

# Training Manual

## Application / Procedures for the Development and Approval of EMT Refresher and Continuing Education Training Programs



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## Introduction

The OEMS Training Manual (Application / Procedures for the Development and Approval of Continuing Education Training Programs) is written for those who share the responsibility for providing educational programs to EMTs, at all levels, (Basic, Intermediate, and Paramedic) certified in Massachusetts. The manual was developed by the Emergency Medical Services Advisory Board through its Training Subcommittee, with assistance from the staff of OEMS.

The purpose of this manual is to provide simple and clear guidance to any person or organization who sponsors EMT continuing education or refresher courses. This manual will also assist sponsors of special courses including automatic defibrillation, epinephrine auto-injector training and ALS/BLS Interface training, all of which have specific curriculum requirements.

This manual **DOES NOT** provide information on initial certification programs. If you are interested in sponsoring basic, intermediate or paramedic certification preparation courses we suggest you contact OEMS directly as these programs have special course sponsor and/or instructor requirements.

This manual is divided into six Chapters and an Appendix section. The chapters cover everything you need to know regarding refresher training and continuing education programs from filling out the "Application for Approval" form and writing a comprehensive outline, to choosing a suitable instructor. The forms in the Appendix can be photocopied for future use. A *Glossary* of commonly used terms and organizations will help you understand some of the terms in the manual. Finally, a resource guide is included to help you obtain the materials you might need to provide current and comprehensive programs.

Updates to this manual will be provided upon request to anyone who has sponsored a continuing education program or refresher program.

The Training Subcommittee hopes this manual is helpful to you and will lead to quality programs. Your suggestions on how to improve this manual can be made directly to OEMS, who will report to the Training Subcommittee.

Course sponsors, training officers and others involved in providing EMS training are urged to obtain a copy of the current EMS regulations from the State House Bookstore. Call (617) 727-2834 for current price and ordering information. Ask for a copy of the EMS Regulations, 105 CMR 170.000.

Copies of the Massachusetts General Laws (MGL) are found at most public libraries and can be accessed through the state website, [www.mass.gov](http://www.mass.gov). Certain laws affecting EMS may be useful to course sponsors. Such laws include the state EMS law, Medical Practice law, Nurse Practice law, Good Samaritan laws, motor vehicle laws, Food & Drug laws, First Responder law, Unprotected Exposure law, etc.

You are encouraged to reproduce all or any part of this document to assist you in putting on training programs. Additional copies of this manual may be obtained from OEMS.

Because of the nature of this document revisions will be made on a periodic basis. Please check the OEMS web-page from time to time to insure you have the latest revision. The current Statewide Treatment Protocols are also posted on the OEMS website.

[www.mass.gov/dph/oems](http://www.mass.gov/dph/oems)

## Chapter I Recertification Requirements

New EMTs are initially certified upon successful completion of the Massachusetts exam process. After a variable initial certification period, EMT's must renew their certification every two years. Recertification requirements for each level are described below:

### EMT Basic

- DOT level, EMT Refresher course (minimum 24 hours)
- 28 additional hours of approved EMT basic level recertification credit classes (“Continuing Education”)
- Current BLS-CPR credential in order to staff an ambulance

### EMT-Intermediate

- DOT level, EMT Intermediate Refresher course (minimum 36 hours)
- 28 additional hours of approved EMT Intermediate level recertification credit classes
- Current BLS-CPR credential in order to staff an ambulance

### EMT-Paramedic

- DOT level, EMT Paramedic Refresher course (minimum 48 hours)
- 25 additional hours of approved EMT-Paramedic level recertification credit classes
- Biennial recertification in ACLS in order to staff an ambulance
- Current BLS-CPR credential in order to staff an ambulance

All Basic EMTs, Intermediates and Paramedics will receive a computer printout of what OEMS has on file for their completed recertification requirements in the fall period prior to their certification expiration date. Along with this printout, OEMS will forward an EMT Recertification Application and a "Discrepancy Report". The EMT should complete the Discrepancy Report and send it to OEMS immediately with copies of proof of attendance (and course outline if not pre-approved by OEMS), if he/she has completed any programs that OEMS does not have listed on the computer printout.

The Basic EMT, Intermediate or Paramedic should complete and return their Recertification Application and the appropriate fee immediately upon receipt. Do NOT wait until all recertification requirements have been completed to file the application and fee!

You must complete all recertification requirements on or BEFORE December 31 prior to the expiration date listed on your EMT certificate! If you file your Recertification Application and fee early, even before you complete the recertification requirements, OEMS will send you your new EMT certificate when you do complete the last requirement.

***ALL RECERTIFICATION REQUIREMENTS MUST BE COMPLETED  
BY MIDNIGHT DECEMBER 31st PRIOR TO THE LISTED EXPIRATION DATE.***

## Chapter II

### How to Submit a Continuing Education Training Course Program to OEMS for Approval

After deciding the topic for a continuing education program, the instructor or program coordinator must do the following:

1. Complete a Program Outline
2. Choose an Instructor
3. Complete OEMS Form 200-46: Application for Approval of EMT Continuing Education Training Program. See Forms section of OEMS webpage.
4. Submit Form 200-46 and the Program Outline to the appropriate Regional EMS Office six weeks or more prior to the date of the program

Note: Continuing education that is sponsored by a Region or is conducted by Region staff must be approved by OEMS prior to conducting the class. For these programs, the Regional “recommendation” portion of the application is to be left blank. Forward copies of all documentation or backup material related to the course with the application.

The Application and outline is first reviewed by the Regional Office. The Regional Office reviews the application according to standardized criteria set by OEMS. If the program is deficient, the Regional Office will contact the Program Coordinator and attempt to assist them in correcting the deficiency before sending it on to OEMS. When the Regional Office recommends approval, the application will be forwarded to OEMS. Continuing Education applications that have been reviewed and recommended by a Region will be approved, assigned approval number and returned to originator within 3 weeks of receipt by OEMS. This approval number must appear on all further course documentation. It is imperative that the application and outline be submitted to the Regional Office six weeks prior to the date the course is scheduled to begin. (See Appendix A for a list of Regional Offices)

### How to Complete a Program Outline

The following is the recommended format for a program outline. A sample outline follows this format.

1. **TOPIC:** Write the name of the program/subject to be covered. The topic should be a descriptive title of the program.
2. **PREREQUISITE:** These are the minimum requirements (attendance, grades, etc.) for participation in the course, including what level(s) of EMT may attend. It would also state if a participant had to have any prerequisites such as training in CPR or session 1 of a multi-session program.
3. **COURSE FORMAT (TEACHING METHODS)/ LENGTH OF PROGRAM:** Credit hours are awarded on an hour for hour basis for the actual instructional time on EMS related topics. No half hour or quarter hour credits are awarded.
4. **FACULTY:** In this section, the instructor and any additional faculty would be identified. Acceptability of instructors shall be based on the following EMCAB Training Committee recommendation:

**“The faculty shall be qualified through academic preparation, training and experience to teach the course(s) and topics identified in the curriculum. Evidence shall indicate faculty member expertise in the area of assigned instruction.”**

## How to Complete a Program Outline (continued)

5. **REFERENCE MATERIAL:** List the resource material(s) that the instructor used to plan the course. These might include a current textbook, magazine articles, AHA guidelines, OSHA materials, etc. Teaching aides such as slides, video tapes, and overheads should also be listed.

