

# EMERGENCY MEDICAL SERVICES

## EMS Education Manual



**State of Connecticut**  
Department of Public Health  
410 Capitol Avenue  
P.O. Box 340308  
Hartford, CT 06134-0308



This manual is designed to provide the tools necessary to ensure quality education in the EMS community subject to the Regulations of State Agencies section 19a-179-17(a) (3). Any instructor undertaking initial paramedic training MUST seek additional information from the Office of Emergency Medical Services. The complexities of national accreditation cannot be adequately addressed in this handbook.

#### Sec. 19a-179-17. EMS training programs

**(a) In order to conduct an OEMS-approved training program for any classification set forth in Sec. 19a-179-16 of these regulations, a person must:**

(1) Deliver to OEMS at least thirty (30) days prior to the planned initiation of the program a written application to conduct said training program on a form prescribed by OEMS. Such application shall include, but is not limited to, the following information:

(A) A list of teaching facilities to be used, and of available teaching aids and supplies.

(B) A proposed list of instructors, assistant instructors, and physician lecturers to be used during the course of the program.

(C) A statement of compliance that the program meets the most recent National Standard Training Curricula, as approved by the United States Department of Transportation, National Highway Safety Traffic Administration, for the appropriate category.

(2) Ensure that there is a state-certified EMS-I responsible for all class sessions.

(3) Follow the training manual developed by OEMS, as kept current and on file at OEMS, and made available to the general public.

(4) Maintain complete financial and administrative records for inspection by OEMS.

(b) OEMS shall approve or disapprove such training program proposal applications and notify the appropriate regional council within twenty (20) days of the delivery of the proposal to OEMS. Prior to approval, OEMS shall consult with the regional EMS coordinator for his/her recommendation. Where a regional EMS coordinator's recommendation is not adopted, the OEMS will provide written comments to the regional EMS coordinator.

(c) To enroll in an OEMS-approved training program for any classification set forth in Sec. 19a-179-16 of these regulations as a student/trainee, an individual must apply to the person conducting the program in a form and manner set forth by the OEMS. Applicants who have not attained the age of eighteen shall submit with their application a consent form, prescribed by OEMS, which had been signed by a legal guardian.

Please note that any printed or saved copy of this manual is considered outdated, and the only current version is posted on the "Education and Training" section of the Ct.gov website at [www.ct.gov/dph/ems](http://www.ct.gov/dph/ems)

#### **Change Log**

##### Version 1.1

- Changed number of stations for EMT to five from six.
- Typographical errors corrected
- Pg. 24 updated to reflect certification periods

##### Version 2.0 (Sept 2019)

- Removal of refresher information
- Addition of Continuing Education requirements

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**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

**OFFICE OF EMERGENCY MEDICAL SERVICES**

To: All Current and New Emergency Medical Services Instructors  
From: Raffaella Coler, RN, EMTP, EMS-I  
Director  
Joel Demers, NRP, EMS-I  
EMS Education and Training Coordinator  
Date: July 1, 2018  
Re: EMS Education Manual

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The Office of Emergency Medical Services has developed this manual to assist instructors in complying with current statutes, regulations, policies and procedures of relevant state agencies. This manual is considered a living document, subject to frequent updates. The reader is encouraged to obtain a recent copy from the “Education and Training” section of the Department of Public Health, Office of Emergency Medical Services website.

Should you have any additional questions, feel free to contact me at [Joel.Demers@ct.gov](mailto:Joel.Demers@ct.gov) or by telephone at 860-509-7975.

EMS Instructors are subject to the **Connecticut General Statutes and Regulations of Connecticut State Agencies**. These resources can be found online at the OEMS website. For convenience, here are links to several of the relevant topics. Each instructor should take review and become familiar with the pertinent statutes and regulations.

[CT Gen Stat § 19a-175 \(2016\)](#)

Sec 19a-175 through 19a-199 establishes the EMS system program as part of the Department of Public Health and sets the Commissioner of Public Health as the policy-setter for this program. Two topics may be of specific interest to EMS instructors:

**Sec. 19a-181a.** Indemnification of emergency medical services instructors. The state shall save harmless and indemnify any person certified as an emergency medical services instructor by the Department of Public Health under this chapter from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or other act resulting in personal injury or property damage, which acts are not wanton, reckless or malicious, provided such person at the time of the acts resulting in such injury or damage was acting in the discharge of his duties in providing emergency medical services training and instruction.

**Sec. 19a-197a.** Administration of epinephrine. (a) As used in this section, “emergency medical technician” means (1) any class of emergency medical technician certified under regulations adopted pursuant to section 20-206oo, including, but not limited to, any advanced emergency medical technician, and (2) any paramedic licensed pursuant to section 20-206ll.

(b) Any emergency medical technician who has been trained, in accordance with national standards recognized by the Commissioner of Public Health, in the administration of epinephrine using automatic prefilled cartridge injectors or similar automatic injectable equipment and who functions in accordance with written protocols and the standing orders of a licensed physician serving as an emergency department director may administer epinephrine using such injectors or equipment. **All emergency medical technicians shall receive such training.** All licensed or certified ambulances shall be equipped with epinephrine in such injectors or equipment which may be administered in accordance with written protocols and standing orders of a licensed physician serving as an emergency department director.

[CT Gen Stat § 20-206jj \(2016\)](#)

Sec 20-206jj through 206oo are the statutes that govern certification and licensure of EMS personnel in Connecticut.

[Office of Emergency Medical Services \(19a-179-1 to 19a-179-21\)](#)

Suggested topics for review:

**Sec. 19a-179-9: Specifically prohibited acts.** – This regulation lists specific things that persons involved in EMS may not do, for example carry a dangerous weapon or firearm, carry handcuffs or smoke in an EMS vehicle.

**Sec. 19a-179-13. Release of care to physician on scene** – This regulation identifies when and how an EMS provider may allow a patient’s physician to assume care.

**Sec. 19a-179-16a. Minimum personnel qualifications - certification and licensure** – Identifies the levels of certification, required education and refresher requirements for each level of care.

**Sec. 19a-179-17. EMS training programs** – Identifies the required steps to prepare for and keep records of an OEMS approved training program.

**Sec. 19a-437 Mass Gatherings – EMS** – Requires a written plan for the provision of EMS for an assembly of 2000 for more persons that will continue for twelve or more hours. (annual agricultural fairs are exempted.)

## OEMS STRUCTURE

The Office of Emergency Medical Services is part of the Healthcare Quality and Safety Branch of the Department of Public Health. OEMS oversees all aspects of the EMS system in Connecticut including planning, regulation and oversight. OEMS is located at 410 Capitol Ave in Hartford, just up the road from the State Capitol. It is a “secure facility” – make sure to call ahead before visiting. 860-509-7975

Within OEMS, the Education and Training Coordinator and Licensing and Certification Specialist work together to ensure that educational programs and certification examinations lead to a capable and compliant workforce.

