



IDAHO BUREAU OF EMERGENCY MEDICAL SERVICES & PREPAREDNESS

Idaho EMS Education Standards

Authority:

Idaho Code §56-1011 to §56-1023

Rules Governing Emergency Medical Services: IDAPA 16.01.05 “Education, Instructor, and Examination Requirements”

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I. Introduction

These standards are established by the Idaho Department of Health and Welfare, Division of Public Health, Bureau of Emergency Medical Services and Preparedness to define the minimum standards to which approved Idaho EMS Education Program initial education will be held accountable. These Standards include the 2021 National Emergency Medical Services Educational Standards published by the National Highway Transportation Safety Board, Office of Emergency Medical Services.

II. Initial EMS Education Requirements

Department-approved EMS Education Programs must meet or exceed the didactic education and psychomotor training objectives of the approved curriculum.

- i. State and National Standards: Idaho EMS follows the *National EMS Scope of Practice Model* in establishing EMS provider license levels. The minimum guidelines for student competencies, clinical behaviors, and judgments that should be met by entry-level EMS providers at each of these license levels are defined in Appendix A.
- ii. Idaho-Specific Content: All initial EMS courses must include the following Idaho-specific content, developed professionally and approved by the Department, if available:
 - a. Physician Order for Scope of Treatment (POST);
 - b. Safe Haven;
 - c. Landing Zone Officer; and
 - d. Extrication Awareness
- iii. National Content: All initial EMS courses must include the following national content:
 - a. Incident Command System ICS-100 and ICS-700; and
 - b. HazMat Awareness.

III. Idaho-Specific Content

The following content addresses concepts not covered in the *National EMS Education Standards*. If Department-developed training materials are unavailable, Education Programs must develop curriculum that meets or exceeds the objectives of the topic.

- i. Physician Order for Scope of Treatment (POST): familiarizes the student with the document, understanding patient care goals and honoring treatment preferences for life-sustaining measures.
- ii. Safe Haven: provides the student with foundational knowledge of Idaho Safe Haven laws and processes. Includes identifying Safe Haven locations, responsibilities of the Safe Haven, and provider considerations.
- iii. Landing Zone Officer: instructs the student on operating as the point of contact for helicopter landing zone operations. Includes LZ assessment, communications systems, hazard detection, and air/ground coordination.
- iv. Extrication Awareness: provides foundational knowledge of motor-vehicle crash and extrication practices and safety. Topics include scene hazards, basic stabilization, appropriate PPE, hazard mitigation, and packaging patients.

IV. National Content

The following content has been developed by the Federal Emergency Management Agency (FEMA) and can be accessed via the Emergency Management Institute, at: <https://training.fema.gov/>.

- i. ICS-100: Introduction to the Incident Command System: the course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).
- ii. ICS-700: Introduction to the National Incident Management System: the course provides learners with a basic understanding of NIMS concepts, principles, and components.
- iii. HazMat Awareness: provide a general introduction to hazardous materials, health and environmental regulations, hazmat identification systems, health consideration, and preparation for hazmat incidents.

V. EMS Personnel License Levels

The following are descriptions of EMS personnel license levels, as defined by the National EMS Scope of Practice Model, in reference to the provider levels in Appendix A.

Emergency Medical Responder (EMR)

The EMR is an out of hospital practitioner whose primary focus is to initiate immediate lifesaving care to patients while ensuring patient access to the emergency medical services system. EMRs possess the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and rely on an EMS or public safety agency or larger scene response that includes other higher-level medical personnel. When practicing in less populated areas, EMRs may have a low call volume coupled with being the only care personnel for prolonged periods awaiting arrival of higher levels of care. EMRs may assist but should not be the highest-level person caring for a patient during ambulance transport. EMRs are often the first to arrive on scene. They must quickly assess patient needs, initiate treatment, and request additional resources.

Emergency Medical Technician (EMT)

An EMT is a health professional whose primary focus is to respond to, assess and triage emergent, urgent, and non-urgent requests for medical care, apply basic knowledge and skills necessary to provide patient care and medical transportation to/from an emergency or health care facility. Depending on a patient's needs and/or system resources, EMTs are sometimes the highest level of care a patient will receive during an ambulance transport. EMTs often are paired with higher levels of personnel as part of an ambulance crew or other responding group. With proper supervision, EMTs may serve as a patient care team member in a hospital or health care setting to the full extent of their education, certification, licensure, and credentialing. In a community setting, an EMT might visit patients at home and make observations that are reported to a higher-level authority to help manage a patient's care. When practicing in less populated areas, EMTs may have low call volume coupled with being the only care personnel during prolonged transports. EMTs may provide minimal supervision of lower level personnel. EMTs can be the first to arrive on scene; they are expected to quickly assess patient conditions, provide stabilizing measures, and request additional resources, as needed.

Advanced Emergency Medical Technician (AEMT)

The AEMT is a health professional whose primary focus is to respond to, assess and triage nonurgent, urgent, and emergent requests for medical care, apply basic and focused advanced knowledge and skills necessary to provide patient care and/or medical transportation, and facilitate access to a higher level of care when the needs of the patient exceed the capability level of the AEMT. The additional preparation beyond EMT prepares an AEMT to improve patient care in common emergency conditions for which reasonably safe, targeted, and evidence-based interventions exist. Interventions within the AEMT scope of practice may carry more risk if not performed properly than interventions authorized for the EMR/EMT levels. With proper supervision, AEMTs may serve as a patient care team member in a hospital or health care setting to the full extent of their education, certification, licensure, and credentialing. In a community setting an AEMT

might visit patients at home and make observations that are reported to a higher-level authority to help manage a patient's care.

Paramedic

The paramedic is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs, administer medications, interpret and use diagnostic findings to implement treatment, provide complex patient care, and facilitate referrals and/or access to a higher level of care when the needs of the patient exceeds the capability level of the paramedic. Paramedics often serve as a patient care team member in a hospital or other health care setting to the full extent of their education, certification, licensure, and credentialing. Paramedics may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk patients, as well as intervening to mitigate conditions that could lead to poor outcomes. Paramedics help educate patients and the public in the prevention and/or management of medical, health, psychological, and safety issues.

Appendix A - Education Standards

LEGEND

The first letter refers to **Breadth**, which can be:

- Simple (S)
- Foundational (F)
- Comprehensive (C)

The second letter refers to **Depth**, which can be:

- Simple (S)
- Fundamental (F)
- Complex (C)

		EMR	EMT	AEMT	Paramedic
Preparatory	Preparatory	Uses knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues and ethical issues at the scene of an emergency while awaiting a higher level of care.	Applies knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Integrates knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues intended to improve the health of EMS personnel, patients and the community.
	EMS Systems	• EMS systems (S,S) • Roles, responsibilities and professionalism of EMS personnel (S,S) • Quality improvement vs. quality assurance (S,S) • Role of medical oversight (S,S) • Culture of safety / patient safety (S,S) • Continuum of care (S,S)	• EMS systems (S,F) • Roles, responsibilities and professionalism of EMS personnel (F,F) • Quality improvement vs. quality assurance (S,F) • Role of medical oversight (S,S) • Culture of safety / patient safety (S,F) • Continuum of care (S,F) • History of EMS (S,F) • Systems of care, e.g., Stroke, STEMI, Trauma, Pediatrics (S,F) • MIH/CP and other EMS-related specialty roles (S,S)	• EMS systems (S,F) • Roles, responsibilities and professionalism of EMS personnel (F,F) • Quality improvement vs. quality assurance (F,F) • Role of medical oversight (F,F) • Culture of safety / patient safety (F,F) • Continuum of care (F,F) • History of EMS (S,F) • Systems of care, e.g., Stroke, STEMI, Trauma, Pediatrics (F,F) • MIH/CP and other EMS-related specialty roles (F,F)	• EMS systems (C,C) • Roles, responsibilities, and professionalism of EMS personnel (C,C) • Quality improvement vs. quality assurance (C,C) • Role of medical oversight (C,C) • Culture or safety / patient safety (C,C) • Continuum of care (F,F) • History of EMS (F,F) • Systems of care, e.g., Stroke, STEMI, Trauma, Pediatrics (C,C) • MIH/CP and other EMS-related specialty roles (F,F)