6. **TESTING/EVALUATION:** Specific evaluation tools are **required** for refresher, defibrillator, and epi-pen courses are strongly recommended for all EMS training programs. If a test/quiz/practical exam (not required) will be used in a course, it should be mentioned here.

**For further information and/or requirements for SAED/AED defibrillation and epi-pen courses for EMT-Basics, please consult with the appropriate Regional office.**

7. **CURRICULUM:** This section defines the specific purpose of the program, the learning objectives and the course timetable.

A. **Purpose:** Why is this program being offered? What is the goal you hope to accomplish by conducting this program?

B. **Learning objectives:** What do you expect the participant will be able to do after he/she has completed the program?

According to Webster's New Collegiate Dictionary, an objective is "something toward which effort is directed, an aim or end of action."

Objectives are necessary at all levels of education because they provide the student with a clear description of the goals to be achieved. When an instructor plans the program, it must be based on clear objectives that leave no doubt concerning the result sought from the student.

Identifying the acceptable end result behavior is the first and most important step in developing well-written learning objectives. The instructor must state the objective so one can clearly see exactly what the student must accomplish to achieve it. Verbs such as "solve", "demonstrate", "write", and "complete" denote behavior that a teacher can clearly observe. Verbs such as "understand", "appreciate", "like" and "value" on the other hand, are very broad and leave a great deal to the imagination when used in objectives.

The following list contains words which instructors should consider to develop learning objectives:

apply	contrast	employ	repeat
assess	define	explain	respond
bring	delineate	express	state
build	demonstrate	identify	show
change	describe	list	solve
chart	design	mark	tell
codify	diagram	name	write
compare	differentiate	plan	
construct	draw	recite	

C. **Program Outline:** Outline the material to be presented and give the exact times devoted to each section to ensure the course content will meet the desired learning objectives. Outlines should be sufficiently detailed so that the range of material to be covered is clear and the logic of the presentation is laid out. The following sample is a recommended model.

**How to Complete a Program Outline (continued)**

**Sample Course Outline - Continuing Education**

INSTRUCTIONS: Please complete this form (or supply your own content outline) with the Application for Approval form, as directed on the back of Form 200-46.

1. Write the name of the program (the subject to be covered)
2. Write the name of the instructor(s); list specific credentials for teaching this program
3. Explain why this program is being offered. What goal(s) do you wish to accomplish?
4. Outline the material to be covered; give time frame devoted to each section
5. List the planned teaching method(s), lecture, pre/post tests, slides, films, hands on practice, case reviews, etc.
6. List the resource materials that are being used to plan the course (text, EMS journal article, interview with expert, etc.)

=====

1. TOPIC: Extremity Splinting at an MCI or Disaster Scene

2. Instructor (Credentials): EMT-B John Doe, Training Officer, LMN Ambulance; James Smith, EMT-B, Senior EMT; Jane Jones, EMT-B

3. Objectives: At the end of this class each EMT will demonstrate their ability to apply at least three different types of splints to both lower & upper extremity injuries. In addition, each EMT will solve a "problem" involving the failure of one part of the traction leg splint. EMTs will use "improvised" splinting materials due to large number of patients with extremity injuries. All available "commercial" splints have been used.

<u>4. Program Content</u>	<u>Time Frame per Section</u>
7:00pm Each Instructor aide will break out with 4 EMTs who will pair off and apply improvised upper extremity splints	30 min.
7:30pm Each Instructor aide will break out with 4 EMTs who will pair off and apply improvised lower extremity splints	30 min.
8:00pm BREAK	10 min.
8:10pm Instructors will review skill sheets with teams	10 min.
8:20pm Instructors will disable/remove one part of Hare traction splint & EMT will improvise replacement or repair affected part & apply traction leg splint	20 min.
8:40pm Instructor will evaluate & critique EMTs ability to treat a patient with deformed, swollen, painful thigh bones using improvised traction splints.	20 min.
8:50pm Question & answer Period/ Critique	10 min.
9:00pm Program Ends	

5. Teaching Method(s): Hands on practical skills application, evaluation & critique

6. Resource Materials: Brady, "Emergency Care", current edition; AAOS, "Emergency Care & Transportation", current edition; Mosby, "Basic EMT Skills & Equipment" (for list of current additions check OEMS web-page). 1 Hare Traction Splint; 4 long, 4 medium & 4 short padded board splints; 2 long backboards; assorted cravats and triangular bandages, blankets, towels, magazines, newspapers, asst. 1" x 2' and 1" x 4' boards, broomsticks, umbrella's, hockey sticks, etc. Splinting skill evaluation sheets

## **How to Choose an Instructor**

The selection is as important as the process of determining what material you are going to present in a continuing education program (selection of the instructor or instructors). It is important to remember that the Regional Office will be evaluating the faculty to determine if they are qualified to instruct in the program.

As stated on page 3 of the manual: **"the faculty shall be qualified through academic preparation, training and experience to teach the courses and topic identified in the curriculum. Evidence shall indicate faculty member expertise in the area of assigned instruction."**

## **Recommended Selection Criteria**

When evaluating potential instructors, pay close attention to experience, example:

- Minimum of one year experience as an EMT (paid or volunteer) involved in patient care
- Number of courses previously taught
- Types of courses taught (initial EMT course instructor aide, first aid, CPR, EMT recertification, EMT Refresher and other health/science related courses).

The instructor may be a member of your department, company, hospital, social service, etc. as long as their qualifications suit the material presented. If there are no qualified instructors within your organization, a qualified guest speaker should be solicited.

## **How to Find (or select) Instructional Resource Materials**

Course sponsors and/or instructors may wish to obtain copies of the following texts. These texts contain a wealth of information about adult learning concepts, instructional media, student evaluation, course coordination and many helpful hints and suggestions for improving EMS education.

"Instructional Methods in Emergency Services", Brady Publishing

"Teaching EMS", Mosby/Lifeline Publishing

"EMT TEACHING, A Common-Sense Approach", Brady Publishing

"Comprehensive Guide to Pre-Hospital Skills", ETI Publishing

**How to complete the Continuing Education Training Program Application**  
**(OEMS Form 200-46)**

Once you have completed your program outline, chosen an instructor, location, date(s) and time(s) for your course, you will have all the information necessary to complete Form 200-46. The completed Application Form 200-46, the outline as described in the previous section must be sent to the Regional EMS Office (in which the program will take place) **AT LEAST SIX WEEKS PRIOR TO THE PROGRAM START DATE.** A list of Regional EMS Offices can be found in appendix A.

One possible exception to this filing date is when an unannounced Mass Casualty Drill has been conducted. Recognizing that there are legitimate educational reasons for occasionally conducting "surprise" drills, OEMS will allow the program coordinator to submit the application after the drill. Other programs may be held with short notice due to local needs, instructor availability, etc. Attach a written explanation for the "late" filing to your program outline.

