

# M A S S A C H U S E T T S

## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

### ADMINISTRATIVE REQUIREMENT MANUAL

**EFFECTIVE DATE:** August 1, 2013     **AUTHORIZATION:** J. Pianka, Director

**TITLE:** EMT Continuing Education Standards

**SUPERSEDES:** January 1, 2009

#### **PURPOSE:**

To further specify the standards for EMT continuing education, pursuant to 105 CMR 170.810(C)(2)(b); 170.820(C)(2)(b), and 170.840(C)(2)(b), including: (1) the subject matter of training programs eligible for EMT continuing education credit by the Department; (2) the administrative standards with respect to EMT submission and tracking of their continuing education record through the National Registry of EMTs' (NREMT) website for Massachusetts EMTs for this purpose; and (3) the transition timeline for continuing education training hour adjustments.

#### **REQUIREMENTS:**

A. **Subject matter of approvable programs:** Training programs for EMTs may be awarded continuing education credits by the Department only for subject matter that is:

1. within the EMT's defined scope of practice, and
2. within the defined roles and responsibilities of the EMT, and
3. at the appropriate level of training for the EMT in attendance.

All training must be based on the categories and objectives contained in the Statewide Treatment Protocols, the U.S. Department of Transportation's (DOT's) National Highway Transportation Safety Administration's (NHTSA's) National EMS Core Content, and the Commonwealth's EMS laws, regulations and administrative requirements. The following are the broad subject areas for training programs to be approvable for EMT continuing education credit. Please see DOT/NHTSA's National EMS Core Content for a detailed list of approvable subjects, in addition to matters covered in the Statewide Treatment Protocols, state EMS laws, regulations and administrative requirements. There may also be other topics that are related to pre-hospital patient care that do not appear in the National EMS Core Content or the Statewide Treatment Protocols. For such topics, the proposed course outline must demonstrate specifically the patient care portions of the course.

#### **Module 1 - PREPARATORY**

1. **EMS Systems** – Components, Levels of Training; Roles and Responsibilities of the EMS Provider; Traits of a Good EMT; Quality Improvement; Medical Control/Direction.
2. **The Well-Being of the EMS Provider** – Body Substance Isolation; Personal Protective Equipment; Diseases of Concern; Illness and Injury Prevention; State Mandatory Reporting Laws, Regulations and Form; Stress Relief, Stress Debriefings, CISD and CISM Counseling.
3. **Medical, Legal and Ethical Issues** – Massachusetts EMS statute, EMS System regulations and Statewide Treatment Protocols; Scope of Practice; Actual and Implied Consent; Patient Refusal of Care Issues/Documentation; MOLST and Comfort Care/DNR Verification Program Issues; Negligence; Duty to Act; Standards of Care; Patient Confidentiality (Federal and State); Organ Donors; Crime Scenes; Mandated Reporter Laws (child, elderly, patients in licensed facilities); EMS Ethics
4. **The Human Body** – Anatomical Terms; Body Systems (Physiology)
5. **Lifting and Moving Patients** – Proper Body Mechanics; Emergency Moves; Non-Emergency Moves; Use of Cot, Stair Chair and Ancillary Devices required on Ambulance.

#### **Module 2 – AIRWAY**

6. **Airway Management** – Adequate Breathing (rate, depth, accessory muscles); Positioning the Airway; Techniques of Artificial Ventilation; Airway Adjuncts (Basic and Advanced levels); Suctioning Devices and Techniques; Oxygen Therapy (Administration, Hazards, Devices).

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Module 3 – PATIENT ASSESSMENT

7. Scene Size-up – Scene Safety; Nature of Incident; Number of Patients and Adequacy of Resources; EMT at the Crime Scene.
8. Initial Assessment – General Impression of Patient(s); Mental Status; Assess A-B-Cs; Determine Transport Priority; Patient Characteristics and Initial Assessment.
9. Vital Signs and SAMPLE History – Pulse (rate, regularity, strength); Respirations (rate, regularity, strength); Blood Pressure; Skin (color, moisture, temperature); Oxygen Saturation; Capillary Refill; Obtain SAMPLE history.
10. Assessment of the Trauma Patient – Focused History and Physical Exam; Detailed Physical Exam; Significant vs. Non-Significant Mechanism of Injuries/Injuries.
11. Assessment of the Medical Patient – Focused History and Physical Exam, Responsive vs. Unresponsive Patient.
12. Ongoing Assessments – Components, Trending, Stable vs. Unstable Patients.
13. Communications – Radio Systems & Devices; Pre-hospital Notification; Verbal Reports; Interpersonal Communications.
14. Documentation – Pre-hospital Trip Records (written and electronic); Functions and Elements of a Good Trip Record; Special Documentation Issues; Legal Issues (confidentiality; falsification; how to make corrections/changes to a trip record, Mass Casualty Incidents); Special Issues (exposure to infectious disease, hazardous chemical/gas, injury to EMS personnel, defective equipment, unsafe conditions that should be made known to others, incident report, Medical Device Reporting Form, etc.)

