



# Northwest Community EMS System

Date: January 12, 2012

**System Memo: # 335**

To: All Chiefs/EMS CEOs; Provider EMSCs, Hospital EMSCs/Educators; EMTs  
 From: Connie J. Mattera, MS, RN, EMT-P      John M. Ortinau, MD, FACEP  
       EMS Administrative Director            EMS Medical Director

RE: **Countdown to 2013**  
**Transition to new EMS Education Standards**

Illinois will be adopting the new National EMS Education Standards by January 1, 2013 and also the new National EMS Scopes of Practice model. Please see the attached letter from Jack Fleehty (IDPH EMS Chief) that was forwarded last summer as a point of reference.

We are using roughly the same timeline set forth by the National Registry of EMTs for entry level programs, so graduates are appropriately prepared to take either the State or National Registry exams. I am also attaching the National Registry correspondence on their transition requirements for those of you who have Nationally Registered EMTs or paramedics.

While the National Registry is requiring state-approved transition courses, the National Association of State EMS Officials (NASEMSO) elected to allow each state to determine if specific courses or CE hours would be necessary. IDPH has indicated that each EMS System is most knowledgeable about the needs of their personnel and can determine the length and content of their transition process.

***So what does this mean to us?***

Current Levels of Licensure	New Levels
First Responder	Emergency Medical Responder (EMR)
EMT-Basic (EMT-B)	Emergency Medical Technician (EMT)
Does not currently exist	Advanced EMT (AEMT)
EMT-Paramedic (EMT-P)	Paramedic

We have no EMT-Is in the System, so do not have to address this level or AEMT at the present time.

**Entry Level Classes**

Licensure level	# class hours		Caveats about course length
	Old DOT	New	
EMR	40	48-60	Based on competency; not hours. Course material can be delivered in multiple formats including but not limited to: <ul style="list-style-type: none"> <li>▪ Independent student preparation</li> <li>▪ Synchronous/asynchronous distributive education</li> <li>▪ Face-to-face instruction</li> <li>▪ Pre- or co-requisites</li> </ul> Suggestions for EMTs and paramedics are estimates based on the four integrated phases of education (didactic, lab, clinical, and field experience). The <b>EMT class meets new standards now. We are substantially in compliance for paramedic. Will add 50 hours.</b>
EMT	110	<b>150-190</b>	
Paramedic	950	<b>1000-1300</b>	

