

**EMERGENCY
MEDICAL
SERVICES

NATIONAL
EMS
EDUCATION
STANDARDS**

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Executive Summary

The *National EMS Education Standards* (the *Standards*) represents another step toward realizing the vision of the *EMS Agenda for the Future*, as articulated in the *EMS Education Agenda for the Future: A Systems Approach*.

The *National EMS Education Standards* outlines the minimal terminal objectives to be achieved by entry-level EMS personnel within the parameters outlined in the National EMS Scope of Practice Model. Although educational programs must adhere to the *Standards*, its format will allow for diverse implementation methods to meet local needs and evolving educational practices. The less prescriptive format of the *Standards* will also allow for ongoing revision of content consistent with scientific evidence and community standards of care.

In implementing the *Standards*, EMS instructors and educational programs will be allowed the freedom to develop their own curricula or use any of the wide variety of publisher's lesson plans and instructional resources, which are available at each licensure level.

EMS accreditation authorities shall use the *Standards* as the framework for evaluation of program curricula.

The *National EMS Education Standards* is not a stand-alone document. Model EMS education systems will incorporate each element of the education system proposed in the *EMS Education Agenda for the Future*. These elements include:

- National EMS Core Content
- National EMS Scope of Practice
- National EMS Education Standards
- National EMS Certification
- National EMS Program Accreditation

This integrated system is essential to achieve the goals of “efficiency, consistency of instructional quality, and student competence,” outlined in the *Education Agenda*.

Introduction

As a profession, EMS is still in its early developmental stages. The formal progression of an organized civilian EMS system began in the 1960s and continues evolving as we define and enhance our structure, oversight, and organization.

As EMS system operations have developed, so has EMS education. In the early 1970s, registered nurses and physicians taught most EMS programs. There were few student and instructor resources, such as textbooks and lesson plans that related directly to prehospital emergency care. No standards or curricula that defined practice had been developed, and

there was no clear delineation of scope of practice in EMS.

Historical Development of EMS in the United States

Table 1 outlines key events in the development of EMS in the United States from the 1950s to the present.

Table 1: Historical Development of EMS		
Year(s)	Event/Organization	Result
1950s	American College of Surgeons	Developed the first training program for ambulance attendants
1960	President’s Committee for Traffic Safety	Recognized the need to address “Health, Medical Care and Transportation of the Injured” to reduce traffic fatalities
1966	National Academy of Science published <i>Accidental Death and Disability: The Neglected Disease of Modern Society (The White Paper)</i>	Quantified the scope of traffic-related death in U.S. Described the deficiencies in prehospital care in this country, including: <ul style="list-style-type: none"> ▪ Call for ambulance standards ▪ State-level policies and regulations ▪ Recommendation to adopt methods for providing consistent ambulance services at the local level
1966	Highway Safety Act of 1966	Required each state to adopt highway safety programs to comply with federal standards (including “emergency services”) Impetus for NHTSA leadership in EMS: <ul style="list-style-type: none"> ▪ Directed writing of National Standard Curricula ▪ Provided funding to states to develop State EMS Offices ▪ Took leadership role in EMS system development, including developing model EMS state legislation
1967	<i>Emergency Care and Transportation of the Sick and Injured</i> published by the American Academy of Orthopedic Surgeons (AAOS)	One of the first EMS textbooks
1970s	Robert Wood Johnson Foundation and Federal Government	Funded regional EMS systems and demonstration projects
1970	National Registry of	Held first board meeting, with goal to

	EMTs (NREMT)	provide uniform standards for credentialing ambulance attendants
1970s	Crash Injury Management for the Law Enforcement Officer published by NHTSA	40-hour program that evolved into First Responder NSC (1979)
1971	EMT-Ambulance National Standard Curriculum published and funded by NHTSA	Included: <ul style="list-style-type: none"> ▪ Course planning information ▪ Objectives ▪ Lesson plans with specific content ▪ Suggested instructional hours
1973	Emergency Medical Services Act of 1973 enacted by Congress as Title XII of the Public Health Services Act	Over \$300 million in funding for EMS over 8 years: <ul style="list-style-type: none"> ▪ Allowed for EMS system planning and implementation ▪ Required states to focus on EMS personnel and training ▪ Resulted in legislation and regulation of EMS personnel levels <p><i>Note: Some state definitions of licensure and certification differed from other disciplines, which created confusion</i></p>
1975	American Medical Association (AMA)	Recognized EMT-Paramedic as an allied health occupation
1977	National Standard Curriculum for EMT-Paramedic published by NHTSA	15 instructional modules
1978	The Essentials for Paramedic Program Accreditation developed by AMA	Joint Review Committee on Education Programs for the EMT-Paramedic (JRCEMT-P) adopted The Essentials as the standard for accreditation
1985		Release of six Division Paramedic Education Program
1990		NHTSA hosts EMS Training Workshop (this workshop provided the initiative for development of all the 90’s curriculum, an assessment based education philosophy and the EMS Education and Practice Blueprint.
1992	National Association of EMS Physicians (NAEMSP) and National Association of	Funded by NHTSA, Maternal and Child Health Bureau (MCHB), and Health Resources and Services Administration (HRSA)

	EMS Directors (NAEMSD) initiated EMS Agenda for the Future	
1994	NREMT Practice Analysis	Conducted practice analysis of EMTs and paramedics: <ul style="list-style-type: none"> ▪ Determined importance of EMS actions based on assessment of frequency and potential for harm ▪ Provided foundation for NREMT test blueprint
1994		EMT Basic curriculum revised
1995		National Standard First Responder Curriculum revised
1996	<i>EMS Agenda for the Future</i> published by NHTSA	Vision statement for integration of EMS into the health care system
1998	PEW Health Professions Commission Taskforce on Health Care Workforce Regulation published <i>Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation</i>	Recommended: <ul style="list-style-type: none"> ▪ National Policy Advisory Board to establish standards and model legislative language for uniform scope of practice authority for health professions ▪ Emphasis on states' responsibility to enact uniform scope of practice consistent with the recommendations of the National Policy Advisory Board.
1999		Release of Paramedic National Standard Curriculum revision
2000	<i>Education Agenda for the Future: A Systems Approach</i> published by NHTSA	Funded by NHTSA and HRSA. Designed to develop an integrated system of EMS regulation, certification, and licensure.
2004	<i>2004 National EMS Practice Analysis</i> published by NREMT	Updates the 1994 Practice Analysis
2005	<i>National EMS Scope of Practice</i> published by NHTSA	National guideline to define levels of EMS licensure: <ul style="list-style-type: none"> ▪ Guide state legislation ▪ Promote reciprocity between states ▪ Clarify EMS roles for the community
2005	<i>The State of EMS Education EMS Research Project:</i>	Research related to: <ul style="list-style-type: none"> ▪ Identifying characteristics of EMS instructors

	<i>Characteristics of EMS Educators</i> by Ruple, et al. In <i>Prehospital Emergency Care</i>	<ul style="list-style-type: none"> ▪ Describing infrastructure available to instructors ▪ Identifying instructor attributes necessary for implementing education standards
2005	<i>National EMS Core Content</i> published by NHTSA and HRSA	Defines: <ul style="list-style-type: none"> ▪ Domain of knowledge of EMS personnel described within the <i>National EMS Scope of Practice</i> ▪ Universal knowledge and skills of EMS personnel
2006	<i>EMS at the Crossroads</i> Institute of Medicine Report	Recommendations related to <i>EMS Education Agenda</i> : <ul style="list-style-type: none"> ▪ State governments should adopt a common scope of practice for EMS personnel, with state licensing reciprocity ▪ States should require national accreditation of paramedic programs ▪ States should accept national certification as a prerequisite for state licensure and local credentialing of EMS providers

In August of 1996, the *EMS Agenda for the Future* (the *Agenda*) was published. This consensus document was developed with funding from the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA). The National Association of EMS Physicians (NAEMSP) and the National Association of State EMS Directors (NASEMSD) led this process, which involved many stakeholders. The *Agenda* document was designed to guide government and private organizations in EMS planning, development, and policy-making at the national, state, and local levels. It addressed 14 attributes of EMS, including the EMS education system. The *Agenda* defined a vision for the future of EMS education that “employs sound educational principles,” “based on research,” and “conducted by qualified instructors.” In December of that year, representatives of 30 EMS-related organizations met at an EMS Education Conference sponsored by NHTSA to identify the necessary steps for implementing that vision.

The outcome of the EMS Education Conference was summarized in the *EMS Education Agenda for the Future: A Systems Approach*. This document included the following recommendations:

- The *National EMS Education and Practice Blueprint* (the *Blueprint*) is a valuable component of the EMS education system. It should be revised by a multidisciplinary panel, led by NHTSA, to more explicitly identify core

educational content for each licensure level.

- National EMS education standards are necessary, but need not include specific declarative material or lesson plans. NHTSA should support and facilitate the development of national EMS education standards.
- The *Blueprint* and national EMS education standards should be revised periodically, with major revisions occurring every 5 to 7 years, and minor updates made every 2 to 3 years.

In 1998, NHTSA convened a Blueprint Modeling Group to revise the *Blueprint*. That group determined that the *Blueprint* represented only one component of a comprehensive EMS education system, so they redefined its mission, and the group was renamed the EMS Education Task Force. The Task Force produced a document entitled the *EMS Education Agenda for the Future: A Systems Approach* (the *Education Agenda*).

The EMS education system envisioned in the *EMS Agenda for the Future* was further defined and articulated into the model shown in Figure 1 in the *Education Agenda*. This document states that, to be most effective, each component in the EMS education system should be structured, coordinated, and interdependent.

Figure 1: Model EMS System

The *National EMS Core Content* was published in 2005. This document defines the domain of EMS practice within each licensure level. Specifically, it lists key areas of knowledge and skills that EMS personnel at a particular level must master. Funded by NHTSA and HRSA, this project was led by the National Association of EMS Physicians and the American College of Emergency Physicians.

