

RHODE ISLAND
CENTER FOR
EMERGENCY MEDICAL
SERVICES (CEMS)

EMS Educational
Programs Accreditation
Standards and
Guidelines

Curricula and Standards
for EMS Educational
Programs



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I EMS PROGRAM ACCREDITATION STANDARDS

These accreditation standards are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Emergency Medical Services professions. The accreditation Standards therefore constitute the minimum requirements to which an accredited program is held accountable.

I.1 DESCRIPTION OF RI EMERGENCY MEDICAL SERVICES PROFESSIONS

I.1.1 Paramedic

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting and possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among RIDOH resources.

Paramedics strive to maintain high quality, reasonable cost RIDOH care by delivering patients directly to appropriate facilities. As an advocate for patients, Emergency Medical Technician-Paramedics seek to be proactive in affecting long-term RIDOH care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, RIDOH promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

I.1.2 Advanced Emergency Medical Technician-Cardiac

The Advanced EMT-Cardiac has fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and provision of medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

The Advanced EMT-Cardiac possesses the knowledge, skills and attitudes consistent with the expectations of the public and the profession recognizing that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of the Advanced EMT-Cardiac are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the Advanced EMT-Cardiac may include public education and RIDOH promotion programs as deemed appropriate by the community.

The Advanced EMT-Cardiac is responsible and accountable to medical direction, the public, and their peers. The Advanced EMT-Cardiac recognizes the importance of research and seek to take part in lifelong professional development, peer evaluation, and assume an active role in professional and community organizations.

I.1.3 Emergency Medical Technician

Emergency Medical Technicians have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

Emergency Medical Technicians possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Emergency Medical Technicians recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources. The primary roles and responsibilities of Emergency Medical Technicians are to maintain high quality, out-of-hospital emergency care. Ancillary roles may include public education and RIDOH promotion programs as deemed appropriate by the community.

Emergency Medical Technicians are responsible and accountable to medical direction, the public and their peers. Emergency Medical Technicians recognize the importance of research. Emergency Medical Technicians seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

I.2 REQUIREMENTS FOR ACCREDITED INSTITUTIONS

Each program shall:

1. Have a medical director to oversee and approve the program, evaluates all primary instructors, and is available for consultation during the course.
2. Have a program director who will be responsible for day to day administration, as well as the liaison to the state. The program director must be at least same level of EMS certification as the program.
3. Maintain agreements for clinical and field internships.
4. Be a four year college/university, two year technical or community college, a hospital/medical center, U.S. Military, state/county/local government, other public or private entity that meets state and local business requirements, or part of an affiliate of such a program with state accreditation or accreditation from an institutional accrediting agency that is deemed equivalent.
5. Regularly self-evaluate instructors of all levels, outcome assessments including, exit point completion, graduate satisfaction, employer satisfaction, job placement, national registration and student evaluations of instructors and program
6. Maintain program resources must be sufficient to ensure the achievement of the program's goals

and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, classroom/laboratory facilities, ancillary student facilities, hospital/clinical affiliations, field/internship affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

7. Maintain clear syllabi with detailed policies
8. Ensure that for all hospital/clinical affiliations, students have access to adequate numbers of patients, proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of the Emergency Medical Services profession(s) for which training is being offered
9. Maintain satisfactory records for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location
10. Ensure the following be made known to all students:
 - a. Academic calendar
 - b. Student grievance procedure,
 - c. Criteria for successful completion of each segment of the curriculum and graduation
 - d. Policies and processes by which students may perform clinical work while enrolled in the program
11. Safeguard the RIDOH and safety of patients, students, and faculty associated with the educational activities of the students. All activities required in the program must be educational and students must not be substituted for staff.
12. Ensure announcements, catalogs, publication, and advertising accurately reflect the program offered
13. Conduct evaluations of students on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum
14. Assess the effectiveness of the educational program in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program
15. Assess, at least annually, the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change.
16. Develop an action plan when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

I.3 PROGRAM GOALS

I.3.1 Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, hospital/clinic representatives, physicians, employers, police and fire services, key governmental officials, the public, and nationally

accepted standards for roles and functions.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of RIDOH care providers and employers, and the educational needs of the students served by the educational program. Goals and learning domains shall be based upon National Educational Guidelines as approved by the RI Department of RIDOH Division of Emergency Medical Services.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency demands of the latest edition of the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Core Content, Scope of Practice Model, and Education Standards, and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions Curriculum Supplement.