Hospital Clinical Experience																																																		
EMR	None required																																																	
EMT	<p>ED observations for a period of time sufficient to gain an appreciation for the continuum of care. <b>Pt care contacts required: 10 patient assessments. Compliant with S12 course.</b></p> <p>These contacts can be obtained in an ED, ambulance, clinic, nursing home, doctor's office, etc. or on standardized simulated patients if clinical settings are not available.</p>																																																	
Paramedic	<p>Students must have access to adequate numbers of pts, proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of EMS professional for which training is being offered. Hospital clinical experiences must include OR, recovery room, ICU, CCU, OB, peds, and ED and include an adequate number of peds, OB, psych, and geriatric patients.</p> <p>The program must set and require minimum numbers of pt contacts for each listed category. Those minimum numbers must be reviewed and approved by the EMS MD and the Advisory Committee with documented endorsement of those numbers. The tracking documentation must show those minimums and that EACH student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. While the specific units may provide the types of patients to meet the objectives, there are likely creative activities that can provide the necessary type of patient encounters. The location of the experiences is at the discretion of the program. Live patient encounters must occur; however, appropriate simulations can be integrated into the educational process to provide practice opportunities for low volume procedures and ensure competency prior to exposure to a patient.</p> <p>Over 75% of all accredited paramedic programs use Fisdap (<a href="http://www.fisdap.net">www.fisdap.net</a>) so to stay within national expectations, the NWC EMSS program adopted many of their minimum patient care contacts last year and will continue with those numbers. <b>NO CHANGE needed now.</b></p> <table border="1"> <thead> <tr> <th><u>Assessments</u></th> <th><u>Number</u></th> <th><u>Skills</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>Adult (18-64 yrs)</td> <td>25</td> <td>Medication administration</td> <td>15</td> </tr> <tr> <td>Geriatric (65 or older)</td> <td>30</td> <td>Ventilate non-intubated pt/O<sub>2</sub> delivery</td> <td>20</td> </tr> <tr> <td>Peds (0-17 yrs)</td> <td>30</td> <td>Intubations (live or recently deceased)</td> <td>5</td> </tr> <tr> <td>Trauma patients (5 multi-system)</td> <td>40</td> <td>Venous access (successful)</td> <td>25</td> </tr> <tr> <td>Cardiac-related complaints</td> <td>15</td> <td></td> <td></td> </tr> <tr> <td>Respiratory-related complaints (adult)</td> <td>10</td> <td><u>Leadership</u></td> <td></td> </tr> <tr> <td>Respiratory-related complaints (peds)</td> <td>8</td> <td>Team leader calls</td> <td>15 (5 ALS)</td> </tr> <tr> <td>GI related complaints</td> <td>20</td> <td></td> <td></td> </tr> <tr> <td>Altered mental status/syncope</td> <td>20</td> <td></td> <td></td> </tr> <tr> <td>Behavioral (intoxicated/OD/Psych)</td> <td>20</td> <td></td> <td></td> </tr> <tr> <td>OB (observe at least 1 vaginal delivery)</td> <td>10</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Assessments</u>	<u>Number</u>	<u>Skills</u>		Adult (18-64 yrs)	25	Medication administration	15	Geriatric (65 or older)	30	Ventilate non-intubated pt/O <sub>2</sub> delivery	20	Peds (0-17 yrs)	30	Intubations (live or recently deceased)	5	Trauma patients (5 multi-system)	40	Venous access (successful)	25	Cardiac-related complaints	15			Respiratory-related complaints (adult)	10	<u>Leadership</u>		Respiratory-related complaints (peds)	8	Team leader calls	15 (5 ALS)	GI related complaints	20			Altered mental status/syncope	20			Behavioral (intoxicated/OD/Psych)	20			OB (observe at least 1 vaginal delivery)	10		
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Field Internship Experience	
EMR	None required
EMT	<p>"Students must participate in and document patient contacts in a field experience approved by the medical director and program director." <b>The NWC EMSS EMT program is considering options to bring to provider agencies by March 2012.</b></p>
Paramedic	<p>The field internship site must allow students to assess and manage patients in the prehospital environment where he/she will progress to the role of Team Leader. The number of team leads is established by the program and accomplished by EACH student. The number of team leads is established and analyzed by the program through the evaluation system. The program must show that the timing and sequencing of the team leads occur as a capstone experience and in relation to the didactic and clinical phases so as to provide an appropriate experience to demonstrate competence. <b>NO CHANGE needed</b> to our current process.</p>

So that leaves us with the question – *how to update all our current EMTs and paramedics?*

The **NWC EMSS will use the CE option** to transition everyone.

**Paramedics** will be updated through the In-station program during 2012.

**EMTs** will be transitioned through agency and/or hospital conducted CE update classes using materials prepared by Northwest Community EMSS personnel.

### **What must be taught?**

The group with the most expansive changes are the EMTs, so, NWC EMSS will create seven, **2 hour CE modules**. Given that all EMTs need 30 hrs of CE per year, the transition modules will constitute 14 of those hours for 2012. We are following the minimum recommendations set forth by NASEMSO for content and hours.

Agency educators will be given instructor lesson plans, a PowerPoint presentation with speaker notes, and student handouts at **NO COST TO OUR AGENCIES**. The modules will be available for distribution during the months listed below.