Module 4 – MEDICAL EMERGENCIES

15. General Pharmacology – Medications EMT-B, AEMT (when implemented), EMT-P can assist and/or deliver; Right Drug, Right Dose, Right Patient; Drug Names, Effects of Medications (intended vs. unintended); Medications often taken by patients.
16. Respiratory Emergencies – Respiratory Anatomy & Physiology (A&P); Adequate vs. Inadequate Respirations; Adequate vs. Inadequate Artificial Ventilations; Assessment; Breathing Difficulty; Prescribed Inhaler; Nebulizer.
17. Cardiac Emergencies – Cardiac A&P; Cardiac Compromise; Cardiac Arrest Management, AED Use; Implants and Prior Surgery; Use of Aspirin.
18. Acute Abdominal Emergencies – Abdominal A&P; Abdominal pain & distress; Causes, treatment, positioning.
19. Diabetic Emergencies & Altered Mental Status – Diabetic Emergencies; Use of Glucometer for Altered Mental Status Patients; Seizure Disorders; Stroke/TIA; Dizziness; Syncope, Head Injury, Drugs; etc.
20. Allergic Reactions – Difference between Anaphylaxis & Mild Allergic reactions; Assist Patient with prescribed EpiPen vs. EpiPen on ambulance.
21. Poisoning & Overdose Emergencies – Ingested, Inhaled, Absorbed, Injected Poisons; Alcohol and Drug Abuse; Poison Control & Medical Control.
22. Environmental Emergencies – Cold, Heat and Water Emergencies; Water and Ice Rescue by EMS (reach, throw & row); Bites and Stings (insects, snakes and marine).
23. Behavioral Emergencies – Definitions & Causes; Situational Stress Reactions; Psychiatric Emergencies; Suicidal Ideation, gestures, acts; Aggressive/Hostile Patients; Reasonable Force and Restraint (A/R 5-500, de-escalation, personnel & training required, methods; devices carried on ambulances); Transport to Proper Facility, Medical/Legal Considerations and Documentation (MA Department of Mental Health [DMH] “Section 12 pink paper” and “section 21” Form BB-303 for transport of mental health patients already in hospitals).
24. Obstetrics & Gynecological Emergencies – A&P of Childbirth; Pregnancy, Labor and Delivery.
25. Multiple or Vague Medical Complaints – Sick or Not Sick

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Module 5 – TRAUMA

26. Bleeding and Shock – Circulatory Anatomy and Physiology; Internal vs. External Bleeding; Shock (causes, severity, treatment); Dressings and Bandages.
27. Soft Tissue Injuries – Closed vs. Open Wounds; Neck, Chest, Abdominal Wounds; Burns (causes, severity, depth, Rule of Nines); Electrical Burns; Treatment.
28. Musculoskeletal Injuries – A&P; Mechanisms of Injury; Painful, Swollen, Deformed Extremity; Assessment, Splinting.
29. Injuries to Head and Spine – Head & Spine A&P; Injuries to Skull, Brain, Face, Neck and Spine; Glasgow Coma Scale, Trauma Score; Mechanisms of Injury; Cervical Collars, Helmet Removal; Seated Patient Immobilization with Short Spineboard Device; Proper Prone, Supine and Standing Patients Immobilization with Long Spineboard, Orthopedic Stretcher and Straps (to prevent movement in horizontal, latitudinal and rotational planes).
30. Putting it all together on Trauma – Multiple Trauma (one patient and multiple patients); Trauma patient with underlying medical complaint(s); Golden Hour, Air Ambulance, Trauma Centers.