**SAMPLE REVIEW CRITERIA - EMT Continuing Education Training Course**

**A. Application**

**YES**      **NO**

- (    )    (    ) Type of Program Identified
- (    )    (    ) Date(s) for the program provided
- (    )    (    ) Times for the program provided
- (    )    (    ) Name, address & telephone of Course coordinator
- (    )    (    ) Requested credit hours identified
- (    )    (    ) Specific location (bldg., room) of program identified
- (    )    (    ) Primary instructor identified
- (    )    (    ) Application signed by the program/course coordinator
- (    )    (    ) Application was submitted to the Region Training Committee 6 weeks in advance
- (    )    (    ) Application signed by appropriate Region Training Committee/Office
- (    )    (    ) Detailed course outline attached

**B. Outline**

**YES**      **NO**

- (    )    (    ) Learning objectives identified
- (    )    (    ) Relevance to EMT roles and responsibilities identified
- (    )    (    ) EMT-Basic content documented sufficiently
- (    )    (    ) EMT-Int. content documented and complies with Statewide Treatment Protocols
- (    )    (    ) EMT-P content documented complies with Statewide Treatment Protocols
- (    )    (    ) Teaching plan/methods identified
- (    )    (    ) Instructional media identified, i.e., film, slides, handouts, text, etc.
- (    )    (    ) Amount of time allotted for each topic identified
- (    )    (    ) Time for breaks, meal, etc. not included in total class hours
- (    )    (    ) Measurement/evaluation tool included when applicable by instructor

If you have any questions pertaining to the development of your training program please contact your local Regional office.

## **Approval Process and Course Completion Paperwork**

The Application packet will be reviewed by the Regional Office (if Region is directly involved in course sponsorship, application will only be reviewed by OEMS) and then forwarded to OEMS. When a program is approved, OEMS will issue an approval number and return (within three weeks of receipt) to the Program Coordinator with an Official OEMS Attendance Roster, Form 200-59.

The Course Sponsor should check the approval notice carefully to see how many hours the program was actually approved for and at what levels.

The Course Sponsor must have all participants sign the roster(s) and return the original(s) to OEMS not more than five (5) business days after completion of the course. A copy of the roster(s) should be kept on file with the course sponsor.

The sponsor should verify that the number of attendees matches the number of signatures on the roster(s). EMTs who fail to sign the attendance roster(s) will not receive credit for attending the course.

## **Chapter III** **How to Submit a Refresher Course Training Program Outline** **to OEMS for Approval**

All levels of EMTs in the Commonwealth are required to take a refresher once during each two year recertification period. The Program outlines for each level contain required topics and time minimums that follow in this chapter. Regardless of the certification level of the Refresher Program to be held, the

Program Coordinator must do the following:

1. Complete a Program Outline after completing local needs assessment.
2. Choose Instructors
3. Complete the Program Schedule
4. Complete OEMS form 200-46 (application for approval)
5. Devise Testing Materials to include both written and practical components.
6. Submit packet of above materials to the appropriate Regional EMS office at least **six weeks** prior to program commencement.

The Application outline is first reviewed by the Regional Office according to standardized criteria. If the program is deficient, the Regional Office will contact the Course Sponsor and attempt to assist them in correcting the deficiency before sending it on to the State. After the Region reviews the refresher, the application is forwarded to OEMS. If approved by OEMS, an approval number will be assigned and returned to the course sponsor. It is imperative that the outlines be submitted to the Regional Office at least **six weeks** prior to the date the course is scheduled to begin. (See Appendix A for a list of Regional Offices).

## **How to Complete a Refresher Course Training Program Outline**

The following is the recommended format for an outline.

1. **TOPIC:** Write the EMT Level of the program to be run (EG. EMT-I Refresher)
2. **PREREQUISITES:** These are the minimum requirements for the participation in this level refresher program. (i.e., EMT-Basic Refresher: must be an EMT-Basic or EMT-I)
3. **FORMAT:** Program format should include the length of the program (this should be both the overall length of the program as well as time in each sub-topic), teaching methods (i.e., lectures, videos, slides, labs). Refresher Program's length depends on the EMT level the program is intended for (Basic = 24 hours; EMT-I Add On = Basic refresher plus 12 hours; and Paramedic = 48 hours).
4. **FACULTY:** The Primary Instructor and any additional faculty are identified in this section. The Regional office and OEMS bases their decision on instructor qualifications using the following as a guide: **"the faculty shall be qualified through academic preparation, training and experience to teach the courses and topics identified in the curriculum. Evidence shall indicate faculty member expertise in the area of assigned instruction."**
5. **REFERENCE MATERIAL:** List the resource material that the instructor used to plan the course. These might include a current textbook, magazine articles, AHA guidelines, OSHA materials, etc. Teaching aides such as slides, video tapes, overheads should also be also be listed by title, edition, tape number, etc.
6. **TESTING/EVALUATION:** Mandatory testing is required for all levels of EMT Refreshers, including both practical and written components. Written exams and practical exam guidelines must be submitted with the program application.
7. **CURRICULUM:** This section defines the specific purpose of the program, the learning objectives, and the course timetable. The "Purpose" and "Learning Objectives" in a refresher program are usually stated at the beginning of the DOT Outline. If you write your own objectives, simply state what you expect the participant to be able to do at the completion of the program. (See Chapter 2, Section 7 on how to write objectives)
8. **OUTLINE AND MODULES:** Program Outlines must follow the Department of Transportation (DOT) Guidelines for the EMT-Basic (24 hours), EMT-Intermediate and Paramedic levels.

**NOTE:** Any Basic EMT who wishes to maintain state certification must take a DOT level Basic Refresher. The Program Outline must identify the exact times devoted to each section to ensure the course content will meet the desired learning objectives. **DO NOT** include meal or break times in the hours you are requesting for credit. Programs that last the full day must allow for meal / break times.

## **How to Choose an Instructor**

See Chapter 2, Page 5, "How to Choose an Instructor"

## **How to Complete a (Refresher) Continuing Education Training Program Application (OEMS Form 200-46)**

See Chapter 2, Page 6, "How to Complete a Continuing Education Training Program Application (OEMS Form 200-46)"

**CONTINUING EDUCATION  
PREHOSPITAL EMS SKILL SUMMARY SHEET**

The purpose of this form is to identify some of the primary treatment procedures that may be performed by each level of EMT in Massachusetts. This is to help assure that the instructors for EMS continuing education programs and Regional reviewers will understand that each level of EMT in attendance must be able to understand his/her individual and collective roles and responsibilities in rendering the required standards of care as defined by their level of certification, national standards of care, state guidelines and regional protocols.

**Continuing education outline(s), must identify the necessary assessment skills and treatment protocols that are consistent with the established standards of care for each level of certification as it pertains to the subject being discussed.** These treatment procedures may include, but are not limited to the following:

**BASIC**

oxygen therapy  
airway adjuncts  
airway control  
CPR & AED  
bandaging  
splinting techniques  
spinal immobilization  
epinephrine autoinjector  
PASG/MAST (splint only in MA)  
any other skill(s)\* as defined by protocols

**INTERMEDIATE**

All Basic Skills  
ETT, EGTA (NG/OG)  
PASG/MAST (splint only)  
IV's  
any other skill(s)\* as defined by protocols

**PARAMEDIC**

All Basic & EMT-I Skill(s)  
Intraosseous infusion  
cardiac monitor/pacing  
administration of medication(s)  
any other skill(s)\* as defined by protocols

**NOTE:** The above list of skills does not identify all of the required skills, however it addresses the primary ones. Specific skills identified with an asterisk(\*) signify specialized skills that require medical control agreement with ambulance service Medical Director. These may include the following:

**BASIC SKILLS:** Albuterol administration

**INTERMEDIATE SKILLS:** Albuterol administration

**PARAMEDIC SKILLS:** Needle Chest Decompression, intraosseous infusions, needle cricothyrotomy, or any other OEMS approved advanced special skill(s).

