



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

DATE: December 30, 2011

TO: All EMS-Instructors

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State Education and Training Coordinator

REF: **CHANGES IN THE EMS CERTIFICATION AND EDUCATION SYSTEM**

Changes in EMS Statutes enacted in January, 2010 enabled changes in a number of aspects of Certification and training for EMS professionals.

Effective January 1, 2010, the names of EMS Certification levels changed:

1. Medical Response Technician (MRT) became Emergency Medical Responders (EMR)
2. Emergency Medical Technician – Basic (EMT-B) became Emergency Medical Technicians (EMT)
3. Emergency Medical Technician – Intermediate (EMT-I) became Advanced Emergency Medical Technicians (AEMT)

In June, 2011, the EMS Advisory Board and the Connecticut EMS Medical Advisory Committee (CEMSMAC) voted to support the adoption of the *National EMS Education Agenda for the Future's National EMS Education Standards* for the Emergency Medical Responder, Emergency Medical Technician and Paramedic provider levels. CEMSMAC deferred discussion and decision regarding the National Scope of Practice Model for Advanced Emergency Medical Technicians until a future date.

Initial Certification Programs of Instruction:

Effective September, 2011, all initial certification programs are to address the EMS Education Standards for the National Scope of Practice Model content for all certification levels except the Advanced Emergency Medical Technician, which continues to address the EMT Intermediate 1985 National Standard Curriculum.

The National EMS Education Standards focus on the development of candidate competency as opposed to addressing specific curriculum content and length. However, for planning purposes, instructors should consider minimum class length guidelines suggested by the National Education Standards.

For Emergency Medical Responder courses, the guideline suggests 40 to 60 hour programs; OEMS will be expecting that new EMR programs will require 60 hours to address breadth and depth of knowledge and to assess of EMR candidate competency.

For Emergency Medical Technician courses, the expectation is 150 to 190 hours.

Advanced Emergency Medical Technician programs should be based on the National Standard Curriculum for EMT Intermediates (1985), and should extend to about 100 hours in length.

Paramedic

Programs are to

achieve and maintain Program Accreditation as recommended in the *National EMS Education Agenda for the Future* and national accepted guidelines and as approved by the Department.

Recertification Interval:

The recertification intervals have changed for all levels to a three-year interval.

All initial certifications issued after January 1, 2010 will receive certifications with a three year expiration date.

All individuals certified prior to December 31, 2009 with two year certification intervals at that date will move to a three year recertification cycle on completion of their upcoming recertification process. All individuals on the three year recertification interval are unaffected by the change.

By January 1, 2012, all two-year recertification cycles should have ended and all EMS certified individuals should be on three-year intervals.

Recertification Program Length:

With the implementation of the three-year recertification interval has come change in re-certification program expectations.

1. EMR (MRT) recert programs will increase from fifteen hours to eighteen hours
2. EMT recert programs will increase from twenty-five hours to thirty hours
3. AEMT recert requirements will change from the two stage expectation of a twenty-five hour EMT recert program plus twenty-three hours of additional CEU hours to the thirty hour EMT recertification requirement plus a twenty-three (23) hour program of AEMT (ALS) appropriate continuing education.

Recertification Program Content:

National trends in EMS education focus more on assuring that training programs develop candidates who demonstrate competence in essential knowledge, skills and behaviors As opposed to assuring that instructors follow specific curriculum guidelines.

Recertification training should have as its primary goals:

1. The ability to assure that participants capably maintain core competencies,
2. The opportunity to refresh training in essential topic areas, and
3. The avenue by which experienced providers may enrich their pre-existing knowledge base with more current EMS information.

Therefore, all recertification programs will allow for substantial flexibility in both content and format.

EMS Instructors will serve as the point of contact for re-certifying Emergency Medical

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Responders, Emergency Medical Technicians and Advanced Emergency medical Technicians. EMS-Instructors offering AEMT level recertification programs must be certified as AEMT practitioners or licensed as paramedics. Candidates for recertification will be required to demonstrate that they have met at least the minimum number of hours for recertification at their provider level. In addition, all candidates must demonstrate they have completed a course of study that addressed each of the following core competencies:

1. Airway Management and Patient Respiratory Emergency Assessment and Interventions Scope of Practice level appropriate
 - a. patient assessment for respiratory distress and failure;
 - b. interventions for establishing and maintaining patent airways, assuring effective oxygenation and ventilation and managing respiratory distress
2. Cardiac Care, including Cardiac Arrest Management appropriate for their certification level and meeting Emergency Cardiac Care standards for both adult and pediatric populations. Certification such as CPR for Healthcare Providers in such nationally recognized programs as the AHA, ARC, ASHI, AAOS, NSC, etc. satisfy the requirement for BLS providers.
3. Medical Emergency Assessment and Care: (including at least one of any of the following categories: behavioral emergencies, toxicological emergencies, anaphylaxis and allergic reactions, environmental emergencies, endocrine emergencies, stroke and other neurological emergencies; gastro-intestinal and other abdominal disorder emergencies, or other non-traumatic emergency medical conditions)
4. Trauma Assessment and Care (including any of the following: penetrating and blunt trauma to the head, thorax, abdomen and pelvis, extremities; burns, HazMats or other mechanisms of injury)
5. Obstetrics and Gynecological Emergencies
6. Pediatrics and Other Special Care Populations (pediatric assessment and any of the following categories: geriatrics, special needs patients, etc.)
7. EMS Operations (including any of the following: medical-legal issues, documentation and communications, multiple casualty even management, Incident Command System topics, etc.)
8. **Transition:** For a complete recertification cycle (from July 1, 2012 until December 31, 2015) all refresher courses must include a module that addresses materials described in the *Gap Analysis* for the specific Scope of Practice level. More information will be forthcoming.
9. Skill Maintenance
 - a) Airway management, oxygenation and ventilation, including suctioning and basic adjunct use (EMR, EMT, and AEMT; approved advanced airway AEMT only)
 - b) Cardiac Care including cardiac arrest management (CPR Healthcare Provider level)
 - c) Patient Assessment – Medical
 - d) Patient Assessment – Trauma
 - e) Spinal Immobilization (seated, standing, supine; assist only – EMR)
 - f) Random Skills