The *National EMS Scope of Practice Model* (the *Scope of Practice*) is a consensus document that was published in 2006. This document delineates the practices of personnel at each EMS licensure level and outlines the skills that define the minimum competencies for each level of EMS personnel. There is no regulatory authority behind the *Scope of Practice*, but it serves to guide states and other regulatory agencies. Adherence to the *Scope of Practice* by states would increase uniformity in EMS practice throughout this country and facilitate reciprocity between states. Leadership for this project was delegated to the National Association of State EMS Officials, with funding provided by NHTSA and HRSA.

The *Scope of Practice* describes four levels of EMS personnel licensure: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic. The *Scope of Practice* further defines practice, suggests minimum educational preparation, and designates appropriate psychomotor skills at each level of licensure. Further, the document describes each level of licensure as distinct and distinguished by unique “skills, practice environment,

knowledge, qualifications, services provided, risk, level of supervisory responsibility, and amount of autonomy and judgment/critical thinking/decision-making.”

The *National EMS Education Standards* (the *Standards*) replace the NHTSA National Standard Curricula at all licensure levels. The *Standards* define 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 integrated within the *Standards*.

National EMS Certification (Certification) and National EMS Education Program Accreditation (Accreditation) are the “bookends” that support the other key elements of the system. They ensure consistency and quality of EMS education programs. These components are essential safeguards for the communities that EMS personnel serve.

The National EMS Education Standards

The *National EMS Education Standards* (the *Standards*) comprise three components (Table 1):

1. Competency (designated in yellow)
2. Elaboration of knowledge within that competency, when appropriate (designated in blue)
3. Description of the clinical behaviors and judgments essential for entry-level EMS personnel at each licensure level (designated in green)

Table 2: Format of National EMS Education Standards				
	EMR	EMT	AEMT	Paramedic
Content Area	Competency	Competency	Competency	Competency
Elaboration of Knowledge	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency
	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments

Each statement in the *Standards* presumes that the expected knowledge and behaviors are within the scope of practice for that EMS licensure level, as defined by the *National EMS Scope of Practice Model*. Each competency applies to patients of all ages, unless a specific age group is identified.

The *Standards* also assume that there is a progression in practice from the Emergency Medical Responder level to the Paramedic level. That is, licensed personnel at each level

are responsible for all knowledge, judgments, and behaviors at their level and at all levels preceding their level. For example, a Paramedic is responsible for knowing and doing everything identified in that specific area, as well as knowing and doing all tasks in the three preceding levels.

The descriptors used to illustrate the increasing complexity of knowledge and behaviors through the progression of licensure levels originate, in part, from the *National EMS Scope of Practice Model*. These terms reflect the differences in the breadth, depth, and actions required at each licensure level (Figure 2).

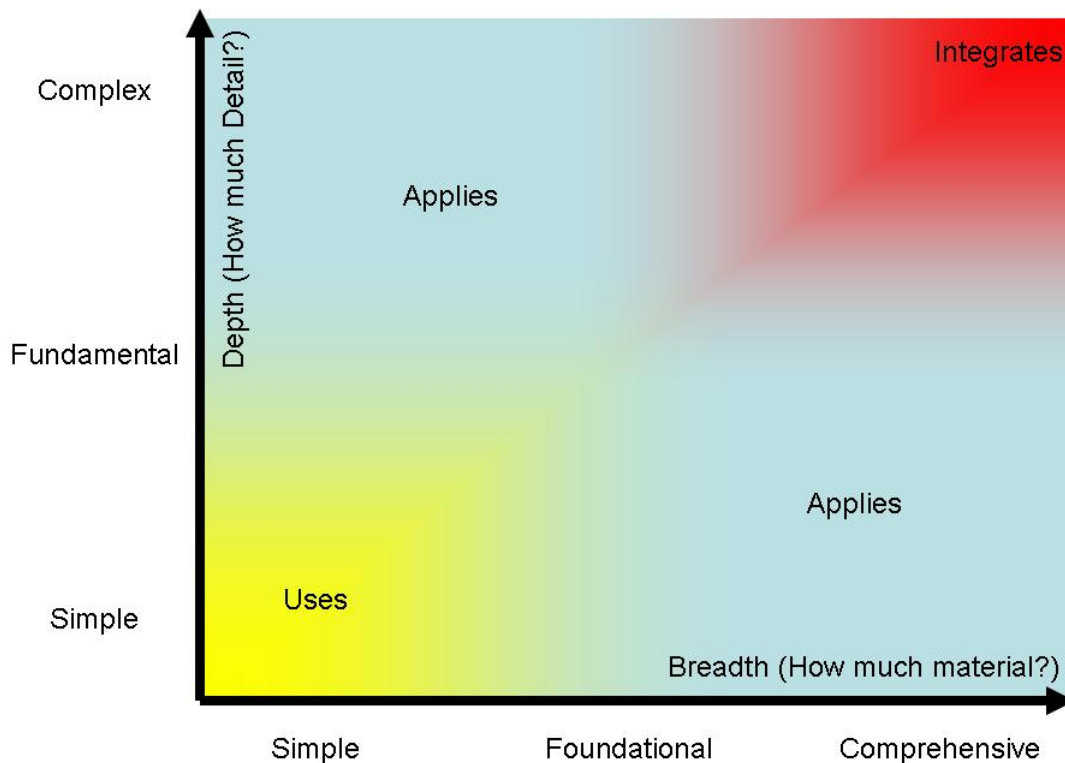


Figure 2: Terminology Graph

For example, in reference to the pathophysiology competency in the *Standards* document, an EMR should “use a simple understanding of shock...,” whereas a paramedic should “integrate a comprehensive understanding of pathophysiology of major human systems.” When the term “comprehensive” is used, it is presumed that the knowledge is complex as well. In this example, the knowledge that the entry-level Paramedic must master in the area of pathophysiology is significantly greater in both depth and breadth than that of the entry-level EMR.

The sequence of presentation of the subject matter within the *Standards* in no way implies that an education program must develop a curriculum based on the *Standards* in that same sequence. The intent is that the *National EMS Education Standards* will guide

the development of lesson plans using an educationally sound curriculum development process that meets the needs of students within an approved EMS education program.

National EMS Education Standards Version 2.0

From the National EMS Scope of Practice Model: EMS Personnel Licensure Levels

Emergency Medical Responder (EMR)

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

Emergency Medical Technician (EMT)

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Advanced Emergency Medical Technician (AEMT)

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Each educational level assumes mastery of previously stated competencies. Each individual must demonstrate each competency within his or her scope of practice and for patients of all ages.

	EMR	EMT	AEMT	Paramedic
Preparatory	Uses a simple understanding of the EMS system, safety /well being of the EMR, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies a fundamental understanding of the EMS system, safety /well being of the EMT, medical/legal and ethical issues to the provision of emergency care.	SAPL Applies a fundamental understanding of the EMS system, safety/well being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Integrates a comprehensive understanding of EMS systems, the safety /well being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
EMS Systems	Simple knowledge of (simple depth, simple breadth) <ul style="list-style-type: none"> • EMS systems • roles/ responsibilities of EMS personnel. 	EMR material PLUS: Fundamental knowledge of the (simple depth, fundamental breadth) <ul style="list-style-type: none"> • EMS system <ul style="list-style-type: none"> ◦ history of EMS • roles/ responsibilities of EMS personnel 	Same As Previous Level	AEMT material PLUS: Complex knowledge of the (complex depth, comprehensive breadth) <ul style="list-style-type: none"> • EMS system <ul style="list-style-type: none"> ◦ history of EMS • roles/ responsibilities of EMS personnel
Research	Simple knowledge of the (simple depth, simple breadth) <ul style="list-style-type: none"> • impact of research on EMR care 	EMR material PLUS: Simple knowledge of (simple depth, simple breadth) <ul style="list-style-type: none"> • data collection • evidence-based decision making 	Same As Previous Level	AEMT material PLUS: Fundamental knowledge of (fundamental depth, foundational breadth) <ul style="list-style-type: none"> • research principles and statistics to interpret literature and advocate evidence-based practice

	EMR	EMT	AEMT	Paramedic
<p>Provider Workforce Safety and Wellness</p> <p>MOVE PROPER USE OF RESTRAINT (IGs) TO THIS SECTION</p>	<p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • standard safety precautions • personal protective equipment • stress • prevention of response-related injuries • lifting and moving patients • dealing with death and dying 	<p>EMR material PLUS:</p> <p>Fundamental knowledge of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • safety and well being of the EMT • standard safety precautions • personal protective equipment • stress • prevention of work related injuries • lifting and moving patients • nutrition • dealing with death and dying • disease transmission • wellness principles 	<p>Same As Previous Level</p>	<p>AEMT material PLUS:</p> <p>Complex knowledge of the (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • safety and well being of the paramedic • standard safety precautions • personal protective equipment • stress • prevention of work related injuries • lifting and moving patients • nutrition • dealing with death and dying • disease transmission • wellness principles
<p>Documentation and EMS System Communication</p>	<p>Simple knowledge of communication needed to call for resources, transfer care of the patient, and record (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • recording patient findings 	<p>EMR material PLUS:</p> <p>Fundamental knowledge of the EMS communication system the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • principles of medical documentation and report writing • communication with other health care professionals. 	<p>EMT material PLUS:</p> <p>Fundamental knowledge of the EMS communication system; (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • principles of medical documentation and report writing • communication with other health care professionals. 	<p>AEMT material PLUS:</p> <p>Fundamental knowledge of the EMS communication system and complex knowledge of the (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • principles of medical documentation and report writing to ensure continuity of patient care and sufficient information for quality improvement and research • communication with other health care professionals

	EMR	EMT	AEMT	Paramedic
Documentation and EMS System Communication	<p>Simple knowledge of communication needed to call for (simple depth, simple breadth)</p> <ul style="list-style-type: none"> resources transfer care of the patient record patient findings 	<p>EMR material PLUS: Fundamental knowledge of the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> EMS communication system principles of medical documentation principles of report writing, communication with other health care professionals 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Fundamental knowledge of the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> EMS communication system (complex depth, comprehensive breadth) principles of medical documentation principles report writing communication with other health care professionals to ensure continuity of patient care and sufficient information for quality improvement and research.