Module 6 – YOUNGER & OLDER PATIENTS

31. Infants and Children – Developmental Characteristics; Psychological and Personality Characteristics; Anatomical and Physiological Differences by Age Groups; Interacting with Pediatric Patients; Dealing with Parents and other caregivers; Assessment of Pediatric Patients (Scene Size-up and Safety, Initial, Focused History & Physical Exam, Detailed Physical Exam, Ongoing Assessment); Special Concerns (Airway Maintenance, Resuscitation, Shock, Heat Loss; Respiratory Diseases; Meningitis, Epiglottitis, Fever, Vomiting and Diarrhea; Seizures; SIDS, Child Abuse/Neglect, Special Medical Needs (tracheotomy patients, home ventilators, Central IV Lines, Feeding Tubes, Shunts), Therapeutic Communications; State Law re: Parents in ambulance with child.
32. Geriatric Patients – Communicating & Assessing Geriatric Patients; Life Span Development; Reasons for Calling EMS; Drug vs. Drug Interactions, Drug vs. Patient Interactions, Multiple Medications; Elder at Risk; Elderly Abuse/Neglect, Therapeutic Communications.

Module 7 – OPERATIONS

33. Ambulance Response – Preparing the Ambulance; Receiving & Responding to the Call; Safe and Proper Methods of Moving Patient from Scene to Ambulance;(use of stair chair, auxiliary carrying devices, ambulance cot); Ongoing Assessment and Care En Route to Hospital; Transfer of Care to Hospital Staff (verbal and written reports); Patient Personal Belongings; Terminating Call (cleaning, re-stocking at hospital vs. quarters).
34. Air Ambulances – When do you call? Where is landing zone? Landing Zone set up issues. How and when to approach helicopter?
35. EMS Gaining Access and Rescue Awareness – Scene Size-up and Safety; Recognizing and Managing Hazards (with equipment mandated on an ambulance); Stabilizing Vehicle and Gaining Access.
36. Special Situations – HAZMAT Awareness Training; Responsibilities of EMT; Establishing Staging, Treatment & Transport Sectors; Incident Command System; Multiple vs. Mass Casualty Event; Scene Management; Psychological Aspects of Multiple and Mass Casualty Events.
37. EMS Response to Terrorism – NIMS and Incident Command System; Types of Terrorism; Initial Event and Subsequent Device(s) Potential; Time/Distance/Shielding for CBRNE Events; Responding to and Recognizing Potential CBRNE Event; Dissemination & Weaponization; Characteristics of Chemical, Biological, Radiological & Incendiary Devices; Strategy and Tactics in dealing with CBRNE agents; Treat and Transport vs. Decontamination.

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#### OTHER TOPICS FOR CONTINUING EDUCATION PROGRAMS

Venous Access (EMT-I & EMT-P only)

IV Drip vs. Bolus; IM, SQ Medication Administration (EMT-P only)

ALS Assist Skills (ECG Lead placement, Ventilating intubated patient, IV fluid set up, etc.)

Advanced Airway Management (ETT, LMA, EGTA, Combitube, Bougie use, Difficult Airway, etc.)

Intra-osseous IV access (EMT-P level only)

Pre-hospital Medications (per Statewide Treatment Protocols)

Ambulance Trip Record or Case Reviews (EMT led program)

Mortality & Morbidity Review (MD, RN, Hospital staff program)

Other patient care, Medical or Trauma related instructional programs.

#### Content that will not receive EMS Continuing Education credits:

- Programs that do not reasonably relate to the National EMS Core Content, Statewide Treatment Protocols, or Massachusetts EMS laws, regulations and administrative requirements
- Instructor Courses (train the trainer)\*
- Police, Fire, Rescue or other employment required training (credits will be awarded only for the training time directly related to hands on use of approved patient care devices carried on ambulance equipment and/or direct patient treatment)

\*However, certified Instructors may receive credit for teaching first aid, CPR and/or EMS classes per recertification period.