I.3.2 Appropriateness of Goals and Learning Domains

- 1) The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.
- 2) An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.
- 3) Hospital/clinic representatives should include supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students;
- 4) Physician representatives should include the emergency physicians to whom students and/or graduates deliver their patients as well as trauma surgeons, internists, cardiologists, pediatricians, and family physicians;
- 5) Employer representatives should include employers of the program graduates and the ambulance supervisory personnel and administrative personnel where the students perform internships;
- 6) Key governmental official representatives should include state and/or regional training coordinators/field representatives

I.4 KEY PERSONNEL RESPONSIBILITIES

I.4.1 Program Director

Responsibilities - The program director must be responsible for all aspects of the program, including, but not limited to:

- 1) The administration, organization, and supervision of the educational program
- 2) The continuous quality review and improvement of the educational program
- 3) Long range planning and ongoing development of the program
- 4) The effectiveness of the program and have systems in place to demonstrate the effectiveness of the

program

- 5) Cooperative involvement with the medical director
- 6) Adequate controls to assure the quality of the delegated responsibilities

Qualifications - The program director must:

- 1) Possess a current RI EMS Instructor Coordinator license and be licensed at or above the level of instruction, and achieve minimum of an Associate's degree for Emergency Medical Technician or Advanced EMT and a minimum of a Bachelor's degree for Emergency Medical Technician-Paramedic from a regionally accredited institution of higher education, within 5 years of initial accreditation
- 2) Have appropriate medical or allied RIDOH education, training, and experience
- 3) Be knowledgeable about methods of instruction, testing and evaluation of students
- 4) Have field experience in the delivery of out-of-hospital emergency care
- 5) Have academic training and preparation related to emergency medical services at least equivalent to that of program graduates
- 6) Be knowledgeable concerning current national curricula, national accreditation, national registration, and the requirements for state certification or licensure.
- 7) The program director should be currently certified in the United States to practice out-of-hospital care and currently certified by a nationally recognized certifying organization at an equal or higher level of professional training than that for which training is being offered.

I.4.2 Medical Director

Responsibilities - The medical director must be responsible for all medical aspects of the program, including but not limited to:

- 1) Review and approval of the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy
- 2) Review and approval of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program
- 3) Review and approval of the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress
- 4) Assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains
- 5) Responsibility for cooperative involvement with the program director
- 6) Adequate controls to assure the quality of the delegated responsibilities
- 7) For most programs, the Medical Director should commit a significant amount of time to the program, for which appropriate compensation is often necessary.

Qualifications -The medical director must:

- 1) Be a physician currently licensed to practice medicine within the United States and currently authorized to practice within the geographic area served by the program, with experience and current knowledge of emergency care of acutely ill and injured patients
- 2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-

- hospital care,
- 3) Be an active member of the local medical community and participate in professional activities related to out-of-hospital care,
 - 4) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

I.4.3 Faculty

Responsibilities: In each location where students are assigned for didactic or clinical instruction or supervised practice, there must be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

Qualifications:

- 1) The faculty must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.
- 2) For most programs, there should be a faculty member to assist in teaching and/or clinical coordination in addition to the program director.
- 3) The faculty member should be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered, and shall have a minimum of 3 years clinical experience.