**Commissioner of Public Health** – Renée D. Coleman-Mitchell

**Branch Chief, Healthcare Quality and Safety** – Barbara Cass, RN

**Director, OEMS** – Ralf Coler, RN, M.Ed., Paramedic

**Medical Director, OEMS** – Richard Kamin, MD, FACEP

**Provider Licensing Specialist** – Alejandro (Alex) Rodriguez-Santoni

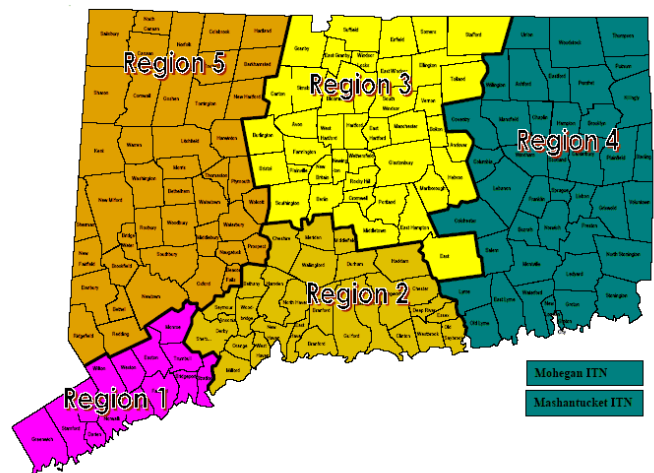
**EMS Education Coordinator** – Joel Demers, NRP, EMS-I

**Provider Licensing Assistant** – Kerry Baker

**Office Staff** – Renee Holta, Bonnie Ruffino, Yolanda Williams

### Regional EMS Coordinators

1. Jean Speck and Judi Reynolds
2. Judi Reynolds
3. Stacey Durante
4. Judi Reynolds
5. Jean Speck



<http://www.portal.ct.gov/DPH/Emergency-Medical-Services/EMS/About-the-Office-of-EMS>

The Department of Public Health, Office of Emergency Medical Services rely on several voluntary committees to guide the policies and operations of the Office. These committees have regular meetings which are open to the public. Several of particular interest to instructors are listed, others may be found on the OEMS webpage.

**Connecticut EMS Advisory Board** – Established by state statute to "*assist in coordinating the efforts of all persons and agencies in the state concerned with the emergency medical service system, and shall render advice on the development of the emergency medical service system where needed*". The Board's membership is dictated by Statute and includes members of the professional community and members appointed by various authorities.

**Connecticut EMS Medical Advisory Committee** – A physician based committee of the Advisory Board established to "*provide the commissioner, the advisory board and other ad hoc committees with advice and comment regarding the medical aspects of their projects. The standing committee may submit reports directly to the commissioner regarding medically-related concerns that have not, in the standing committee's opinion, been satisfactorily addressed by the advisory board.*"

**Education and Training Committee** – A committee of the Advisory Board that provides insight and opinion to training, education and testing of EMS providers. The committee also produces training program content as requested by the Advisory Board.

As used throughout this document, "**Department**" refers to the Department of Public Health and "**Office**" refers to the Office of Emergency Medical Services.

<http://www.portal.ct.gov/DPH/Emergency-Medical-Services/EMS/OEMS--Committees--Work-Groups>



## NON GOVERNMENTAL AGENCIES AND ASSOCIATIONS

Several interest groups, agencies and associations exist to benefit EMS instructors and educators. Listing in this section does not indicate endorsement and is provided for information only.

**Connecticut Society of EMS Instructors (CSEMSI)** – [www.CSEMSI.org](http://www.CSEMSI.org) – Non-profit membership organization committed to o-going support to instructors emphasizing service excellence, communication, continuous learning, teamwork and community involvement. CSEMSI sponsors two EMS-I CEU sessions each year.

**National Association of EMS Educators (NAEMSE)** – [www.NAEMSE.org](http://www.NAEMSE.org) – Membership organization that offers several instructor level training programs, an accreditation examination and annual seminar.

**EMS Pro International EMS Conference** – [www.EMSpro.com](http://www.EMSpro.com) – Annual event at Mohegan Sun focused on EMS topics.

**National Association of EMTs (NAEMT)** – [www.NAEMT.org](http://www.NAEMT.org) – National membership based organization dedicated to professional interest of EMS providers. Provides several EMS educational courses including safety, pediatrics, vehicle operations and trauma life support.

Every approved EMS course shares similar common elements that provide a structure and organization. The role of OEMS in approving courses is to ensure that each course meets the minimum statutory and regulatory standards, has proper clinical oversight and follows current educational standards. OEMS as a regulatory agency does not mandate specific methods of education or training, however enforces basic standards to ensure quality and safety for the general public.

### **Regulated Courses**

The following courses are regulated by the Office of Emergency Medical Services:

1. Emergency Medical Responder (EMR)
  2. EMR to EMT Bridge
  3. Emergency Medical Technician (EMT)
  4. Advanced Emergency Medical Technician (AEMT)
  5. Paramedic (MEDIC)
  6. EMS Instructor (EMSI)
  7. EMS Instructor Trainer (EMS IT)
  8. EMS Instructor Continuing Education (EMSI CEU)
  9. EMR National Continued Competency Requirement (NCCR)
  10. EMT National Continued Competency Requirement (NCCR)
  11. AEMT National Continued Competency Requirement (NCCR)
  12. Paramedic National Continued Competency Requirement (NCCR)\*
  13. BLS Continuing Education
  14. ALS Continuing Education
- (Updated July 2019)

\* - This office provides a registry of approval for paramedic level continuing education in an effort to support NREMT recertification.

Other types of education may be incorporated in an approved course or offered at different times. The Office does not provide approval or regulation of those courses such as CPR, ACLS, PALS, PHTLS, CEVO and others. The accrediting agencies maintain responsibility for those courses. When an approved course includes a specific brand of course, the Office expects the course coordinator to ensure that the accrediting agency policies are followed.

## COURSE SPONSORSHIP

EMS courses may be sponsored or hosted by a licensed or certified EMS agency, an educational institution, hospital or private entity. Individual certified EMS instructors may sponsor courses provided they meet the medical direction, educational facility and equipment requirements of the Department.

## EDUCATIONAL FACILITIES

The primary learning environment for all approved EMS courses should have reasonable facilities to support educational techniques and learner comfort. OEMS does not prescribe a specific arrangement or structure, however certain minimum standards should be considered.

### **ADA Requirements**

All course sponsors should have a plan to address the needs of students with disabilities. Each sponsor is individually responsible for accommodating their need for compliance with the American's with Disabilities Act. Some sponsors, due to their business nature (hospitals, colleges, public entities) may have a higher level of compliance.

Please note that the Department grants one type of ADA accommodation for the EMT cognitive examination, extended time to complete the exam upon certification of a learning disability. The Department does not provide oral examination, language translation or alternative facilities for the cognitive exam. The candidate MUST self-disclose, at least thirty (30) days prior to testing, and provide official documentation from a licensed professional regarding prior learning accommodations.

The Department will grant reasonable accommodation for the EMT psychomotor examination provided the accommodation does not compromise the nature of the skill performed. For example, a scenario may be set-up in an area that is accessible to a person using a mobility assistance device, however the manikin used may not be relocated to a table or bed.

### **Lecture and Classroom**

There should be adequate seating and work area for lecture and classroom sessions. Tables, desks, chairs and similar classroom elements should be provided to support the learning environment. Area for separate skills and small-group work should be provided. Overhead projectors, large screen television monitors, marker/chalk boards and audio-video equipment relevant to the topic should be available.

### **Laboratory Space**

Areas for skill practice and development should be provided. The classroom lecture space may be utilized for this purpose, provided there is sufficient space for free movement and equipment. Dedicated facilities with posters, equipment and study materials support the learning environment.

## **Heating, Ventilation and Cooling**

Season appropriate heating, ventilation and cooling systems should be in place to support the learning environment.

## COURSE PERSONNEL ROLES

Each approved course will have several identified personnel roles. Some roles are held by the same person and some programs utilize different titles.