- a. Simple Immobilization (Long bone and joints –all levels; traction splinting EMT and above)
- b. Hemorrhage control and shock management (including intravenous therapy, for AEMT's)
- g) Medication administration

Recertification Program Format:

At the discretion of the EMS Instructor, elements of the recertification program of study may include distributive and / or alternative learning modules. In order for Instructors to recognize distributive learning, each module must have recognition of continuing education credits by

1. the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) or other nationally recognized EMS / Emergency Medical care education/certification organization;
2. a sponsor hospital / or training entity medical director.

All CEU credit assignment will apply to recertification hour recognition on a one-for-one basis.

Recertification Programs may incorporate distributive / alternative education modules in the following ways:

1. A program of instruction specifically designed to fulfill all recertification requirements via distributive / alternative learning modalities. Such a program must contain modules that address each and all of the core topic areas, must consist of a minimum number of contact hours: eighteen (EMR) or thirty (EMT) or twenty-three (AEMT), plus the EMT requirement continuing education hours, and must adequately prepare the candidate to successfully complete OEMS approved cognitive and psychomotor examinations.
2. EMS-Instructor selected modules that are integrated into and support his/her program of instruction that, in total, addresses the range of topic categories, meet the eighteen (EMR), thirty hour (EMT), or twelve (AEMT) minimum expectation and adequately prepare the candidate to successfully complete OEMS approved cognitive and psychomotor examinations. For example, the EMS Instructor may choose to have live class sessions that “cover” five of the eight (nine with the transition) topic areas and specify particular on-line courses that address the remaining modules.
3. EMS-Instructors may provide a course of live instruction that addresses the full range of topic areas and may allow program participants to substitute distributive modules for particular course sessions. For example, if a live participant program is designed to run over the span of a year, and a participant is absent for the pediatric module, the instructor may elect to recognize the participant's certificate of completion of an appropriate on-line pediatric module in the place of the missed program.
4. Candidates holding current Connecticut licensure in good standing as a physician, physician assistant, advanced practice registered nurse, registered nurse or paramedic, may apply continuing education unit credits earned to maintain licensure for recognition as continuing education for Emergency Medical Responder, Emergency Medical Technician, and / or Advanced Emergency Medical Technician.

An EMS Instructor may require candidates to participate in a program of live instruction with no recognition of distributive learning at all.

All skills verification is to be accomplished through live demonstration of competency.

Recertification Examination:

Regardless of any distributive learning content, all candidates must successfully complete cognitive and psychomotor examinations appropriate for their certification level at the completion of the recertification training. The written recertification examination may not be completed more than one year prior to the technician's recertification date. Written exams must be OEMS approved, follow OEMS procedural requirements, and must be administered by OEMS approved proctors.

To qualify for the written exam, all candidates must:

1. Meet an EMT-Instructor's criteria for successful completion of a course of instruction as described above (i.e.: be enrolled in OEMS-approved recertification course)
2. Meet or exceed BOTH the minimum number of hours required AND address each and all of the required core competency areas
 1. Airway Management,
 2. Cardiac Care,
 3. Medical Emergencies,
 4. Trauma Emergencies,
 5. Obstetrics and Gynecological Emergencies,
 6. Pediatrics (Special Populations),
 7. EMS Systems,
 8. Essential Skills Maintenance
 9. Transition materials
3. Be eligible to appear on the Instructor's Course Completion Form (T4), and
4. Be eligible to have the signature of that EMS-Instructor on his/her Application for Certification (202 Form). AEMT candidates programs require that the candidates' training meet a medical director's approval for AEMT level content. AEMT Applications for Certification (202 Forms) may require a sponsor hospital medical director signature in addition to that of the EMS-I/Clinical Care Coordinator.

Recertification programs are to include skills development opportunities as well as skills examinations. Skills development sessions may address new technology for new interventions (mechanical CPR devices, for example), new or alternative technologies for existing skill competency expectations (traction splints from different manufacturers, for example) and / or skill competency re-development for existing but rarely used interventions (childbirth management skills, for example).

The recertification psychomotor examinations may be incorporated into the recertification program or recertification candidates may participate in OEMS approved psychomotor

examinations (“EMT Initial Practical Exams and/or Sponsor Hospital “Concert Exams”, for example) and must address the essential skills for specific EMS practitioner level and employ OEMS approved psychomotor “skill sheets”, records of which are to be maintained by the EMS-I of record for the candidate’s recertification process.

The Instructor must be able to document the technician’s successful completion of all requirements (including records of competent skill performance), and must maintain records of successful course completion for a minimum of six years. The records may be audited by OEMS at any time within the six-year interval.

IMPLEMENTATION TIMELINE:

Initial certification program standards are to be implemented immediately in preparation for certification examination changes to take effect January 1, 2012.

Recognition of distance learning / alternative learning modalities and recognition of Continuing Education Units for licensed health care providers for recognition as recertification education are to be implemented immediately.

Beginning January 1, 2012, recertification programs may either meet approval standards currently in place (EMR – 15 hours at National Standard Curriculum requirements, EMT at 25 hours at National Standard Curriculum requirements) or address the new standards. After July 1, 2012, all recertification programs must comply with the new format.