	EMR	EMT	AEMT	Paramedic
Preparatory	Workforce Safety and Wellness - Standard safety precautions (S,S) - Personal protective equipment (S,S) - Lifting and moving patients (S,S) - Crew resource management (S,S) - Stress management (F,F) - Prevention of work-related injuries and illnesses (F,F) - Responder mental health, resilience and suicide prevention (F,F) - Wellness principles (F,F) - Disease transmission (S,S)	- Standard safety precautions (F,F) - Personal protective equipment (F,F) - Lifting and moving patients (F,F) - Crew resource management (F,F) - Stress management (F,F) - Prevention of work-related injuries and illnesses (F,F) - Responder mental health, resilience and suicide prevention (F,F) - Wellness principles (F,F) - Disease transmission (F,F)	- Standard safety precautions (F,F) - Personal protective equipment (F,F) - Lifting and moving patients (F,F) - Crew resource management (F,F) - Stress management (F,F) - Prevention of work-related injuries and illnesses (F,F) - Responder mental health, resilience and suicide prevention (F,F) - Wellness principles (F,F) - Disease transmission (F,F)	- Standard safety precautions (C,C) - Personal protective equipment (C,C) - Lifting and moving patients (C,C) - Crew resource management (F,F) - Stress management (C,C) - Prevention of work-related injuries and illnesses (C,C) - Responder mental health, resilience and suicide prevention (C,C) - Wellness principles (C,C) - Disease transmission (C,C)
	Research - Impact of research on EMR care (S,S) - Data collection (S,S)	- Impact of research on EMT care (S,S) - Data collection (S,S) - Evidence-based decision making (S,S)	- Impact of research on AEMT care (S,S) - Data collection (S,S) - Evidence-based decision making (S,S)	- Impact of research on Paramedic care (S,S) - Data collection (S,S) - Evidence-based decision making (S,S) - Research principles to interpret literature and advocate evidence-based practice (F,F)
	Documentation Recording patient findings (S,S)	- Recording patient findings (S,S) - Principles of medical documentation and report writing (F,F) - Supporting medical necessity (S,S)	- Recording patient findings (S,S) - Principles of medical documentation and report writing (C,F) - Supporting medical necessity (S,S)	- Recording patient findings (S,S) - Principles of medical documentation and report writing (C,C) - Supporting medical necessity (S,S)
	EMS System Communication - Call for resources (S,S) - Transfer care of the patient (S,S) - Interact within the team structure (S,S)	- EMS communication system (S,S) - Communication with other health care professionals to include cohesive and organized patient handoff (S,S) - Team communication and dynamics (S,S) - Telemetric monitoring devices and transmission of clinical data, including video data (S,S)	- EMS communication system (F,F) - Communication with other health care professionals to include cohesive and organized patient handoff (F,F) - Team communication and dynamics (F,F) - Telemetric monitoring devices and transmission of clinical data, including video data (S,S)	- EMS communication system (C,C) - Communication with other health care professionals to include cohesive and organized patient handoff (C,C) - Team communication and dynamics (C,C) - Telemetric monitoring devices and transmission of clinical data, including video data (S,S)

	EMR	EMT	AEMT	Paramedic	
Preparatory	Therapeutic Communication	• Health care literacy (S,S) • Interviewing techniques (S,S) • Verbal defusing strategies (S,S) • Managing communication challenges (S,S) • Family centered care (S,S)	• Health care literacy (S,S) • Interviewing techniques (F,F) • Verbal defusing strategies (F,F) • Managing communication challenges (F,F) • Family centered care (F,F) • Adjusting communication strategies for age, stage of development, patients with special needs (S,S) • Non-discriminatory communication that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome (S,S)	• Health care literacy (F,F) • Interviewing techniques (F,F) • Verbal defusing strategies (F,F) • Managing communication challenges (F,F) • Family centered care (F,F) • Adjusting communication strategies for age, stage of development, patients with special needs (S,S) • Non-discriminatory communication that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome (S,S)	• Health care literacy (C,C) • Interviewing techniques (C,C) • Verbal defusing strategies (F,F) • Managing communication challenges (C,C) • Family centered care (F,F) • Adjusting communication strategies for age, stage of development, patients with special needs (C,C) • Non-discriminatory communication that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome (C,C)
	Medical/Legal and Ethics	• Consent/refusal of care (S,S) • Confidentiality (S,S) • Advanced directives (S,S) • Tort and criminal actions (S,S) • Evidence preservation (S,S) • Statutory responsibilities (S,S) • Mandatory reporting (S,S) • Ethical principles/moral obligations (S,S) • End-of-life issues (S,S)	• Consent/involuntary consent/refusal of care (F,F) • Confidentiality (F,F) • Advanced directives (F,F) • Tort and criminal actions (F,F) • Evidence preservation (F,F) • Statutory responsibilities (F,F) • Mandatory reporting (F,F) • Ethical principles/moral obligations (F,F) • End-of-life issues (S,S) • Patient rights/advocacy (S,S)	• Consent/involuntary consent/refusal of care (F,F) • Confidentiality (F,F) • Advanced directives (F,F) • Tort and criminal actions (F,F) • Evidence preservation (F,F) • Statutory responsibilities (F,F) • Mandatory reporting (F,F) • Ethical principles/moral obligations (F,F) • End-of-life issues (S,S) • Patient rights/advocacy (S,S)	• Consent/involuntary consent/refusal of care (C,C) • Confidentiality (C,C) • Advanced directives (C,C) • Tort and criminal actions (C,C) • Evidence preservation (F,F) • Statutory responsibilities (C,C) • Mandatory reporting (C,C) • Ethical principles/moral obligations (C,C) • End-of-life issues (C,C) • Health care regulation (C,C) • Patient rights/advocacy (C,C) • Ethical tests and decision making (C,C)

	EMR	EMT	AEMT	Paramedic
Anatomy and Physiology	Uses knowledge of the anatomy and function of the upper airway, heart, vessels, blood, lungs, skin, muscles and bones as the foundation of emergency care.	Applies knowledge of the anatomy and function of all human systems to the practice of EMS.	Integrates knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS.	Integrates knowledge of the anatomy and physiology of all human systems

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

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

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

		EMR	EMT	AEMT	Paramedic
Public Health	Public Health	Has an awareness of local public health resources and their role in public health.	Applies knowledge of the principles of public health epidemiology including public health emergencies, public health monitoring, health promotion and illness and injury prevention.	Same as EMT level	Applies knowledge of principles of public health and epidemiology including public health emergencies, health promotion and illness and injury prevention.
	Public Health Overview	• EMS roles in public health (S,S) • Infection prevention and control (S,S) • Human trafficking (S,S)	• EMS roles in public health (S,S) • Infection prevention and control (S,S) • Human trafficking (S,S) • EMS EHR reporting and data collection (S,S) • Governmental/ nongovernmental roles & resources (S,S) • Public health mission and goals (S,S) • Social, geographic, economic, demographic determinants of health (S,S) • Patient and community education (S,S) • Injury prevention and wellness (S,S) • Unique pediatric, geriatric and special populations public health concerns (S,S) • Screenings and vaccinations/ immunizations (S,S)	• EMS roles in public health (S,S) • Infection prevention and control (S,S) • Human trafficking (S,S) • EMS EHR reporting and data collection (S,S) • Governmental/ nongovernmental roles & resources (S,S) • Public health mission and goals (S,S) • Social, geographic, economic, demographic determinants of health (S,S) • Patient and community education (S,S) • Injury prevention and wellness (S,S) • Unique pediatric, geriatric and special populations public health concerns (S,S) • Screenings and vaccinations/ immunizations (F,F) • Impacts of political, social and economic issues (F,F) • Infectious disease (F,F)	• EMS roles in public health (C,F) • Infection prevention and control (F,F) • Human trafficking (S,S) • EMS EHR reporting and data collection (S,S) • Governmental/ nongovernmental roles & resources (S,S) • Public health mission and goals (S,S) • Social, geographic, economic, demographic determinants of health (S,S) • Patient and community education (S,S) • Injury prevention and wellness (S,S) • Unique pediatric, geriatric and special populations public health concerns (S,S) • Screenings and vaccinations/ immunizations (C,F) • Impacts of political, social and economic issues (F,F) • Infectious disease (C,F) • Patient disposition, selecting destination, ambulance transport (C,F) • Bioinformatics (C,F)