**Course Coordinator\*\*** – Is the instructor of record for the course for regulatory purposes. The course coordinator must be a currently certified emergency medical services instructor (EMS-I) who holds at least the same level of provider certification as the course being held. *For example, an Advanced EMT may coordinate an EMT course, but may not be the Course Coordinator for a paramedic course.* The course coordinator is responsible for the overall leadership and coordination of the course and ensures compliance with regulations and educational standards.

**Medical Director\*\*** – Each approved EMS provider course must have a Medical Director who is a physician (MD or DO) currently engaged in the practice of emergency medicine at a hospital in Connecticut. Where a program has a non-Connecticut based Medical Director, an Associate Medical Director, who meets the above requirements may be selected. The Medical Director is responsible for ensuring that the selected curriculum, text and training plans meet current medical standards and EMS educational standards. The Medical Director should be available to the Course Coordinator or other educators to answer clinical questions. The Medical Director need not be present for course sessions.

**Clinical Coordinator** – EMT, AEMT and paramedic initial courses should have a clinical coordinator to identify and work with clinical experience sites. The clinical coordinator typically manages all clinical experiences outside the classroom and laboratory. Refresher programs typically do not need clinical coordinators.

**EMS Instructor** - A certified emergency medical services instructor must be present on site of any approved EMS course session.

**Lecturer** – Any person deemed appropriate to present a topic may be allowed to present specific portions of an EMS course provided a certified emergency medical services instructor is immediately available should questions regarding EMS educational or practice standards arise. For example, a nurse midwife may lecture on child birth, however if that person is not qualified as an EMS-I, an EMS-I must be present on-site for EMS related questions.

**Classroom Aide** – Any person deemed appropriate to assist in the educational process may assist in teaching. The EMS instructor on site is responsible to ensure that such aide teaches in accordance with generally accepted techniques and according to current education standards.

\*\* If, during a Department approved course, there is a change in Course Coordinator or Medical Director, the outgoing Course Coordinator or Medical Director must formally relinquish control of the course to the incoming Course Coordinator or Medical Director. This should be completed in writing on Course Sponsor letterhead with signatures. In some cases, such as abrupt resignations, terminations, death and other significant events, the incoming Course Coordinator or Medical Director may make the notification without the release of the outgoing party.

The Course Coordinator must ensure that the following files are kept for five (5) years after the completion of any approved EMS course. (19a-179-7) Files may be kept as paper or digital files and must be produced for OEMS inspection upon request. Initial courses typically require a master course file and individual student files. Refresher courses may only need one file. A list of recommended records is below:

### Course File

- Application to Conduct Training (T-1 form)
- Course Approval from OEMS
- Course policies, handbook etc.
- Any clinical agreements or contracts
- Course schedule
- Master copy of any major exam or final exam given
- Initial roster
- Final roster, if different
- Cognitive and psychomotor grades
- Attendance records
- Course Completion Report (T-4 as applicable)
- Student feedback forms

### Student File

- Course policies acknowledgements (if utilized)
- Answer sheets for major exams and final exams
- Formative and summative psychomotor skills documentation
- Counseling or remediation memoranda
- Student grievances and responses thereto
- Clinical internship reports
- Field internship reports
- Copy of completion document (certificate, diploma, letter)

## CLINICAL CONTRACTS

Initial EMT, AEMT and Paramedic courses must have at least one site for clinical skills practice. The course must execute a mutually agreeable clinical contract with each hospital, clinic, ambulance company, fire department or other entity with which it will affiliate. The contract should, at a minimum include the following terms:

- Liability insurance requirements
- Health physical requirements
- Student responsibilities
- Preceptor responsibilities
- Methods of communication
- Dress and behavior guidelines
- Methods of recording and reporting progress
- Processes for managing student exposure to bloodborne pathogens or injury
- Emergency contact personnel information
- Authorizing signatures on behalf of educational organization and clinical site
- Beginning and ending dates of clinical contract

A copy of each clinical contract must be submitted with the T-1 form.

State regulations require that EMS instructors submit various requests and other information on a form designed or approved by the Office of Emergency Medical Services. Several of the approved forms are listed below and may be obtained online at the OEMS website.

**T-1 Application to Conduct Training** – One T-1 form must be completed for each course. EMR, EMT and AEMT courses have single document application forms. Due to the complex nature of paramedic education, the paramedic T-1 is a package. When a course schedule or content changes, the course coordinator should submit an updated T-1 form.

**T-2 Application to Conduct EMS Continuing Education** – One T-2 form must be completed for each topic or series of topics for continuing education at the EMR, EMT, AEMT or paramedic level. Approval may be provided on an “on-going” basis for courses that are primarily distributive education or repeated sessions. When an on-going approval is granted, it is valid for one year.

**T-4 Program Completion Report** – One T-4 must be submitted at the completion of any initial EMS course. This form may be updated and resubmitted as some students may complete the course at a later time. This form should be submitted via the instructor’s eLicense website account. Please include the Course approval number in the file name of the T-4 when emailing or uploading. (Example “T-4 18-18898 EMT Cromwell.xls”). The T-4 must be submitted within 14 days of the completion of the course.



## EMS COURSE REQUIREMENTS

Each type of EMS course has different requirements and the course coordinator should plan and organize the course to meet regulatory requirements and to prepare the student for their profession. In general, OEMS expects that EMS courses will follow current national educational guidelines as provided by the National Highway Transportation Safety Administration at [www.EMS.gov](http://www.EMS.gov). The EMR, EMT, AEMT and paramedic instructional Guidelines provide a blueprint for training programs.

The National Registry of EMTs Paramedic Psychomotor Competency Portfolio (PPCP) is a “best practice” program that allows paramedic students to have access to a well distributed population of patients during the laboratory, clinical and field phases of education. Paramedic programs should become familiar with this program by researching this at the [NREMT website](#). EMT and AEMT programs will find useful tools within this program to develop similar educational experiences also.

Instructors should consider the National EMS Scope of Practice Model to assist them in developing curriculum and training plans

### **[National EMS Education Standards](#)**

### **[Emergency Medical Responder Instructional Guidelines](#)**

### **[Emergency Medical Technician Instructional Guidelines](#)**

### **[Advanced Emergency Medical Technician Instructional Guidelines](#)**

### **[Paramedic Instructional Guidelines](#)**

### **[National EMS Core Content](#)**

### **[National EMS Scope of Practice Model - November 2017 Update](#)**

Online and other forms of distance education utilized in all OEMS approved educational programs must be approved by the Commission on Accreditation for Prehospital Continuing Education (CAPCE) or by the sponsoring medical director. The course coordinator should include sufficient documentation of such approval when submitting an application for course approval. For CAPCE approved programs, include the CAPCE approval number.

#### EMERGENCY MEDICAL RESPONDER - INITIAL

The initial EMR certification course prepares the candidate to gain simple knowledge of the EMS system and provide initial care for a patient while awaiting EMT and paramedic response. EMR is the basic level of certification for police officers, some firefighters, junior and explorer groups and volunteer ambulance association members. While all EMS training should be competency based, the Office has determine that the minimum time for an initial course should be sixty (60) hours.

The course coordinator must maintain documentation of all skills competencies and final exam records.