	EMR	EMT	AEMT	Paramedic
Therapeutic Communications	<p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> interviewing techniques 	<p>EMR material PLUS: Fundamental knowledge of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> interviewing techniques culturally sensitive communication verbal defusing strategies 	Same As Previous Level	<p>AEMT material PLUS: Complex knowledge of the principles of communicating with patients in a manner that achieves a positive relationship (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> interviewing techniques factors that affect communication dealing with difficult patients adjusting communication strategies for age stage of development, patients with special needs differing cultures

<p>Medical/Legal, and Ethics</p>	<p>Simple knowledge of the medical/legal issues related to EMR response (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • consent/refusal of care • confidentiality • advanced directives • tort and criminal actions • evidence preservation • statutory responsibilities • mandatory reporting 	<p>EMR material PLUS: Fundamental knowledge of the medical/legal and ethical issues of EMS, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • consent/refusal of care • confidentiality • advanced directives • tort and criminal actions • evidence preservation • statutory responsibilities • mandatory reporting 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Complex knowledge of the medical/legal and ethical issues of EMS, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • consent/refusal of care • confidentiality • advanced directives • tort and criminal actions • statutory responsibilities • mandatory reporting • health care regulation • patient rights/advocacy • ethical principles • moral obligations • end of life issues • ethical tests and decision making
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	EMR	EMT	AEMT	Paramedic
<p>Anatomy and Physiology</p>	<p>Uses a simple depth and breadth of understanding of the anatomy and function of the upper airway, heart, vessels, blood, lungs, skin, muscles, and bones as the foundation of emergency care.</p>	<p>Applies a fundamental understanding of the anatomy and function of all human systems to the practice of EMS.</p>	<p>Integrates a complex understanding of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS.</p>	<p>Integrates a complex depth and comprehensive breadth of understanding of the anatomy and physiology of all human systems</p>

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

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

	EMR	EMT	AEMT	Paramedic
Life Span Development	Uses simple understanding of age-related differences to assess and care for patients.	Applies a fundamental understanding of life span development to patient assessment and management.	Same As Previous Level	Integrates a comprehensive understanding of life span development.

	EMR	EMT	AEMT	Paramedic
Public Health	NA	Uses a simple understanding of the principles of illness and injury prevention to emergency care.	Same As Previous Level	Applies a fundamental understanding of principles of public health and epidemiology including: health promotion, and illness and injury prevention.

	EMR	EMT	AEMT	Paramedic
Pharmacology	Uses a simple understanding of the medications that the EMR may self-administer or administer to a peer in an emergency.	Applies a fundamental understanding of the medications that the EMT may assist/administer to a patient during an emergency.	Applies (to patient assessment and management) a fundamental understanding of the medications carried by AEMTs that may be administered to a patient during an emergency.	Integrates a comprehensive understanding of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.
Principles of Pharmacology	NA	<p>Fundamental knowledge of the (simple depth, simple breadth)</p> <ul style="list-style-type: none"> kinds of medications used during an emergency 	<p>EMT material PLUS:</p> <p>Fundamental knowledge of the Basic principles of pharmacology, including:</p> <p>(fundamental depth, foundation breadth)</p> <ul style="list-style-type: none"> medication legislation naming classifications storage and security administration routes autonomic pharmacology metabolism and excretion mechanism of medication action medication response relationships medication interactions toxicity 	<p>AEMT material PLUS:</p> <p>Complex knowledge of the basic principles of pharmacology, including:</p> <p>(complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> medication legislation naming classifications schedules storage and security administration routes autonomic pharmacology metabolism and excretion mechanism of medication action phases of medication activity pharmacokinetics medication response relationships medication interactions toxicity

<p>Medication Administration</p>	<p>Simple knowledge of Within the scope of practice of the EMR how to (simple depth, simple breadth) • self-administer medication • peer-administer medication</p>	<p>EMR material PLUS: Fundamental knowledge of how to Within the scope of practice of the EMT how to (fundamental depth, foundation breadth) • assist/administer medications to a patient</p>	<p>EMT material PLUS: Fundamental knowledge of how to Within the scope of practice of the AEMT (fundamental depth, foundation breadth) • administer medications to a patient</p>	<p>AEMT material PLUS: Complex knowledge of how to Within the scope of practice of the paramedic (complex depth, comprehensive breadth) • administer medications to a patient</p>
<p>Emergency Medications</p>	<p>Simple knowledge of the Within the scope of practice of the EMR (simple depth, simple breadth) • names • effects • indications • routes of administration • dosages for the medications administered</p>	<p>EMR material PLUS: Fundamental knowledge of the Within the scope of practice of the EMT (fundamental depth, simple breadth) • names • actions • indications • contraindications • complications • routes of administration • side effects • interactions • dosages for the medications administered</p>	<p>EMT material PLUS: Fundamental knowledge of the Within the scope of practice of the AEMT (fundamental depth, foundational breadth) • names • actions • indications • contraindications • complications • routes of administration • side effects • interactions • dosages for the medications administered</p>	<p>AEMT material PLUS: Complex knowledge of the Within the scope of practice of the paramedic (complex depth, comprehensive breadth) • names • actions • indications • contraindications • complications • routes of administration • side effects • interactions • dosages for the medications administered</p>

	EMR	EMT	AEMT	Paramedic
Airway Management, Ventilation, and Respiration	Applies an understanding (fundamental depth, foundational breadth) 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 a foundational understanding 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 (fundamental depth, foundational breadth) to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.	Integrates a complex understanding 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.
Anatomy and physiology of respiration.	<p>Fundamental knowledge of the (fundamental depth, simple breadth)</p> <ul style="list-style-type: none"> • Anatomy, physiology, and pathophysiology of respiration including: <ul style="list-style-type: none"> ○ pulmonary ventilation ○ oxygenation ○ respiration <ul style="list-style-type: none"> ▪ external ▪ internal ▪ cellular 	<p>EMR material PLUS: Fundamental knowledge of the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • Anatomy, physiology, and pathophysiology of respiration including: <ul style="list-style-type: none"> ○ pulmonary ventilation ○ oxygenation ○ respiration <ul style="list-style-type: none"> ▪ external ▪ internal ▪ cellular 	<p>EMT material PLUS: Knowledge (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • anatomy <p>(fundamental depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • physiology and pathophysiology of respiration, including: <ul style="list-style-type: none"> ○ pulmonary ventilation ○ oxygenation ○ respiration <ul style="list-style-type: none"> ▪ external ▪ internal ▪ cellular • supplemental oxygen therapy 	<p>AEMT material PLUS: Complex knowledge of the (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • anatomy, physiology, and pathophysiology of respiration, including: <ul style="list-style-type: none"> ○ pulmonary ventilation ○ oxygenation ○ respiration <ul style="list-style-type: none"> ▪ external ▪ internal ▪ cellular respiration
Airway Management	<p>Knowledge of Within the scope of practice of the EMR (fundamental depth, simple breadth)</p> <ul style="list-style-type: none"> • airway assessment • techniques of assuring a patent airway 	<p>EMR material PLUS: Knowledge of Within the scope of practice of the EMT (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • airway assessment • techniques of assuring a patent airway 	<p>EMT material PLUS: Knowledge of Within the scope of practice of the AEMT (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • airway assessment • techniques of assuring a patent airway 	<p>AEMT material PLUS: Knowledge of Within the scope of practice of the paramedic (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • airway assessment • techniques of assuring a patent airway

<p>Ventilation</p>	<p>Knowledge of the (fundamental depth, simple breadth)</p> <ul style="list-style-type: none"> ◆ assessment and management of adequate and inadequate ventilation, including: <ul style="list-style-type: none"> ○ artificial ventilation ○ minute ventilation ○ alveolar ventilation, and the ○ impact of ventilation on perfusion ○ supplemental oxygen therapy 	<p>EMR material PLUS:</p> <p>Knowledge of the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> ◆ assessment and management of adequate and inadequate ventilation, including: <ul style="list-style-type: none"> ○ artificial ventilation ○ minute ventilation ○ alveolar ventilation, and the ○ impact of ventilation on perfusion ○ supplemental oxygen therapy 	<p>Same As Previous Level</p>	<p>AEMT material PLUS:</p> <p>Knowledge of the (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> ◆ assessment and management of adequate and inadequate ventilation, including: <ul style="list-style-type: none"> ○ artificial ventilation ○ minute ventilation ○ alveolar ventilation, and the ○ impact of ventilation on perfusion ○ supplemental oxygen therapy
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	EMR	EMT	AEMT	Paramedic
Patient Assessment	Use scene information and simple 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, reassessment) to guide emergency management.	Same As Previous Level	Integrate scene and patient assessment findings with an understanding 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 Size Up	<p>(complex depth, comprehensive breadth) knowledge of</p> <ul style="list-style-type: none"> • scene safety and <p>(simple depth, simple breadth) knowledge of</p> <ul style="list-style-type: none"> • scene management, including: <ul style="list-style-type: none"> ○ the impact of the environment on patient care ○ addressing hazards ○ violence ○ need for additional or specialized resources ○ standard precautions 	<p>EMR material PLUS:</p> <p>(complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • scene safety <p>(fundamental depth, foundational breadth) knowledge of</p> <ul style="list-style-type: none"> • scene management, including <ul style="list-style-type: none"> ○ the impact of the environment on patient care ○ addressing hazards ○ violence ○ need for additional or specialized resources ○ standard precautions ○ scene stabilization ○ security ○ multiple patient situations 	Same As Previous Level	<p>AEMT material PLUS:</p> <p>(complex depth, comprehensive breadth) knowledge of</p> <ul style="list-style-type: none"> • scene safety • scene management, including: <ul style="list-style-type: none"> ○ the impact of the environment on patient care ○ addressing hazards ○ violence ○ need for additional or specialized resources ○ standard precautions ○ scene stabilization ○ security ○ multiple patient situations