When the instructor(s) is/are discussing patient care information that is above the scope of care for any given EMS provider in attendance, the instructor must identify this component of the lecture as “for informational purposes **ONLY**” and should serve as an ALS/BLS interface component. Under no circumstances should any EMT(s) be allowed to interpret this information as official training to perform any procedure(s) above their level of certification.

The above information is to ensure that both the instructors and the EMTs understand the great potential for liability should they fail to perform within the required standards of care and within their level of training, roles, and/or responsibilities.

## 1994 CURRICULUM EMT-B REFRESHER COURSE - MINIMUM REQUIREMENTS

Download copy of EMT-B Refresher curriculum from EMS home page:

[www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.2a0771e9131babbbf30811060008a0c/](http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.2a0771e9131babbbf30811060008a0c/); OR purchase copy from Government Printing Office. Call (202) 512-1800 and ask for ordering information and price for document #050-003-00433-2.

### LEAD INSTRUCTOR QUALIFICATIONS

- 1) State Certified EMT- Basic (EMT-B, EMT-I or EMT-P who has completed a state approved, Revised 1994 DOT Curriculum EMT-B Refresher and/or Revised 1994 DOT Curriculum EMT-B Transition course, with current instructor authorization/certification, OR
- 2) EMT-I or EMT-P who has attended an Revised 1994 DOT Curriculum EMT-B Refresher/Transition course, with current instructor authorization/certification, OR
- 3) EMT I/C who has attended state Revised 1994 DOT Curriculum Rollout program.

### INSTRUCTOR AIDE QUALIFICATIONS

EMT-Basic (EMT-I or EMT-P who has completed a state approved, Revised 1994 DOT Curriculum EMT-B Refresher and/or EMT-B Transition course.

### LENGTH

Minimum 24 hours conducted over at least three days.

### SCHEDULING

In order to meet the DOT and state standards, each EMT-B refresher course--exclusive of CPR recertification or S/AED training--must run a minimum of TWENTY-FOUR hours.

Refresher courses must be conducted over three separate days at a minimum; total class time per day may not exceed eight hours. **TWO DAY REFRESHER COURSES WILL NOT BE APPROVED BY OEMS.** Refresher courses must be completed (start and end) in the same calendar year. EMTs must complete all refresher course requirements (class attendance, written quizzes and tests, practical skills examination, make-up work, etc.) within the calendar year in which the course began.

The modular construction of the DOT curriculum allows course sponsors the advantage of offering refresher training one module at a time over an extended period (maximum one calendar year). In planning the schedule the sponsor must keep the following in mind:

- (1) the commitment must be to provide a complete EMT refresher training program; an individual module or modules may NOT be offered independent of the others--the Application for Approval packet must account for all seven modules;
- (2) EMTs must complete ALL requirements of the refresher course (100% attendance through all seven modules including all topics, completion of all required assignments, successful completion of all in-course tests and quizzes, etc.) within a single calendar year, in order to recertify as EMTs; course sponsors are encouraged to think about allowing time for make up work that students may need to do when scheduling classes toward the end of the calendar year;

(3) it is the responsibility of the course sponsor to ensure that his/her students complete all requirements of the refresher course. Sponsors may refer students to other refresher courses to make up required work that has been missed, or sponsors may offer time for make up work on their own. In any event, each EMT must complete the requirements of a single refresher course, under one OEMS approval number; the course sponsor must document completion of course requirements for each student on an OEMS Master Attendance List.

**WARNING!:** Do not assume that Lesson 3 of another refresher course corresponds to your Lesson 3. If you send one of your students to another refresher course, make sure that all of the material the EMT missed will be covered in the session(s) you are sending the EMT to make up. Due to the unique nature of each EMT refresher course (scheduling & content variations due to local needs assessment) it may not be possible to find another refresher course offering the material that needs to be made up in a single session.

### TESTING

Course sponsors are responsible for evaluating student knowledge both through written and practical skills examination. Testing (written and practical) may conclude the course, may be given at the end of each module, or may be integrated into the teaching lessons themselves. Passing the in-course evaluations is a requirement for successful completion of a refresher course.

Copies of all quizzes, tests, grades, and practical skill evaluation sheets used in refresher courses must be kept on file by course sponsors and made available for review by OEMS for a period of no less than two years after the completion date of the course.

### APPROVAL PROCESS

To request approval for a refresher course the sponsor must submit the following:

- (1) a completed Application for Approval (OEMS Form #200-46)
- (2) a completed class schedule and content outline
- (3) a completed Instructional Method Sheet: DOT Basic EMT Refresher Course
- (4) copy(ies) of the Primary instructor's certification(s) as a qualified instructor
- (5) Copies of written and practical exam evaluation tool(s) & answer key(s)

## **1994 CURRICULUM EMT-B REFRESHER COURSE - MINIMUM REQUIREMENTS**

### **Content**

#### **Module 1 - Preparatory**

[OBJECTIVES: Cognitive - 8; Affective - 4; Psychomotor - 2]

- I. Scene safety (BSI & Personal Protection)
- II Quality Improvement (Medical Direction)
- III Health & Safety (Lifting & moving pts., stress, CISD)
- IV Medical - Legal (Consent, refusal, DNR, abuse & neglect)

**Module 2 - Airway**

[OBJECTIVES: Cognitive - 3; Affective - 2; Psychomotor - 5]

- I Opening the Airway
- II Techniques of Suctioning
  
- III Techniques of Artificial Resuscitation (Mouth-to-mask, 2 person B-V-M, flow restricted, oxygen powered ventilation device [demand valve], 1 person B-V-M)
- IV Airway Adjuncts (Oral & Nasal Airways)
- V Oxygen (Non-rebreather masks & Nasal Cannulas)

**Module 3 - Patient Assessment**

[OBJECTIVES: Cognitive - 14; Affective - 3; Psychomotor - 7]

- I Scene Size-up/Assessment
- II Initial Assessment
- III Focused History & Physical Examination
- IV Detailed Physical Exam
- V Ongoing Assessment
- VI Verbal Report
- VII Interpersonal Communication
- VIII Prehospital Care Report

**Module 4 - Medical/Behavioral**

[OBJECTIVES: Cognitive - 7; Affective - 2; Psychomotor - 3]

- I General Pharmacology
- II Breathing Difficulty (Signs & Symptoms, Emergency Medical Care, Medications)
- III Cardiac Emergencies (Signs & Symptoms, Emergency Medical Care, Medications, S/AED)
- IV Altered Mental Status
- V Care of Diabetic Emergencies
- VI Allergic Reactions
- VII Poisoning/Overdose
- VIII Behavioral Emergencies

**Module 5 - Trauma**

[OBJECTIVES: Cognitive - 5; Affective - 3; Psychomotor - 5]

- I Shock
- II Open Chest Wound
- III Open Abdominal Wound
- IV Amputations
- V Burns
- VI Injuries to Bones & Joints
- VII Head & Spine Injuries
- VIII Rapid Extrication

**Module 6 - Obstetrics, Infants & Children**

[OBJECTIVES: Cognitive - 5; Affective - 2; Psychomotor - 3]

- I Normal Delivery
- II Abnormal Deliveries
- III Medical Problems in Infants & Children
- IV Trauma in Children

**Module 7 - Operations\***

[OBJECTIVES: Cognitive - ?; Affective - ?; Psychomotor - ?]