Minimum Hours:	<b>60</b>
Clinical Experience:	<b>Not Required</b>
Written Exam:	<b>100 questions, administered by OEMS proctor</b>
Practical Exam:	<b>4 stations minimum, administered by Course Coordinator (CPR-AED, BVM, Medical, Trauma)</b>
Renewal:	<b>Every 3 years</b>

#### EMERGENCY MEDICAL TECHNICIAN - INITIAL

The initial EMT certification course prepares the candidate to gain fundamental knowledge of the EMS system and provide ongoing care for a patient during transport. EMT is the basic level of care for transporting ambulance crews and is a pre-requisite to many paramedic education programs. While all EMS training should be competency based, the Office has determine that the minimum time for an initial course should be one hundred-fifty (150) hours.

The course coordinator must maintain documentation of all skills competencies and final exam records.

Minimum Hours:	<b>150</b>
Clinical Experience:	<b>10 patient assessments (minimum) Field experience approved by medical director and program director</b>
Written Exam:	<b>NREMT Cognitive Computer Adaptive Test, administered by Pearson</b>
Practical Exam:	<b>5 stations, administered by OEMS approved Examination Sites</b>
Renewal:	<b>Every 3 years</b>

#### EMR TO EMT BRIDGE COURSE

A currently certified Emergency Medical Responder (EMR) seeking to become an Emergency Medical Technician (EMT) may complete an abbreviated course that takes into account the prior learning of the EMR. This course should include a basic entry requirement of demonstrating basic EMR skills prior to commencing with EMT level training. An EMR who fails to complete this training, or completes training and fails NREMT exams may maintain current EMR certification subject to the usual EMR recertification process. To enter this course, the EMR must have been certified for a period of one (1) year and maintain current certification throughout the course.

Minimum Hours:	<b>90</b>
Clinical Experience:	<b>10 Hours ED Experience (minimum)</b>
Written Exam:	<b>NREMT Cognitive Computer Adaptive Test, administered by Pearson</b>
Practical Exam:	<b>5 stations, administered by OEMS approved Examination Sites</b>
Renewal:	<b>Every 3 years</b>

#### ADVANCED EMERGENCY MEDICAL TECHNICIAN – INITIAL

A pre-requisite to AEMT training is certification as an EMT. AEMTs are to be educated according to the latest standard, currently provided by NHTSA dated January 2009.

A document entitled “**Guideline for Conducting AEMT Program**” is located in the EMS Education section of the OEMS website. Course coordinators seeking to conduct an AEMT course should refer to this document.

The T-1 Application to Conduct AEMT certification/recertification form is a packet that must include clinical contracts, syllabi, CV of medical director and instructors and clinical site information.

Minimum Hours:	<b>150-250 hours</b>
Clinical Experience:	<b>25 IV, 15 medication, 20 ventilations</b>
Written Exam:	<b>NREMT Cognitive Computer Adaptive Test, administered by Pearson</b>
Practical Exam:	<b>NREMT Advanced EMT Practical Exam (9 stations)</b>
Renewal:	<b>Every 3 years</b>

Notes: The Advanced EMT level of certification has seen several changes over recent years including a move from a classroom based certification exam to the NREMT exam for certification. Currently, the certification period for Connecticut is 3 years while the NREMT is 2 years.

## PARAMEDIC INITIAL

The paramedic initial training course is a comprehensive program that requires full involvement with an educational facility, sponsor hospital facilities, medical director and field internship sites. It is not advisable for individual instructors to undertake initial paramedic training as national accreditation is required. The Committee on Accreditation of Education Programs for the Emergency Medical Services Profession (CoAEMSP) is the recognized accreditation program in Connecticut.

The T-1 Application to conduct paramedic certification form is a packet that must include clinical contracts, syllabi, CV of medical director and instructors and clinical site information.

Minimum Hours:	<b>1200</b>
Clinical Experience:	<b>~500 hours between hospital and field</b>
Written Exam:	<b>NREMT Paramedic Cognitive Computer Based Test</b>
Practical Exam:	<b>NREMT Paramedic Practical Exam (6 stations) Combined with Paramedic Portfolio</b>
Renewal:	<b>License expires annually in month of birth. \$155 fee to renew. NREMT requires 60 hours of training every 2 years to maintain national certification</b>

### **Note regarding refreshers:**

[Public Act No. 19-118](#), passed during the 2019 legislative session, made changes to statutory language regarding the recertification of EMS personnel including EMR, EMT, AEMT and EMS Instructor (EMSI) personnel. Section 57 and 58 of that Public Act made changes to Section 20-206jj and 20-206mm

The concept of a stand-alone traditional “refresher” course will be transitioned to a national “continued competency” program that includes a primary core education plan and a flexible continuing education model. This applies to *all certified EMR, EMT and AEMT personnel* in Connecticut, regardless of current NREMT status.

This statutory change authorizes OEMS to adopt the current model for recertification education. Effective January 1, 2020, all certified EMS personnel will be required to complete the NREMT “**National Continued Competency Program (NCCP)**” recertification training prior to applying for renewal of an EMS certificate.

Prior to applying for renewal of an EMS certificate, the holder shall complete the required hours of continuing education in the prescribed categories, complete a skills verification, and enter their continuing education in to the NREMT portal (provided at no cost to the provider or the state by the NREMT). All certified EMS personnel in Connecticut are required to have an account with the NREMT even if they do not hold NREMT certification.

#### EMERGENCY MEDICAL SERVICES INSTRUCTOR - INITIAL

An EMS-I course must be conducted by a Department approved EMS Instructor Trainer. The basic course content may vary from course to course, but should follow the National Guidelines for Educating EMS Instructors, 2002. The Department will also accept the NAEMSE Instructor 1 and 2 course in lieu of a local EMS instructor course.

- Minimum Hours: **65 hours (up to 25% distributive)**
- Teaching Experience: **25 hours under supervision of current EMS-I**
- Written Exam: **All applicants must pass an OEMS administered EMT exam with a score of 90%**
- Renewal: **3 years. Coincides with EMT or AEMT. Not with paramedic.**

#### EMERGENCY MEDICAL SERVICES INSTRUCTOR - RENEWAL

The EMS instructor must participate in a combination of activities that **total fifty (50) contact hours**. Those hours are broken down as follows:

- Hours attending OEMS approved Continuing Education: **5 minimum**
- Hours teaching EMS content: **35 minimum, covering 5 different topics**
- Additional hours, either attending or teaching **10 minimum**

The PROVIDER of EMS-I Continuing Education should apply to the Office for approval of CEUs prior to the event. In general, all education based training, clinical or non-clinical is acceptable. CEUs are granted based on actual hours of education excluding breaks. Working lunches are granted CEU if they are identified as such.

Instructors may request CEU credit for a course taken outside the EMS community by submitting on the same form and including relevant outlines, schedules and credentials of presenters and a certificate of completion. College level education courses will be granted CEU status.

## CERTIFICATION EXPIRATIONS, RENEWALS, REINSTATEMENTS

This section applies to EMR, EMT, AEMT and EMS-I certified personnel. Paramedics are handled differently as they are a licensed professional position.

When a person seeks certification, the licensing and certification office at OEMS will confirm that the applicant has met all of the requirements of the position and has completed the requisite forms. The expiration date of a certificate is based on the quarterly expiration date that is not greater than 36 months from the end of the training course.

Connecticut Regulations allow for a 90 day grace period for all provider certificates, during which time a person may continue to utilize the certified title and perform the certified duties. During this period, some employers may not permit employees to perform EMS functions as some insurance companies refuse to pay when an “expired” EMS professional provides service. After the 90 days period, the certificate is not valid and the person may not practice.

