Transition to the New EMS Education Standards

Background
The information contained within this document was obtained from the National EMS Education Standards provided by the National Highway Traffic Safety Administration (NHTSA), a division of the U.S. Department of Transportation; the National Registry of Emergency Medical Technicians (NR); the National Association of State EMS Officials (NASEMSO); and the American Academy of Orthopedic Surgeons (AAOS).

The NR adopted the National EMS Education Standards (the Education Standards). The National Association of EMS Educators led the development of the Education Standards, which replaced the former U.S. Department of Transportation National Highway Traffic Safety Administration’s National Standard Curricula at all certification levels. The Education Standards define the minimal entry-level educational competencies for each level of EMS personnel as identified in the National EMS Scope of Practice Model. The less rigid Education Standards are designed to increase program flexibility, creativity, and adaptability.

NASEMSO’s National EMS Education Standards Transition Templates provide the information necessary to bridge the gap between the former National Standard Curriculum and the 2009 National EMS Education Standards.

The Education Standards is not a stand-alone document. EMS education programs should incorporate each element of the education system proposed in the 2000 EMS Education Agenda for the Future: A Systems Approach. These elements include:

- **National EMS Core Content**
  Defines the entire domain of out-of-hospital practice and identifies the universal body of knowledge and skills for EMS providers who do not function as independent practitioners.

- **National EMS Scope of Practice**
  Defines the levels of EMS personnel and delineates the practices and minimum competencies for each level of EMS personnel.

- **National EMS Education Standards**
  Defines the competencies, clinical behaviors, and judgments that must be met by entry-level EMS personnel to meet practice guidelines defined in the National EMS Scope of Practice Model. Content and concepts defined in the National EMS Core Content are also integrated within the Education Standards.

- **National EMS Certification**
  Supports the key elements of the system.

- **National EMS Program Accreditation**
  Supports the key elements of the system.

This integrated system is essential to achieving the goals of program efficiency, consistency of instructional quality, and student competence as outlined in the Education Agenda.
Nevada Revised Statutes/EMS Regulations
The revised provisions relating to EMS providers were included in SB100, which was approved by the Nevada Legislature earlier this year. The changes will be reflected in Nevada Revised Statutes 450B and Clark County EMS Regulations prior to the end of 2013.

The revised EMS Regulations will go into effect on January 1, 2014. The new levels of certification will be reflected in the Regulations; however, the current levels of certification will continue to be recognized until December 31, 2015. During this transition period we will have six levels of certification in effect in our system from January 1, 2014 through December 31, 2015. All providers will remain at their current level of certification until they have completed a Southern Nevada Health District (SNHD) approved transition refresher course.

New Certification Levels
Transition dates and processes which certified EMS providers must follow to maintain their certification in Clark County are outlined below:

<table>
<thead>
<tr>
<th>Current Level</th>
<th>New Level</th>
<th>Complete Transition by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMT-Basic</td>
<td>Emergency Medical Technician (EMT)</td>
<td>December 31, 2015</td>
</tr>
<tr>
<td>EMT-Paramedic</td>
<td>Paramedic</td>
<td>December 31, 2015</td>
</tr>
</tbody>
</table>
New Content
(Some new content already being covered in Clark County education programs)

EMT-Basic to EMT
Pulse oximetry
ATV (Automated Transport Ventilator)
Humidified oxygen
Partial rebreather mask, simple face mask, Venturi mask, tracheostomy mask
Mechanical CPR device
Hemorrhage control (direct/tourniquet)
Aspirin
Assisting patients with self medication

EMT Intermediate/85 to AEMT
Extraglottic airways – not intended for insertion into the trachea
Humidified oxygen
Partial rebreather mask, simple face mask, Venturi mask, tracheostomy mask
Tracheobronchial suctioning of an already intubated patient
ATV (Automated Transport Ventilator)
Mechanical CPR device
Mechanical patient restraint
Blood glucose monitoring
IO access in peds
Aspirin
NTG
Autoinjector for self or peer care
Inhaled beta agonists for wheezing
Naloxone
Nitrous oxide (self-administered for pain)
Pharmacology
Still only AED