<p>Primary Assessment</p>	<p>Knowledge of the (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • primary assessment for all patient situations, including <ul style="list-style-type: none"> ○ level of consciousness ○ ABCs ○ identifying life threats ○ assessment of vital functions • begin interventions needed to preserve life 	<p>EMR material PLUS:</p> <p>Knowledge of the (fundamental depth, simple breadth)</p> <ul style="list-style-type: none"> • primary assessment for all patient situations, including: <ul style="list-style-type: none"> ○ initial general impression ○ level of consciousness ○ ABCs ○ identifying life threats ○ assessment of vital functions • integration of treatment/procedures needed to preserve life 	<p>EMT material PLUS:</p> <p>Knowledge of the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • primary assessment for all patient situations, including <ul style="list-style-type: none"> ○ initial general impression ○ level of consciousness ○ ABCs ○ identifying life threats ○ assessment of vital functions • integration of treatment/procedures needed to preserve life 	<p>AEMT material PLUS:</p> <p>Knowledge of the (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • primary assessment for all patient situations, including <ul style="list-style-type: none"> ○ initial general impression ○ level of consciousness ○ ABCs ○ identifying life threats ○ assessment of vital functions • integration of treatment/procedures needed to preserve life
<p>History Taking</p>	<p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • determining the chief complaint • mechanism of injury/nature of illness • associated signs and symptoms 	<p>EMR material PLUS:</p> <p>Fundamental knowledge of history taking, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • basic investigation of the chief complaint • mechanism of injury/nature of illness • past medical history • associated signs and symptoms • pertinent negatives 	<p>Same As Previous Level</p>	<p>AEMT material PLUS:</p> <p>Complex knowledge of history taking, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • components of the patient history • interviewing techniques • how to integrate therapeutic communication techniques and adapt the line of inquiry based on findings and presentation

Secondary Assessment	<p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> performing a rapid full body scan focused assessment of pain 	<p>EMR material PLUS:</p> <p>Fundamental knowledge of secondary assessment for all patient situations, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> techniques of physical examination <ul style="list-style-type: none"> respiratory system cardiovascular system neurological system musculoskeletal system all anatomical regions 	<p>EMT material PLUS:</p> <p>Complex knowledge of the assessment of (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> lung sounds shock 	<p>AEMT material PLUS:</p> <p>Comprehensive knowledge of secondary assessment for all patient situations, including (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> techniques of physical examination for all major <ul style="list-style-type: none"> body systems anatomical regions
Monitoring Devices	NA	<p>Within the scope of practice of the EMT</p> <p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> obtaining and using information from patient monitoring devices including (but not limited to) <ul style="list-style-type: none"> pulse oximetry non-invasive blood pressure 	<p>EMT material PLUS:</p> <p>Within the scope of practice of the AEMT</p> <p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> obtaining and using information from patient monitoring devices including (but not limited to) <ul style="list-style-type: none"> blood glucose determination 	<p>AEMT material PLUS:</p> <p>Within the scope of practice of the paramedic</p> <p>Fundamental knowledge of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> obtaining and using information from patient monitoring devices including (but not limited to): <ul style="list-style-type: none"> continuous ECG monitoring 12 lead ECG interpretation capnography basic blood chemistry
Reassessment	<p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> how and when to reassess patients 	<p>EMR material PLUS:</p> <p>Fundamental knowledge of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> how and when to perform a reassessment for all patient situations 	Same As Previous Levels	<p>AEMT material PLUS:</p> <p>Comprehensive knowledge of (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> how and when to perform a reassessment for all patient situations

	EMR	EMT	AEMT	Paramedic
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<p>Medicine</p>	<p>Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.</p>	<p>Applies fundamental understanding to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.</p>	<p>Applies fundamental understanding to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.</p>	<p>Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.</p>
<p>Medical Overview</p>	<p>Knowledge of Assessment and management of a the patient with (simple depth, simple breadth) • medical complaint to include assessment factors and major components of the patient assessment.</p>	<p>EMR material PLUS: Knowledge of Pathophysiology, assessment, and management of the patient with a (fundamental depth, foundational breadth) • medical complaints to include ○ transport mode ○ destination decisions ○ assessment factors, major components of the patient assessment and the differential diagnosis process.</p>	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Knowledge of Pathophysiology, assessment, and management of the patient with a (complex depth, comprehensive breadth) • medical complaints to include ○ transport mode ○ destination decisions ○ assessment factors, major components of the patient assessment and the differential diagnosis process.</p>

<p>Neurology</p>	<p>Knowledge of Anatomy, presentations, and management of neurological emergencies including: (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • decreased level of responsiveness • seizure • stroke 	<p>EMR material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • seizure • status epilepticus • stroke • transient ischemic attack • headache • spinal cord compression, movement disorders and degenerative neurological diseases. 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • seizure • status epilepticus • stroke • transient ischemic attack • headache <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • cranial nerve disorders • spinal cord compression • demyelinating disorders • hydrocephalus • neurologic inflammation/ infection • movement disorders • dementia • Parkinson’s disease • tumors • Wernicke’s encephalopathy
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<p>Abdominal and Gastrointestinal Disorders</p>	<p>Knowledge of Anatomy, presentations and management of shock associated with abdominal emergencies including: (simple depth, simple breadth) • gastrointestinal bleeding</p>	<p>EMR material PLUS:</p> <p>Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of common and/or major acute abdominal emergencies including: (fundamental depth, foundational breadth) • acute and chronic gastrointestinal hemorrhage (simple depth, simple breadth) • peritonitis • peptic ulcerative diseases</p>	<p>Same As Previous Level</p>	<p>AEMT material PLUS:</p> <p>Knowledge Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major abdominal/GI diseases and/or emergencies, including: (complex depth, comprehensive breadth) • acute and chronic gastrointestinal hemorrhage • peritonitis • peptic ulcerative diseases • liver disorders (fundamental depth, foundational breadth) • irritable bowel syndrome • infectious disorders • inflammatory disorders • structural disorders • pancreatitis • hernias • gall bladder and biliary tract disorders (simple depth, simple breadth) • cholecystitis • rectal abscess • rectal foreign body obstruction</p>
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<p>Immunology</p>	<p>Knowledge of Recognition and management of shock and difficulty breathing related to (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • anaphylactic reactions 	<p>EMR material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of hypersensitivity disorders and/or emergencies including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • anaphylactic reactions • anaphylactoid reactions 	<p>EMT material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of hypersensitivity disorders and/or emergencies including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • anaphylactic reactions • anaphylactoid reactions 	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major immune system disorders and/or emergencies; including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • Hypersensitivity • anaphylactic reactions • anaphylactoid reactions <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • collagen vascular disease • transplant related problems
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<p>Infectious Diseases</p>	<p>Awareness of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • a patient who may have contracted an infectious disease • how to decontaminate equipment after treating a patient suspected of having an infectious disease 	<p>EMR material PLUS: Knowledge of Assessment and management of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • a patient who may have contracted an infectious disease • how to decontaminate the ambulance and equipment after treating a patient suspected of having an infectious disease 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, reporting requirements, prognosis, and management of common or major infectious and communicable diseases and/or emergencies, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • Hepatitis • HIV related diseases • meningococcal meningitis • pneumonia <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • tuberculosis • tetanus • rabies • viral diseases • sexually transmitted disease • scabies and lice • Lyme disease • gastroenteritis • fungal infections • antibiotic resistant infections
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<p>Endocrine Disorders</p>	<p>Knowledge Awareness that (simple depth, simple breadth)</p> <ul style="list-style-type: none"> diabetic emergencies cause altered mental status 	<p>EMR material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment and management of metabolic and endocrine disorders including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> acute diabetic emergencies 	<p>EMT material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment and management of metabolic and endocrine disorders including: (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> acute diabetic emergencies 	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major endocrine disorders and/or emergencies, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> acute diabetic emergencies diabetes <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> adrenal disease pituitary and thyroid disorders
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<p>Psychiatric</p>	<p>Knowledge Recognition of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • behaviors that pose a risk to the EMR, patient or others 	<p>EMR material PLUS:</p> <p>Assessment of patients with a psycho-behavioral disorder, including:</p> <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • acute psychosis • suicidal/homicidal risk • intoxication and withdrawal • agitated delirium 	<p>Same As Previous Level</p>	<p>AEMT material PLUS:</p> <p>Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major psycho-behavioral disorders and/or emergencies including:</p> <p>(complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • acute psychosis • agitated delirium <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • addictive behavior • mood and thought disorders • factitious disorders • neurotic disorder • organic psychoses • patterns of violence/abuse/neglect • personality disorders • psychosomatic disorders
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<p>Cardiovascular</p>	<p>Knowledge of Anatomy, signs, symptoms and management of cardiovascular emergencies including: (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • chest pain • cardiac arrest 	<p>EMR material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings and management of cardiovascular disorders, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • acute coronary syndrome • aortic aneurysm/dissection • thromboembolism • cardiac heart failure • hypertensive emergencies 	<p>EMT material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings and management of cardiovascular disorders, including: (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • acute coronary syndrome • ischemic heart diseases <ul style="list-style-type: none"> ○ angina pectoris ○ myocardial infarction 	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major cardiovascular disorders, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • acute coronary syndrome • ischemic heart diseases <ul style="list-style-type: none"> ○ angina pectoris ○ myocardial infarction • aortic aneurysm/dissection, • thromboembolism • cardiac failure • hypertensive emergencies • heart failure • vascular disorders <ul style="list-style-type: none"> ○ abdominal aortic aneurysm ○ arterial occlusion ○ venous thrombosis • non-traumatic cardiac tamponade • cardiac rhythm disturbances • cardiogenic shock (fundamental depth, foundational breadth) • infectious diseases of the heart <ul style="list-style-type: none"> ○ endocarditis ○ pericarditis • congenital abnormalities
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<p>Toxicology</p>	<p>Knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • recognition and management of nerve agent poisoning • how and when to contact a poison control center 	<p>EMR material PLUS:</p> <p>Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of poisoning emergencies, including:</p> <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • inhaled poisons • ingested poisons • injected poisons • absorbed poisons 	<p>EMT material PLUS:</p> <p>Knowledge of the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • opiate toxidrome • cholinergic toxidrome 	<p>EMR material PLUS:</p> <p>Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of the following toxidromes and poisonings: common or major toxicological emergencies including the following:</p> <p>(complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • sympathomimetics • sedative/hypnotics • opiates • anticholinergics • cholinergics • carbon monoxide • alcohol
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<p>Respiratory</p>	<p>Knowledge of Anatomy, signs, symptoms and management of respiratory emergencies including those that affect the (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • upper airway • lower airway 	<p>EMR material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of respiratory disease, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • epiglottitis • spontaneous pneumothorax • pulmonary edema • asthma • chronic obstructive pulmonary disease • environmental/industrial exposure • toxic gas • pulmonary embolism • pneumonia <p>(simple depth, simple breadth)</p> <ul style="list-style-type: none"> • pertussis • cystic fibrosis 	<p>EMT material PLUS: Knowledge of anatomy, physiology, pathophysiology, assessment findings, and management of respiratory disease, including: (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • asthma • chronic obstructive pulmonary disease • pneumonia 	<p>AEMT material PLUS: Complex knowledge Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of common or major respiratory diseases, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • acute upper airway infections • pleural effusion • spontaneous pneumothorax • obstructive/restrictive lung diseases • pulmonary infections <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • neoplasm • pertussis • cystic fibrosis
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Hematology	NA	<p>Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • sickle cell crisis 	<p>EMT material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • sickle cell crisis 	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major hematological diseases and/or emergencies, including: (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • sickle cell crisis <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • blood transfusion complications • hemostatic disorders • lymphomas • red blood cell disorders • white blood cell disorders
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<p>Genitourinary/Renal</p>	<p>Knowledge (simple depth, simple breadth) of recognition and management of shock or respiratory distress associated with renal failure.</p> <p>(Simple depth, simple breadth)</p> <ul style="list-style-type: none"> • blood pressure assessment in hemodialysis patients 	<p>EMR material PLUS:</p> <p>Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of</p> <p>(simple depth, simple breadth)</p> <ul style="list-style-type: none"> • complications related to renal dialysis • kidney stones 	<p>EMT material PLUS:</p> <p>Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of</p> <p>(fundamental depth, simple breadth)</p> <ul style="list-style-type: none"> • complications related to renal dialysis • kidney stones 	<p>AEMT material PLUS:</p> <p>Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major renal urogenital disorders and/or emergencies including:</p> <p>(complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • Complications of <ul style="list-style-type: none"> ○ acute renal failure ○ chronic renal failure ○ dialysis • renal calculi <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • acid base disturbances • fluid and electrolyte • infection • specific male genital tract conditions
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<p>Gynecology</p>	<p>Knowledge of Recognition and management of shock associated with (simple depth, simple breadth)</p> <ul style="list-style-type: none"> vaginal bleeding 	<p>EMR material PLUS: Knowledge of Anatomy, physiology, assessment findings, and management of gynecological diseases and/or emergencies, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> vaginal bleeding sexual assault <p>(simple depth, simple breadth)</p> <ul style="list-style-type: none"> infections 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major gynecological diseases and/or emergencies, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> vaginal bleeding sexual assault (fundamental depth, foundational breadth) infections PID ovarian cysts dysfunctional uterine bleeding foreign body
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<p>Non-Traumatic Musculoskeletal Disorders</p>	<p>NA</p>	<p>EMR material PLUS: Knowledge of Anatomy, physiology, pathophysiology, assessment findings, and management of (fundamental depth, foundational breadth) <ul style="list-style-type: none"> • non-traumatic fractures </p>	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Knowledge of Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major non-traumatic musculoskeletal disorders, including: (fundamental depth, foundational breadth) <ul style="list-style-type: none"> • bony abnormalities • disorders of the spine • joint abnormalities • muscle abnormalities • overuse syndromes </p>
<p>Diseases of the eyes, ears, nose, and throat.</p>	<p>Knowledge of the Recognition and management of (simple depth, simple breadth) <ul style="list-style-type: none"> • nose bleed </p>	<p>Same As Previous Level</p>	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Knowledge of anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of (fundamental depth, foundational breadth) <ul style="list-style-type: none"> • common or major diseases of the eyes, ears, nose, and throat, including nose bleed </p>