- I Ambulance Operations
- II Gaining Access
- III Overviews (HAZ-MAT, Triage, MCI, Disaster Operations, Incident Management)

\*Module 7 objectives should be integrated into Module 1. See Appendix pages A-32 through A-34 of DOT EMT-B Refresher curriculum

**1994 CURRICULUM EMT-B REFRESHER COURSE - MINIMUM REQUIREMENTS**

**INSTRUCTIONAL METHOD SHEET: DOT EMT- BASIC REFRESHER COURSE**

**MODULE 1 - PREPARATORY**

	Date	Start Time	End Time	Instructor & Credentials	Teaching Resources	Testing Tool
Scene safety						
Quality Improvement						
Health & Safety						
Medical - Legal						

**MODULE 2 - AIRWAY**

Opening the Airway						
Techniques of Suctioning						
Techniques of Artificial. Resus.						
Airway Adjuncts						
Oxygen						

**MODULE 3 - PATIENT ASSESSMENT**

Scene Size-up/Assessment						
Initial Assessment						
Focused History &						
Physical Examination						
Detailed Physical Exam						
Ongoing Assessment						
Verbal Report						
Interpersonal Communication						
Prehospital Care Report						

**MODULE 4 - MEDICAL/BEHAVIORAL**

General Pharmacology						
Breathing Difficulty						
Cardiac Emergencies						
Altered Mental Status						
Care of Diabetic						
Allergic Reactions						
Poisoning/Overdose						
Behavioral Emergencies						

**1994 CURRICULUM EMT-B REFRESHER COURSE - MINIMUM REQUIREMENTS**

**INSTRUCTIONAL METHOD SHEET: DOT EMT- BASIC REFRESHER COURSE**

**MODULE 5 - TRAUMA**

	Date	Start	End	Instructor &	Teaching	Testing
		Time	Time	Credentials	Resources	Tool
Shock						
Open Chest Wound						
Open Abdominal Injury						
Amputations						
Burns						
Injuries to Bones & Joints						
Head & Spine Injuries						
Rapid Extrication						

**MODULE 6 - OBSTETRICS, INFANTS & CHILDREN**

Normal Delivery						
Abnormal Deliveries						
Medical Problems in						
Infants & Children						
Trauma in Children						

**MODULE 7 - OPERATIONS\***

Ambulance Operations						
Gaining Access						
Overviews (HAZ-MAT, Triage, I						
MCI, Disaster Operations,						
Incident Management)						

\*N.B. - Module 7 should be incorporated into Module 1 whenever possible.

## Emergency Medical Technician - Intermediate Refresher Requirements

In order for Massachusetts EMT-Intermediates to meet the minimum U.S. Department of Transportation (DOT) EMT-Intermediate Refresher requirements, an EMT-I must complete an EMT-Basic DOT Refresher Course (24 hours), along with a twelve (12) hour DOT EMT-Intermediate Add-on Refresher course. Sponsors may either offer a 36 hour long (combined EMT-Basic and an EMT-I Add-on Refresher) course, or separate EMT-Basic and EMT-I Add-on Refresher courses. If offered separately, each of these refreshers will need to be approved individually so that there will be an OEMS approval number for each refresher.

The minimum requirements for the DOT EMT-Intermediate Add-on refresher requirements are as follows:

- |   |         |
|---|---------|
| o Roles and Responsibilities              | 1 hour  |
| o Human Systems and Patient Assessment    | 3 hours |
| o Shock and Fluid Therapy                 | 3 hours |
| o Respiratory System (EOA/EGTA and/or ET) | 2 hours |
| o Communications                          | 1 hour  |
| o Testing (written & practical)           | 2 hours |

The approval process for a 36 hour EMT-I Refresher requires the submission of a completed application and program outline that meets all of the minimum DOT EMT-Basic and EMT-I Add-on refresher requirements. Approval for an EMT-I Add-on Refresher requires the submission of an application and program outline that meets all of the minimum DOT EMT-Basic refresher requirements, and a second completed application and program outline that meets the minimum requirements for an EMT-I Add-on Refresher. The completed application(s) and outlines(s) must be submitted to the appropriate Regional Training Committee a minimum of six (6) weeks prior to the start date. In doing so, the following conditions must be met:

- a. Complete an application for approval (OEMS Form 200-46) for the EMT-Basic refresher and the EMT-I Refresher courses. These may be submitted separately. When you conduct an Add-on Refresher by itself, remember, the EMT-Intermediates in attendance must also complete a DOT EMT- Basic Refresher.
- b. Provide a program outline that meets the minimum EMT-Basic Refresher requirements and an outline that meets the minimum EMT-Intermediate Refresher requirements. Each outline must identify the dates and times of the refresher.
- c. The EMT-I Add-on Refresher must have a Physician Medical Director to oversee the conduct of the program.
- d. Provide a list of instructors along with their EMS credentials. All of the instructors must be, at a minimum, an EMT-Intermediate. The primary Instructor must also have some form of instructor credentials (e.g., CPR Instructor, BTLS instructor).
- e. Provide a copy of the final written examination, along with the answer key.
- f. Provide a copy of Practical Examination Skill Sheets.
- g. If the Add-on Refresher is going to be combined with an EMT-Basic and/or an EMT-Paramedic refresher, the minimum requirements for each individual refresher must be met. (Refer to each curriculum)
- h. Forward the program materials to the appropriate Regional Training Committee a minimum of six (6) weeks prior to the start of the program.

**NOTE:** *If the 12 hr DOT EMT-Intermediate Add-on Refresher is part of a Paramedic Refresher, you must submit separate applications for the Intermediate and Paramedic refreshers. For example, the sponsor will need to apply for and receive an approval number for the 12 hour Add-on Refresher course and the Paramedic Refresher program..*

**INTERMEDIATE ADD-ON REFRESHER REVIEW/CHECK LIST**

1. Will the 12 hr EMT-Intermediate Add-on Refresher be combined with a 24 hour DOT EMT-Basic Refresher?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did you submit an application for approval for the Basic EMT refresher and the EMT-Intermediate Add-on refresher? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Optional Curricula: Did you compare your program outlines against the DOT Basic and the EMT-Intermediate add-on refresher curriculums to determine that they individually and collectively meet the minimum DOT requirements?

If you determine you have content deficiencies, you must revise the program outline(s).

3. Will this 12 hr DOT Intermediate Add-on Refresher be part of a Paramedic refresher? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did you compare your program outlines against the EMT-Intermediate add-on and EMT-Paramedic refresher curriculums to determine that they individually and collectively meet the minimum DOT requirements? If you determine you have content deficiencies, you must revise the program outline(s).