EMT-Paramedic to Paramedic
BiPAP, CPAP, PEEP
Chest tube monitoring
ETCO₂ monitoring
NG/OG tube
Access indwelling catheters and implanted central IV ports
Morgan lens
Administer physician-approved meds
**Transition Refresher Courses**

Training centers may utilize the following SNHD approved sources as templates for the development of transition refresher courses (resource links provided on the last page). This list is not meant to be all-inclusive. The OEMSTS will approve training on a case-by-case basis:

1) AAOS Emergency Medical Technician Transition Manual – Bridging the Gap to the National EMS Education Standards
2) The Brady Transition Series for EMT or Advanced EMT
3) The NASEMSO 2011 National EMS Education Standards Transition Templates – A Comparison of EMS Knowledge and Skills to Assist the Transition and Implementation of the National EMS Education Standards for the:
   a) EMT-Basic to Emergency Medical Technician
   b) EMT Intermediate 85 to Advanced Emergency Medical Technician
   c) EMT-Paramedic to Paramedic
4) The NASEMSO 2009 National EMS Education Standards Gap Analysis Template – A Comparison of EMS Knowledge and Skills to Assist the Transition and Implementation of the National EMS Education Standards.

Educators are expected to include an overview of the new content (see page 3) at all certification levels as part of the refresher transition course.

Clark County certified EMS providers who complete an OEMSTS approved transition refresher course prior to January 1, 2014 will be tracked in our system so they can be transitioned to their new level of certification on January 1, 2014. The deadline to transition to the new certification levels is December 31, 2015.

**Transition Refresher Courses – Certificates of Completion**

All Clark County transition refresher courses must contain the following verbiage (appropriate to the level of certification) in addition to the sponsoring agency’s name, transition refresher course completion date, and education coordinator’s signature:

- “This is to certify that [John Smith] has successfully completed a (24 hour EMT-Basic to EMT) Transition Refresher Course (Course #) conducted in accordance with the Department of Transportation, National Highway Traffic Safety Administration, National Registry of Emergency Medical Technicians and Southern Nevada Health District Office of EMS & Trauma System.”

- “This is to certify that [John Smith] has successfully completed a (36 hour EMT-Intermediate/85 to AEMT) Transition Refresher Course (Course #) conducted in accordance with the Department of Transportation, National Highway Traffic Safety Administration, National Registry of Emergency Medical Technicians and Southern Nevada Health District Office of EMS & Trauma System.” The course included successful completion of a course-ending practical examination that consisted of all skills listed on the Skills Proficiency Record, and the following additional skills:
  - Patient Assessment/Management-Medical
  - Airway Ventilation and Oxygenation of an Infant/Child in Respiratory Distress/Failure
  - Cardiac Arrest Management/AED
Intravenous Bolus Medications
Pediatric Intraosseous Infusion"

“This is to certify that (John Smith) has successfully completed a (60 hour EMT-Paramedic to Paramedic) Transition Refresher Course (Course #) conducted in accordance with the Department of Transportation, National Highway Traffic Safety Administration, National Registry of Emergency Medical Technicians and Southern Nevada Health District Office of EMS & Trauma System.”

Clark County EMT-Basics and EMT-Paramedics will automatically transition to the new levels of EMT and Paramedic, respectively, upon completion of an OEMSTS approved transition refresher course. The new certification levels will be effective January 1, 2014. If they are currently certified by National Registry and would like to maintain that certification, they will need to comply with National Registry’s requirements. At this time, National Registry does not require them to complete a National EMS Certification Examination.

Clark County EMT-Intermediates will automatically transition to the AEMT level upon completion of an OEMSTS approved transition refresher course. The new certification level will be effective January 1, 2014. If they are currently certified by National Registry and would like to maintain that certification, they will need to comply with National Registry’s requirements. At this time, National Registry requires those wishing to transition to the new level to pass the NRAEMT cognitive examination.