I.5 APPLICATION AND FEES

All institutions conducting initial EMS training programs or courses shall be required to be an Accredited EMS Education Institution through the RI Department of RIDOH Division of Emergency Medical Services. Institutions that receive accreditation from other accrediting agencies that meet or exceed these regulations shall be considered equivalent and not require additional RI Center for EMS evaluation. All institutions shall be required to complete an initial application for accreditation, which will be renewed on a biannual basis. The initial, then biannual, fee for institutions will be \$500.00. Municipal agencies performing programs will be exempt from fee requirements.

I.6 INSTITUTION EVALUATION

All institutions applying for, or renewing accreditation, will be required to complete a site and administrative evaluation to ensure the institution meets minimum accreditation requirements. This evaluation shall be performed by the RI Department of RIDOH, Center for Emergency Medical Services Chief, or designee. Any persons participating in the evaluation process shall not have any affiliation with the applying institution.

II GENERAL INFORMATION

II.1 INTRODUCTION

Well-trained prehospital care providers are crucial to the success of Rhode Island's Emergency Medical Services (EMS) system. Since Rhode Island EMTs receive their education through courses conducted through accredited EMS education institutions and from program directors licensed by the Department of RIDOH's Center for Emergency Medical Services, it is imperative that our instructors are not only well versed in the core content areas of EMS, but are also capable of delivering high-caliber training. Ultimately, our accredited EMS education institutions and program directors determine the success of our training programs and the competence of our EMS providers.

This document serves a dual purpose:

- 1) It is a resource for newly licensed program directors and instructors, offering tools and guidance for the successful development and conduct of their education programs;
- 2) It is a reference tool, containing specific RIDOH standards for conducting the various types of EMS educational programs.
- 3) As additions, deletions, or changes are made to the curricula and standards, accredited EMS education institutions and program directors will receive updated pages for inclusion with their original documents.

II.2 OVERVIEW OF COURSE APPLICATION PROCESS

II.2.1 Initial Education

Prior to conducting an initial RIDOH approved training program, the educational institution must be either accredited or possess a current Letter of Review (LoR) from the Committee on Accreditation of Educational Programs for Emergency Medical Services Professions (CoAEMSP) or RIDOH Center for EMS, per the *Rhode Island Center for Emergency Medical Services (CEMS) EMS Education Programs Accreditation Standards and Guidelines* and *Curricula and Standards for EMS Educational Programs*. The Office of EMS will maintain the list of educational institutions sanctioned to conduct EMS education in the State of Rhode Island.

II.2.2 Refresher Programs

Prior to conducting or administering a RIDOH approved refresher education program, the instructor-coordinator must submit a completed Education Program Application to the RIDOH Center for EMS (CEMS). This application must be received at least thirty (30) days prior to the inception of the course. All questions on the application must be answered in detail or the application will be returned to the instructor-coordinator. Upon receipt of a course application, the content will be reviewed by CEMS. Upon approval, a course approval number will be assigned and posted on the CEMS web page. The educational program being offered must be consistent with the approved application and under no circumstances should any training program proceed without a course approval number. Once the course has been approved, it is the responsibility of the instructor-coordinator to communicate to CEMS, in writing, any changes or adjustments specific to the information contained in the application

form, including the postponement or cancellation of the course. A course approval number must be included on all correspondence that is sent to CEMS. Each question on the EMT Education Program Application must be answered thoroughly. An incomplete application will be returned to the program director for amendment.

II.2.3 General Course Requirements

Although a prospective student must be at least 18 years of age in order to apply for state licensure, an individual under age 18 is allowed to enroll in an EMT training program. His/her training, however, must have been completed within five years from the date of his/her license application. Any student under the age of 18 who wishes to enroll in a class should be asked to provide written parental consent, indicating that the parent or guardian is aware of the content and requirements of the EMT course.

An applicant for the EMT education program should be able to read and write on the eleventh-grade level, as the course material and licensure examination require a significant level of reading comprehension and critical thinking skills. All approved training programs must observe recognized professional standards in course content and operation, including adherence to the *Rhode Island Prehospital Care Protocols and Standing Orders* and the Practical Skill Objective Sheets.