During day 91 through 2 years following expiration date, the certificate holder may reinstate the certificate by completing the usual recertification process. For EMR, EMT and AEMT, that involves completing refresher training. For the EMS-I, that involves documenting 50 contact hours including 5 attending CEU, 35 hours of teaching (across 5 different topics) and 10 additional hours of contact time.

After 2 years following expiration of the certificate, the certificate holder may reinstate the certificate by completing the usual recertification process PLUS completing the initial testing requirements. For the EMR, EMT and AEMT this means completing refresher training and taking the NREMT cognitive and psychomotor exams. For the EMS-I, this means documenting 50 hours of contact time as listed above, PLUS passing the Connecticut EMT refresher exam with a score of 90% or better.

## NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

In 2005, Governor Jodi Rell issued executive order #10 requiring that all initial EMS candidates must complete the nationally accepted NIMS 100 and 700 courses prior to certification. This training counts as part of the minimum course hour and may be completed as homework, class work or presented by a qualified instructor as part of the classroom presentation.

Students should be advised to keep their course completion certificates for future training and employment verification.

Students completing NIMS training online through the FEMA system will need to create a "Student ID" number or "SID."

**NIMS 100 Course:** <https://emilms.fema.gov/IS100c/curriculum/1.html>

**NIMS 700 Course:** <https://emilms.fema.gov/IS700b/curriculum/1.html>



**COURSE COMPLETION**

Upon the completion of any approved initial course, the Course Coordinator shall complete the Certification Program Completion Form (T-4 Form) as provided by the Department on the OEMS website. All students who attended even one session are to be listed on this form. This form allows for an “incomplete” status for students who may have experienced delays in clinical experiences, remediation or re-testing. This form is the official notification from the course coordinator to the Department of Public Health, OEMS, that students completed the program. Any diploma or course certificate may be issued to the student, however it need not be submitted to OEMS. This form must be submitted within 14 days of course completion.

The T-4 form is to be submitted online via the instructor’s account at [www.elicense.ct.gov](http://www.elicense.ct.gov) .

Certification Program Completion Form (T-4 Form)															
Cert Course Level		Lead Instructor Last Name			Lead Instructor First Name			Lead Instructor EMS-I Number		Lead Instructor Primary Phone Number		Lead Instructor Secondary Phone Number		Lead Instructor Email Address	
Course Start Date	Course End Date	Instructor Mailing Address - Street / Box			Instructor Mailing Address - Town			ZIP	Sponsor/Agency		Medical Director Name		Course Approval Number		
Candidate	Last Name	First Name	Certification #	Expiration Date	Date of Birth	Mailing / Street Address	City / Town	State	Zip Code	Cert Level	Alternative Registry?	Written Exam Score	Program Status		
1										0	0	0	Incomplete at this Time		
2										0	0	0	Incomplete at this Time		
3										0	0	0	Incomplete at this Time		
4										0	0	0	Incomplete at this Time		
5										0	0	0	Incomplete at this Time		
6										0	0	0	Incomplete at this Time		
7										0	0	0	Incomplete at this Time		
8										0	0	0	Incomplete at this Time		
9										0	0	0	Incomplete at this Time		
10										0	0	0	Incomplete at this Time		
11										0	0	0	Incomplete at this Time		
12										0	0	0	Incomplete at this Time		
13										0	0	0	Incomplete at this Time		
14										0	0	0	Incomplete at this Time		
15										0	0	0	Incomplete at this Time		
16										0	0	0	Incomplete at this Time		
17										0	0	0	Incomplete at this Time		
18										0	0	0	Incomplete at this Time		
19										0	0	0	Incomplete at this Time		
20										0	0	0	Incomplete at this Time		
EMS-I Instructor Signature											Date				
											Form		0-4		

*\*My typed signature has the same effect as my written signature.*

In addition to the T-4 form, the course coordinator shall provide to any student upon request, a certificate or statement of attendance that is to include, but not limited to, the following:

- Course title
- Number of educational hours
- Attendee’s name
- Location of course
- Date(s) of course
- Name and signature of course coordinator (or facsimile thereof)
- Connecticut DPH OEMS approval number

## COURSE CANCELLATION

If a Department approved EMS course is to be cancelled, the course coordinator must notify the Office by mail or by email and include the approval number, dates and location of the course.

## INITIAL CERTIFICATION OF EMR, EMT

### **Course Completion**

Candidates seeking initial certification as an EMT must demonstrate successful completion of a Department approved EMT training program which includes a course cognitive (written) examination and a course psychomotor (practical) exam. The course exams are separate from the state/national certification exam.

Once the course is complete, the course coordinator submits a "Course Completion Report" (Form T-4) indicating that the listed course participants completed the required course. This form allows for an "incomplete" status for students who may have experienced delays in clinical experiences, remediation or re-testing. This form is the official notification from the course coordinator to the Department of Public Health, OEMS, that students completed the program. Any diploma or course certificate may be issued to the student, however it has only ceremonial value.

### **State/National Cognitive Testing**

The Department has selected the NREMT to conduct the approved cognitive (written) examination on behalf of the state. Candidates who are aged 18 and older will make an account with NREMT, submit an application and request an "Authorization To Test" (ATT) letter. The course coordinator must mark the candidate as "Successfully Completed Course" on the NREMT website to allow this process to occur. Additionally, the candidate must make an account with Pearson Vue, a computer testing company utilized by NREMT to provide the testing.

The Department does not control the content of the NREMT examination. NREMT utilizes a Computer Adaptive Testing (CAT) model that assesses entry level competency based on an algorithm of 60 to 120 multiple choice questions. The test is administered in a proctored, monitored secured facility.

### **State Psychomotor Testing**

The Department oversees the administration of the EMT practical examination process. Currently, EMS instructors may act as "Exam Coordinators" and host an exam subject to the approval of the Department and using approved skills evaluators. NREMT accepts the Connecticut practical examination process for certification at the national level.

When an exam coordinator requests approval for an EMT exam, the Department assigns a "Chief Examiner" to act as the representative of the Department and act as the final arbiter of skills testing. The exam coordinator is responsible for paying the Department approved \$250 per exam fee payable to the Chief Examiner.

The exam coordinator must submit, in writing (or email) a request to conduct an exam no less than 30 days prior to the requested date. The coordinator must also submit a list of scheduled candidates to the Department no less than 10 days prior to the exam.

During the examination, exam coordinators manage equipment, supplies and personnel as needed. They do not communicate with, coach, remediate or advocate for the candidates in any way. They may not challenge the decision of an examiner or chief examiner.

Candidates will be tested in five (5) stations:

1. Patient Assessment and Management – Medical
2. Patient Assessment and Management – Trauma
3. Cardiac Arrest – AED
4. Bag Valve Mask – Apneic Adult
5. A Random EMT Skill , selected from:
  - a. Bleeding Control and Shock Management (EMR)
  - b. Long Bone Immobilization
  - c. Joint Immobilization.

Currently approved skill sheets, available on the OEMS website are utilized for all stations. Passing the examination is outlined below:

- Candidates who pass all five (5) stations will be allowed to continue the certification process.
- Candidates who pass four (4) stations will be allowed to continue the certification process once the course coordinator submits a review and retrain form signifying that the candidate has reviewed the failed station. This form must be signed by two current EMS instructors and submitted to the office. The best way to submit is to scan to [dph.emslicensing@ct.gov](mailto:dph.emslicensing@ct.gov)
- Candidates who pass three (3) stations may retake the failed stations on another day with the goal of passing six or five stations as listed above.
- Candidates who pass fewer than three (3) stations (that means fail 4 or 5 stations) must retake the entire psychomotor exam.