	<p>EMR</p>	<p>EMT</p>	<p>AEMT</p>	<p>Paramedic</p>
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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 a fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.	Applies fundamental understanding 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, and post resuscitation management.	Integrates a comprehensive knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states. Integrates a comprehensive knowledge of the causes, pathophysiology into the management of shock, respiratory failure or arrest with an emphasis on early intervention to prevent arrest.
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	EMR	EMT	AEMT	Paramedic
Trauma	Uses simple knowledge to recognize and manage life threats based on assessment findings for an acutely injured patient while awaiting additional emergency medical response.	Applies fundamental understanding to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.	Applies fundamental understanding to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely injured patient.	Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient.
Trauma Overview	NA	EMR material PLUS: Fundamental knowledge (fundamental depth, foundational breadth) <ul style="list-style-type: none"> • pathophysiology of the trauma patient • assessment of the trauma patient • management of the critical trauma patient to include • trauma scoring • rapid transport and destination issues • transport mode 	Same As Previous Level	AEMT material PLUS: Complex knowledge (complex depth, comprehensive breadth) <ul style="list-style-type: none"> • pathophysiology of the trauma patient • assessment of the trauma patient • management of the critical trauma patient to include • trauma scoring • rapid transport • destination issues

<p>Bleeding and Shock</p>	<p>Simple knowledge of the Recognition and management of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • bleeding • hemorrhagic shock 	<p>EMR material PLUS: Knowledge of Pathophysiology, assessment, and management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • bleeding • hemorrhagic shock, including: types of bleeding 	<p>EMT material PLUS: Fundamental knowledge of the Pathophysiology, assessment and knowledge of the management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • bleeding • hemorrhagic shock, including types of shock <p>and a complex understanding of (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • fluid resuscitation 	<p>AEMT material PLUS: Complex knowledge Pathophysiology, assessment, and management of (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • bleeding • hemorrhagic shock including the types of shock.
<p>Chest Trauma</p>	<p>Simple knowledge of the recognition and management of chest injuries, including: (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • sucking chest wound • impaled object 	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment and management of chest trauma, including: (fundamental depth, simple breadth)</p> <ul style="list-style-type: none"> • aortic dissection/disruption • cardiac/pulmonary contusion • hemothorax • penetrating chest trauma • pericardial tamponade • simple pneumothorax • tension pneumothorax 	<p>EMT material PLUS: Fundamental knowledge Pathophysiology, assessment and management of chest trauma, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • aortic dissection/disruption • cardiac/pulmonary contusion • hemothorax • penetrating chest trauma • pericardial tamponade • simple pneumothorax • tension pneumothorax 	<p>AEMT material PLUS: Complex knowledge Pathophysiology, assessment, and management of chest trauma, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • aortic dissection/disruption • cardiac/pulmonary contusion • hemothorax • penetrating chest trauma • pericardial tamponade • simple pneumothorax • tension pneumothorax

