



Module Four: Personnel and Education

Wisconsin EMS Medical Director's Course

Objectives

- Differentiate the training levels of EMS providers
- Describe the EMS Medical Director's role in training of EMS personnel
- Identify the major national credentialing and accrediting organizations for EMS
- Identify the areas of EMS activities that require special training
- Recognize the difference between certification and credentialing of personnel and the approval and accreditation of training programs

EMS Provider Requirements

- National and state requirements for initial/continuing education at all levels
- WI uses national curriculum as core material with modifications/additions as needed
 - National curriculum undergoes periodic revision
- Understanding requirements is essential to designing initial/continuing educational programs

EMS Providers

- Medical director should be familiar with educational course requirements for each of the following EMS providers
 - o Emergency Medical Responder
 - o EMT – Basic
 - o Intermediate Technician
 - o Intermediate
 - o Paramedic
- Detailed scope of practice information can be found on the Wisconsin EMS website.

Emergency Medical Responder

- Curriculum
 - 48-60 hours core course
 - Options for modules to meet local needs
- Scope of Practice
 - Skills include:
 - 1995 DOT First responder National Standard Curriculum
 - Additional skills and medications approved by the stateExamples of additional skills and medications include:
 - Non-visualized airway
 - Epinephrine auto-injector
 - AED
- Advancement opportunities
- No bridge course to the EMT-Basic level

EMT – Basic

- Curriculum
 - o 120-140 hour basic course
- Scope of Practice
 - o Skills and medications include:
 - 1994 DOT EMT-Basic Standard Curriculum
 - Additional skills and medications approved by the state and medical director
 - Examples of additional skills and medications:
 - o Aspirin for chest pain
 - o Glucagon
 - o Nebulized Albuterol & Atrovent
 - o Some required/some optional

EMT – Basic (cont.)

- Advancement opportunities
 - o Approximately 60-hour bridge class to upgrade to Intermediate Technician level
 - o No bridge course to Intermediate level

Intermediate Technician

- Curriculum
 - o Current EMT–Basic curriculum (120-140 hours)
 - o Approximately 60-hour bridge course
 - Bridge course is assessment based
 - Focus on IV administration and use of current Intermediate Technician skills and medications

Intermediate Technician (cont.)

- Scope of Practice
 - o Skills 1994 DOT EMT-Basic National standard curriculum
 - o Also includes:
 - Non-visualized advanced airways
 - Aspirin for chest pain
 - IV administration
 - Dextrose
 - Glucagon (IM)
 - Narcan
 - Nebulized Albuterol
 - Nitroglycerin

Intermediate Technician (cont.)

- Advancement opportunities
 - Intermediate Technician level **can not** bridge to the Intermediate level

Intermediate

- Curriculum
 - o EMT-Basic pre-requisite
 - o 335 hour course

Intermediate (cont.)

- Scope of Practice
 - o 1999 DOT Intermediate National Standard Curriculum
 - o New national procedures & medications include:
 - ECG interpretation
 - Adenosine, Valium
 - Nitroglycerin, Morphine
 - Intraosseous infusion
 - Needle decompression
 - Epinephrine 1:10,000, Atropine, Lidocaine

Paramedic

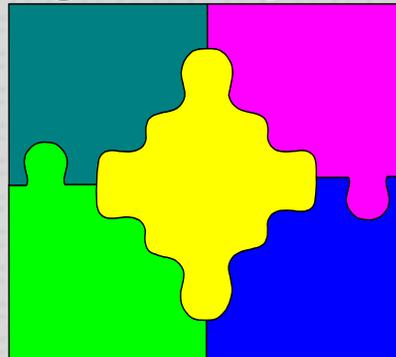
- Curriculum
 - 1000 hour course
- Emergency care core material is modeled on the national curriculum
- National curriculum core materials will be taught in all courses
- Some primary care skills may be taught as optional modules
- Training can include additional modules that are not part of the pre-hospital core
- Wisconsin Paramedic will be similar to the national Paramedic level
 - Will be a diagnostic based technician
 - Training will include all emergency pre-hospital and inter-hospital core material, with primary care material being optional

Paramedic (cont.)