Fees for psychomotor examinations are not regulated by the Department. Payment of fees are the responsibility of the individual candidate and are paid to the exam site. Examinations may be held for one specific class, for more than one class, or to an independent exam site with open registration.

A practical examination is valid for 24 months. This year allows the candidate to complete other requirements of certification such as cognitive examination and other required documentation. **If the candidate completes the written exam beyond the 24 month window, they will have to repeat the entire practical exam as it is no longer valid beyond 24 months.**

Complete EMT  
Course

150+ Hours  
Clinical and Field Experience  
Final Class Written and Practical Exams

Psychomotor  
Examination

Must pass at least 4 of 5 stations.  
If one failed, obtain Review and Retrain Form

NREMT Cognitive  
Examination

Up to three attempts  
EMT refresher earns 3 more attempts  
Maximum 9 attempts (See NREMT.org)

## ALTERNATIVE PATHWAY TO EMR CERTIFICATION

Those candidates who successfully completes and EMT training program but are not successful in the NREMT process for initial EMT certification may seek certification as an Emergency Medical Responder (EMR).

For those seeking the alternative pathway after attending an EMT initial certification program, the Candidate must:

1. Successfully complete OEMS approved EMT training program pursuant to State of CT Statute Sec. 20-206mm and Regulations of State Agencies 19-179-17.
2. Appear on the EMT Course Completion form (T4), indicating successful completion of the OEMS approved EMT training program, submitted by EMS Instructor responsible for the program
3. Make at least one (1) unsuccessful attempt at the NREMT Cognitive Examination.
4. Within two (2) years of initial EMT course completion
  - a. Attend and successfully complete the "Alternative Pathway to EMR Certification" program, and
  - b. Successfully take and pass the EMR cognitive and practical exam, and
  - c. Appear on an updated EMS Instructor of record completes the Alternative Pathway to EMR Certification Completion form (T4) submitted to OEMS, and
  - d. File EMR Application for Certification (Online at [www.elicense.ct.gov](http://www.elicense.ct.gov)).

## ALTERNATIVE PATHWAY TO EMR CERTIFICATION CURRICULUM

Goal: Provide alternative pathways to EMR certification, thus remaining committed to the State of Connecticut EMS workforce and patient care needs within the State's towns and communities.

Objectives:




- 1) Cognitive domain
  - a) Discuss the difference between the EMR and EMT Scope of Practice
  - b) Assess the role of the EMR in providing emergency patient care
  - c) Examine the consequences of providing care outside one's Scope of Practice
- 2) Psychomotor Domain
  - a) In scenario based exercises:
    - i) Distinguish between the intervention options available to the EMR versus the EMT
    - ii) Demonstrate EMR patient care intervention options
    - iii) Develop the ability to fulfill the role of the EMR in a team approach to patient care
- 3) Affective Domain
  - a) Appreciate the role of the EMR in the EMS response system
  - b) Value the intervention capabilities of the EMR in providing patient care
  - c) Appreciate the hazards of providing care outside one's scope of practice
- 4) Curriculum specifics
  - a) The elements of the EMS Agenda for the Future
    - i) Core content
      - (1) description of the span of out of hospital medicine
    - ii) Scope of Practice Model
      - (1) Legal limits and role assignments within the EMR scope of practice
    - iii) National EMS Education Standards
      - (1) Progressive approach to EMS Education
      - (2) EMR competencies
    - iv) Movement towards National certifying exams and national program accreditation
  - b) Define:
    - i) Scope of Practice
    - ii) Education

- iii) Certification vs. licensure
- iv) State credentialing process
- c) Consequences of acting outside one's scope of practice
  - i) Regulations 19a-179-9 Specifically Prohibited Acts
    - (1) Misrepresentation of certification
    - (2) Providing care without certification (authorization) to do so
    - (3) Providing care outside EMS Systems
  - ii) Criminal law violations
  - iii) Civil law violation
- d) EMR versus EMT Scope of practice
  - i) Review of EMR practice limits and guidelines
  - ii) Specific areas of contrast
    - (1) Immobilization
    - (2) Pharmacology
    - (3) Team responsibilities/role
- e) Alternative EMR Certification
  - i) Procedure for State of Connecticut Certification

CANDIDATES UNDER AGE 18

In accordance with the Regulations of State Agencies, section 19a-179-17(c), applicants who have not attained the age of eighteen shall submit with their application to become an EMR or EMT a consent form as prescribed by OEMS, which has been signed by a legal guardian. This document is available as a fillable PDF.

EMT Applicants under the age of 18 must complete the psychomotor exam first, then will take the NREMT "Assessment" examination. They must receive approval directly from OEMS for NREMT testing. The cognitive exam MUST be completed within one year of the psychomotor exam.

OFFICE OF EMERGENCY MEDICAL SERVICES  
**PARENTAL CONSENT FORM**

**THIS FORM IS REQUIRED FOR EMS PROVIDER CANDIDATES UNDER THE AGE OF EIGHTEEN (18)**

**COURSE OVERVIEW:** The course emphasizes emergency medical care skills and attempts to teach these skills in a job related context. The following medical conditions are included. Inadequate airway; cardiac arrest; external and internal bleeding; shock; injuries to all body parts; fractures; dislocations; sprains; poisons; heart attack; stroke; diabetes; acute abdomen; communicable diseases; patients with abnormal behavior; alcohol and drug abuse; the unconscious state; emergency childbirth; burns (chemical, electrical, heat and radiation); emergencies caused by hot and cold environmental conditions and emergencies resulting from water hazards. In addition, the program also includes training in the use of the following equipment and materials; suctioning devices; airways; bag-mask resuscitation devices; oxygen equipment and delivery systems; sphygmomanometer and stethoscope; splints of all types (including backboards), bandages, automated external defibrillator and assisting the patient with certain medications.

**EMT ROLES AND RESPONSIBILITIES:** EMS provider functions include the following: patient examination; prompt and efficient care; appropriate patient handling; safe and efficient patient transport; orderly patient transfer to emergency department; communications; reporting and record keeping; vehicle driving, maintenance and care; if rescue crews are absent, controlling the accident scene. The EMS provider is expected to carry out these responsibilities in a professional manner. The EMS provider should be well groomed and properly attired and exhibit appropriate concern for the patient.

**LEGAL ASPECTS OF EMERGENCY CARE:** The EMS provider needs to keep current, relative to legal requirement in the area in which he provides services. Specifically, he should be knowledgeable about his responsibilities relative to the following: duty to act or respond to the need for care and standards of care including professionals or institutional standards; consent; actual consent; implied consent; minor's consent; consent of mentally ill; right to refuse treatment; immunities; government immunities; government immunities; Good Samaritan Laws; EMS and Paramedic statutes; exemption from the Medical Practice Act; effect of licensing and certification.

**METHODS OF EDUCATION:** The EMS provider student will be involved in lectures given by doctors, nurses, and other emergency care instructors. Students also will participate in simulated emergencies, skill development exercises, local Emergency Department observations and possibly ambulance familiarization drills.

I,  , parent/legal guardian of,

Please Print Please Print

have read the above description of the state approved emergency medical technician training program and give my consent for my son/daughter to be enrolled in such program.

