed and graduated from school.

Practice analysis— A study conducted to determine the frequency and criticality of the tasks performed in practice.

Preceptor: a clinical teacher or instructor who is responsible for evaluating and ensuring student progress during hospital and field experiences. This individual typically has training to be able to function effectively in the role.

Primary instructor: A person who possesses the appropriate academic and/or allied health credentials, and understanding of the principles and theories of education, and required instructional experience necessary to provide quality instruction to students. (NAEMSE, 2005, p 309)

Program director: The individual responsible for an educational program or programs.

Psychomotor domain: Describes learning that takes place through the attainment of skills and bodily, or kinesthetic, movements. (NAEMSE, 2005, p309)

Registration agency— An agency that is traditionally responsible for providing a product used to evaluate a chosen area. States may voluntarily adopt this product as part of their licensing process. The registration agency is also responsible for gathering and housing data to support the validity and reliability of their product.

Regulation— A rule or a statute that prescribes the management, governance, or operation parameters for a given group; tends to be a function of administrative agencies to which a legislative body has delegated authority to promulgate rules and regulations to “regulate a given industry or profession.” Most regulations are intended to protect the public health, safety, and welfare.

Scope of practice— The description of what a licensed individual legally can and cannot perform.

Standardized patient: an individual who has been thoroughly trained to accurately simulate a real patient with a medical condition; a standardized patient plays the role of a patient for students learning patient assessment, history taking skills, communication skills, and other skills.

Standard of care— The domain of acceptable practice, as defined by scope of practice, current evidence, industry consensus, and experts. Standard of care can vary, depending on the independent variables of each situation.

Synchronous instruction: instructional method whereby learners and instructors interact at the same time, either in the classroom or via a computer driven course. This method allows for more immediate learner guidance and feedback using face-to-face, instant text-based messaging, or real time voice communications.

Team leader: someone who leads the call and provides guidance and direction for setting priorities, scene and patient assessment and management. The team leader may not actually perform all the interventions, but may assign others to do so.

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May 2006 National EMS Education Standards Stakeholders Meeting Representatives

Organization:	Representative(s)
American Academy of Pediatrics	Paul Sirbaugh, DO
American Ambulance Association	Unable to attend
American College of Emergency Physicians	Bill Jermyn, MD
American College of Surgeons	Unable to attend
Association of Air Medical Services	Unable to attend
Committee on Accreditation of EMS Professionals	Art Cooper, MD
Emergency Medical Services for Children	Jane Ball, PhD, RN
Emergency Nurses Association	Fred Neis, RN, MS, FACHE, CEN
Health Resources and Services Administration	Dan Kavanaugh, MSW, LCSW-C
International Association of Fire Chiefs	David Becker, MA, EFO, EMT-P
International Association of Fire Fighters	Jonathan Moore, BA
International Association of Flight Paramedics	Jason Hums, MPH, NREMT-P
National Association of Emergency Medical Technicians	David Garmon, M.Ed., NREMT-P, CCEMT-P
National Association of EMS Educators	Joe Grafft, MS, NREMT-P
National Association of EMS Physicians	Robert Bass, MD
National Association of State EMS Directors	Robert Bass, MD
National Council of State EMS Training Coordinators	Liza Burrill
National Organization of State Offices of Rural Health	Unable to attend
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National Rural Health	Aarron Reinert, BA, NREMT-P

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American Heart Association	Scott Strader Jo Haag, RN, MSN
Brady Publishing	Marlene Pratt, BA
Emergency Medical Services for Children	Susan Eads Role
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Jones and Bartlett	Larry Newell, Ed.D., NREMT-P
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American College of Surgeons	Jeffrey Salomone, MD
Association of Air Medical Services	Natasha Ross
Committee on Accreditation of Educational Programs for the EMS Professions	Randy Kuykendall, MLS, NREMT-P
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Emergency Nurses Association	Fred Neis, RN,MS, FACHE, CEN
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International Association of Fire Fighters	Jonathan Moore, BA
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National Registry of EMTs	William Brown MS, RN, NREMT-P
National Rural Health Association	Gary Wingrove
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Participants at the February 2008 Stakeholder Meeting

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