- Scope of Practice
 - 1998 DOT Paramedic National Standard Curriculum
 - Other skills and medications approved by the state and medical director
- Advancement opportunities
 - Additional modules for critical care level can be added on to Paramedic level

Physician Involvement

- Education of different levels of personnel is necessary
- Direct physician involvement in course design and instruction is extremely important



Initial & Continuing EMS Education

- Medical directors/other EMS physicians should actively participate in EMS education
- EMS education programs must have a physician medical director
 - May or may not be the same person as the system/service medical director

EMS Education

- Course content should include:
 - o System-specific issues
 - o Items resulting from quality management activities
 - o State and national requirements



EMS Education (cont.)

- Medical directors need to be familiar with training techniques:
 - o Principles of adult learners
 - o Procedural skills
 - o Retention-enhancement methods
 - o Periodic assessment
 - o Didactic educational techniques

EMS Education (cont.)

- Clinical instruction techniques:
 - o Selection of clinical training site
 - o Consideration of issues related to patient census, pathophysiology, preceptor selection, and supervision
 - o Contractual relationships between educational provider and clinic training site
- Include responsibilities of both educator and student
- Include medical-legal responsibility for student's performance

EMS Education (cont.)

- Education should be geared to reach specific needs of audience
 - o Volunteers vs. paid career personnel
 - o Flexible training schedule, including nights and weekends
- Medical director should also be involved in:
 - o Education of other physicians and personnel involved in the EMS system
 - o Provision of on-line and off-line medical oversight

Approval and Accreditation

- Initial education programs are required to obtain approval/accreditation on a state level
- May receive accreditation from national organizations
 - o EMS Education Agenda encourages programs to seek national accreditation
 - o <http://www.nhtsa.dot.gov/people/injury/ems/EdAgenda>

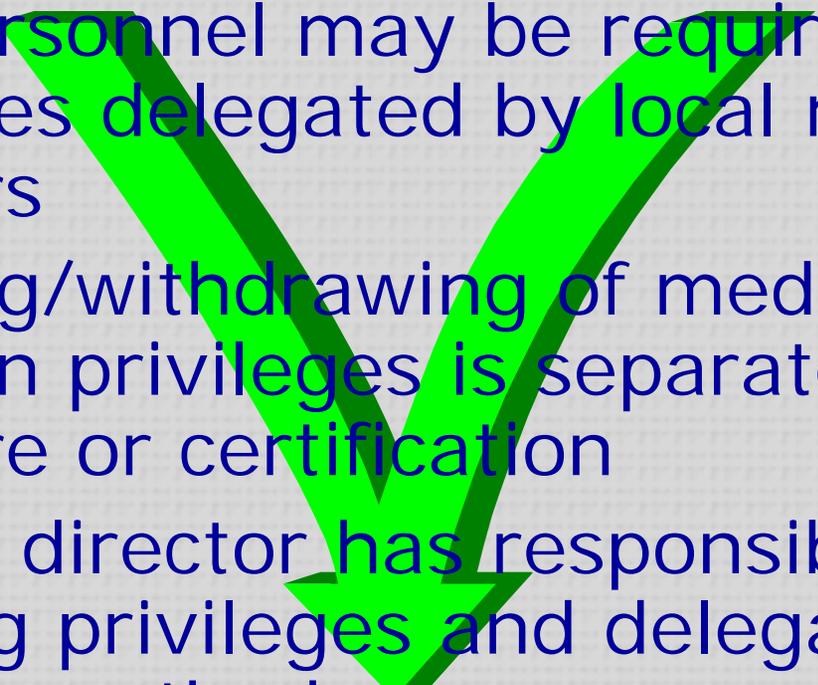
Approval and Accreditation

- Programs must contain all aspects of a curriculum that is state approved
- National accreditation programs
 - Committee on Accreditation of Educational Programs for the EMS Professions (www.coaemsp.org)
 - Commission on the Accreditation of Allied Health Professionals (www.caahep.org)
 - Continuing Education Coordinating Board for EMS (www.cecbems.org/)

Certification/Licensure

- EMS personnel must be licensed/certified in Wisconsin
 - o National Registry of EMTs is the licensing exam for all EMT levels in WI except Intermediate Technician
 - Intermediate Technician is a State exam
 - o The National Registry certifies competency of candidates (www.nremt.org)
 - o There is no registry exam for Emergency Medical Responder
- Medical director must confirm skill abilities and provide authorization for a licensed provider to work in the EMS system.

Certification/Licensure (cont.)