**Parent/Legal Guardian Signature**      **Date of Birth**      **Minor's Signature**

Address:

City:  State:  Zip:  Phone #: (  )  -

Enrolled:  /  /

Location      Start Date      Primary Instructor

Course Approval Number:

Please return this form with your EMS application, submit via email to [dph.emslicensingandrenewal@ct.gov](mailto:dph.emslicensingandrenewal@ct.gov), via fax to (860) 920-3142 or by mail to: CT Department of Public Health, EMS Certification • 410 Capitol Ave., MS #12 EMS • P.O. Box 340308 • Hartford, CT 06134-0308. Tel: 509-7975. Website: [www.ct.gov/dph/ems](http://www.ct.gov/dph/ems)

## INITIAL EMT CERTIFICATION APPLICATION PROCESS

In order to apply for State of Connecticut certification as an EMT, an applicant must be at least sixteen (16) years old and meet one of the following requirements:

- Successfully complete an Department-approved Emergency Medical Technician (EMT) training program in Connecticut with a minimum of 150 hours (including written and practical examinations); or
- Hold a current unrestricted Connecticut licensure as a registered nurse (RN), advanced practice registered nurse (APRN), physician (MD) or physician assistant (PA), and successful completion of a Department-approved EMT refresher course with a minimum of 30 hours (including written and practical examinations) in addition to the successful completion of the State-approved cognitive and practical exams as described below.

### Documentation Requirements

1. A completed online registration on the Connecticut eLicense website for EMT certification.
2. Successful completion of an OEMS-approved NREMT psychomotor (practical) examination.
3. Successful completion of the National Registry of Emergency Medical Technician (NREMT) examination. For more information, please visit the NREMT website.
4. EMT Training Program Completion Form (T-4), which is submitted directly to the Office by the instructor.
5. If under 18 years of age, a Parental Consent Form.
6. If applicable, Verification of EMS License/Certification Form from all states in which the applicant is or has ever been certified, current or expired, forwarded to this office from the appropriate authority in any U.S. State or territory in which the applicant is or has ever been certified as a EMS provider. Most jurisdictions charge a fee for verification. Be sure to contact the jurisdiction for fee information.
7. All supporting documentation (except for the online application) should be sent from the primary source (state, territory or instructor).

An important note on certification issue dates: The issue date of a new or reinstated (due to expiration) certification is based on the day the course was completed. They are valid for a period not to exceed three years, and expire on the first calendar day of the quarter following the issue date (January 1, April 1, July 31, October 1). *Example:* a certification issued on January 23, 2017 would have an expiration date of April 1, 2020.

Adult candidates may take the cognitive and practical exam in which ever order they desire. Applicants under the age of eighteen (18), RN, APRN, PA or MD's must complete the psychomotor exam (practical) first, then obtain permission from OEMS for the NREMT EMT Assessment exam\*\*.

\*\* The NREMT EMT Assessment exam is an alternative exam offered by NREMT for non-traditional candidates such as those under 18, physicians and nurses seeking Connecticut EMT certification.

Results of the practical or written examinations are valid for one year from the date of the last practical or written examination (or vice versa), or from the end of the course if you are applying for the first time. For example, a candidate applying for written examination who has one-year-old practical examination results must retake the practical examination before a certification will be issued.

Candidates are allowed six (6) opportunities to test for the written examination within a two-year period from the end of the course. Results of the written exam are valid for one year only. Candidates applying for the fourth time must submit an official verification of successful completion of a refresher education course including the written and practical exams directly from the instructor of record to the NREMT and to this department. This refresher must be completed before the fourth attempt of the examination. Candidates who fail the written examination on the



sixth attempt, or have reached the two-year limit must repeat the entire Initial EMT training program in order to apply for subsequent examination attempts.

### **Online Accounts**

Each candidate will need several online accounts to proceed through each step of the examination and certification process. This process can become confusing to the candidate, so the program should provide guidance and support.

- NREMT Account
- NREMT EMT Application
- Pearson Vue Account (for cognitive exam)
- Connecticut eLicense Account
- Connecticut eLicense Application

## HEALTHCARE PROFESSIONALS BECOMING EMTs

Persons who hold current and unrestricted Connecticut licensure as a registered nurse (RN), advanced practice registered nurse (APRN), physician (MD/DO) or physician assistant (PA), may obtain EMT certification after successful completion of a Department-approved EMT refresher course with a minimum of 30 hours (including written and practical examinations) in addition to the successful completion of the State-approved cognitive and practical exams. This requires the applicant to take and pass both elements of the NREMT exam. [Sec. 19a-179-16a (b) 1 (c)]

EMS Instructors should work directly with currently licensed medical professionals seeking EMT certification to orient them to the scope of practice of an EMT.

There is currently no state sanctioned method to bridge physicians, physician assistants, nurses or nurse practitioners to the level of paramedic. Other healthcare professionals not specifically listed above (LPN, Chiropractor, Naturopathic Physicians, etc.) are not eligible for any abbreviated entry to the EMT profession.

EMRs, EMTs and AEMTs receive certification that is valid for 2 years. Prior to the end of the 2 year cycle, an EMR, EMT or AEMT must complete the NREMT National Continued Competency Program of continuing education. (See next section) Continuing education may be developed by certified EMS instructors in the following methods:

1. Traditional classroom based courses
  - a. Includes hourly lectures, skills and activities
  - b. Instructor-run practical examination
  - c. State-proctored written examination
2. Blended or hybrid courses – synchronous
  - a. Includes some online content as prescribed by the instructor in a **limited** time frame
  - b. Classroom sessions including lecture, skills and activities
  - c. Instructor run practical examination
  - d. State proctored written examination
3. Blended or hybrid courses – asynchronous
  - a. Includes some online content as prescribed by the instructor in an **unlimited** or ongoing time frame
  - b. Classroom sessions including lecture, skills and activities
  - c. Instructor directed review of current EMS topics and practical skills
  - d. Instructor run practical examination
  - e. State proctored written examination
4. CME and CEU based courses
  - a. Student collects CME/CEU under direction of instructor and submits evidence of completion. These CMEs may come from local medical programs, regional events (seminars) or national level training (AHA, CAPCE etc)\*\*
  - b. Instructor directed review of current EMS topics and practical skills
  - c. Instructor run practical examination
  - d. State proctored written examination

\*\* CME or CEU may be collected from standardized EMS courses (ABLS, ACLS, AMLS, EPC, ITLS, PHTLS, PEPP, etc), from EMS related college courses, EMS grand rounds or case reviews, teaching related EMS courses or EMS conferences.

## APPROVAL OF EMS CONTINUING EDUCATION

Continuing education should follow the generally accepted procedures of the medical community and post-secondary education. One model is the Commission for the Approval of Prehospital Continuing Education (CAPCE) which provides approval of national and local EMS continuing education courses. This Department will provide similar approval following similar guidelines.

An EMS instructor may apply using the current T-2 Application to Conduct EMS Continuing Education, available on the OEMS website, for approval to conduct NCCP portions of the requirements. Certified EMS Instructors may apply for a full NCCR module or continuing education units in any appropriate number. Once approved, such programs may be provided as needed to satisfy the needs of the EMS community. For example, a four-hour CME on neonatal care may be offered every month as needed, and divided in to two-hour modules.