<p>Abdominal and Genitourinary Trauma</p>	<p>Simple knowledge of the Recognition and management of abdominal injuries, including: (simple depth, simple breadth) <ul style="list-style-type: none"> • impaled object </p>	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment and management of abdominal trauma and injuries to the external genitalia, including: (fundamental depth, foundational breadth) <ul style="list-style-type: none"> • vascular injury • solid and hollow organ injuries • penetrating abdominal injuries • evisceration • traumatic vaginal bleeding • sexual assault </p>	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Complex knowledge Pathophysiology, assessment, and management of abdominal and genitourinary trauma, including: (complex depth, comprehensive breadth) <ul style="list-style-type: none"> • vascular injury • solid and hollow organ injuries • penetrating abdominal injuries • evisceration • retroperitoneal injuries • injuries to the external genitalia • injuries to the diaphragm </p>
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<p>Orthopedic Trauma</p>	<p>Simple knowledge of the Recognition and management of extremity injuries, including (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • open fractures • closed fractures • dislocations • amputations 	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • open fractures • closed fractures • dislocations • amputations • pelvic fractures • sprains/strains 	<p>EMT material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • open fractures • closed fractures • dislocations • sprains/strains <p>(complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • pelvic fractures • amputations 	<p>AEMT material PLUS: fundamental knowledge Pathophysiology, assessment, and management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • sprains/strains • pediatric fractures <ul style="list-style-type: none"> ○ epiphyseal ○ greenstick ○ torus • tendon laceration/ transection/ rupture (Achilles and patellar) <p>(complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • open fractures • closed fractures • dislocations • amputations/replantation • pelvic fractures • compartment syndrome
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<p>Soft Tissue Trauma</p>	<p>Simple knowledge of the Recognition and management of soft tissue injuries, including (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • wounds • burns <ul style="list-style-type: none"> ○ electrical ○ chemical ○ thermal • chemicals in the eye 	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of soft tissue trauma, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • wounds <ul style="list-style-type: none"> ○ avulsions ○ bite wounds ○ lacerations ○ puncture wounds • burns <ul style="list-style-type: none"> ○ electrical ○ chemical ○ thermal 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Complex knowledge Pathophysiology, assessment, and management of soft tissue trauma, including (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • wounds <ul style="list-style-type: none"> ○ avulsions ○ bite wounds ○ lacerations ○ puncture wounds • burns <ul style="list-style-type: none"> ○ electrical ○ chemical ○ thermal • high-pressure injection • periarticular wounds,
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<p>Head, facial, neck, and spine trauma</p>	<p>Simple knowledge of the Recognition and management of injuries to the head, face, neck, or spine, including (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • life threats • spine trauma 	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of head and facial trauma, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • dental trauma • facial fractures • scalp lacerations/avulsions • skull fractures • penetrating neck trauma • laryngeotracheal injuries • spine trauma 	<p>EMT material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of head and facial trauma, including (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • dental trauma • scalp lacerations/ avulsions • skull fractures • penetrating neck trauma • spine trauma <p>(complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • facial fractures • laryngeotracheal injuries 	<p>AEMT material PLUS: Knowledge of Pathophysiology, assessment, and management of head and facial trauma, including Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • dental trauma • Le Fort fractures • orbital fractures • perforated tympanic membrane <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • scalp lacerations/avulsions • skull fractures • penetrating neck trauma • laryngeotracheal injuries • spine trauma <ul style="list-style-type: none"> ○ dislocations/subluxations ○ fractures ○ sprains/strains • mandibular fractures
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<p>Central Nervous System Trauma</p>	<p>NA</p>	<p>Fundamental knowledge Pathophysiology, assessment, and management of (fundamental depth, foundational breadth) • traumatic brain • spinal cord injury</p>	<p>EMT material PLUS: Knowledge of Pathophysiology, assessment, and management of (complex depth, foundational breadth) • traumatic brain injury</p>	<p>AEMT material PLUS: Complex knowledge Pathophysiology, assessment, and management of central nervous system trauma, including: Fundamental depth, foundational breadth • cauda equina syndrome • nerve root injury • peripheral nerve injury Complex depth, comprehensive breadth • traumatic brain injury • spinal cord injury • spinal cord injury without radiographic abnormality (SCIWORA) • spinal shock</p>
<p>Special Considerations in Trauma</p>	<p>Simple knowledge of the Recognition and management of trauma in (simple depth, simple breadth) • pregnancy</p>	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of trauma in the (fundamental depth, foundational breadth) • pregnant patient • pediatric patient • elderly patient • cognitively impaired patient</p>	<p>EMT material PLUS: Knowledge Pathophysiology, assessment, and management of trauma in the (complex depth, foundational breadth) • pregnant patient • pediatric patient • elderly patient • cognitively impaired patient</p>	<p>AEMT material PLUS: Knowledge Pathophysiology, assessment, and management of trauma in the (complex depth, comprehensive breadth) • pregnant patient • pediatric patient • elderly patient • cognitively impaired patient</p>

Environmental Emergencies	<p>Simple knowledge of the Recognition and management of environmental emergencies, including (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • submersion incidents • temperature-related illness 	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of environmental emergencies, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • submersion incidents • temperature-related illness • bites and envenomations • dysbarism • electrical injury • high altitude illness 	Same As Previous Level	<p>AEMT material PLUS: Complex knowledge Pathophysiology, assessment, and management of environmental disorders, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • submersion incidents • temperature-related illness • bites and envenomations • dysbarism • electrical injury • high altitude illness
Multi-system Trauma	<p>Simple knowledge of the Recognition and management of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • multi-system trauma 	<p>EMR material PLUS: Fundamental knowledge Pathophysiology, assessment, and management of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • multi-system trauma • blast injuries 	<p>EMT material PLUS: Knowledge of the Pathophysiology, assessment and management of (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • multi-system trauma 	<p>AEMT material PLUS: Complex knowledge of Pathophysiology, assessment, and management of (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • multi-system trauma • blast injuries

	EMR	EMT	AEMT	Paramedic
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 a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.	Applies a fundamental 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 comprehensive treatment/disposition plan for patients with special needs.

<p>Obstetrics</p>	<p>Simple knowledge and Recognition and management before, during and after of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • normal delivery • bleeding in the pregnant patient 	<p>EMR material PLUS: Knowledge of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • anatomy and physiology of normal pregnancy • pathophysiology of complications of pregnancy • assessment of the pregnant patient • management of <ul style="list-style-type: none"> ○ normal delivery ○ abnormal delivery <ul style="list-style-type: none"> ▪ nuchal cord ▪ prolapsed cord ▪ breech delivery ○ third trimester bleeding ○ spontaneous abortion/miscarriage ○ ectopic pregnancy ○ eclampsia 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Complex knowledge of the (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • anatomy and physiology of pregnancy • pathophysiology of complications of pregnancy • assessment of the pregnant patient psychosocial impact, presentations, prognosis, and management of obstetrics, including: <p>(complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • normal delivery • abnormal delivery <ul style="list-style-type: none"> ○ nuchal cord ○ prolapsed cord ○ breech • spontaneous abortion/miscarriage • ectopic pregnancy • eclampsia • antepartum hemorrhage • pregnancy induced hypertension • third trimester bleeding <ul style="list-style-type: none"> ○ placenta previa ○ abruptio placenta • high risk pregnancy • complications of labor <ul style="list-style-type: none"> ○ fetal distress ○ premature labor ○ premature rupture of membranes ○ rupture of uterus • complication of delivery • post partum complications <p>(foundational depth, foundational breadth)</p> <ul style="list-style-type: none"> • hyperemesis gravidarum • post partum depression
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<p>Neonatal care</p>	<p>Simple knowledge of the Assessment and management of the (simple depth, simple breadth) • newborn</p>	<p>EMR material PLUS: Fundamental knowledge Assessment and management of neonatal care, including (fundamental depth, foundational breadth) • care of the newborn • neonatal resuscitation</p>	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Complex knowledge (complex depth, comprehensive breadth) • anatomy and physiology of neonatal circulation • assessment of the newborn presentations and management of neonatal care, including (complex depth, comprehensive breadth) • care of the newborn • neonatal resuscitation</p>
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<p>Pediatrics</p>	<p>Simple knowledge of Age-related assessment findings, and how to modify and age-related assessment and treatment modifications based on age, and the for pediatric-specific major diseases and/or emergencies specific to the pediatric patient, including: (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • upper airway obstruction • lower airway reactive disease • respiratory distress/failure/arrest • shock • seizures • Sudden Infant Death Syndrome 	<p>EMR material PLUS: Fundamental knowledge specific Age-related assessment findings, and how to modify age-related, and developmental stage related assessment and treatment modifications based on age and stage of development) of the for pediatric specific major diseases and/or emergencies specific to the pediatric patient, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • upper airway obstruction • lower airway reactive disease • respiratory distress/failure/arrest • shock • seizures • Sudden Infant Death Syndrome • gastrointestinal disease 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Complex knowledge specific Age-related assessment findings, age-related anatomic and physiologic variations between the adult and pediatric patient, and how to modify age-related, and developmental stage related assessment and treatment modifications based on age and stage of development) of the pediatric-specific major or common pediatric diseases and/or emergencies, including: (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • foreign body (upper and lower) airway obstruction • bacterial tracheitis • asthma • bronchiolitis <ul style="list-style-type: none"> ○ respiratory syncytial virus • pneumonia • croup • epiglottitis • FBLAO • respiratory distress/failure/arrest • shock • seizures • Sudden Infant Death Syndrome • hyperglycemia • hypoglycemia (fundamental depth, foundational breadth) • pertussis • cystic fibrosis • bronchopulmonary dysplasia • congenital heart diseases • hydrocephalus and ventricular shunts • gastrointestinal disease
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<p>Geriatrics</p>	<p>Simple knowledge of how (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • impact of age-related changes impact on assessment and care 	<p>EMR material PLUS:</p> <p>Fundamental knowledge of the changes associated with aging, psychosocial aspects of aging, how to modify and age-related assessment and treatment modifications according to age, and for the major or common geriatric diseases and/or emergencies, including:</p> <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • cardiovascular diseases • respiratory diseases • neurological diseases • endocrine diseases • Alzheimer’s • dementia 	<p>EMT material PLUS:</p> <p>Knowledge of the (complex depth, foundational breadth)</p> <ul style="list-style-type: none"> • fluid resuscitation in the elderly 	<p>AEMT material PLUS:</p> <p>Complex knowledge of the Normal and abnormal changes associated with aging, pharmacokinetic changes, psychosocial and economic aspects of aging, polypharmacy, how to modify and age-related assessment and treatment modifications according to age, and for the major or common geriatric diseases and/or emergencies, including:</p> <p>(complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> • cardiovascular diseases • respiratory diseases • neurological diseases • endocrine diseases • Alzheimer’s • dementia <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • herpes zoster • inflammatory arthritis
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<p>Patients with Special Challenges</p>	<p>Simple knowledge of (simple depth, simple breadth)</p> <ul style="list-style-type: none"> recognizing and reporting abuse and neglect 	<p>EMR material PLUS:</p> <p>Fundamental knowledge of how various social and economic situations</p> <p>Healthcare implications of (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> abuse neglect homelessness poverty bariatrics technology dependent hospice/ terminally ill Bronchopulmonary dysplasia tracheostomy care/dysfunction <p>(simple depth, simple breadth)</p> <ul style="list-style-type: none"> homecare sensory deficit/loss developmental disability 	<p>Same As Previous Level</p>	<p>AEMT material PLUS:</p> <p>Complex knowledge of patients with special social or economic challenges</p> <p>Healthcare implications of (complex depth, comprehensive breadth)</p> <ul style="list-style-type: none"> abuse neglect poverty bariatrics technology dependent hospice/ terminally ill bronchopulmonary dysplasia tracheostomy care/ dysfunction <p>(fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> homelessness homecare sensory deficit/loss developmental disability
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	EMR	EMT	AEMT	Paramedic
<p>EMS Operations</p>	<p>Applies a simple Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety. and effective response, scene management.</p>	<p>Applies a fundamental knowledge of operational roles and responsibilities to ensure patient, personnel, and public safety. and effective response, scene management, and transport.</p> <p>Same As Previous Level</p>	<p>Same As Previous Level</p>	<p>Same As Previous Level</p>