		EMR	EMT	AEMT	Paramedic
Pharmacology	Pharmacology	Uses knowledge of the medications that the EMR may administer in an emergency.	Applies knowledge of the medications the EMT may administer to a patient during an emergency and chronic or maintenance medications the patient may be taking.	Applies (to patient assessment and management) knowledge of the medications carried by AEMTs that may be administered to a patient during an emergency and chronic or maintenance medications the patient may be taking.	Integrates knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.
	Principles of Pharmacology	• Medication safety (S,S) • Kinds of medications used during an emergency (S,S)	• Medication safety (F,F) • Medication legislation (F,F) • Naming (F,F) • Classifications (F,F) • Storage and security (F,F) • Medication interactions (S,S) • Adverse drug reactions (S,S) • Metabolism and excretion (F,F) • Mechanism of action (F,F) • Medication response relationships (F,F)	• Medication safety (C,C) • Medication legislation (C,C) • Naming (C,C) • Classifications (C,C) • Storage and security (C,C) • Medication interactions (C,C) • Adverse drug reactions (C,C) • Pharmacokinetics (C,C) • Pharmacodynamics (C,C) • Schedules (C,C)	• Medication safety (C,C) • Medication legislation (C,C) • Naming (C,C) • Classifications (C,C) • Storage and security (C,C) • Medication interactions (C,C) • Adverse drug reactions (C,C) • Pharmacokinetics (C,C) • Pharmacodynamics (C,C) • Schedules (C,C)
	Medication Administration	• Use a Medication Cross Check procedure (S,S) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Use of tools/resources to facilitate safe administration of weight-based dosing.	• Use a Medication Cross Check procedure (F,F) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Administer medications to a patient (F,F) • Provide pain management, including ethical and safety considerations (F,F) • Routes of administration (S,S)	• Use a Medication Cross Check procedure (F,F) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Administer medications to a patient (C,C) • Provide pain management, including ethical and safety considerations (C,C) • Routes of administration (C,C) • Resources for safe administration of weight-based dosing (F,F)	• Use a Medication Cross Check procedure (F,F) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Administer medications to a patient (C,C) • Provide pain management, including ethical and safety considerations (C,C) • Routes of administration (C,C) • Resources for safe administration of weight-based dosing (F,F)

	EMR	EMT	AEMT	Paramedic
Pharmacology	Acute Medications - Names (S,S) - Effects (S,S) - Indications (S,S) - Contraindications (S,S) - Side effects (S,S) - Routes of administration (S,S) - Dosages (S,S)	- Names (F,S) - Effects (S,S) - Indications (F,S) - Contraindications (F,S) - Side effects (F,S) - Routes of administration (F,S) - Dosages (F,S) - Actions (F,S) - Complications (F,S) - Interactions (F,S)	- Names (C,C) - Effects (C,C) - Indications (C,C) - Contraindications (C,C) - Side effects (C,C) - Routes of administration (C,C) - Dosages (C,C) - Actions (C,C) - Complications (C,C) - Interactions (C,C)	- Names (C,C) - Effects (C,C) - Indications (C,C) - Contraindications (C,C) - Side effects (C,C) - Routes of administration (C,C) - Dosages (C,C) - Actions (C,C) - Complications (C,C) - Interactions (C,C)
	Chronic or Maintenance Medications No knowledge related to this competency is applicable at this level.	Specific medication classes to be determined locally - Class names (S,S) - Class indications (S,S) - Class complications (S,S) - Class side effects (S,S) - Polypharmacy (S,S)	Specific medication classes to be determined locally - Class names (S,S) - Class indications (S,S) - Class complications (S,S) - Class side effects (S,S) - Polypharmacy (S,S)	Specific medication classes and examples to be determined locally - Class names (F,S) - Class indications (F,S) - Class complications (F,S) - Class side effects (F,S) - Polypharmacy (F,S)

		EMR	EMT	AEMT	Paramedic
Airway Management, Respiration and Ventilation	Airway Management, Respiration and Ventilation	Applies knowledge of anatomy and physiology to assure a patent airway, adequate mechanical ventilation and respiration while awaiting additional EMS response for patients of all ages.	Applies knowledge of anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation and respiration for patients of all ages.	Applies knowledge of upper airway anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation and respiration for patients of all ages.	Integrates knowledge of anatomy, physiology and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation and respiration for patients of all ages.
	Airway Management (Include age-related variations in pediatric and geriatric patients)	• Airway anatomy (F,S) • Airway assessment (F,S) • Techniques of assuring a patent airway (F,S)	• Airway anatomy (F,F) • Airway assessment (F,F) • Techniques of assuring a patent airway (F,F)	• Airway anatomy (F,F) • Airway assessment (F,F) • Techniques of assuring a patent airway (F,F)	• Airway anatomy (C,C) • Airway assessment (C,C) • Techniques of assuring a patent airway (C,C)
	Respiration (Include age-related variations in pediatric and geriatric patients)	• Anatomy of the respiratory system (F,S) • Physiology and pathophysiology of respiration (F,S) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (F,S) • Supplemental oxygen therapy (F,S)	• Anatomy of the respiratory system (F,F) • Physiology and pathophysiology of respiration (F,C) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (F,C) • Supplemental oxygen therapy (F,C)	• Anatomy of the respiratory system (C,F) • Physiology and pathophysiology of respiration (F,C) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (F,C) • Supplemental oxygen therapy (F,C)	• Anatomy of the respiratory system (C,C) • Physiology and pathophysiology of respiration (C,C) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (C,C) • Supplemental oxygen therapy (C,C)
	Ventilation (Include age-related variations in pediatric and geriatric patients)	• Assessment and management of adequate and inadequate ventilation (F,S) • Effect of ventilation on cardiac output (F,S)	• Assessment and management of adequate and inadequate ventilation (F,F) • Effect of ventilation on cardiac output (F,F)	• Assessment and management of adequate and inadequate ventilation (C,F) • Effect of ventilation on cardiac output (C,F)	• Assessment and management of adequate and inadequate ventilation (C,C) • Effect of ventilation on cardiac output (C,C)

		EMR	EMT	AEMT	Paramedic
Assessment	Assessment	Use scene information and patient assessment findings to identify and manage immediate life threats and injuries within the scope of practice of the EMR.	Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history and reassessment) to guide emergency management.	Same as EMT Level	Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
	Scene Assessment	• Scene safety/situational awareness (C,C) • Scene management (F,F) • Impact of the environment on patient care (F,F) • Addressing hazards (F,F) • Violence (F,F) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (F,F)	• Scene safety/situational awareness (C,C) • Scene management (F,F) • Impact of the environment on patient care (F,F) • Addressing hazards (F,F) • Violence (F,F) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (F,F)	• Scene safety/situational awareness (C,C) • Scene management (F,F) • Impact of the environment on patient care (F,F) • Addressing hazards (F,F) • Violence (F,F) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (F,F)	• Scene safety/situational awareness (C,C) • Scene management (C,C) • Impact of the environment on patient care (C,C) • Addressing hazards (C,C) • Violence (C,C) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (C,C)
	Primary Assessment (Include age-related variations in pediatric and geriatric patients)	• Primary assessment (S,S) • Begin interventions needed to preserve life (S,S)	• Primary assessment (F,S) • Integration of treatment/ procedures needed to preserve life (F,S)	• Primary assessment (F,F) • Integration of treatment/ procedures needed to preserve life (F,F)	• Primary assessment (C,C) • Integration of treatment/ procedures needed to preserve life (C,C)

	EMR	EMT	AEMT	Paramedic
Assessment	History Taking (Include age-related variations in pediatric and geriatric patients)	- Determining the chief complaint (S,S) - Mechanism of injury/nature of illness (S,S) - Associated signs and symptoms (S,S)	- Investigation of the chief complaint (F,F) - Mechanism of injury/nature of illness (F,F) - Associated signs and symptoms (F,F) - Past medical history (F,F) - Pertinent negatives (F,F)	- Investigation of the chief complaint (C,C) - Mechanism of injury/nature of illness (C,C) - Associated signs and symptoms (C,C) - Past medical history (C,C) - Pertinent negatives (C,C) - Interviewing techniques (C,C) - Therapeutic communication and adaptive interview techniques (C,C)
	Secondary Assessment (Include age-related variations in pediatric and geriatric patients)	- Assessment of vital signs (S,S) - Assessment of pain (S,S) - Performing a rapid full body scan (S,S)	- Assessment of vital signs (F,F) - Assessment of pain (F,F) - Techniques of physical examination (F,F) - Respiratory system including breath sound quality - Cardiovascular system - Neurological system - Musculoskeletal system - Major anatomical regions	- Assessment of vital signs (C,C) - Assessment of pain (C,C) - Techniques of physical examination (C,C) - Respiratory system including breath sound quality - Cardiovascular system - Neurological system - Musculoskeletal system - Major anatomical regions
	Monitoring Devices	No knowledge related to this competency is applicable at this level.	- Pulse oximetry (S,S) - Non-invasive blood pressure (S,S) - Cardiac monitoring – 12 lead ECG acquisition and transmission (S,S) - Blood glucose determination (S,S)	- Pulse oximetry (S,S) - Non-invasive blood pressure (S,S) - Cardiac monitoring – 12 lead ECG acquisition and transmission (F,F) - Blood glucose determination (S,S) - End tidal CO₂ monitoring and interpretation of waveform capnography (F,F) - Venous blood sampling (S,S) 12-lead ECG interpretation (F,F) - Blood chemistry analysis (F,F)
	Reassessment (Include age-related variations in pediatric and geriatric patients)	How and when to reassess patients (S,S)	How and when to reassess patients (F,F)	How and when to reassess patients (C,C)