A qualified non EMSI may apply on the same form for specific topic(s) in which they would be considered a “subject matter expert”. *For example, a Respiratory Therapist may offer a 2-hour CME on “Oxygenation and Ventilation for EMS Professionals,” however they would not be approved to conduct a full 20-hour NCCR.*

Standardized courses, such as those from the American Heart Association (AHA), National Association of EMTs (NAEMT), the American College of Emergency Physicians (ACEP) and others **may** be used to fulfill topics in the National, Local, and Individual Components. *For example, an EMT who attends an Emergency Vehicle Operator Course (EVOC) may apply those hours towards the “Ambulance Safety”, “Culture of Safety” and “Crew Resource Management” portions of the Operations topics. Or, if that EMT has already fulfilled those topics, the EMT may apply those hours to the LCCR or ICCR categories.*

All certified providers must track their continuing education activity utilizing the NREMT.org platform. This is available at no cost to the user or to the state. That platform will identify the categories of education that are needed and allow the user to track their own progress.

Completion of the NREMT continuing education alone does not complete the recertification process. During the final 6 months of a provider’s certification period, the provider must complete an application for renewal on the eLicense system. At that time, the provider will certify that they have completed the required education and uploaded evidence of training to NREMT.

OEMS follows CAPCE expectations that continuing education content is:

- Relevant for the intended audience
- Medically accurate
- Properly referenced
- Original work that is correctly cited
- Grammatically correct and accurate spelling
- Not misleading

OEMS and CAPCE also requires the following:

- Providers will cite and reference recent peer-reviewed journals as much as possible.
- Content areas cannot be skipped and post-tests cannot be completed until the content has been viewed.
- CE hours will be correctly applied. For example, a provider will not award two CEH for a 20-minute activity.
- Student activities and interactions will be recorded, tracked, analyzed and reported to the CAPCE data management system.
- Students will be required to evaluate the program on completion of the lesson.
- The program committee analyzes the evaluations to make decisions on how they need to improve their activities.
- Needs assessment are performed and their results are applied to future educational content.

**Involvement and Expectations for Medical Director:** Involvement of a qualified physician medical director is integral to the success of any EMS education program. The medical director must:

- Review and approve all activities offered by the accredited organization including objectives, instructional personnel and evaluation tools.
- Provide clarification on all appropriate medical issues.
- Approve all medical content.
- Assist with participant outcome recommendations.
- Review all program evaluation summaries and make recommendations to improve the activity.

**Needs Assessment Methodology:** Aggregate needs assessments can be carried out which review the nature and breadth of an EMS service or EMS service area to determine the educational needs of a large group of EMS providers. Needs assessments can be produced by survey of what EMS providers feel they need, review of EMS call data, review of quality improvement data, review of patient outcomes, and review of population demographics. Needs assessments can also be carried out on an individual level. In these cases, the criteria listed above are reviewed and applied to an individual EMS provider and a custom-tailored CE program is identified, defined and initiated.

Refer to the CAPCE website Accreditation Guidebook for additional standards:

<https://www.cecbems.org/docs/Accred%20Guidebook.pdf>

## NREMT NATIONAL CONTINUED COMPETENCY PROGRAM (NCCP)

The Department has adopted the National Registry of Emergency Medical Technicians (NREMT) National Continued Competency Program (NCCP) of continued medical education as the recertification requirement for certified providers (EMR, EMT, AEMT). The Department supports the NREMT NCCP for licensed paramedics, however as licensed professionals in this state, paramedics are not required to demonstrate compliance with this program.

Each certified person must complete and record on the NREMT.org website completion of the current NCCP for the proper level of certification. The current NCCP requirements are available at NREMT.org and are hereby included by reference. For purposes of certification by this Department, the skills competency may be documented by any certified EMS instructor.

### Active versus Inactive status with NREMT

The NREMT requires that a registered provider be “actively working and providing patient care” in order to maintain active certification. This requires that they be affiliated with an agency “Training Officer” documents BLS skills or an EMS medical director documents ALS skills.

NREMT certified providers should consult with the NREMT for information on “Inactive Status” at this page: <https://www.nremt.org/rwd/public/document/policy-inactive>

This Department does not distinguish between an active and inactive certified EMR, EMT or AEMT, and a person completing continuing education MAY seek a documentation of skills competency by any certified EMS instructor for renewal of Connecticut certification. This Department assumes no liability for a provider who fails to meet the requirements for renewal of NREMT certification.

<b>Connecticut Certified ONLY</b>	<b>NREMT and Connecticut Certified</b>
<ul style="list-style-type: none"><li>• Complete NCCP Requirements</li><li>• Skills Verified by any EMS Instructor</li><li>• Complete renewal application on eLicense</li><li>• Use NREMT.org to track CME and skills</li></ul>	<ul style="list-style-type: none"><li>• Complete NCCP Requirements</li><li>• Skills Verified by Agency Training Officer or Medical Director</li><li>• Complete NREMT renewal process near expiration time</li><li>• Complete renewal application on eLicense</li></ul>

## SKILLS VERIFICATION – FOR RECERTIFICATION

During the certification cycle, each provider must demonstrate minimum skill competency at their level of certification. This may be completed by call review, scenario practice, laboratory or skills exams. An EMS instructor may verify EMR and EMT skills and a physician medical director may verify skills for AEMTs and paramedics. *Paramedics need continuing education skills verification ONLY for NREMT, not for Connecticut licensure.*

<b>Skill Competency</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic*</b>
Medical Assessment & Management	Yes	Yes	Yes	Yes
Trauma Assessment & Management	Yes	Yes	Yes	Yes
Airway Management & Ventilation	Yes	Yes	Yes	Yes
Cardiac Arrest w/AED (All ages)	Yes	Yes	Yes	Yes
Hemorrhage Control & Shock Management	Yes	Yes	Yes	Yes
Spinal Motion Restriction		Yes	Yes	Yes
Splinting, Simple and Traction		Yes	Yes	Yes
IV Therapy			Yes	Yes
IO Therapy			Yes	Yes
IV/IO Medication Administration			Yes	Yes
Advanced Airway Devices			Yes	Yes
Advanced Cardiac Care (megacode, etc)			Yes	Yes

\* Paramedic skill competency remains a function of the local medical director and may be documented if the paramedic seeks NREMT certification. Connecticut licensure does not require such verification.

Any form may be used to track skills competency including skills sheets, medical control skills forms or a letter attesting to the skill competency from an EMSI or medical director.

The Office recognizes the following methods of EMS instruction

- F-1 **Live, One-Time Event Classroom Based Training.**  
This includes typical lecture based training, conferences or seminars offered once.
- F-2 **Live, Ongoing or Repeating Classroom Based Training**  
This includes monthly drills, repeated seminars or training sessions.
- F-3 **Distributive Learning** – Journals, articles, audio recordings, video recordings, online content
- F-4 **Standardized Certification Courses** – Courses offered by nationally recognized agencies which prescribe the method and content of instruction, offer instructor and provider certification and materials.
- F-5 **Video Instructor Led Training (VILT)** – Live two-way synchronous education allowing the teacher and learner to be in different locations. VILT is accepted by NREMT as “Live” training for purposes of recertification.

## APPENDIX A – UPLOADING DOCUMENTS

The Department requires certain EMS education documents to be submitted via specific methods in order to provide accountability and tracking. These documents are to be uploaded online at [www.elicense.ct.gov](http://www.elicense.ct.gov). The instructor should:

1. Login to their personal account
2. Select “Online Services”, “Address and General Maintenance”
3. Select “Start” next to the License starting with 73 (all EMSI credentials start with 73)
4. Select “Upload a class roster”
5. Click “Next”
6. Click “Choose File”
7. Select the appropriate document from the user’s computer.
8. Click “Upload Document”
9. Click “Next”
10. Click “Done”

Documents to be uploaded via elicense:

- T-4 Course Completion Forms (in original .xls format)
- Updated T-4 Forms
- Other documents as directed by the Office