4. EMT-Intermediate Add-on refresher curriculum check list.

<u>Mandatory Topics</u>	<u>Minimum hours</u>
<input type="checkbox"/> Roles and Responsibilities	1
<input type="checkbox"/> Human Systems and Patient Assessment	3
<input type="checkbox"/> Shock and Fluid Therapy	3
<input type="checkbox"/> Respiratory System (includes EOA/EGTA and/or ET)	2
<input type="checkbox"/> Communications	1
<input type="checkbox"/> Testing (includes written & practical)	2

5. TESTING REQUIREMENTS

- Written: Test and Answer Key  
 Practical: Skill Sheets

**OTHER APPLICATION REQUIREMENTS**

- Program outline identifying the dates, topics and times  
 Physician Medical Director  
 List of instructors along with their credentials  
 Copy of Written Examination, including the answer key  
 Copy of Practical Examination Skill Sheets  
 If combined with other refreshers; verify that each of the refreshers meets the minimum DOT refresher requirements.

**NOTE: If the 12 hr DOT EMT-Intermediate Refresher is part of a Paramedic Refresher, Intermediates must cover one (1) hour of Roles & Responsibilities, three (3) hours of Human Systems & Patient Assessment and one (1) hour of communications that is not required for paramedics. If your program outline does not meet these minimum requirements, you will need to revise the program outline.**

## Emergency Medical Technician -Paramedic Refresher Requirements

All Massachusetts and National Registry EMT-Paramedics must complete a biennial forty-eight (48) hour refresher course. Ensure your course meets the most current version of the U.S. Department of Transportation (DOT) National Standard Curriculum for EMT-Paramedic Refresher.

The refresher must cover each topic listed in the refresher and meet the minimum time frame established for each topic. When the minimum required time frame for each topic is covered, it will consist of thirty-six (36) hours of content. This allows the program sponsor to dedicate the balance (12 hours) to cover certain areas of the refresher in greater depth, based upon the department's needs assessment, and/or to address other topics, and/or procedures not identified in the refresher curriculum.

If an EMT-Intermediate 12 hour DOT Add-on refresher will be integrated into the paramedic refresher, it will be necessary for the program sponsor to make sure that the refresher will cover the minimum refresher requirements for both refresher curricula. It is important to recognize the fact that the EMT-Intermediate refresher requirements mandate specific topics that are not required in the EMT-Paramedic refresher curriculum. The EMT-Intermediate refresher requires the following topics and minimum time frames: one (1) hour of Roles & Responsibilities, three (3) hours of Human Systems & Patient Assessment and one (1) hour of Communications. Please refer to both refresher curricula for further information.

The Approval process for an EMT-Paramedic refresher requires the submission of a completed application and program outline that meets all of the minimum DOT EMT-Paramedic refresher requirements to the appropriate Regional Training Committee a minimum of six (6) weeks prior to the start date. In doing so, the following conditions must be met:

- a. Complete an application for approval (OEMS Form 200-46) for the EMT-Paramedic refresher course.
- b. Provide a program outline that meets the minimum EMT-Paramedic Refresher curriculum requirements.
- c. The EMT-Paramedic refresher must have a Physician Medical Director to oversee the operation of the program.
- d. Provide a list of instructors along with their EMS credentials. All of the instructors must be at a minimum, an EMT-Paramedic. The primary Instructor must also have some form of instructor credentials (i.e., CPR Instructor, BTLS instructor, etc.).
- e. Provide a copy of the final written examination, along with the answer key.
- f. Provide a copy of Practical Examination Skill Sheets.
- g. If the Add-on refresher is going to be combined with an EMT-Basic and/or an EMT-Paramedic refresher, the minimum requirements for each individual refresher must be met. (Refer to each curriculum)
- h. Forward the program materials to the appropriate Regional Training Committee a minimum of six (6) weeks prior to the start of the program.

**REMINDER: If the 12 hr DOT EMT-Intermediate Refresher is part of a Paramedic Refresher, Intermediates must cover one (1) hour of Roles & Responsibilities, three (3) hours of Human Systems & Patient Assessment and one (1) hour of Communications that is not a mandatory requirement for paramedics. If your program outline does not meet these minimum requirements, you will need to revise the program outline.**

**NOTE: EMT-Intermediates attending the EMT-I Add-on Refresher must also complete a 24 hour DOT EMT-Basic refresher, if not done so already.**

**PARAMEDIC REFRESHER CONTENT CHECK LIST**

The purpose of this check list is to assist the program coordinator. Make sure that all of the necessary topics are being covered prior to submitting the application for approval.

	OEMS/DOT Requirement (hours)	Your Program (hours)	Program Deficiencies (hours)
<b><u>DIVISION I PREHOSPITAL ENVIRONMENT</u></b>	none	_____	_____
<b><u>DIVISION II PREPARATORY</u></b>			
Section 1 General Pt. Assessment	1 - 2	_____	_____
Section 2 Airway Management	2 - 4	_____	_____
Section 3 Shock	1 - 3	_____	_____
Section 4 General Pharmacology	4 - 8	_____	_____
<b><u>DIVISION III TRAUMA</u></b>			
Section 1 Trauma Assessment	1 - 3	_____	_____
Section 2 Injuries to CNS	2 - 4	_____	_____
Section 3 Thoracoabdominal Trauma	2 - 5	_____	_____
Section 4 Burns	1 - 3	_____	_____
<b><u>DIVISION IV MEDICAL EMERGENCIES</u></b>			
Section 1 Assessment/Medical	1 - 3	_____	_____
Section 2 Respiratory System	2 - 4	_____	_____
Section 3 Cardiovascular System	5 - 10	_____	_____
Section 4 Nervous System	1 - 3	_____	_____
Section 5 Endocrine System	1 - 2	_____	_____
Section 6 Communicable Disease	1 - 2	_____	_____
Section 7 Toxicology, Alcohol, Drug Abuse	1 - 3	_____	_____
Section 8 Environmental Emergencies	2 - 4	_____	_____
Section 9 Special Considerations for Geriatric & Pediatric Pts.	1 - 3	_____	_____
<b><u>DIVISION V OB/GYN/NEONATAL</u></b>			
Section 1 Gynecological Problems	1	_____	_____
Section 2 Obstetrics & OB Complications	1 - 2	_____	_____
Section 3 Care of the Neonate	1 - 2	_____	_____
<b><u>DIVISION VI BEHAVIORAL EMERGENCIES</u></b>			
Section 1 Overview of Behavioral Emergencies	1	_____	_____
Section 2 Psychotic Disorders	1 - 2	_____	_____
Section 3 The Violent Patient	1	_____	_____
Section 4 Response to the Crisis Situation	1	_____	_____
<b><u>TESTING:</u></b> Written & practical	<u>2</u>	_____	_____
<b>Minimum Requirement</b>	<b>48 hours</b>	_____	_____

# Paramedic Refresher Instructor List

	<u>Instructor (name)</u>	<u>Title*</u>
<u>DIVISION I PREHOSPITAL ENVIRONMENT</u>	_____	_____
<u>DIVISION II PREPARATORY</u>		
Section 1 General Pt. Assessment	_____	_____
Section 2 Airway Management	_____	_____
Section 3 Shock	_____	_____
Section 4 General Pharmacology	_____	_____
<u>DIVISION III TRAUMA</u>		
Section 1 Trauma Assessment	_____	_____
Section 2 Injuries to CNS	_____	_____
Section 3 Thoracoabdominal Trauma	_____	_____
Section 4 Burns	_____	_____
<u>DIVISION IV MEDICAL EMERGENCIES</u>		
Section 1 Assessment/Medical	_____	_____
Section 2 Respiratory System	_____	_____
Section 3 Cardiovascular System	_____	_____
Section 4 Nervous System	_____	_____
Section 5 Endocrine System	_____	_____
Section 6 Communicable Disease	_____	_____
Section 7 Toxicology, Alcohol, Drug Abuse	_____	_____
Section 8 Environmental Emergencies	_____	_____
Section 9 Special Considerations for Geriatric & Pediatric Pts	_____	_____
<u>DIVISION V OB/GYN/NEONATAL</u>		
Section 1 Gynecological Problems	_____	_____
Section 2 Obstetrics & OB Complications	_____	_____
Section 3 Care of the Neonate	_____	_____
<u>DIVISION VI BEHAVIORAL EMERGENCIES</u>		
Section 1 Overview of Emergencies	_____	_____
Section 2 Psychotic Disorders	_____	_____
Section 3 The Violent Patient	_____	_____
Section 4 Response to the Crisis Situation	_____	_____

