

OEMS Approval of EMS Continuing Education

This information has been added to the latest version of the EMS Education and Training Manual hosted on the OEMS website. This program is conducted under the authority of Sec. 19a-179-17 of the Regulations of Connecticut State Agencies.

Scope of Application

This process is mandatory for all continuing education of certified emergency medical services personnel including EMR, EMT and AEMT personnel. This process **may** also be followed for continuing education of licensed paramedics who seek to maintain NREMT certification. Connecticut does not require continuing education of licensed paramedics.

Background

The Department of Public Health, Office of Emergency Medical Services has only offered approval for continuing education for certified EMS instructors. With the transition to NREMT “National Continued Competency Program” for recertification, the Office will begin offering continuing education hour approval for all levels of EMS providers.

In 2012, the National Registry introduced a new recertification model, the **National Continued Competency Program (NCCP)**. Constructed using methodology similar to that of the [American Board of Medical Specialties](#) requirements, the new NCCP model streamlines the recertification process into three strategic categories of continuing education: National, Local, and Individual.

The NREMT allows the local or state component and individual component of EMS education to be approved by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) or the state. This office will provide state approval to continuing education that meets the requirements of CAPCE without requiring the education provider to seek CAPCE approval or pay the CAPCE fee.

When applying for continuing education approval, the EMS instructor may apply for the National Requirement or the “Local/State/Individual Requirement” category of education. **In a change from previous practice, this office will issue approvals for all continuing education as an “ongoing” approval with a one-year window. The instructor may present the approved program as submitted, as many times as necessary to meet the needs of the EMS community.** Requirements for each category are listed below:

NCCR - National Requirement (formerly the “State Refresher”) – 50%

The national requirement for each level of certified or licensed provider is outlined in the NREMT NCCP Education Update. This list of topics will be updated every 4 years to reflect current trends in evidence based medicine, scope of practice changes and EMS research.

NREMT provides educational materials including lesson plans for this requirement. EMS Instructors shall utilize the latest version of this update to plan the national component of continuing education programs. Please note that each level of provider has a different number of hours and a number of allowed distributive education hours.

Instructors should refer to the NREMT website and associated documents regarding the NCCR at <https://www.nremt.org/rwd/public/document/nccp> . **This component must follow the NREMT provided outline, it is not to be a collection of various CME topics.**

A course completion certificate should be issued to any person completing part or all of the NCCR. For example, an EMT who attends Post-Resuscitation, VAD, Stroke and Cardiac Arrest should be awarded a certificate indicating the number of hours and name of topics. The EMT may then attend other portions of the EMT NCCR at another time and location.

Distributive education may comprise no more than one-third (1/3) of the total required hours for the NCCR.

LCCR - Local/State Requirement (formerly “Continuing Education”) – 25%

The local requirement must either be approved by CAPCE or the education provider must seek approval from the Connecticut Department of Public Health, Office of Emergency Medical Services. Currently, OEMS will defer the selection of topics in the LCCR to the EMS instructor and medical director. OEMS reserves the right to readdress this requirement in the future.

Topics to be included in the LCCR should be selected based on local needs, data trends, protocol changes and medical director suggestion. When necessary, OEMS may issue a directive that a specific topic or lesson plan be implemented.

A recent example of a local topic directive would have involved the administration of naloxone by all levels of providers.

The LCCR may include traditional classroom based training, monthly drills, short seminars, online distributive education or new Video Instructor Led Training (VILT). Local drills and education programs must be delivered under the direct supervision of a certified EMS instructor.

Distributive education may comprise no more than two-thirds (2/3) of the total required hours for the LCCR.

ICCR - Individual Requirement (formerly “Continuing Education”) – 25%

The individual provider may elect to seek out education that they find interesting or the EMS instructor may provide this portion as part of a planned recertification program. All of the individual component may be provided by distributive education, but it may also include continuing education, conferences, monthly drills, hospital call reviews, teaching EMS programs and similar EMS oriented education. These components may be selected from CAPCE approved or State approved programs.

Other types of education that may be submitted may include nursing education, healthcare or science based college courses.