		EMR	EMT	AEMT	Paramedic
Medicine	Medicine	Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.	Applies knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.	Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.	Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a treatment/ disposition plan for a patient with a medical complaint.
	Medical Overview (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/ or emergencies associated with pediatric and geriatric patients)	Assessment and management of a medical complaint (S,S)	- Pathophysiology, assessment, and management of a medical complaints to include (S,F) - Transport mode - Destination decisions	- Pathophysiology, assessment, and management of a medical complaints to include (F,F) - Transport mode - Destination decisions	- Pathophysiology, assessment, and management of a medical complaints to include (C,C) - Transport mode - Destination decisions
	Abdominal and Gastrointestinal Disorders (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/ or emergencies associated with pediatric and geriatric patients)	Anatomy, presentations and management of shock associated with gastrointestinal bleeding (S,S)	- Acute and chronic gastrointestinal hemorrhage (F,F) - Other gastrointestinal disorders to be determined locally (S,S)	- Acute and chronic gastrointestinal hemorrhage (F,F) - Other gastrointestinal disorders to be determined locally (S,S)	- Acute and chronic gastrointestinal hemorrhage (C,C) - Bowel obstruction (C,C) - Liver and biliary tract disorders (F,F) - Pancreatitis (S,S) - Inflammatory disorders (S,S) - Peritonitis (S,S) - Other gastrointestinal disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	Cardiovascular (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Chest pain (S,S)	- Acute coronary syndrome (F,F) - Hypertensive emergencies (S,S) - Aortic aneurysm/dissection (F,F) - Thromboembolism (F,F) - Heart failure (F,F) - Other cardiovascular disorders to be determined locally (S,S)	- Acute coronary syndrome (C,F) - Hypertensive emergencies (F,S) - Aortic aneurysm/dissection (F,F) - Thromboembolism (F,F) - Heart failure (F,F) - Other cardiovascular disorders to be determined locally (S,S)	- Acute coronary syndrome (C,C) - Hypertensive emergencies (C,C) - Aortic aneurysm/dissection (F,F) - Thromboembolism (F,F) - Heart failure (C,C) - Non-traumatic cardiac tamponade (C,C) - Cardiogenic shock (C,C) - Vascular disorders (C,C) - Cardiac rhythms (C,C) - Conditions that predispose patients to cardiac rhythm disturbances including WPW, Brugada, long QT syndrome and others (C,C) - Infectious diseases of the heart: endocarditis, myocarditis, pericarditis (F,F) - Congenital heart disease (F,F) - Hypertrophic cardiomyopathy (F,F) - Other cardiovascular disorders to be determined locally (S,S)
	Disorders of the Eyes, Ears, Nose, and Throat (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Epistaxis (S,S)	- Epistaxis (S,S) - Other eye, ear, nose and throat disorders to be determined locally (S,S)	- Epistaxis (F,F) - Post-surgical oropharyngeal hemorrhage (F,F) - Other eye, ear, nose and throat disorders to be determined locally (S,S)	- Epistaxis (F,F) - Post-surgical oropharyngeal hemorrhage (F,F) - Common or major diseases of the eyes, ears, nose and throat (F,F) - Other eye, ear, nose and throat disorders to be determined locally (S,S)

Medicine					
	EMR	EMT	AEMT	Paramedic	
	Endocrine Disorders (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Awareness that diabetic emergencies cause altered mental status (S,S)	- Diabetic emergencies (F,F) - Other endocrine disorders to be determined locally (S,S)	- Diabetic emergencies (C,F) - Other endocrine disorders to be determined locally (S,S)	- Diabetic emergencies (C,C) - Chronic diabetes (C,C) - Adrenal disease (S,S) - Pituitary and thyroid disorders (S,S) - Inborn errors of metabolism (S,S) - Other endocrine disorders to be determined locally (S,S)
	Genitourinary/Renal (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Blood pressure assessment in hemodialysis patients (S,S)	- Complications related to renal dialysis (S,S) - Complications related to urinary catheter management (not insertion) (S,S) - Kidney stones (S,S) - Sexual assault (Female and Male) (F,F) - Other GI/Renal to be determined locally (S,S)	- Complications related to renal dialysis (F,S) - Complications related to urinary catheter management (not insertion) (S,S) - Kidney stones (F,S) - Sexual assault (Female and Male) (F,F) - Other GI/Renal to be determined locally (S,S)	- Complications of dialysis (C,C) - Complications related to urinary catheter management (not insertion) (S,S) - Renal calculi (C,C) - Sexual assault (Female and Male) (C,C) - Acute/chronic renal failure (C,C) - Acid base disturbances (C,C) - Fluid and electrolytes (C,C) - Infection (F,F) - Male genital tract conditions (F,F) - Other GI/Renal to be determined locally (S,S)
	Hematology (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	No knowledge related to this competency is applicable at this level.	- Sickle cell crisis (S,S) - Clotting disorders (S,S) - Other hematologic disorders to be determined locally (S,S)	- Sickle cell crisis (F,F) - Clotting disorders (S,S) - Other hematologic disorders to be determined locally (S,S)	- Sickle cell disease (C,C) - Coagulopathies (F,F) - Blood transfusion complications (F,F) - Hemostatic disorders (F,F) - Red blood cell disorders (F,F) - White blood cell disorders (F,F) - Other hematologic disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	Immunology (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Anaphylactic reactions (S,S)	- Allergic and anaphylactic reactions (F,F) - Other immunological disorders to be determined locally (S,S)	- Allergic and anaphylactic reactions (C,C) - Systemic Inflammatory Response Syndrome (SIRS) (C,C) - Other immunological disorders to be determined locally (S,S)	- Allergic and anaphylactic reactions (C,C) - Systemic Inflammatory Response Syndrome (SIRS) (C,C) - Hypersensitivity (C,C) - Anaphylactoid reactions (C,C) - Collagen vascular disease (F,F) - Transplant-related problems (F,F) - Immunodeficiency syndromes (acquired or congenital) (F,F) - Other immunological disorders to be determined locally (S,S)
	Infectious Diseases (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	- Awareness of patient who may have an infectious disease (S,S) - How to disinfect and decontaminate equipment after treating a patient (S,S)	- Assessment and management of a patient who may have an infectious disease (S,S) - How to decontaminate the ambulance and equipment after treating a patient (S,S) - Sepsis and septic shock (S,S) - Other infectious diseases to be determined locally (S,S)	- Assessment and management of a patient who may have an infectious disease (S,S) - How to decontaminate the ambulance and equipment after treating a patient (S,S) - Sepsis and septic shock (F,F) - HIV (F,F) - Hepatitis B (F,F) - Antibiotic resistance (F,F) - Current infectious diseases prevalent in the community (F,F) - Vaccine-preventable diseases (F,F) - Other infectious diseases to be determined locally (S,S)	- Assessment and management of a patient who may have an infectious disease (S,S) - How to decontaminate the ambulance and equipment after treating a patient (S,S) - Sepsis and septic shock (C,C) - HIV-related disease (C,C) - Hepatitis (C,C) - Meningitis (C,C) - Antibiotic resistance (F,F) - Current infectious diseases prevalent in the community (F,F) - Vaccine-preventable diseases (C,C) - Viral diseases: RSV, Herpes zoster (F,F) - Sexually transmitted infections (F,F) - Tetanus (S,S) - Vector-borne diseases (S,S) - Tuberculosis (S,S) - Emerging infectious disease (S,S) - Other infectious diseases to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	Neurology (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/ or emergencies associated with pediatric and geriatric patients)	- Decreased level of responsiveness (S,S) - Seizure (S,S) - Stroke (S,S)	- Decreased level of responsiveness (S,S) - Seizure (F,F) - Stroke (F,F) - Dementia vs. delirium (S,S) - Alzheimer's disease (S,S) - Headache (F,F) - Brief Resolved Unexplained Event (BRUE) (F,F) - Other neurological disorders to be determined locally (S,S)	- Decreased level of responsiveness (F,F) - Seizure (C,F) - Stroke (F,F) - Dementia vs. delirium (S,S) - Alzheimer's disease (S,S) - Headache (F,F) - Brief Resolved Unexplained Event (BRUE) (F,F) - Parkinson's disease (S,S) - Other neurological disorders to be determined locally (S,S)	- Decreased level of responsiveness (C,C) - Seizure (C,C) - Stroke (C,C) - Dementia vs. delirium (S,S) - Alzheimer's disease (S,S) - Headache (C,C) - Brief Resolved Unexplained Event (BRUE) (F,F) - Parkinson's disease (S,S) - Hydrocephalus – CSF diversion devices or shunts (F,F) - Other neurological disorders to be determined locally (S,S)
	Non-Traumatic Musculoskeletal Disorders (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/ or emergencies associated with pediatric and geriatric patients)	Non-traumatic fractures (S,S)	- Non-traumatic fractures (F,F) - Other non-traumatic musculoskeletal disorders to be determined locally (S,S)	- Non-traumatic fractures (F,F) - Other non-traumatic musculoskeletal disorders to be determined locally (S,S)	- Non-traumatic fractures (F,F) - Disorders of the spine (F,F) - Joint abnormalities (F,F) - Muscle abnormalities (F,F) - Overuse syndromes (F,F) - Rhabdomyolysis (F,F) - Other non-traumatic musculoskeletal disorders to be determined locally (S,S)