II.2.4 Faculty

Each RIDOH approved training program must have a program director, faculty and a physician medical director.

In regards to the Program Directors:

- 1) The Program Director must assure that the material being presented by others is appropriate for the level of the course being taught and that it is consistent with the content of the U.S. DOT NHTSA *National EMS Education Standards* / RIDOH-approved curriculum (as applicable) as well as the *Rhode Island Prehospital Care Protocols and Standing Orders*.
- 2) A program director may choose to invite outside faculty to teach portions of an approved training program; however, it is the program director that is ultimately responsible for the conduct of all lessons, including demonstrations of practical skills.
- 3) The program director is expected to be present for the majority of scheduled class sessions, or designate one experienced lead instructor to assume this role.
- 4) The program director of record is the students' primary point of contact for matters related to their education program.
- 5) A program director is only able to conduct/teach courses at or below his/her level of EMT licensure. As an example, a program director that is licensed as an EMT is not able to conduct/teach a combined EMT/Advanced EMT-Cardiac Refresher program.

In regards to the Program Faculty:

- 1) The credentials of outside faculty should be appropriate for the type of training they are providing and must be documented in the training program files (CV, resume, licensure, etc.).
- 2) Faculty must have an educational background equal to the level at which they are teaching. Licensure as a Rhode Island EMT, AEMT-C, or Paramedic is preferred.

- 3) All instructors must be familiar with prehospital care skills and have experience teaching basic/advanced life support care concepts and skills to prehospital care providers.

In regards to the Physician Medical Director:

The course physician medical director should be a Rhode Island licensed physician experienced in emergency medical care. The medical director is responsible for the medical content of the training program.

II.2.5 Functional Job Description

At the beginning of any EMS education program the program director is required to distribute to each student a copy of the EMT Functional Job Description. Provided by RIDOH, this form contains information describing the tasks that the EMT may perform either alone or as a member of a team. The Certificate of Eligibility requires the student to attest that the student has read and understood the functional job description for the level of licensure he/she is seeking and that he/she is capable of performing that job.

II.2.6 Course Duration

Every EMT training program shall meet the minimum guidelines and course competencies in the *National EMS Education Standards*, or otherwise dictated by RIDOH. However, the program director may provide additional training as he/she deems necessary and appropriate.

Course content, including both didactic and practical skills components, may not exceed seven (7) hours per day unless otherwise specified in the RIDOH approved curriculum (for example, the ACLS course curriculum runs up to eight hours per day).

II.2.7 Class Size

In determining class size, the program director must consider that EMT courses encompass instructor lectures, demonstrations, and practical skills stations. In order to achieve maximum student participation and skill competency, class size should be consistent with the type of training program being conducted, the number of faculty and faculty resources, and the amount of available equipment. The learning environment and the size of a class must afford the opportunity for each student to ask questions of an instructor and receive answers or assistance from an instructor. All skills stations must be conducted using a maximum student/instructor ratio of 5:1.

II.2.8 Classroom Facilities

Training facilities should be safe, comfortable, and free of distractions that might adversely affect a student's ability to concentrate. Classrooms must meet local fire and life safety codes and be free of any known structural problems. Rooms should be of sufficient size, have adequate lighting, temperature and ventilation and be equipped with sufficient tables, chairs, and electrical outlets. The program director must assure that students have access to rest room facilities.

II.2.9 Equipment

Equipment needs depend on class enrollment. Prior to the start of any training program, the program director is responsible for determining what type and how much equipment will be needed for the course and for making the necessary arrangements to obtain it. The amount of course equipment must be consistent with RIDOH's criterion for practical skills labs, which is a student/instructor ratio of 5:1. Equipment must be complete, with all parts and be maintained in operable condition. A listing of equipment is part of the EMT Education Program Application Form.