Principles of Emergency Response and Transportation	(simple depth, simple breadth) <ul style="list-style-type: none"> risks and responsibilities of emergency response 	EMR material PLUS: (fundamental depth, simple breadth) <ul style="list-style-type: none"> risks and responsibilities of emergency response and transport 	Same As Previous Level	Same As Previous Level
Incident Management	Knowledge of the Principles of an (fundamental depth, foundational breadth) <ul style="list-style-type: none"> National incident management system 	Same As Previous Level	Same As Previous Level	Same As Previous Level
Multiple Casualty Incidents	Knowledge of (simple depth, simple breadth) <ul style="list-style-type: none"> triage principles resource management in mass multiple casualty incidents. 	EMR material PLUS: Knowledge of the Roles and responsibilities of EMS personnel at mass multiple casualty incidents and disasters including (fundamental depth, foundational breadth) <ul style="list-style-type: none"> triage medical group functions utilization of on scene physicians 	Same As Previous Level	Complex knowledge of triage and medical sector operations. Same As Previous Level
Air Medical	Knowledge of (simple depth, simple breadth) <ul style="list-style-type: none"> safe air medical operations 	Fundamental knowledge of safe air medical operations and patient care implications. Same As Previous Level	Same As Previous Level	Same As Previous Level
Vehicle Extrication				

<p>Hazardous Materials and Other Special EMS Involved Operations</p>	<p>Knowledge of the simple depth, simple breadth</p> <ul style="list-style-type: none"> risks and responsibilities of EMS personnel operating in a cold zone at a hazardous material incident or other special incident 	<p>EMR material PLUS: simple depth, simple breadth</p> <ul style="list-style-type: none"> contamination, decontamination, personal protective equipment, transport protection of the patient, medical monitoring and rehabilitation of on-scene personnel 	<p>EMT material PLUS: fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> medical monitoring and rehabilitation of on-scene personnel 	<p>AEMT material PLUS: complex depth, foundational breadth</p> <ul style="list-style-type: none"> medical monitoring and rehabilitation of on-scene personnel
<p>Special Operations</p>	<p>Knowledge (simple depth, simple breadth) of the risks and responsibilities of operating at the fireground or other rescue incidents. special rescue operations.</p>	<p>Knowledge of the risks and responsibilities of operating at the fireground or other rescue incidents of EMS personnel during support of rescue special operations (water rescue, hazardous environment, hazardous terrain, vehicle rescue extrication, tactical operations, fireground operations, air medical evacuation, confined space), including: patient assessment procedures, personal protective equipment.</p>	<p>SAPL</p>	<p>SAPL</p>

<p>Terrorism and Disasters (this section subject to ongoing collective and cooperative review and input from all stakeholders including the Department of Transportation, Department of Homeland Security and the Department of Health and Human Services)</p>	<p>Simple knowledge of the (simple depth, simple breadth)</p> <ul style="list-style-type: none"> • role of the EMR during a natural or man made disaster 	<p>EMR material PLUS: Fundamental knowledge of the Role and responsibility of EMS in preparing for and responding to disasters, terrorism, and WMD, including: (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • natural/man made disasters • chemical • nuclear • biological • explosives 	<p>Same As Previous Level</p>	<p>AEMT material PLUS: Fundamental knowledge of the (fundamental depth, foundational breadth)</p> <ul style="list-style-type: none"> • role of EMS during a public health emergency
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Clinical Behavior/Judgment				
	EMR	EMT	AEMT	Paramedic
Assessment	Perform a simple assessment to identify life threats, identify injuries requiring immobilization and conditions requiring treatment within the scope of practice of the EMR: including foreign substance in the eyes and nerve agent poisoning.	Perform a basic history and physical examination to identify acute complaints and monitor changes	Perform a basic history and physical examination to identify acute complaints and monitor changes	Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient.
		Identify the actual and potential complaints of emergency patients.	Identify the actual and potential complaints of emergency patients.	Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology.
				Perform health screening.
				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.
Therapeutic communication and cultural competency	Communicates to obtain and clearly transmit information and be aware that there are cultural differences.	Communicate in a manner that is culturally sensitive.	Communicate in a manner that is culturally sensitive.	Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome.

Psychomotor Skills	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Basic Airway Maneuvers <ul style="list-style-type: none"> • Head-tilt, chin-lift • Jaw thrust • Modified chin lift • FBAO relief - manual • Oropharyngeal airway • Sellick’s maneuver • Positive pressure ventilation devices such as BVM • Suction of the upper airway • Supplemental oxygen therapy <ul style="list-style-type: none"> • Nasal cannula • Non-rebreather mask <p>Assessment</p> <ul style="list-style-type: none"> • Manual B/P <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Unit-dose autoinjectors (life-saving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit) <p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Manual CPR • AED • Assisted normal delivery <p>Trauma care</p> <ul style="list-style-type: none"> • Manual stabilization <ul style="list-style-type: none"> • C-spine injuries • Extremity fractures • Bleeding control • Emergency moves • Eye irrigation 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Nasopharyngeal airway • Positive pressure ventilation <ul style="list-style-type: none"> • Manually-triggered ventilators • Automatic transport ventilators • Supplemental oxygen therapy <ul style="list-style-type: none"> • Humidifiers • Partial-rebreather mask • Venturi mask <p>Assessment</p> <ul style="list-style-type: none"> • Pulse oximetry • Automatic B/P <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Assist patients in taking their own prescribed medications • Administration of OTC medications with medical oversight <ul style="list-style-type: none"> • Oral glucose for hypoglycemia • Aspirin for chest pain <p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Mechanical CPR • Assisted complicated delivery <p>Trauma care</p> <ul style="list-style-type: none"> • Spinal immobilization <ul style="list-style-type: none"> • Cervical collars • Seated • Longboard • Rapid extrication • Splinting <ul style="list-style-type: none"> • Extremity • Traction • PASG • Mechanical patient restraint • Tourniquet 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Airways not intended for insertion into the trachea <ul style="list-style-type: none"> • Esophageal-tracheal • Multi-lumen airway • Tracheal-bronchial suctioning of an already intubated patient <p>Assessment</p> <ul style="list-style-type: none"> • Blood glucose monitor <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Establish and maintain peripheral intravenous access • Establish and maintain intraosseous access in pediatric patient • Administer (nonmedicated) intravenous fluid therapy • Sublingual nitroglycerin (chest pain) • Subcutaneous or intramuscular epinephrine (anaphylaxis) • Glucagon (hypoglycemia) • Intravenous 50% dextrose (hypoglycemia) • Inhaled beta agonists (wheezing) • Intravenous narcotic antagonist (narcotic overdose) • Nitrous oxide (pain) 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Oral and nasal endotracheal intubation • FBAO – direct laryngoscopy • Percutaneous cricothyrotomy • Pleural decompression • BiPAP, CPAP, PEEP • Chest tube monitoring • ET/CO₂ monitoring • NG/OG tube <p>Assessment</p> <ul style="list-style-type: none"> • ECG interpretation • 12-lead interpretation • Blood chemistry analysis <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Intraosseous insertion • Enteral and parenteral administration of approved prescription medications • Access indwelling catheters and implanted central IV ports • Medications by IV infusion • Maintain infusion of blood or blood products • Blood sampling • Thrombolytic initiation • Administer physician approved medications <p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Cardioversion • Manual defibrillation • Transcutaneous pacing • Carotid massage <p>Trauma care</p> <ul style="list-style-type: none"> • Morgan lens
		Anticipate and prospectively intervene to improve patient outcome.		

Professionalism	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.	Be a role model of exemplary professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
Decision Making	Initiates simple interventions based on assessment findings.	Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Initiates basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Performs basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Evaluates the effectiveness of interventions and modifies treatment plan accordingly.
Record Keeping	Record simple assessment findings and interventions	Report and document assessment data and interventions.	Report and document assessment findings and interventions.	Report and document assessment findings and interventions. Collect and report data to be used for epidemiological and research purposes.