	EMR	EMT	AEMT	Paramedic
Medicine	Psychiatric or Behavioral Emergencies (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients) • Recognition of behaviors that pose a risk to the EMR, patient or others • Recognition of suicide risk	• Basic principles of the mental health system (S,S) • Patterns of violence, abuse and neglect (S,S) • Acute psychosis (F,F) • Suicide ideation (F,F) • Excited delirium (F,F) • Anxiety (F,F) • Depression (F,F) • Medical fear (F,F) • Substance use disorder (F,F) • PTSD (F,F) • Other psychiatric/behavioral disorders to be determined locally (S,S)	• Basic principles of the mental health system (S,S) • Patterns of violence, abuse and neglect (F,F) • Acute psychosis (F,F) • Suicide ideation (C,C) • Excited delirium (F,F) • Anxiety (F,F) • Depression (F,F) • Medical fear (F,F) • Substance use disorder/addictive behavior (C,C) • PTSD (F,F) • Other psychiatric/behavioral disorders to be determined locally (S,S)	• Basic principles of the mental health system (S,S) • Patterns of violence, abuse and neglect (C,C) • Suicide ideation (C,C) • Excited delirium (C,C) • Anxiety (C,C) • Depression (C,C) • Medical fear (F,F) • Substance use disorder/addictive behavior (C,C) • PTSD (C,C) • Acute psychosis (C,C) • Cognitive disorders (F,F) • Thought disorders (F,F) • Mood disorders (F,F) • Neurotic disorders (F,F) • Somatoform disorders (F,F) • Factitious disorders (F,F) • Personality disorders (F,F) • Other psychiatric/behavior disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	Respiratory (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	- Respiratory distress/failure/arrest (F,F) - Upper airway obstruction (S,S) - Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD) (S,S)	- Respiratory distress/failure/arrest (F,F) - Upper airway obstruction (F,F) - Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD) (F,F) - Spontaneous pneumothorax (F,F) - Pulmonary edema (F,F) - Other respiratory disorders to be determined locally (S,S)	- Respiratory distress/failure/arrest (F,F) - Upper airway diseases: foreign body, croup, epiglottitis (C,F) - Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD) (C,F) - Spontaneous pneumothorax (F,F) - Pulmonary edema (C,F) - Other respiratory disorders to be determined locally (S,S)	- Respiratory distress/failure/arrest (F,F) - Upper airway diseases: foreign body, croup, epiglottitis (C,C) - Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD), bronchopulmonary dysplasia (C,C) - Spontaneous pneumothorax (C,C) - Pulmonary edema (C,C) - Other respiratory disorders to be determined locally (S,S)
	Toxicology (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	- Carbon monoxide poisoning (S,S) - Nerve agent poisoning (S,S) - Opioid toxicity (S,S) - How and when to contact a poison control center (S,S)	- Carbon monoxide poisoning (S,S) - Nerve agent poisoning (S,S) - Opioid toxicity (S,S) - How and when to contact a poison control center (S,S) - Poisons (inhaled, ingested, injected, absorbed) (F,F) - Alcohol intoxication and withdrawal (F,F) - Other toxicological disorders to be determined locally (S,S)	- Carbon monoxide poisoning (S,S) - Nerve agent poisoning (S,S) - Opioid toxicity (F,F) - How and when to contact a poison control center (S,S) - Poisons (inhaled, ingested, injected, absorbed) (F,F) - Alcohol intoxication and withdrawal (F,F) - Other toxicological disorders to be determined locally (S,S)	- Carbon monoxide poisoning (C,C) - Nerve agent poisoning (S,S) - Opioid toxicity (F,F) - How and when to contact a poison control center (S,S) - Poisons (inhaled, ingested, injected, absorbed) (F,F) - Alcohol intoxication and withdrawal (C,C) - Toxidromes (C,C) - Cholinergic - Anticholinergic - Sympathomimetic - Sedative/hypnotics - Opioid - Corrosive - Knockdown - Chronic or maintenance medications (C,C) - Drugs of abuse (C,C) - Non-FDA approved medications and supplements (C,C) - Serotonin Syndrome (C,C) - Malignant Hyperthermia (C,C) - Other toxicological disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Shock and Resuscitation	Shock and Resuscitation	Uses assessment information to recognize shock, respiratory failure or arrest, and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response.	Applies knowledge of the causes, pathophysiology and management of shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.	Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.	Integrates knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.
	Shock (Include psychosocial aspects of age-related assessment and treatment modifications for pediatric and geriatric patients)	• Definition (S,S) • Physiologic response (S,S)	• Essential components in normal perfusion (F,S) • Physiologic response (S,S) • Types of shock (S,S) • Treatment of shock (S,S)	• Essential components in normal perfusion (F,F) • Physiologic response (F,F) • Types of shock (F,F) • Treatment of shock, hypoperfusion and dehydration (C,C) • Complications of shock (F,F) • Circulatory assist devices (F,F)	• Essential components in normal perfusion (C,C) • Physiologic response (C,C) • Types of shock (C,C) • Treatment of shock, hypoperfusion and dehydration (C,C) • Complications of shock (C,C) • Circulatory assist devices (C,C)
	Resuscitation from Cardiac Arrest (Include psychosocial aspects of age-related assessment and treatment modifications for pediatric and geriatric patients)	• Ethical issues in resuscitation (S,S) • CPR physiology (S,S) • Resuscitation system components (S,S) • Special arrest and peri-arrest situations (S,S)	• Ethical issues in resuscitation (C,C) • CPR physiology (F,F) • Resuscitation system components (F,F) • Special arrest and peri-arrest situations (F,F) • Postresuscitation support (F,F) • Termination of resuscitation (F,F)	• Ethical issues in resuscitation (C,C) • CPR physiology (F,F) • Resuscitation system components (F,F) • Special arrest and peri-arrest situations (F,F) • Postresuscitation support (C,C) • Termination of resuscitation (C,C)	• Ethical issues in resuscitation (C,C) • CPR physiology (C,C) • Resuscitation system components (C,C) • Special arrest and peri-arrest situations (C,C) • Postresuscitation support (C,C) • Termination of resuscitation (C,C) • Premorbid conditions (C,C)

		EMR	EMT	AEMT	Paramedic
Trauma	Trauma	Uses assessment information to recognize shock, respiratory failure or arrest and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response.	Applies knowledge of the causes, pathophysiology and management of shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.	Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.	Integrates knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.
	Trauma Overview (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	No knowledge related to this competency is applicable at this level.	• Trauma scoring (F,F) • Transport and destination issues (F,F) • Transport mode (F,F)	• Trauma scoring (F,F) • Transport and destination issues (F,F) • Transport mode (F,F)	• Trauma scoring (C,C) • Transport and destination issues (C,C) • Transport mode (F,F)
	Abdominal and Genitourinary Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Blunt versus penetrating mechanisms (S,S) • Evisceration (S,S) • Impaled object (S,S)	• Blunt versus penetrating mechanisms (F,S) • Evisceration (S,S) • Impaled object (S,S) • Solid and hollow organ injuries (F,S) • Injuries to the internal or external genitalia (F,S)	• Blunt versus penetrating mechanisms (F,F) • Evisceration (S,S) • Impaled object (S,S) • Solid and hollow organ injuries (F,F) • Injuries to the internal or external genitalia (F,F) • Vascular injury (F,F) • Retroperitoneal injuries (F,F)	• Blunt versus penetrating mechanisms (F,F) • Evisceration (S,S) • Impaled object (S,S) • Solid and hollow organ injuries (F,F) • Injuries to the internal or external genitalia (F,F) • Vascular injury (F,F) • Retroperitoneal injuries (F,F)
	Bleeding (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Bleeding (S,S)	• Bleeding (F,F)	• Bleeding (F,F) • Fluid resuscitation (C,C)	• Bleeding (F,F) • Fluid resuscitation (C,C)