\*Title/Credentials

- Physician (MD)
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Registered Nurse (RN)
- Respiratory Therapist (RT)
- Paramedic (EMT-P)
- Other... (please list & explain)

[Instructors may also list other credentials (e.g. ACLS, ATLS, PHTLS, BTLS, BLS-CPR Instructor, etc.)]

## Chapter IV

### How to Submit Special Programs for Continuing Education Credit Hours

OEMS will award Continuing Education Credit Hours to EMT's at all levels for programs that are related to the Role and Responsibility of an Emergency Medical Technician, but which do not have an approval number as described previously in this manual. Examples include:

- Childbirth Preparation Classes (4 hr. max.) & participating in a Childbirth (4 hr. max.)

A letter or certificate of completion for the class, and/or a letter confirming attendance at the birth will act as supporting documentation.

- College Level courses (e.g., Anatomy & Physiology, Human Development, Nursing, etc.)

A course syllabus (lesson plan outline, schedule, etc.) along with a transcript showing successful completion will confirm eligibility.

- National/State EMS Seminars

Seminars such as EMS Today, Emergency Cardiac Care Conference, EMS Expo, and ClinCon may be awarded EMT continuing education credit. Submission of course syllabus or outline and certificate of attendance will confirm eligibility.

- Publishing an Article in an EMS Journal

An EMT may receive special credit by writing a published article for a trade or professional journal such as JEMS, Emergency, Rescue, etc. A copy of the article and a cover letter requesting specific credit hours should be submitted to OEMS. Credit will be awarded based on content.

- Credit hours for teaching EMS related programs

Authorized instructors who teach EMS related subjects (CPR, first aid, first responder training, etc.) or who assist with the practical instruction in the Basic EMT Course may earn up to a maximum of 20 hours credit toward recertification during the two year recertification period.

An EMT earns one hour of credit for each two hours of unassisted teaching or practical assistance he/she does. OEMS awards credits for CPR teaching as follows (BLS-CPR course = 4 credit hours; CPR refresher course = 3 credit hours). Co-instructors split credit hours.

Special credit hours are awarded on an individual basis after review by OEMS. An individual requesting special credit must furnish OEMS with materials that support their request for credit. For specific details on receiving special credit hours call OEMS at 617-753-8300.

## Chapter V How to Evaluate Your Instructors and Programs

How do you know if the program you sponsored had a positive effect on the EMTs who participated? How do you know if your instructor was clearly understood by the students? How do you know if the students have "learned" anything as a result of your program?

One way is by evaluation or testing. Except in Refresher Programs, testing is not required in a continuing education course, but may be a very effective tool to evaluate whether your program changed the behavior of the students, i.e., did they "learn"?

### NOTE:

Another way to evaluate your program is to have the students complete an **Instructor Evaluation Form** and **Program Evaluation Form** immediately following the course. These forms should provide you with feedback that can be used to improve both your program and program instruction. A sample can be found in Appendix B. Instructors should develop specific evaluation forms for each program or class they present. Student evaluation of a skill presentation differs from a lecture.

Finally, you may learn something by having another experienced instructor evaluate the performance of the course instructor. A sample program evaluation tool is also enclosed in Appendix B.

### OEMS Course Monitoring

To ensure quality programs in the Commonwealth of Massachusetts, staff from the Office of Emergency Medical Services, the Regional EMS Councils, or other designated personnel may monitor one of your courses. MDPH/OEMS is authorized to monitor any EMS Training Program (see 105 CMR 170.000 *et seq.*).

If OEMS decides to make a site visit to one of your programs, the OEMS representative will be evaluating the program based on information forwarded to OEMS in the Program Outline. It is important for the course sponsor to notify OEMS of any change(s) from the original course application, such as a date or time change, or a faculty change, in advance.

If the OEMS representative notes a deficiency in the course content or hours, the actions to be taken by OEMS may include:

1. An opportunity to remediate problems identified on the site visit.
2. Notification of appropriate Regional Office Training Committees.
3. Further action (modification of approved hours, revocation of approval, written corrective action plan, etc.) may occur as needed.

Any questions regarding on-site course monitoring can be directed to OEMS.

## **Chapter VI**

### **General Responsibilities Of Instructor Personnel**

The Program Coordinator has the ultimate responsibility for all aspects of the course including planning, developing, instruction and coordinating to State regulations and the standards outlined in this manual.

- **CURRENT KNOWLEDGE:** The Program Coordinator will remain current and up-to-date regarding all procedures, equipment, texts, laws and regulations pertaining to the provisions of prehospital care and the role and responsibility of the EMT.
- **RESPONSIBILITY FOR EACH LESSON:** Regardless of who delivers a given lesson, whether lecture or practical demonstration, the Program Coordinator is responsible for the conduct of that lesson. This includes physician and other specialty lectures where the Program Coordinator will ensure that the material presented is appropriate and delivered at a level of comprehension suitable to the student. Responsibility for the lesson includes ensuring appropriateness of all equipment and supplies regardless of who utilizes them. The Program Coordinator is responsible for ensuring that all students are taught the required subject matter, are objectively evaluated, and if necessary remediation.
- **RESPONSIBILITY OF PRIMARY INSTRUCTOR:** The Primary Instructor will be knowledgeable in all aspects of prehospital emergency care, in the techniques and methods of adult education, and managing resources and personnel. This individual shall have completed the required prerequisite (attended and successfully completed a program in EMS instructional methodology and an update on this curriculum) and be fluent in the format, philosophy and skills of the curriculum being presented. The primary instructor shall be present for most, if not all, class sessions to assure program continuity.
- **RESPONSIBILITY OF ASSISTANT INSTRUCTOR/AIDE:** Assistant Instructor/Aides shall be current, Massachusetts certified Emergency Medical Technicians at the Basic level or above. Every Assistant Instructor/Aide shall have expertise in skills demonstration and evaluation. The Assistant Instructor/Aide needs to be familiar with the operation and maintenance of all equipment in their areas of instruction and must be fully knowledgeable in the lesson requirements. The Primary Instructor and or Program Coordinator is responsible for orientation of Assistant Instructor/Aide prior to class. The Assistant Instructor/Aide will normally be acting as the instructor for small groups and must present material that is correct and consistent with what is taught by the Primary Instructor.
- **MEDICAL SPECIALIST LECTURERS:** For certain lessons, other medical qualified individuals versed in the prehospital application of skills may be utilized. It is the Program Coordinator's responsibility to ensure that the lecturers are familiar with the roles and responsibilities of EMTs in Massachusetts, and the material presented is consistent with current established standards.