Failure to Complete Transition Requirements by the December 31, 2015 Deadline
Clark County EMS providers who are currently certified at the EMT-Paramedic level must complete the EMT-Paramedic to Paramedic transition refresher course by the deadline or they will be downgraded to the AEMT level.

Clark County EMS providers who are currently certified at the EMT-Intermediate level must complete the EMT-Intermediate to AEMT transition refresher course by the deadline or they will be downgraded to the EMT level.

Clark County EMS providers who are currently certified at the EMT-Basic level must complete the EMT-Basic to EMT transition refresher course by the deadline or they will be decertified.
**Reciprocity Applicants**

We expect to receive reciprocity applicants who are currently certified through National Registry at the EMT-Basic, EMT-Intermediate (I/85), and EMT-Paramedic levels. We will continue to accept their certification at that level, and if appropriate, will certify/recertify them at that same level. However, they must also complete a transition refresher course at the appropriate level of certification prior to the December 31, 2015 deadline.

**Initial Training**

All initial training that was submitted for approval in Clark County on or after April 1, 2013 has been approved under the new *Education Standards*. All Clark County certified EMS providers who complete an initial training course prior to December 31, 2013 and who are issued a NREMT certificate under the “new” level will be issued a Clark County certificate under the “old” level. They will be transitioned to the “new” certification level on January 1, 2014 when the revised EMS Regulations go into effect.

On or after January 1, 2014, the OEMSTS will no longer issue an “initial” certificate (except to reciprocity applicants) at the “old” certification level.

NHTSA has posted the final *Education Standards* at [www.ems.gov](http://www.ems.gov). Educational programs should communicate and coordinate with the OEMSTS prior to using the *Education Standards* to ensure all Clark County requirements will be met. The new *Education Standards* are LESS prescriptive than its predecessor, the NSC. Accordingly, hours to deliver a particular course will vary. The goal of the new *Education Standards* is to focus on OUTCOMES, not the time spent achieving them. The class should dictate the pace of instruction and educational programs should determine the delivery methods (including distance learning that can be used by students to adapt to personal schedules or reinforce class materials, if needed). The current NSC model does not accommodate that need. The *Education Agenda* supports participation of learners by creating an opportunity for efficiency in the delivery of essential content.
Recertification/Continuing Education
This section only applies to subsequent recertification periods (after transition completed)

EMT Recertification
The EMT recertification requirements can be completed through three different options:
- Take an OEMSTS/CECBEMS approved 24-hour EMT Refresher Course
- Submit a current National Registry card
- Complete 24 hrs of continuing education (must include the topics and hours listed below):

<table>
<thead>
<tr>
<th>Topics</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory</td>
<td>1 hour</td>
</tr>
<tr>
<td>Airway</td>
<td>2 hours</td>
</tr>
<tr>
<td>OB, Infants, Children</td>
<td>2 hours</td>
</tr>
<tr>
<td>Patient Assessment</td>
<td>3 hours</td>
</tr>
<tr>
<td>Medical/Behavioral</td>
<td>4 hours</td>
</tr>
<tr>
<td>Trauma</td>
<td>4 hours</td>
</tr>
<tr>
<td>Elective</td>
<td>8 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24 hours</strong></td>
</tr>
</tbody>
</table>

Skills
As defined on the Skills Proficiency Record

Provider Cards
Documentation of current certification in healthcare provider CPR

College Courses
Additional continuing education hours from college level courses related to EMS will be accepted on a case-by-case basis. These courses include but are not limited to: Anatomy/Physiology, Pharmacology, Biology, Cellular Biology, Microbiology, Pharmacology, Sociology, Statistics, Chemistry, Psychology, etc.