### **Who can teach the transition modules?**

Any agency EMS instructor who is the Provider EMSC, or a paramedic who is a System Peer I or II educator, or an approved paramedic preceptor, or an Illinois Lead Instructor may teach the classes. If you have an otherwise qualified paramedic that does not meet these requirements, please submit their name and qualifications to me for consideration. We are attaching a document that sets forth the **qualifications of EMS educators at a national level** so you can see the minimum requirements to teach EMS personnel. Also attached is the current **listing of Peer Educators/agency**.

### **System-conducted class option:**

Several of our agencies have very few EMTs and may not want to hold classes for one or two persons. To help meet your needs, we will conduct the modules at least twice on different shift days at Northwest Community for a small fee of \$10 per person per class to cover our educator costs. Participants will be asked to register in advance as we need a minimum of 6 registrants to hold a class.

### **Documenting completion of CE:**

If conducting the classes internally, the agency must log the dates, topics, and times like we do for the in-station program with original legible signatures from the participants and faculty in colored (not black) ink on a CE record. At the end of 2012, we will ask you to forward those logs to my office so we can affirm to IDPH that all our EMTs are updated.

### **Scheduling and DUE DATE:**

Agencies may present the content using their own timelines as long as all EMTs have completed all 7 modules by **December 31, 2012**.

### **EMT level Transition classes to be held at Northwest Community Hospital:**

Please see next page for topics, times, and details based on NASEMSO recommendations.

<b>DATE</b>	<b>TIME</b>	<b>TOPIC</b>	<b>LOCATION</b>
1/21	0900-1100	Module I	Learning Center LC 1-2
1/26	1800-2000		NCH Auditorium
2/23	1800-2000	Module II	NCH Auditorium
2/25	0900-1100		NCH Auditorium
3/15	1800-2000	Module III	NCH Auditorium
3/24	0900-1100		NCH Auditorium
4/26	1800-2000	Module IV	NCH Auditorium
4/28	0900-1100		NCH Auditorium
5/17	1800-2000	Module V	NCH Auditorium
5/19	0900-1100		NCH Auditorium
Sept.	TBA	Module VI	
October	TBA	Module VII	

Transition Class Topics	NASEMSO Essential Time (min)	NASEMSO Supplemental time (min)	NWC EMSS Total Time (min)
<b>Module 1</b>			<b>120</b>
EMS Systems	15		
Research	5		
Public Health		5	
Workforce safety and wellness		10	
Scene size-up	5		
Primary assessment	20		
History taking	30		
Secondary assessment	15		
Monitoring devices	15		
Reassessment	5		
<b>Module 2</b>			<b>120</b>
Respiratory pathophysiology		30	
Airway management	30		
Respiration	30		
Artificial ventilation	15		
Respiratory failure and shock	15		
<b>Module 3</b>			<b>120</b>
Medical Overview		5	
Neurology	15		
Abdominal and Gastrointestinal disorders	30		
Immunology		10	
Infectious diseases	10		
Endocrine disorders	10		
Psychiatric	15		
Toxicology		5	
Hematology	5		
Genitourinary / Renal		15	
<b>Module 4</b>			<b>120</b>
Cardiovascular pathophysiology		15	
Cardiovascular A & P, and emergencies	60		
Respiratory A&P, assessment, and conditions	45		
<b>Module 5</b>			<b>120</b>
Trauma overview	30	15	
Chest trauma	30		
Abdominal and Genitourinary Trauma	15		
Head, Facial, Neck and Spine Trauma	10		
Air medical		10	
Multiple Casualty Incidents	10		
<b>Module 6</b>			<b>120</b>
Nervous System Trauma	45		
Special Considerations in Trauma	45		
Principles of safely operating a ground ambulance	10		
Mass Casualty Incidents due to terrorism and disaster	20		
<b>Module 7</b>			<b>120</b>
Obstetrics	10		
Geriatrics		30	
Medication administration		5	
Emergency medications		10	
Medical Legal / Ethics	30		
Patients with Special Challenges		20	
Therapeutic communications	15		