An example of an individual requirement choice may be to count 4 hours of attendance at an annual EMS conference towards this component.

Distributive education may comprise all (100%) of the total required hours for the ICCR.

Standardized Certificate Courses

Nationally offered “certificate courses” may be utilized to meet the requirements of any of the National, Local/State or Individual components. These courses include, but are not limited to, BLS, ACLS, AMLS, EPC, ITLS, PHTLS, PALS, PEPP, etc. OEMS will pre-approve any nationally offered certificate course on an hour-for-hour basis for continuing education. Candidates for recertification may only apply hours from certificate courses once per recertification cycle. For example, an EMT taking a 4 hour BLS course may either count those hours towards the state component OR to the individual component, but not both.

Instructors of “certificate courses” may count one (1) instance of teaching each type of course towards their recertification. For example, a CPR instructor who teaches BLS for Healthcare Providers four times may count four (4) hours towards recertification.

Teaching and Learning Methods

This office will follow the NREMT and CAPCE recognition of various methodologies of education. They are described below:

- 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. This may include BLS, ACLS, AMLS, EPC, ITLS, PHTLS, PALS, PEPP, etc.
- 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.

Skills Verification

In addition to the NCCP education program, the psychomotor skills of each provider must be verified and recorded. For EMR and EMT personnel, an EMS service training officer may document such skills. For AEMT and paramedic personnel, an EMS medical director physician, (or that medical director’s representative) from an approved sponsor hospital must document these skills.

Skills competency may be demonstrated in several ways:

- Simulation or laboratory environment (practical tests)
- Call review, quality improvement review or run-form review.
- Direct observation on actual medical calls

Special note: Those personnel maintaining NREMT certification must have their skills documented by an affiliated training officer. NREMT does not allow active certification of personnel who are not practicing or rendering patient care in any way.

Course Completion Certificates

Education providers shall issue a certificate or letter of course completion to each participant who completes a full portion or all of an NCCR program or CEU session.

For the **NCCR**, an education provider should produce a certificated identifying the following:

- Name of participant
- Level of education (EMR, EMT, AEMT, Paramedic)
- (Name(s) of NREMT sub-topics and associated hours) –For less than a full NCCR course.
- Name of course coordinator
- Date of course completion
- Signature, mark or other insignia of education provider

For **Continuing Education**, an education provider should produce a certificate identifying the following:

- Name of participant
- Name(s) of topic(s) and associate hour(s)
- Name of course coordinator
- Date of course completion
- Signature, mark or other insignia of education provider

Sample certificates follow in this document. Instructors and provider of education are free to utilize any reasonably similar format.

Approval of Continuing Education Programs

The **NCCR** may be presented by any certified EMS instructor who holds a certificate or license to practice at the level to be presented. For example, an EMT EMSI may provide continuing education for EMR and EMT personnel. A paramedic EMSI may provide continuing education for all levels of provider.

LCCR and other **continuing education** programs may be presented by certified EMS instructors or content experts holding proper credentialing in their specialty. For example, a respiratory therapist may provide continuing education in the field of respiratory care. It would be appropriate for non EMS instructors to seek the assistance of an EMS professional to ensure that topics fall within the EMS scope of practice.

EMS instructors and other professionals may apply to the Department of Public Health, Office of Emergency Medical Services for approval of EMS continuing education. One standard form is to be used, the **“T-2 Application to Conduct EMS Continuing Education.”** It must be completed and submitted at least 30 days prior to the start of the program. Programs may be approved as a one-time event or as an ongoing event with an expiration date of no more than two years. An approval number will be issued to the instructor applying for approval.


The approval number issued to an instructor should be used on all course documents and will be used similarly to a CAPCE approval number. Instructors seeking approval may utilize current CAPCE guidelines in ensuring that education programs meet national standards. A document summarizing OEMS standards will be published online.

Documentation and Recordkeeping



Each instructor providing EMS continuing education shall keep a roster of those attending and or completing the program. Such roster may be paper or digital and shall be maintained for inspection by the Department, in accordance with Sec. 19a-179-17 of the Regulations.

Samples of course certificates and skills verification follow.