Also: Advanced Trauma Life Support; Refresher Course Instruction; Wilderness EMS Training; and Distributive Education approved by the OEMSTS or CECBEMS

Courses that Can Not Be Applied Towards Continuing Education Hours: Clinical rotations, CPR, instructor courses, management/leadership courses, performance of duty, and volunteer time with agencies
AEMT Recertification
The AEMT recertification requirements can be completed through three different options:

- Take an OEMSTS/CECBEMS approved 36-hour AEMT Refresher Course
- Submit a current National Registry card
- Complete 36 hrs of continuing education (must include the topics and hours listed below):

<table>
<thead>
<tr>
<th>Topics</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>1 hour</td>
</tr>
<tr>
<td>Trauma</td>
<td>5 hours</td>
</tr>
<tr>
<td>Medical Emergencies</td>
<td>6 hours</td>
</tr>
<tr>
<td>Airway/Breathing/Cardiology</td>
<td>12 hours</td>
</tr>
<tr>
<td>OB/Peds</td>
<td>12 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36 hours</strong></td>
</tr>
</tbody>
</table>

Skills
As defined on the Skills Proficiency Record

Provider Cards
Documentation of current certification in healthcare provider CPR

College Courses
Additional continuing education hours from college level courses related to EMS will be accepted on a case-by-case basis. These courses include but are not limited to: Anatomy/Physiology, Pharmacology, Biology, Cellular Biology, Microbiology, Pharmacology, Sociology, Statistics, Chemistry, Psychology, etc.

Also: Advanced Trauma Life Support; EMS Course Instruction; Wilderness EMS Training; ABLS; ACLS; AMLS; BTLS; ITLS; NALS; PALS; PEPP; PHTLS; PPC; teaching EMS courses; and Distributive Education approved by the OEMSTS or CECBEMS

Courses that Can Not Be Applied Towards Continuing Education Hours: Clinical rotations, CPR, instructor courses, management/leadership courses, performance of duty, serving as a skills evaluator, and volunteer time with agencies
**Paramedic Recertification**

The Paramedic recertification requirements can be completed through three different options:

- Take an OEMSTS/CECBEMS approved Paramedic Refresher Course (60 hrs total CME is required; 12 of which must be completed in a classroom setting)
- Submit a current National Registry card
- Complete 60 hrs of continuing education (must include the topics and hours listed below):

<table>
<thead>
<tr>
<th>Topics</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>2 hours</td>
</tr>
<tr>
<td>Trauma</td>
<td>6 hours</td>
</tr>
<tr>
<td>Medical Emergencies</td>
<td>8 hours</td>
</tr>
<tr>
<td>Airway/Breathing/Cardiology</td>
<td>16 hours</td>
</tr>
<tr>
<td>OB/Peds</td>
<td>16 hours</td>
</tr>
<tr>
<td>Elective</td>
<td>12 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60 hours</strong></td>
</tr>
</tbody>
</table>

**Skills**

As defined on the Skills Proficiency Record

**Provider Cards**

Documentation of current certification in: 1) healthcare provider CPR; 2) advanced cardiac life support procedures for patients who require ALS care; and 3) life support procedures for pediatric patients who require ALS care.

**College Courses**

Additional continuing education hours from college level courses related to EMS will be accepted on a case-by-case basis. These courses include but are not limited to: Anatomy/Physiology, Pharmacology, Biology, Cellular Biology, Microbiology, Pharmacology, Sociology, Statistics, Chemistry, Psychology, etc.

Also: Advanced Trauma Life Support; EMS Course Instruction; Wilderness EMS Training; ABLS; ACLS; AMLS; BTLS; ITLS; NALS; PALS; PEPP; PHTLS; PPC; teaching EMS courses; and Distributive Education approved by the OEMSTS or CECBEMS

**Courses that Can Not Be Applied Towards Continuing Education Hours:** Clinical rotations, CPR, instructor courses, management/leadership courses, performance of duty, preceptor hours, serving as a skills evaluator, and volunteer time with agencies
Resources Supporting the Implementation of the EMS Education Agenda for the Future: A Systems Approach

- National EMS Education Agenda (2000)
- National EMS Core Content (2005)
- National EMS Scope of Practice Model (2006)
- National EMS Education Standards (2009)
- National EMS Education Standards Gap Analysis Template (2009)
- Emergency Medical Technician Instructional Guidelines (2009)
- Advanced Emergency Medical Technician Instructional Guidelines (2009)
- Paramedic Instructional Guidelines (2009)
### Continuing Education Categories (not intended to be all-inclusive)