	EMR	EMT	AEMT	Paramedic
Trauma	Chest Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Blunt versus penetrating mechanisms (S,S) • Open chest wound (S,S) • Impaled object (S,S)	• Blunt versus penetrating mechanisms (F,S) • Open chest wound (S,S) • Impaled object (S,S) • Hemothorax (F,S) • Pneumothorax (F,S) • Cardiac tamponade (F,S) • Rib fractures (F,S) • Flail chest (F,S) • Commotio cordis (F,S)	• Blunt versus penetrating mechanisms (F,S) • Open chest wound (S,S) • Impaled object (S,S) • Hemothorax (C,C) • Pneumothorax (C,C) • Cardiac tamponade (C,C) • Rib fractures (C,C) • Flail chest (C,C) • Commotio cordis (F,S) • Traumatic aortic disruption (C,C) • Pulmonary contusion (C,C) • Blunt cardiac injury (C,C) • Traumatic asphyxia (C,C) • Tracheobronchial disruption (C,C) • Diaphragmatic rupture (C,C)
	Environmental Emergencies (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Drowning (S,S) • Temperature-related illness (S,S) • Bites and envenomations (S,S) • Lightning injury (S,S) • Other environmental emergencies to be determined locally (S,S)	• Drowning (F,F) • Temperature-related illness (F,F) • Bites and envenomations (F,F) • Lightning injury (F,F) • Other environmental emergencies to be determined locally (S,S)	• Drowning (C,C) • Temperature-related illness (C,C) • Bites and envenomations (C,C) • Lightning injury (C,C) • Other environmental emergencies to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Trauma	Head, Facial, Neck, and Spine Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	- Life threats (S,S) - Spine trauma (S,S)	- Life threats (S,S) - Spine trauma (F,F) - Penetrating neck trauma (F,F) - Laryngotracheal injuries (F,F) - Shaken Baby Syndrome (F,F) - Facial fractures (S,S) - Skull fractures (S,S) - Foreign bodies in the eyes (S,S) - Globe rupture (S,S) - Dental trauma (S,S) - Severe epistaxis (S,S)	- Life threats (S,S) - Spine trauma (F,F) - Penetrating neck trauma (F,F) - Laryngotracheal injuries (C,F) - Shaken Baby Syndrome (F,F) - Facial fractures (C,F) - Skull fractures (S,S) - Foreign bodies in the eyes (S,S) - Globe rupture (S,S) - Dental trauma (S,S) - Severe epistaxis (S,S)	- Life threats (S,S) - Spine trauma (C,C) - Penetrating neck trauma (C,C) - Laryngotracheal injuries (C,C) - Shaken Baby Syndrome (F,F) - Facial fractures (C,F) - Skull fractures (C,C) - Foreign bodies in the eyes (S,S) - Globe rupture (S,S) - Dental trauma (S,S) - Severe epistaxis (S,S) - Unstable facial fractures (F,F) - Orbital fractures (F,F) - Perforated tympanic membrane (F,F) - Mandibular fractures (C,C)
	Multi-System Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Multi-system trauma (S,S)	- Multi-system trauma (F,F) - Blast injuries (F,F)	- Multi-system trauma (C,F) - Blast injuries (F,F)	- Multi-system trauma (C,C) - Blast injuries (C,C)
	Nervous System Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Traumatic brain injury (S,S)	- Traumatic brain injury (F,F) - Spinal cord injury (F,F)	- Traumatic brain injury (C,F) - Spinal cord injury (F,F)	- Traumatic brain injury (C,C) - Spinal cord injury (C,C) - Spinal shock (C,C) - Cauda equina syndrome (F,F) - Nerve root injury (F,F) - Peripheral nerve injury (F,F)

		EMR	EMT	AEMT	Paramedic
Trauma	Orthopedic Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Open fractures (S,S) • Closed fractures (S,S) • Dislocations (S,S) • Amputations (S,S)	• Open fractures (F,F) • Closed fractures (F,F) • Dislocations (F,F) • Amputations/replantation (F,F) • Upper and lower extremity orthopedic trauma (F,F) • Sprains/strains (F,F) • Pelvic fractures (F,F)	• Open fractures (F,F) • Closed fractures (F,F) • Dislocations (F,F) • Amputations/replantation (C,F) • Upper and lower extremity orthopedic trauma (F,F) • Sprains/strains (F,F) • Pelvic fractures (C,F)	• Open fractures (C,C) • Closed fractures (C,C) • Dislocations (C,C) • Amputations/replantation (C,F) • Upper and lower extremity orthopedic trauma (C,C) • Sprains/strains (F,F) • Pelvic fractures (C,F) • Pediatric fractures (F,F) • Tendon laceration/ transection/ rupture (Achilles and patellar) (F,F)
	Soft Tissue Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Wounds (avulsion, bite, laceration, puncture, incision) (S,S) • Burns (electrical, chemical, thermal) including inhalation injury (S,S) • Chemicals in the eye and on the skin (S,S)	• Wounds (avulsion, bite, laceration, puncture, incision) (F,F) • Burns (electrical, chemical, thermal, radiation) including inhalation injury (F,F) • Chemicals in the eye and on the skin (S,S) • Crush/compartment syndrome (S,S) • High-pressure injection injury (S,S)	• Wounds (avulsion, bite, laceration, puncture, incision) (F,F) • Burns (electrical, chemical, thermal, radiation) including inhalation injury (F,F) • Chemicals in the eye and on the skin (S,S) • Crush/compartment syndrome (F,S) • High-pressure injection injury (S,S)	• Wounds (avulsion, bite, laceration, puncture, incision) (C,C) • Burns (electrical, chemical, thermal, radiation) including inhalation injury (C,C) • Chemicals in the eye and on the skin (S,S) • Crush/compartment syndrome (C,C) • High-pressure injection injury (S,S)
	Special Considerations in Trauma	• Pregnant patient (S,S) • Pediatric patient (S,S) • Geriatric patient (S,S)	• Pregnant patient (F,F) • Pediatric patient (F,F) • Geriatric patient (F,F) • Cognitively impaired patient (F,F)	• Pregnant patient (C,F) • Pediatric patient (C,F) • Geriatric patient (C,F) • Cognitively impaired patient (C,F)	• Pregnant patient (C,C) • Pediatric patient (C,C) • Geriatric patient (C,C) • Cognitively impaired patient (C,C)