Sample certificate for completion of a full 30-hour NCCR for paramedic:

	Acme Ambulance Service 123 Main St Springfield, CT	
This shall certify that		
John Doe has completed the		
30 hour - Paramedic National Continuing Competency Requirement		
<u>02/01/2020</u> Date	<i>Mary Dow</i> Mary Dow, NRP, EMS-I EMS Education Coordinator	<u>F1-CT-0083147</u> Approval #

Sample certificate for completion of PART of a 20-hour NCCR for EMT

	Acme Ambulance Service 123 Main St Springfield, CT	
This shall certify that		
John Doe has completed the		
Emergency Medical Technician NCCR ARV (1.5 hr), Cardiology (6 hr)		
<u>03/01/2020</u> Date	<i>Mary Dow</i> Mary Dow, NRP, EMS-I EMS Education Coordinator	<u>F1-CT-0055434</u> Approval #

Sample certificate for a continuing education activity:

	Acme Ambulance Service 123 Main St Springfield, CT	
This shall certify that		
John Doe		
has completed the		
Recognition of Behavioral Emergencies		
in the EMS Environment Program		
and is hereby awarded 2 hours of BLS continuing education		
<u>03/01/2020</u> Date	<u>Mary Dow</u> Mary Dow, NRP, EMS-I EMS Education Coordinator	<u>F1-CT-0055434</u> Approval #

Sample NCCP tracking forms follow on the next pages:

(These forms are from NREMT and may be used for personal tracking of education. Ultimately, providers are required to use the NREMT website to upload their continuing education)



EMR CONTENT UPDATE — (16 HRS REQUIRED)

NATIONAL — 8 HOURS

topic	hours	date	method
Airway, Respiration and Ventilation	1		
Cardiovascular	2.5		
Trauma	0.5		
Medical	3		
Operations	1		

LOCAL — 4 HOURS

topic	hours	date	method

INDIVIDUAL — 4 HOURS

topic	hours	date	method

This section must be completed using continuing education hours. You may count 10 hours (3 national, 3 local and 4 individual) of non-instructor-based distributive education toward this section. All hours must be state approved or CAPCE accredited.



EMT CONTENT UPDATE — (40 HRS REQUIRED)

NATIONAL — 20 HOURS

topic	hours	date	method
Airway, Respiration and Ventilation	1.5		
Cardiovascular	6		
Trauma	1.5		
Medical	6		
Operations	5		

LOCAL — 10 HOURS

topic	hours	date	method

INDIVIDUAL — 10 HOURS

topic	hours	date	method

This section must be completed using continuing education hours. You may count 24 hours (7 national, 7 local and 10 individual) of non-instructor-based distributive education toward this section. All hours must be state approved or CAPCE accredited.

AEMT CONTENT UPDATE — (50 HRS REQUIRED)

NATIONAL — 25 HOURS

topic	hours	date	method
Airway, Respiration and Ventilation	2.5		
Cardiovascular	7		
Trauma	3		
Medical	7.5		
Operations	5		

LOCAL — 12.5 HOURS

topic	hours	date	method

INDIVIDUAL — 12.5 HOURS

topic	hours	date	method

This section must be completed using continuing education hours. You may count 28.5 hours (8 national, 8 local and 12.5 individual) of non-instructor-based distributive education toward this section. All hours must be state approved or CAPCE accredited.



PARAMEDIC CONTENT UPDATE — (60 HRS REQUIRED)

NATIONAL — 30 HOURS

topic	hours	date	method
Airway, Respiration and Ventilation	3.5		
Cardiovascular	8.5		
Trauma	3.0		
Medical	8.5		
Operations	6.5		

LOCAL — 15 HOURS

topic	hours	date	method

INDIVIDUAL — 15 HOURS

topic	hours	date	method

This section must be completed using continuing education hours. You may count 35 hours (10 national, 10 local and 15 individual) of non-instructor-based distributive education toward this section. All hours must be state approved or CAPCE accredited.
 Copyright © 2019 National Registry of Emergency Medical Technicians

Minimum Skills Competency Verification

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.*

Skill Competency	EMR	EMT	AEMT	Paramedic*
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.