<table>
<thead>
<tr>
<th>Preparatory/Operations</th>
<th>Medical/Behavioral</th>
<th>Airway Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Systems</td>
<td>Medical Overview</td>
<td>Airway Management</td>
</tr>
<tr>
<td>Research</td>
<td>Neurology (Ex: altered mental status, strokes, TIA)</td>
<td>Respiration</td>
</tr>
<tr>
<td>Workforce Safety and Wellness</td>
<td>Abdominal/Gastrointestinal Disorders</td>
<td>Artificial Ventilation</td>
</tr>
<tr>
<td>Documentation</td>
<td>Immunology</td>
<td>Assessment - Diagnostics (Pulse oximetry, ETCO₂)</td>
</tr>
<tr>
<td>EMS System Communication</td>
<td>Infectious Diseases</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Communication</td>
<td>Endocrine Disorders</td>
<td>Airway, Breathing, Cardiovascular</td>
</tr>
<tr>
<td>Medical/Legal and Ethics</td>
<td>Psychiatric</td>
<td>Airway Management, Respiration/Artificial Ventilation</td>
</tr>
<tr>
<td>Anatomy and Physiology</td>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>Toxicology</td>
<td>EKG Interpretation</td>
</tr>
<tr>
<td>Pathophysiology</td>
<td>Respiratory</td>
<td>Monitoring</td>
</tr>
<tr>
<td>Life Span Development</td>
<td>Hematology</td>
<td>Cardiac Medications/Treatments</td>
</tr>
<tr>
<td>Public Health</td>
<td>Genitourinary/Renal</td>
<td>Assessment - Diagnostics (Pulse oximetry, ETCO₂)</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Gynecology</td>
<td></td>
</tr>
<tr>
<td>Principles of Pharmacology</td>
<td>Non-Traumatic Musculoskeletal Disorders</td>
<td>Patient Assessment</td>
</tr>
<tr>
<td>Medical Administration</td>
<td>Diseases of the Eyes, Ears, Nose and Throat</td>
<td>Scene Size-Up</td>
</tr>
<tr>
<td>Emergency Medications</td>
<td>Environmental Emergencies</td>
<td>Primary Assessment</td>
</tr>
<tr>
<td>Clinical Behavior/Judgment</td>
<td>(Ex: heat/cold emergencies, altitude illness)</td>
<td>History Taking</td>
</tr>
<tr>
<td>Therapeutic Communication</td>
<td></td>
<td>Secondary Assessment</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>Obstetrics</td>
<td>Monitoring Devices</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Content relative to Pregnancy, Gynecological</td>
<td></td>
</tr>
<tr>
<td>Decision-Making</td>
<td>Emergencies, Childbirth, Medical or Trauma Topics</td>
<td>Trauma</td>
</tr>
<tr>
<td>Record Keeping/Documentation</td>
<td>for Pregnant Patients</td>
<td></td>
</tr>
<tr>
<td>Scene Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency</td>
<td></td>
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</tr>
<tr>
<td>EMS Operations</td>
<td>Ob/Gyn: Neonatal Care</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Principles of Safely Operating a Ground Ambulance</td>
<td>Child Abuse</td>
<td>Abdominal Genitourinary Trauma</td>
</tr>
<tr>
<td>Incident Management</td>
<td>Care of the Newborn</td>
<td></td>
</tr>
<tr>
<td>Multiple Casualty Incidents</td>
<td>Sports Injuries (children)</td>
<td></td>
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<tr>
<td>Air Medical</td>
<td></td>
<td></td>
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<tr>
<td>Vehicle Extrication</td>
<td></td>
<td></td>
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<tr>
<td>Hazardous Materials</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Any EMS related continuing education hours in excess of minimum requirements may be used in “Elective” or “Miscellaneous” categories.