#### EMS Minimum Skills Summary

Continuing education outlines must identify the assessment skills and treatment protocols that are consistent with the established standards of care for each level of certification. Instructors should include active student participation in practical training and conclude with a skills assessment when teaching these procedures. These skills must be associated with equipment approved on the OEMS ambulance equipment list, according to a special project waiver, or as defined by the Statewide Treatment Protocols. The following is a non-inclusive list of approved skills:

#### **BASIC**

Oxygen therapy  
 Airway adjuncts  
 Airway control  
 Aspirin administration  
 Epinephrine auto-injector  
 Activated charcoal administration  
 Oral glucose administration  
 CPR & AED  
 Bandaging  
 Splinting techniques  
 Spinal immobilization  
 Patient assessment  
 Lifting & Moving patients

#### **INTERMEDIATE**

All Basic Skills  
 ETT, EGTA (NG/OG)  
 Combitube/LMA  
 IVs

#### **PARAMEDIC**

All Basic & EMT-I Skill(s)  
 Intraosseous infusion  
 Needle Chest Decompression  
 Cardiac monitor/pacing  
 Administration of medication(s)

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**BASIC (continued)**

Scene/traffic safety, vehicle positioning

Use of Triage Tags

Some specialized skills that involve specific service requirements and medical control agreements with an ambulance service Medical Director include the following:

**BASIC**

Albuterol administration

Glucose measuring device

**INTERMEDIATE**

All Basic Skills

**PARAMEDIC**

Needle Cricothyrotomy

**B. Administrative Standards for Continuing Education**

1. Beginning with EMTs whose certification expire April 1, 2014, all Massachusetts EMTs, of all levels, whether additionally certified by the NREMT or not, will be required to track their continuing education online.

Massachusetts EMTs who are not NREMT certified will use a special NREMT-designed website for this purpose, [www.massemt.org](http://www.massemt.org). Those who hold NREMT certification will use the [www.nremt.org](http://www.nremt.org) website. The [www.massemt.org](http://www.massemt.org) website will be available for this tracking as of August 1, 2013. Each EMT will be required to go to the appropriate website, establish a personal profile, and assume responsibility for the accuracy of his or her continuing education record.

2. Once the EMT takes a continuing education course and the course is completed, the EMT's training officer may upload the attendance information to the NREMT website for this purpose. If the EMT takes a continuing education course outside the service or agency through which he or she normally takes training, the EMT will be issued a proof of attendance and manually enter their own credit hours for this training on the NREMT website. (Such training will later be verified on the website by their training officer, through whom the EMT took this training.) For EMT-Paramedics, their service's affiliate hospital medical director or service medical director will also need to access the NREMT tracking system to sign off on the paramedic's training.

3. Transition timeline for continuing education training hour requirement adjustments:

a. EMTs whose certification expires April 1, 2014: EMTs will have a choice to meet the continuing education hours as set out in 105 CMR 170.810, 170.820 and 170.840, depending on their level of certification OR may meet the NREMT's Continued Competency Program education hour requirements. Any refresher or continuing education courses already taken by such EMT will continue to count toward recertification. The NREMT's Continued Competency Program has **no** refresher training requirement, and breaks the required continuing education course requirements into categories of National, Local and Individual topics. Specifics on the types of topics that fall into each of these categories can be found at <http://www.mass.gov/eohhs/docs/dph/emergency-services/nremt/nremt-con-ed-requirements.pdf>.

i. EMT-Basics: Hours comparison: The total number of hours required under the NREMT's Continued Competency Program is 40 hours – 20 National, 10 Local and 10 Individual topics. This compares to the 52 hours required under 105 CMR 170.810: 24 hour BLS refresher and 28 hours continuing education courses.

ii. EMT-Intermediates: Hours comparison: The total number of hours required under the NREMT's Continued Competency Program is 50 hours – 25 National; 12.5 Local and 12.5 Individual topics. This compares to 62 hours required under 105 CMR 170.820: 24 hour BLS refresher, 10 hour ILS refresher and 28 hours continuing education courses.

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iii. EMT-Paramedics: Hours comparison: The total number of hours required under the NREMT's Continued Competency Program is 60 hours – 30 National, 15 Local and 15 Individual topics. This compares to 73 hours required under 105 CMR 170.840: 48 hour ALS refresher and 25 hours continuing education courses.

b. EMTs whose certification expires April 1, 2015 and thereafter: EMTs will need to meet the NREMT's Continued Competency Program's education hours requirements. OEMS will assist EMTs in this category who have already taken continuing education or refresher programs, as well as their training officers, in applying these courses (and for refreshers, components of the refreshers) to the comparably categories under the Continued Competency Program for accurate recording of credit.