APPENDIX A

**Names and Addresses of Regional Councils and OEMS**

**Regional Directors**

**REGION 1 - Western Mass**

Linda Moriarty  
Western Mass EMS  
168 Industrial Park Dr.  
Northampton, MA 01060

413-586-6065

**REGION 2 - Central Mass**

Edward McNamara  
Central Mass EMS Corp.  
361 Holden St.  
Holden, MA 01520

508-854-0111

**REGION 3 - Northeast Mass**

Jonathan Epstein  
Northeast EMS  
16 Del Carmine St.  
Wakefield, MA 01880

781-224-3344

**REGION 4 - Metro Boston**

John Guidara  
Metro Boston EMS Council  
25 B Street, Suite A  
Burlington, MA 01803

781-505-4367

**REGION 5 -Southeast Mass**

Fred Fowler  
Southeastern MA EMS Council  
PO Box 686  
Middleboro, MA 02346

508-946-3961

## APPENDIX B

### Needs Assessment

## Needs Assessment

As part of any ongoing QA/QI system, EMS education should be geared to and driven by an ongoing needs assessment. The current EMT-B and EMT-P DOT level Refresher courses are designed to allow for local needs. The topics, while mandatory, allow for unmet time frames within which the instructor(s) may devote more time to areas of identified needs and less time for areas that local EMT's have demonstrated continued mastery.

There are several methods used to assess local needs. Among them are:

Trip Record (Sheet) QA/QI Reviews – documentation of patient assessments, treatments and vital signs are reviewed. Areas of strengths and weaknesses are identified and incorporated into lesson objectives and content. Do we document vital signs as often as required by state, DOT curriculum and/or patient interventions? Are patients receiving adequate care or superior care? Do we document that? How often do patients receive care that meets Statewide Treatment Protocols? Do we document that?

Written Exam (quiz) results – Strengths and weaknesses in didactic knowledge are identified and incorporated into lesson objectives and content outline.

Practical skills evaluations – Again, strengths and weaknesses in psychomotor areas are identified and incorporated into lesson objectives and content outline. In addition, skill weaknesses identified by the EMT's, co-workers and/or supervisors should also be incorporated into training. For example: use of orthopedic (scoop) stretcher with both injured and non-injured patients. Would it be easier (safer) to move patient on a stair chair, scoop, auxiliary stretcher, or ambulance cot?

Demographics – which types of patients do we transport the most? Do we meet their needs? How do we know that? Which types of patients do we transport the least? Do we meet their needs? How do we know that?

Student input – What topic(s) do the students want more information about? What area(s) do they perceive the need for more information, practice, etc.?

Equipment – What item(s) do we not use at all and why? What item(s) do we use infrequently and why? For example, does every EMT really know when and how to use triage tags? Has anyone ever filled one out with a moulaged patient? What is in the childbirth kit? What do you do when mother is expecting twins? Is one childbirth kit enough for two babies?

Community Hazards/Special Populations/Unique Characteristics – What local areas should impact training? Are there special hazards and/or unique population problems that affect EMS? Concentrations of chemicals (produced, transiting or stored) may pose an ongoing need for refresher training. Groups of special needs, autistic, elderly, Alzheimer's and/or other chronic disease patients may require specialized approaches and unique EMS challenges. Responses to day care centers, schools, rest and nursing homes in unusual situations should be pre-planned (e.g. power failure, flooding, communicable disease outbreak, food poisoning, chemical vapor release, etc.).

Medical Control – physician may identify area(s) that EMT's need additional knowledge, skills, and/or practice. Infrequently used skills, or poorly documented skills may be identified through M & M sessions, trip sheet reviews and/or observations by ER/ED staff. E.g. –ETT movement identified when pt. is moved from cot to ED stretcher. Solution-apply cervical collar to all intubated patients and ensure long backboard used at scene to move pt. from scene to ambulance cot to ED stretcher.

## APPENDIX C

### EMS Related Websites

Here are some EMS related and/or relevant sites you may wish to explore: This listing is not meant to be a complete or recommended listing.

### **Government Sites**

<http://www.cdc.gov/>                      <http://www.cdc.gov/niosh/homepage.html>

<http://www.fema.gov/>                      <http://www.mass.gov/dph/oems/>

<http://www.nhtsa.dot.gov/people/injury/ems/>                      [www.osha.gov](http://www.osha.gov)

DOT EMS Curricula =

[www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.2a0771e9131babbbf30811060008a0c/](http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.2a0771e9131babbbf30811060008a0c/)

### **EMS Sites**

<http://www.emsnetwork.org/>    <http://www.jems.com/>                      <http://www.merginet.com/>

<http://www.respondersafety.com/>    <http://www.emsmagazine.com/>

<http://www.prehospitalperspective.net/>                      <http://www.defrance.org/>

<http://www.prehospitalperspective.net/>                      <http://www.jbpub.com>

[www.EMSzone.com](http://www.EMSzone.com)                      [www.bradybooks.com](http://www.bradybooks.com)                      [www.prenhall.com/mistovich](http://www.prenhall.com/mistovich)

[www.mosby.com](http://www.mosby.com)                      [www.naemt.org](http://www.naemt.org)

### **EMS Legal Sites**

<http://www.hpso.com/case/caseindex.php3>                      <http://www.pwwemslaw.com/home.htm>

### **Fire Service Sites with EMS pages**

<http://www.firehouse.com/>    <http://withthecommand.com/>    [www.vfis.com](http://www.vfis.com)

### **EMS On-line and/or video continuing education companies**

[www.eminet.com](http://www.eminet.com)                      [www.emcert.com](http://www.emcert.com)                      [www.ems-ce.com](http://www.ems-ce.com)

[www.medic.ed.com](http://www.medic.ed.com)                      [www.myWebCE.com](http://www.myWebCE.com)                      [www.emsed.com](http://www.emsed.com)

[www.advanced-computer-resources.com](http://www.advanced-computer-resources.com)                      [www.targetsafety.com](http://www.targetsafety.com)

[www.paramedicinstitute.com](http://www.paramedicinstitute.com)                      [www.24-7ems.com](http://www.24-7ems.com)

[www.themissingprotocol.com](http://www.themissingprotocol.com)    <http://www.pwpl.com/fire/pulse.asp>

## **GRANT SITES**

[www.ojp.usdoj.gov/odp](http://www.ojp.usdoj.gov/odp) = emergency preparedness-govt. & private sector

[www.osha.gov/fso/ote/training/sharwood/sharwood.html](http://www.osha.gov/fso/ote/training/sharwood/sharwood.html)

[www.hrsa.gov/grants.htm](http://www.hrsa.gov/grants.htm)

[www.bhpr.hrsa.gov](http://www.bhpr.hrsa.gov)

[www.grants.gov](http://www.grants.gov)

<http://emsresource.net/grants.shtml>

<http://www.northregionems.com/grants/EMG.htm>

<http://www.rwjf.org/index.jsp>

## **TEACHING INFO SITES**

<http://info.med.yale.edu/library/education/powerpoint.html> -Yale Med. Library

<http://www.presentation-pointers.com/index.asp>

<http://www.khake.com/page66.html>

N.B. Inclusion on this list does not constitute an endorsement or recommendation by MDPH/OEMS. This listing is meant as a starting point for individual research.