		EMR	EMT	AEMT	Paramedic
Special Patient Populations	Special Patient Populations	Recognizes and manages life threats based on simple assessment findings for a patient with special needs while awaiting additional emergency response.	Applies knowledge of growth, development and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.	Applies knowledge of growth, development and aging and assessment findings to provide basic and selected advanced emergency care and transportation for a patient with special needs.	Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a treatment/disposition plan for patients with special needs.
	Gynecology (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	Shock associated with vaginal bleeding (S,S)	- Vaginal bleeding (F,F) - Infections (S,S) - Other gynecological disorders to be determined locally (S,S)	- Vaginal bleeding (F,F) - Infections (S,S) - Other gynecological disorders to be determined locally (S,S)	- Vaginal bleeding (C,C) - Infections (F,F) - Ovarian emergencies (F,F) - Vaginal foreign body (F,F) - Other gynecological disorders to be determined locally (S,S)
	Obstetrics	- Normal delivery (S,S) - Vaginal bleeding in the pregnant patient (S,S)	- Normal delivery (F,F) - Vaginal bleeding in the pregnant patient (S,S) - Normal pregnancy (anatomy and physiology) (F,F) - Pathophysiology of complications of pregnancy (F,F) - Assessment of the pregnant patient (F,F) - Abnormal delivery (nuchal cord, prolapsed cord, breech, shoulder dystocia, prematurity, multiparity) (F,F) - Third trimester and antepartum bleeding (placenta previa, placental abruption) (F,F) - Spontaneous abortion/miscarriage (F,F) - Ectopic pregnancy (F,F) - Preeclampsia/eclampsia (F,F) - Postpartum complications (S,S)	- Normal delivery (F,F) - Vaginal bleeding in the pregnant patient (S,S) - Normal pregnancy (anatomy and physiology) (F,F) - Pathophysiology of complications of pregnancy (F,F) - Assessment of the pregnant patient (F,F) - Abnormal delivery (nuchal cord, prolapsed cord, breech, shoulder dystocia, prematurity, multiparity) (F,F) - Third trimester and antepartum bleeding (placenta previa, placental abruption) (F,F) - Spontaneous abortion/miscarriage (F,F) - Ectopic pregnancy (F,F) - Preeclampsia/eclampsia (F,F) - Postpartum complications (C,C)	- Normal delivery (C,C) - Vaginal bleeding in the pregnant patient (S,S) - Normal pregnancy (anatomy and physiology) (C,C) - Pathophysiology of complications of pregnancy (C,C) - Assessment of the pregnant patient (C,C) - Abnormal delivery (nuchal cord, prolapsed cord, breech, shoulder dystocia, prematurity, multiparity) (C,C) - Third trimester and antepartum bleeding (placenta previa, placental abruption) (F,F) - Spontaneous abortion/miscarriage (C,C) - Ectopic pregnancy (C,C) - Preeclampsia/eclampsia (C,C) - Postpartum complications (C,C) - High-risk pregnancy (C,C) - Complications of labor (fetal distress, premature rupture of membranes, rupture of uterus) (C,C) - Hyperemesis gravidarum (S,S) - Postpartum depression (S,S)

		EMR	EMT	AEMT	Paramedic
Special Patient Populations	Neonatal Care	- Newborn stabilization (S,S) - Neonatal resuscitation (S,S)	- Newborn stabilization (F,F) - Neonatal resuscitation (F,F)	- Newborn stabilization (F,F) - Neonatal resuscitation (F,F)	- Newborn stabilization (C,C) - Neonatal resuscitation (C,C) - Anatomy and physiology of neonatal circulation (C,C)
	Pediatrics	The Education Standards now integrate assessment, diagnostic, treatment and disposition modifications for pediatric-specific diseases and emergencies into each section of the document.			
	Geriatrics	The Education Standards now integrate assessment, diagnostic, treatment and disposition modifications for geriatric-specific diseases and emergencies into each section of the document			
	Patients with Special Challenges	Recognizing and reporting abuse and neglect (S,S)	- Recognizing and reporting abuse and neglect (S,S) - Abuse/Intimate partner violence (S,S) - Neglect (S,S) - Child/dependent adult maltreatment (S,S) - Homelessness (S,S) - Poverty (S,S) - Bariatrics (S,S) - Technology dependent (locally determined) (S,S) - Hospice/ terminally ill (S,S) - Tracheostomy care/dysfunction (S,S) - Homecare (S,S) - Sensory deficit/loss (S,S) - Developmental disability (S,S) - Autism Spectrum Disorder (S,S) - Orthotics/prosthetics (S,S)	- Recognizing and reporting abuse and neglect (S,S) - Abuse/Intimate partner violence (F,F) - Neglect (F,F) - Child/dependent adult maltreatment (F,F) - Homelessness (F,F) - Poverty (F,F) - Bariatrics (F,F) - Technology dependent (locally determined) (F,F) - Hospice/ terminally ill (F,F) - Tracheostomy care/dysfunction (F,F) - Homecare (F,F) - Sensory deficit/loss (F,F) - Developmental disability (F,F) - Autism Spectrum Disorder (F,F) - Orthotics/prosthetics (S,S)	- Recognizing and reporting abuse and neglect (S,S) - Abuse/Intimate partner violence (C,C) - Neglect (C,C) - Child/dependent adult maltreatment (C,C) - Homelessness (F,F) - Poverty (C,C) - Bariatrics (C,C) - Technology dependent (vagal nerve stimulators, CSF diversion devices or shunts, VAD, pacemakers, gastric tubes and others to be locally determined) (C,C) - Hospice/ terminally ill (C,C) - Tracheostomy care/dysfunction (C,C) - Homecare (F,F) - Sensory deficit/loss (F,F) - Developmental disability (F,F) - Autism Spectrum Disorder (F,F) - Orthotics/prosthetics (S,S)

		EMR	EMT	AEMT	Paramedic
EMS Operations	EMS Operations	Knowledge of operational roles and responsibilities to ensure patient, public and personnel safety	Same as EMR Level	Same as EMR Level	Same as EMR Level
	Emergency Response Vehicles	- Risks and responsibilities of emergency response and radio communications (S,S) - Risks and responsibilities of operating emergency vehicles (S,S)	- Risks and responsibilities of emergency response and radio communications (S,S) - Risks and responsibilities of operating emergency vehicles (S,S) - Pediatric transport considerations (F,F) - Risks and responsibilities of transport (F,F)	- Risks and responsibilities of emergency response and radio communications (S,S) - Risks and responsibilities of operating emergency vehicles (S,S) - Pediatric transport considerations (F,F) - Risks and responsibilities of transport (F,F)	- Risks and responsibilities of emergency response and radio communications (S,S) - Risks and responsibilities of operating emergency vehicles (S,S) - Pediatric transport considerations (F,F) - Risks and responsibilities of transport (F,F)
	Incident Management (The extent of information presented in this area will vary at the regional and local level.)	Establish and work within the incident management system (S,S)	- Establish and work within the incident management system (F,F) - Understand the principles of Crew Resource Management (F,F)	- Establish and work within the incident management system (F,F) - Understand the principles of Crew Resource Management (F,F)	- Establish and work within the incident management system (F,F) - Understand the principles of Crew Resource Management (F,F)
	Multiple Casualty Incidents (The extent of information presented in this area will vary at the regional and local level.)	- Operational goals (F,F) - Field triage (F,F)	- Operational goals (F,F) - Field triage (F,F) - Destination determination (F,F) - Treatment principles (F,F)	- Operational goals (F,F) - Field triage (F,F) - Destination determination (F,F) - Treatment principles (F,F)	- Operational goals (F,F) - Field triage (F,F) - Destination determination (F,F) - Treatment principles (F,F)
	Air Medical (The extent of information presented in this area will vary at the regional and local level.)	- Safe air medical operations (S,S) - Criteria for utilizing air medical response (S,S) - Medical risks/needs/advantages (S,S)	- Safe air medical operations (S,S) - Criteria for utilizing air medical response (S,S) - Medical risks/needs/advantages (F,F)	- Safe air medical operations (S,S) - Criteria for utilizing air medical response (S,S) - Medical risks/needs/advantages (F,F)	- Safe air medical operations (S,S) - Criteria for utilizing air medical response (S,S) - Medical risks/needs/advantages (F,F)

		EMR	EMT	AEMT	Paramedic
EMS Operations	Rescue Operations (The extent of information presented in this area will vary at the regional and local level.)	Safety principles of rescue operations (S,S)	Safety principles of rescue operations (S,S)	Safety principles of rescue operations (S,S)	Safety principles of rescue operations (S,S)
	Hazardous Materials (The extent of information presented in this area will vary at the regional and local level.)	Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)	Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)	Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)	Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)
	Mass Casualty Incidents due to Terrorism and Disaster (The extent of information presented in this area will vary at the regional and local level.)	Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)	Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)	Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)	Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)

Clinical Behavior/Judgment				
	EMR	EMT	AEMT	Paramedic
Assessment	Perform a simple assessment to identify life threats, identify injuries requiring spinal motion restriction and conditions requiring treatment within the scope of practice of the EMR.	- Perform a basic history and physical examination to identify acute complaints and monitor changes. - Formulate a field diagnosis based upon an actual and/or potential illness or injury.	- Perform a basic history and physical examination to identify acute complaints and monitor changes. - Formulate a field diagnosis based upon an actual and/or potential illness or injury.	- Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. - Relate assessment findings to underlying pathological and physiological changes in the patient's condition. - Integrate and synthesize the multiple determinants of health and clinical care. - Formulate a field diagnosis based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology and epidemiology. - Perform health screening and referrals.
Therapeutic Communication and Cultural Humility	Effectively communicates in a non-discriminatory manner that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome.			
Psychomotor Skills	Safely and effectively perform all psychomotor skills within the <u>National EMS Scope of Practice Model</u> AND state Scope of Practice at this level.			