<p>Patient Complaints</p>	<p>Perform a patient assessment and provide prehospital emergency care for patient complaints: altered mental status/decreased level of consciousness, apnea, back pain, bleeding, cyanosis, hypotension, multiple trauma, pain, paralysis, poisoning, shock, GI bleeding, cardiac arrest, chest pain, dyspnea, stridor/drooling, behavioral emergency, abuse/neglect, and eye pain.</p>	<p>Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: altered mental status/decreased level of consciousness, syncope, apnea, back pain, bleeding, cyanosis, fever, hypotension, multiple trauma, pain, paralysis, poisoning, shock, GI bleeding, cardiac rhythm disturbances, chest pain, dyspnea, hemoptysis, wheezing, headache, stridor/drooling, anxiety, ataxia, behavioral emergency, pediatric crying/fussiness, dehydration, dizziness/vertigo, edema, fatigue, hypertension, joint pain/swelling, abuse/neglect, rash, weakness, constipation, diarrhea, hematuria, nausea/vomiting, rectal pain, urinary retention, visual disturbances, dysphasia, eye pain, and sore throat.</p>	<p>Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: altered mental status/decreased level of consciousness, syncope, apnea, back pain, bleeding, cyanosis, fever, hypotension, multiple trauma, pain, paralysis, poisoning, shock, GI bleeding, cardiac rhythm disturbances, chest pain, dyspnea, hemoptysis, wheezing, headache, stridor/drooling, anxiety, ataxia, behavioral emergency, pediatric crying/fussiness, dehydration, dizziness/vertigo, edema, fatigue, hypertension, joint pain/swelling, abuse/neglect, rash, weakness, constipation, diarrhea, hematuria, nausea/vomiting, rectal pain, urinary retention, visual disturbances, dysphasia, eye pain, and sore throat.</p>	<p>Perform a patient assessment, develop a treatment and disposition plan for patients with the following complains: altered mental status/decreased level of consciousness, syncope, apnea, back pain, bleeding, cyanosis, fever, hypotension, multiple trauma, pain, paralysis, poisoning, shock, GI bleeding, cardiac rhythm disturbances, chest pain, dyspnea, hemoptysis, wheezing, headache, stridor/drooling, anxiety, ataxia, behavioral emergency, pediatric crying/fussiness, dehydration, dizziness/vertigo, edema, fatigue, hypertension, joint pain/swelling, abuse/neglect, rash, weakness, constipation, diarrhea, hematuria, nausea/vomiting, rectal pain, urinary retention, visual disturbances, dysphasia, eye pain, and sore throat, feeding problems, jaundice, malaise, blood and body fluid exposure, pruritus, tremor, ascites, colic, dysmenorrhea, dysuria, incontinence, cough/hiccough, congestion, ear pain, hearing disturbance, red/pink eye, tinnitus, dental pain.</p>
<p>Scene Leadership</p>	<p>Manage the scene until a more experienced EMS team member arrives.</p>	<p>Serve as an EMS team member with a more experienced provider in the lead role.</p> <p>Serve as an EMS team leader of a basic life support call, and a team member with a more experienced provider in the lead role on an advanced emergency call.</p>	<p>Serve as an EMS team leader of a basic life support call, and a team member with a more experienced provider in the lead role on an advanced emergency call.</p>	<p>Function as the team leader of a routine, single patient advanced life support emergency call.</p>

National EMS Education Standards

DRAFT – Version 2.0

For Review and Comment – Do Not Quote or Cite

Scene Safety	Ensure the safety of yourself and others during an emergency.	Ensure the safety of yourself and others during an emergency.	Ensure the safety of yourself and others during an emergency.	Ensure the safety of yourself and others during an emergency.
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Educational Infrastructure

	EMR	EMT	AEMT	Paramedic
Educational Facilities	<ul style="list-style-type: none"> • Facility sponsored or approved by sponsoring agency • ADA compliant facility • Sufficient space for class size • Controlled environment 	<ul style="list-style-type: none"> • Facility sponsored or approved by sponsoring agency • ADA compliant facility • Sufficient space for class size • Controlled environment 	<ul style="list-style-type: none"> • Facility sponsored or approved by sponsoring agency • ADA compliant facility • Sufficient space for class size • Controlled environment 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Student Space	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Instructional Resources	<ul style="list-style-type: none"> • Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction 	<ul style="list-style-type: none"> • Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction 	<ul style="list-style-type: none"> • Provide basic instructional support material • Provide audio, visual, and kinematic aids to support and supplement didactic instruction 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Instructor Preparation Resources	<ul style="list-style-type: none"> • Provide space for instructor preparation • Provide support equipment for instructor preparation 	<ul style="list-style-type: none"> • Provide space for instructor preparation • Provide support equipment for instructor preparation 	<ul style="list-style-type: none"> • Provide space for instructor preparation • Provide support equipment for instructor preparation 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Storage Space	<ul style="list-style-type: none"> • Provide adequate and secure storage space for instructional materials 	<ul style="list-style-type: none"> • Provide adequate and secure storage space for instructional materials 	<ul style="list-style-type: none"> • Provide adequate and secure storage space for instructional materials 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Sponsorship	<ul style="list-style-type: none"> • Sponsoring organizations shall be one of the following: <ul style="list-style-type: none"> • Accredited educational 	<ul style="list-style-type: none"> • Sponsoring organizations shall be one of the following: <ul style="list-style-type: none"> • Accredited educational 	<ul style="list-style-type: none"> • Sponsoring organizations shall be one of the following: <ul style="list-style-type: none"> • Accredited educational 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP)

	<p>institution, or</p> <ul style="list-style-type: none"> Public safety organization, or Accredited hospital, clinic, or medical center, or Other approved institution or organization 	<p>institution, or</p> <ul style="list-style-type: none"> Public safety organization, or Accredited hospital, clinic, or medical center, or Other approved institution or organization 	<p>institution, or</p> <ul style="list-style-type: none"> Public safety organization, or Accredited hospital, clinic, or medical center, or Other approved institution or organization 	<p>standards and guidelines (www.coaemsp.org)</p>
Programmatic Approval	<ul style="list-style-type: none"> Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State) 	<ul style="list-style-type: none"> Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State) 	<ul style="list-style-type: none"> Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval (State) 	<ul style="list-style-type: none"> Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Faculty	<ul style="list-style-type: none"> The course primary instructor should be educated at a level higher than he or she is teaching; however, as a minimum, be educated at the level he or she is teaching Have completed an approved instructor training program or equivalent 	<ul style="list-style-type: none"> The course primary instructor should be educated at a level higher than he or she is teaching; however, as a minimum, be educated at the level he or she is teaching Have completed an approved instructor training program or equivalent 	<ul style="list-style-type: none"> The course primary instructor should be educated at a level higher than he or she is teaching; however, as a minimum, be educated at the level he or she is teaching Have completed an approved instructor training program or equivalent 	<ul style="list-style-type: none"> Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Medical Director Oversight	<ul style="list-style-type: none"> Provide medical oversight for all medical aspects of instruction 	<ul style="list-style-type: none"> Provide medical oversight for all medical aspects of instruction 	<ul style="list-style-type: none"> Provide medical oversight for all medical aspects of instruction 	<ul style="list-style-type: none"> Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Hospital/Clinical Experience	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Provide students with patient contact experience Students should observe emergency department operations for a minimum of eight hours to gain an appreciation for the continuum of care If an emergency department experience is not available, another clinical facility experience can be used. 	<ul style="list-style-type: none"> Provide students with patient contact experience Student must consistently demonstrate the ability to safely and effectively gain venous access in patients of all age groups. Student must demonstrate the ability to safely and effectively give inhaled, sublingual, subcutaneous, intramuscular and intravenous medications to 	<ul style="list-style-type: none"> Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)

		<ul style="list-style-type: none"> • Students should successfully perform ten patient assessments under the supervision of a qualified preceptor. 	<p>patients of different age groups.</p> <ul style="list-style-type: none"> • Students must demonstrate the ability to effectively ventilate unintubated patients of all age groups. • The student must demonstrate the ability to perform an assessment and formulate and implement a treatment plan for patients with chest pain. • The student must demonstrate the ability to perform an assessment and formulate and implement a treatment plan for patients with respiratory distress. • The student must demonstrate the ability to perform an assessment and formulate and implement a treatment plan for patients with altered mental status. • The student must demonstrate the ability to perform an assessment on pediatric, adult and geriatric patients. 	
Field Experience	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Provide students with patient contact experience • Student should observe five emergency calls. 	<ul style="list-style-type: none"> • Provide students with patient contact experience. • The student must demonstrate the ability to serve as a team leader in a variety of prehospital emergency situations. 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Course Length	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in several ways: <ul style="list-style-type: none"> • Independent student preparation 	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in several ways: <ul style="list-style-type: none"> • Independent student preparation 	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in several ways: <ul style="list-style-type: none"> • Independent student preparation 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)

	<ul style="list-style-type: none"> • Pre- or co-requisites of NIMS, CPR-HCP. • Course length is estimated to take approximately 48-60 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	<ul style="list-style-type: none"> • Pre- or co-requisites of NIMS, CPR-HCP. • Course length is estimated to take approximately 166-198 150-190 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	<ul style="list-style-type: none"> • Pre- or co-requisites of NIMS, CPR-HCP. • Course length is estimated to take approximately 140-166 150-250 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	
Course Design	<ul style="list-style-type: none"> • Provide the following components of instruction: <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories 	<ul style="list-style-type: none"> • Provide the following components of instruction: <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories • Hospital/Clinical experience • Field experience 	<ul style="list-style-type: none"> • Provide the following components of instruction: <ul style="list-style-type: none"> • Didactic instruction • Skills laboratories • Hospital/Clinical experience • Field experience 	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Student Assessment	<ul style="list-style-type: none"> • 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 	SAPL	SAPL	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)
Program Evaluation	<ul style="list-style-type: none"> • Provide evaluation of program instructional effectiveness • Provide evaluation of organizational and administrative effectiveness of program 	SAPL	SAPL	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines (www.coaemsp.org)

Instructional Guidelines

The *Standards* are broad to allow for incorporation of evidence-based changes within the profession as they influence practice and to permit diverse presentation methods. The Instructional Guidelines (IG) are not part of the *National EMS Education Standards*, but rather a companion document. The IG are intended to provide guidance to instructors, regulators, and publishers regarding the content that may be included within each area of the *Standards*, and to provide interim support as EMS instructors and programs transition from the NSC to the *National EMS Education Standards*. The IG are not intended to be all-inclusive; it is understood that they will become outdated as research, technology, and national organization guidelines dictate changes in patient assessment and care. The IG do not comprise a curriculum and should not be adopted by states.

Glossary for Education Standards

Academic institution— A 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 specific requirements have been met. The review board is nongovernmental, and the review is collegial and based on self-assessment, peer assessment, and judgment. The purpose of accreditation is public accountability.

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.

Certification— The issuing of a certificate by a private agency based upon standards adopted by that agency that are based upon competency.

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.

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

Curriculum— A particular course of study, often in a specialized field. For EMS education, it has traditionally included detailed lesson plans.

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.

Instructional Guidelines— A resource document that provides initial guidance for content within the *National EMS Education Standards*—it is not a curriculum and should not be adopted by states.

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.

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 terminal objectives 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.

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

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 their 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 the public health, safety, and welfare.

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

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.