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
  - Emergency Medical Responder
  - EMT – Basic
  - Intermediate Technician
  - Intermediate
  - 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 state
      Examples 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
  - Approximately 60-hour bridge class to upgrade to Intermediate Technician level
  - 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**
  - Skills 1994 DOT EMT-Basic National standard curriculum
  - 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 cannot bridge to the Intermediate level
Intermediate

- Curriculum
  - EMT-Basic pre-requisite
  - 335 hour course
Intermediate (cont.)

- Scope of Practice
  - 1999 DOT Intermediate National Standard Curriculum
  - 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
  o May or may not be the same person as the system/service medical director
EMS Education

- Course content should include:
  - System-specific issues
  - Items resulting from quality management activities
  - State and national requirements
EMS Education (cont.)

• Medical directors need to be familiar with training techniques:
  - Principles of adult learners
  - Procedural skills
  - Retention-enhancement methods
  - Periodic assessment
  - 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
  - Volunteers vs. paid career personnel
  - Flexible training schedule, including nights and weekends

- Medical director should also be involved in:
  - Education of other physicians and personnel involved in the EMS system
  - 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
  - EMS Education Agenda encourages programs to seek national accreditation
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
  - National Registry of EMTs is the licensing exam for all EMT levels in WI except Intermediate Technician
    - Intermediate Technician is a State exam
  - The National Registry certifies competency of candidates ([www.nremt.org](http://www.nremt.org))
  - 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
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:
  - HAZMAT (hazardous materials)
  - Fire ground EMS support
  - Tactical EMS
  - 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
  - Stress management
    - Personnel are expected to act quickly and correctly
    - Personnel see many stressful and tragic events
  - Personnel must understand potential effects of stress on personal life/work performance
  - 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
  - Proper use of occupant restraint devices
  - Safe driving issues
  - Management of the violent patient