II.2.10 Textbooks

All EMS education programs shall utilize textbooks consistent with current *National EMS Education Standards* and textbooks necessary to support RIDOH approved curriculum. Textbooks shall also be the latest edition printed by recognized publishers. This is applicable to all courses.

II.3 COURSE DOCUMENTATION REQUIREMENTS

Follow the guidelines below for adequate documentation of courses materials and records.

II.3.1 Course Syllabus & Related Information

Every student enrolled in a RIDOH-approved program must be provided with a course overview or syllabus. This document must include written confirmation of the course approval number; accurate information on class attendance; grading policies and performance expectations; and an outline of the topics of instruction. The student should be informed about acceptable rules of conduct including appearance, behavior, and academic honesty. As the syllabus is often considered a legal document, the program director should have each student sign two copies of the document. The student should retain one copy, and the other should be filed with the course records.

II.3.2 Lesson Plans

In formulating their course outlines and lesson plans, instructor-coordinators are to refer to those contained in the U.S. DOT NHTSA *National EMS Education Standards* (as appropriate) or RIDOH-approved curriculum. Lessons must be augmented to reflect the scope of practice specific to the Rhode Island licensed EMT and in accordance with the State of Rhode Island Prehospital Care Protocols and Standing Orders. Lesson plans developed by individual course faculty must be approved by the program director prior to presentation. All lesson plans must be retained by the program director with the course records and be available for review by RIDOH upon request or course audit. The lesson plan for each unit or module will contain the following information:

1) Title and Page Objectives

- Title of the lesson
- Total lesson time
- Cognitive, psychomotor and affective objectives

2) Requirements

- Facilities required
- Number of faculty
- Equipment needed

- Materials, audio-visual aids

3) Instructor Tasks

- Tasks instructor should perform to prepare for teaching the lesson

4) Lesson Outline

- Detailed outline and instructor notes of the content of the lesson
- Suggested instructional strategy
- Time estimates

II.3.3 Remediation

It is recommended that a program director have a remediation policy and plan in place for his/her training programs. The policy and plan shall address the measures that will be taken by the program director to evaluate and provide prescriptive educational resources to those students not exhibiting required competencies at designated steps over the course. Remediation policies should identify the following:

- 1) How students will be evaluated throughout the course (including both didactic and practical components);
- 2) When the students will receive these evaluations;
- 3) Criteria used to determine the mastery of a required competency;
- 4) Available resources/support for students requiring remediation;
- 5) The number of times students may re-test in order to demonstrate competency;
- 6) Options for students who fail to demonstrate competencies within the designated time,
- 7) All remediation efforts should be documented by the program director, signed by the students, and maintained with the course records.

II.3.4 Attendance Policy

Attendance is mandatory for all classes except as follows:

- A student will be allowed no more than three (3) absences from an EMT, Advanced EMT-Cardiac, or Paramedic educational program.
- For a Refresher program, student will be allowed absence from no more than 10% of the total course hours, not including examinations.

Any student exceeding these maximums will be allowed to complete their training program but will not be authorized to sit for the national written examination or renew their EMT license. A student will be held responsible for any material presented during his/her absence.

Course sign-in sheets are an effective means of documenting student attendance, and the program director is encouraged to use them. Without this documentation, it would be difficult to prove whether or not a student attended class sessions. This information would be required should RIDOH audit a course.

II.3.5 Course Records

The accredited institution & program director are responsible for keeping accurate and adequate records of course management and student performance. Such records shall include but are not limited to the following:

- 1) Course overview/syllabus
- 2) Course calendar
- 3) Master attendance records
- 4) Program staff roster (including a record of who taught each session)
- 5) Copies of lesson plans, handouts, exams
- 6) List of equipment/resources used
- 7) Clinical assignment schedule
- 8) Lesson make-up
- 9) Final course roster (passes, fails, incompletes)
- 10) Completed course evaluation forms by student

II.3.6 Student Records

- 1) Application
- 2) Attendance record
- 3) Test scores
- 4) Skill competency evaluation checklists
- 5) All records should be maintained for a minimum of five (5) years. RIDOH may perform an audit of course records at any point within this time period.