- CME activities are geared to meeting re-certification requirements
 - On a state level, for National Registry, or both
 - EMS personnel may be required to have privileges delegated by local medical directors
 - Granting/withdrawing of medical direction privileges is separate from WI licensure or certification
 - Medical director has responsibility of granting privileges and delegating practice methods
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Special Operations

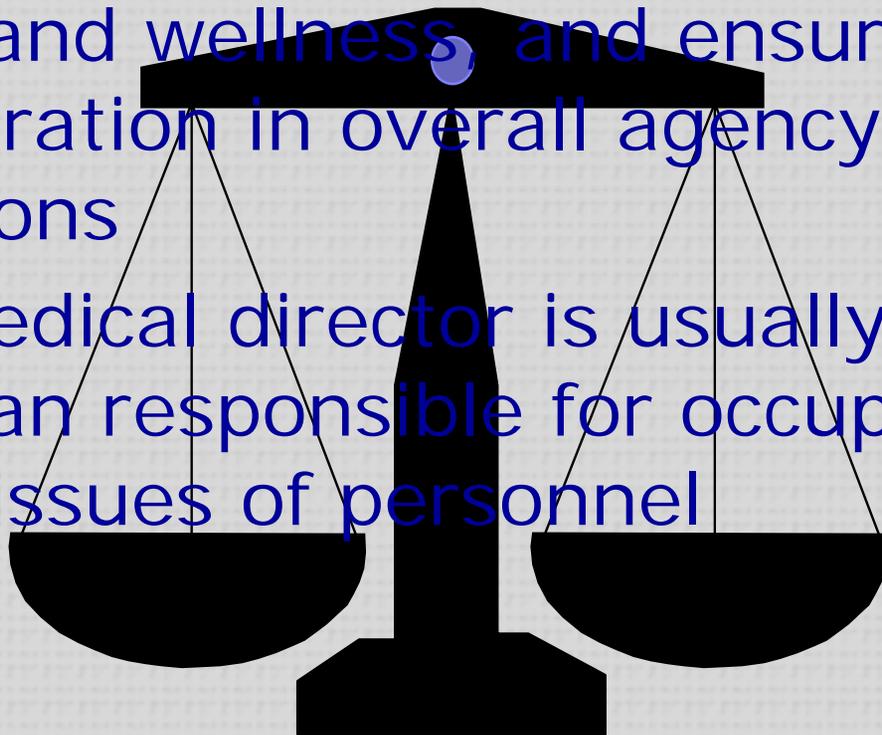
- Special operations require specific additional training
- Medical director should be familiar with additional equipment and educational requirements
- Medical director should be familiar with issues such as:
 - o HAZMAT (hazardous materials)
 - o Fire ground EMS support
 - o Tactical EMS
 - o Domestic terrorism, including WMD

Special Operations (cont.)

- Additional areas of concern:
 - Farm/agriculture EMS response
 - Military EMS
 - Technical rescue situations:
 - Cave
 - Wilderness rescue
 - High angle
 - Confined space
 - Water
 - Urban SAR (Search and Rescue)

Personnel Health, Safety and Wellness

- Medical director must be knowledgeable in areas concerning personnel health, safety and wellness, and ensure incorporation in overall agency operations
- EMS medical director is usually not physician responsible for occupational health issues of personnel



Personnel Health, Safety and Wellness (cont.)

- Personnel mental health issues
 - o Stress management
 - Personnel are expected to act quickly and correctly
 - Personnel see many stressful and tragic events
 - o Personnel must understand potential effects of stress on personal life/work performance
 - o When excessively stressful events are recognized, appropriate counseling and mental health follow-up must be available to EMS personnel.

Personnel Health, Safety and Wellness (cont.)

- Familiarity with personal protection equipment
- Aware of infectious disease exposure
 - Ryan White Act affords EMS personnel right to obtain blood for analysis from a source patient when they have had an exposure
<http://www.hrsa.dhhs.gov/hab/dhs/leg.htm>
- Continuous education about hazardous materials
 - OSHA guidelines, including ergonomics www.osha.gov

Personnel Health, Safety and Wellness (cont.)

- Identification and remediation of substance abuse issues
- Shift work /fatigue
- Scene safety
- Safe transport issues
 - o Proper use of occupant restraint devices
 - o Safe driving issues
 - o Management of the violent patient

