## Position Statement:

## 08-01, EMS Educational Standards

The International Association of EMS Chiefs (IAEMSC) believes that the new proposed educational standards will have a significant impact upon the EMS discipline. Given the workforce issues of attracting and retaining pre-hospital emergency medical personnel at all levels, it is imperative the standards optimize the time spent in training. The educators have done an excellent job with the project and these comments should be taken as constructive input. However, the materials as presented contain several issues we believe to be problematic.

The Emergency Medical Responder (EMR) level is too deep for operational needs of most EMS systems. It has an hour estimate of perhaps 80 hours. The EMR should focus almost exclusively on assessment, airway, breathing, circulation and immediate resuscitation. In other words, the EMR needs a high level of competence in primary survey issues. Personnel that package patients or provide care beyond the first five to ten minutes should be at the EMT level. The EMR program should be delivered in a manner to make an easy and minimally redundant transition to EMT.

The EMT level has an hour estimate of 166-198 hours. The hours are less of an issue than the "creep" of non-essential and redundant information. The increased material on non-essential issues simply causes a loss of focus on fundamentals. Do EMT's really need to know the pathophysiology of pertussis and cystic fibrosis or would the time be better spent focusing on developing a sound fundamental skill base? Our observation is that there is no substitute for sound fundamental basic skills. Entry level EMT's must be highly competent in fundamentals. Being a good AEMT or Paramedic starts with having good basic skills.

There must be an explicit pathway to how bridging from one level to another can be accomplished. Core competencies should allow for non-repeat of information as levels change. Sequential approach to information delivery is still an important concept. The original 15 module National Standard Paramedic Curriculum was not all that bad. It allowed for an easier transition by having material that was minimally redundant. There seems to be significant redundancy between EMR, EMT and AEMT. Much of these standards could be made non-redundant and modularized.

The federal education standards must include at least practical skills required to function in the operating environment and at least address the federally required topics necessary to work as an emergency responder. Such mandatory topics must include NIMS/ICS, blood borne and airborne pathogens, MCI response operations and Haz-Mat operations. Additionally, skills such as highway operations, in-depth scene safety issues, radio and MDT communications, emergency vehicle operations, cultural awareness (general societal and specific medical), inter-agency interactions and professional self development should be included. In order to respond to any Haz-Mat incident, EMS personnel need to be qualified at the operations level, not an awareness level – compliant with NFPA 472. NIMS/ICS should be provided at the HSPD-5 level (ICS100, 200, 700 & 800) to ensure compliance with existing regulations and standards.

The focus of the education should be technician oriented for the EMR, EMT and AEMT, with an easy minimally redundant bridge between levels.

The focus of Paramedic education should be clinician oriented. The Paramedic is recognized as an allied health occupation as opposed to the EMR, EMT and AEMT. An easy bridge between levels is less of an issue for AEMT to paramedic because the level of education for paramedics should be at a high level.

Anatomy, physiology and appropriate patho-physiology should be presented in context with appropriate subject matter. The introductory and A&P information should only be presented in context at the EMR, EMT and AEMT levels. This information may be de-contextualized at the paramedic level.

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