II.3.7 Examination

- 1) **Course Written Examinations:** The program director is responsible for designing and developing various quizzes, verbal reviews, handouts and other lesson appropriate materials for students. All examinations and quizzes must be taken. The minimum passing grade for course written examinations is 70%.
- 2) **Course Practical Examinations:** Prior to licensure/re-licensure, students are required to successfully complete the course-appropriate practical skills stations. During practical skills examinations, all instructions, questions, and responses will be directly between the examiner and the student. The use of interpreters or others who might assist in communicating is not allowed. Students must demonstrate mastery of all skills in each testing station.
- 3) **State Practical Examinations:** The state CEMS does not administer practical examinations for Rhode Island EMT licensure. The RIDOH approved course practical examination shall be the practical examination offered in conjunction with an approved EMT training course. The program director should refer to the specific course guidelines provided herein.

II.3.8 Course Evaluation by Students

At the end of a course, each student shall be afforded the opportunity to provide the program director with a written evaluation of the training program. This feedback is a valuable tool in the instructor-coordinator's assessment of the quality and effectiveness of his/her course. The program director should share these student responses with the entire course faculty. The program director has the option of either designing his/her own evaluation form or using RIDOH's EMT Training Program Evaluation Form. To encourage candor, the program director should allow students the option of returning the evaluation anonymously.

II.3.9 Documenting Course Completion

Within two weeks of course conclusion, the program director must submit to RIDOH a course roster listing the names of those students who successfully completed the training program as well as those students who are regarded as "incomplete" or have failed. This roster must include the course number and be signed by the course program director of record.

"Incomplete" should have a specific time period established by the program director, not to exceed twelve (12) months, with a specific plan in place that the student needs to complete to become successful in the program. If the student does not meet the time period/course requirement(s), the program director must notify RIDOH of the change in the student's status from "incomplete" to "fail." Conversely, the program director must notify RIDOH of the change in the student's status from "incomplete" to "pass."

II.3.10 Course Completion Certificates

Upon demonstration of competency as measured by formal end-of-course written and practical examinations administered by the program director, a student shall:

- 1) Receive a Certificate of Course Completion, enabling the student to provide written documentation of his/her training (as required by RIDOH for EMT licensure).
 - 2) In addition to the student's name, license number (if applicable), and licensure level, the certificate must include the following information:
 - a. The name of the sponsoring agency
 - b. The course completion date
 - c. A statement that the individual has successfully completed an EMT training program as approved by RIDOH and in accordance with the U.S. Department of Transportation National EMS Education Standards (for EMT, Advanced EMT-Cardiac and Paramedic programs)
 - d. The signature and training number of the program director of record
 - e. The RIDOH course approval number must appear on the certificate for refresher programs.
-

II.4 COURSE CODE OF CONDUCT

The following are recommendations to follow in the development of course:

II.4.1 Behavior

The program director sets the tone for a training program by maintaining professional, responsible, and accountable conduct related to his teaching role. Accordingly, he/she should clarify the standards for the conduct of his class. i.e., develop written guidelines for acceptable/unacceptable classroom behavior, and should deal responsibly when a student violates those standards (distribute to the class an outline of “progressive” disciplinary measures in keeping with the students’ right to due process). Any incident involving unacceptable behavior must be addressed by the program director and documented in the student’s record.

II.4.2 Attire

Students and program directors must exhibit good personal hygiene and wear clothing that is appropriate for the material being presented or covered. Instructors are responsible for informing students when specific clothing is required (i.e., extrication drills or clinical time).