Clinical Behavior/Judgment			
	EMR	EMT	AEMT Paramedic
Professionalism	Demonstrate professional affective domain behaviors including but not limited to: • Integrity • Empathy/compassion • Self-motivation • Appearance/personal hygiene • Self-confidence • Communications • Time management • Teamwork/diplomacy • Respect • Patient advocacy • Careful delivery of service • Lifelong learning		Is a role model of exemplary professional affective domain behaviors including but not limited to: • Integrity • Empathy/compassion • Self-motivation • Appearance/personal hygiene • Self-confidence • Communications • Time management • Teamwork/diplomacy • Respect • Patient advocacy • Careful delivery of service • Lifelong learning
Decision Making	• Initiates simple interventions based on assessment findings.	• Initiates interventions based on assessment findings intended to provide symptom relief (within the provider's scope of practice) while providing access to definitive care • Evaluates the effectiveness of interventions and modifies treatment plan accordingly.	• Performs interventions as part of a treatment plan intended to provide symptom relief and improve the overall health of the patient. • Evaluates the effectiveness of interventions and modifies treatment plan accordingly. • Evaluates decision making strategy for cognitive errors to enhance future critical thinking skills (metacognition)
Record Keeping	• Report and document assessment findings and interventions performed.	• Report and document assessment findings, interventions performed, and clinical decision making	
Team Dynamics	• Manage the scene until care is transferred to an EMS team member licensed at a higher level arrives.	• The entry-level clinician serves as a team member, while gaining the experience necessary to function as the team leader.	
Safety	• Ensure the safety of the rescuer, other public safety personnel, civilians and the patient.		

Educational Infrastructure				
	EMR	EMT	AEMT ²	Paramedic
Educational Facilities	• Facility sponsored or approved by sponsoring agency • Sponsoring agency commitment to diversity, equity and inclusion • ADA compliant facility • Sufficient space for class size • Controlled environment			Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www.coaemsp.org) ¹
Student Space	• Provide space sufficient for students to attend classroom sessions, take notes, and participate in classroom activities • Provide space for students to participate in kinematic learning and practice activities			
Instructional Resources	• Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction			
Instructor Preparation Resources	• Provide space for instructor preparation • Provide support equipment for instructor preparation			
Storage Space	• Provide adequate and secure storage space for instructional materials			

¹ The *National EMS Education Agenda for the Future: A Systems Approach* (2000) calls for national accreditation of Paramedic programs. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). CAAHEP is the only national agency that offers Paramedic educational programmatic accreditation and is used or recognized by most states. Recognition of national accreditation remains the responsibility of each state.

² The 2019 and 2021 updated *National Scope of Practice Model* call for national accreditation of AEMT programs. The target for full implementation of AEMT program accreditation is January 1, 2025. Until that date, AEMT programs should reference the existing infrastructure suggestions within this document. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). CAAHEP is the only national agency that offers EMS programmatic accreditation and is used or recognized by most states. Recognition of national accreditation remains the responsibility of each state.

Educational Infrastructure				
	EMR	EMT	AEMT	Paramedic
Sponsorship	Sponsoring organizations shall be one of the following: • Accredited educational institution • Public safety organization • Accredited hospital, clinic or medical center, or • Other state approved institution or organization			Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www.coaemsp.org) ¹
Programmatic Approval	• Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (state)			
Faculty	Course primary instructors should: • Be educated at a level higher than they are teaching; however, as a minimum, they must be educated at the level they are teaching • Have completed an approved instructor training program or equivalent			
Medical Director Oversight	• Provide medical oversight for all medical aspects of instruction			
Hospital/Clinical Experience	• None required at this level	• The student must demonstrate the ability to perform an adequate assessment and implement an adequate treatment plan. - These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, on a standardized patient or in an alternative clinical environment when clinical access is not available.	• The student must demonstrate the ability to perform an adequate assessment and implement an adequate treatment plan.	

Educational Infrastructure					
	EMR	EMT	AEMT	Paramedic	
Field Experience	• None required at this level	• The student should participate in and document patient contacts in a field experience in an ambulance, mobile health care experience, or simulated environment when ambulance experience is not available as approved by the medical director and program director. This may occur in an ambulance, ambulance experience, or simulated environment when ambulance experiences are not available.	• The student must participate in and document both patient contacts and team leadership roles in a field experience approved by the medical director and program director.	Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www.coaemsp.org) ¹	
Course Length	• Instructors may use a variety of formats to deliver content including but not limited to: - Independent student preparation - Synchronous or asynchronous instruction - Face-to-face instruction - Pre- or co-requisites • Course length should be based on competency, not hours - Consensus opinion is that students should need a minimum of 48 didactic and laboratory clock hours to cover the material.	• Instructors may use a variety of formats to deliver content including but not limited to: - Independent student preparation - Synchronous or asynchronous instruction - Face-to-face instruction - Pre- or co-requisites • Course length should be based on competency, not hours - Consensus opinion is that students should need a minimum of 150 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material	• Instructors may use a variety of formats to deliver content including but not limited to: - Independent student preparation - Synchronous or asynchronous instruction - Face-to-face instruction - Pre- or co-requisites • Course length should be based on competency, not hours - Consensus opinion is that students should need a minimum of 200 clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material		
Course Design	• Provide the following components of instruction: - Didactic instruction - Skills laboratories	• Provide the following components of instruction: - Didactic instruction - Skills laboratories - Hospital/clinical experience - Field experience			
Student Assessment	• Perform knowledge, skill and professional behavior evaluation based on educational standards and program objectives • Provide several methods of assessing achievement • Provide assessment that measures, as a minimum, entry-level competency in all domains				
Program Evaluation	• Provide evaluation of program instructional effectiveness • Provide evaluation of organizational and administrative effectiveness of program				

Glossary

Academic institution – Body or establishment instituted for an educational purpose that provides college credit or awards degrees.

Accreditation – The granting of approval by an official review board after meeting specific requirements. Typical requisites may cover areas such as program structure, processes, resources and student evaluation. The review board is nongovernmental and the review is collegial and based on self-assessment, peer assessment and judgment. The purpose of accreditation is student protection and public accountability. Additionally, accreditation can provide consistent quality education evaluation for a program's continual improvement and provides for a more consistent and uniform graduate competency.

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

Affective domain – Describes learning in terms of feelings/emotions, attitudes and values. Additionally, the affective domain covers many professional behaviors that are required by an EMS clinician to perform his or her role as a health care provider. (NAEMSE, 2020)

Asynchronous instruction/learning – An instructional method that allows the learner to use a self-directed and self-paced learning format to move through the content of the course. In this type of instruction, learner-to-learner and learner-to-instructor interactions are independent of time and place. Communications and submission of work typically follow a schedule while learners

and instructors do not interact at the same time.

Certification – The issuing of a certificate by a private agency based upon deemed competency established through standards adopted by that agency and met by the individual.

Cognitive domain – Describes learning that takes place through the process of thinking—it deals with facts and knowledge. (NAEMSE, 2020)

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

Credential – Generic term referring to all forms of professional qualification.

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

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

Curriculum – A particular course of study, often in a specialized field. For EMS education, it has traditionally included instructional techniques, detailed lesson plans with identified objectives and

numerous forms of learner evaluation. Curriculum is developed and adopted at the education program based upon National EMS Education Standards and state and local regulatory requirements. The use of local advisory groups can help tailor education to a local community's needs.

Didactic – The instructional theory, the lesson content. (NAEMSE, 2020)

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

Domains – A category of learning. (See Affective domain, Cognitive domain, and Psychomotor domain.) (NAEMSE, 2020)

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

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

Instructional Guidelines – An emeritus resource document that provided crossover guidance for instructional content within the 2009 National EMS Education Standards.

Licensure – The act of granting an entity permission to do something that the entity could not legally do without such permission. Licensing is generally viewed by legislative bodies as a regulatory effort to protect the public from potential harm.

In the health care delivery system, an individual who is licensed tends to enjoy a certain amount of autonomy in delivering health care services. Conversely, the licensed individual must satisfy ongoing requirements that ensure certain minimum levels of expertise. A license is generally considered a privilege, not a right.

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

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

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

National EMS Education Standards – The document that defines the entry-level terminal knowledge content (depth and breadth), clinical behavior/judgement, and educational infrastructure for each licensure level.

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

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

Post-graduate internship and/or experience – Experience gained after the student has completed and graduated from school.

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

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

Primary instructor – A person who possesses the appropriate academic and/or allied health credentials and understanding of the principles and theories of education, and the required instructional experience necessary to provide quality instruction to students. (NAEMSE, 2020)

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

Psychomotor domain – Describes learning that takes place through the attainment of skills and bodily or kinesthetic movements. (NAEMSE, 2020)

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

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

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

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

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

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

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