II.5 COURSE LEGAL COMPLIANCE

II.5.1 Legal Issues

- 1) The educational arena is not immune to potential litigation issues. As such, Program Directors must be familiar with laws that pertain to the practice of teaching. The “standard of instruction” is similar in concept to the “standard of care” in that it represents the actions of a “reasonable and prudent” individual who possesses similar training and experience. Areas of potential liability for instructors include the following:
 - a. Discrimination
 - b. Harassment
 - c. Sexual harassment
 - d. Patient injury
 - e. Student injury
 - f. Violations of the Americans with Disabilities Act
- 2) During their EMS education, students are taught skills that could potentially harm a patient if not performed properly. If a lawsuit ensues as a result of an EMT’s negligence or malpractice in the field, it is not inconceivable that an attorney might try to prove that the EMT acted as he was taught, implicating the instructor-coordinator. As a measure of protection, instructor-coordinators should maintain accurate documentation of faculty credentials as well as class schedules that list which instructors taught what specific classes.
- 3) The knowledge and skills that instructors impart to their students must be consistent with the U.S. DOT NHTSA *National EMS Education Standards* (if applicable), the RIDOH approved curriculum, and the *Rhode Island Prehospital Care Protocols and Standing Orders*.

- 4) Among several federal laws that impact how instructor-coordinators conduct their training programs is the “Buckley amendment,” part of a federal law that was implemented in 1974 to protect the rights and privacy of student records. In brief, the amendment affords students the right to access their educational records, protects the release of their “personally identifiable” information to third parties without their permission, and requires a due process approach to be used in the event of a disciplinary problem or any violation of the act. Simply put, Program Directors should not publicly discuss students’ scores, discuss their results with third-party instructors, post or read aloud test scores, or suspend students from training programs without reasonable due process.

II.5.2 Criminal History

At the beginning of his EMS training, a student is given a copy of RIDOH’s *EMT-Licensure Criminal Convictions Guidelines*. The program director is responsible for distributing this form to students at the start of any EMT, Advanced EMT-Cardiac, Paramedic or refresher program. The form details the circumstances and process involved in licensing an individual who has committed a violation of Federal, state, or local law. A positive criminal history does not prevent an individual from participating in a training program. However, it may impede his ability to become licensed by the State of Rhode Island.

II.5.3 Copyright Infringement

Copyright laws protect the original works of authors. It is illegal for anyone to violate the rights provided by the Copyright Act to the owner of a copyright. Instructors, therefore, cannot duplicate written materials without permission from the owner of the copyright. The Fair Use Act, however, is based upon the premise that so long as you use a portion of a work incorporated into another work for educational use, it is permissible to use it without obtaining the explicit permission of the author/owner. The “public domain” is anything that is exempt from copyright laws either because of the age of the document or because the information is considered to be known by most individuals.

II.5.4 Americans with Disabilities Act (ADA)

An instructor shall not discuss or screen potential students about any disability. If competency tests are a requirement for acceptance into a training program, then the tests must be administered to all potential students. Students who are unable to perform all of the required EMT skills outlined in the Functional Job Description are able to audit programs and receive certificates of attendance. No person can be excluded from a course on the basis of a disability. At the onset of an EMT, Advanced EMT Cardiac, or Paramedic course, each student must be provided with a copy of the National Registry of Emergency Medical Technicians’ Examination Accommodations Disability Policy, available on the National Registry’s web site at: http://www.nremt.org/about/policy_accommodations.asp

This policy informs the student that special accommodations can be provided for taking the NREMT written licensure examination and provides instructions for requesting such accommodations from the NREMT. Each student must also be provided with a copy of RIDOH’s Certification of Eligibility form. Additional copies of these forms are available from RIDOH. The Certificate of Eligibility requires the student to attest that he/she has read and understood the functional job description for the level of

licensure he/she is seeking and that he is capable of performing that job. The program director is asked to forward the Certification of Eligibility form to RIDOH as soon as the student completes it.

II.6 OTHER COURSE INFORMATION

II.6.1 Program Cost

The cost of providing EMS education is at the discretion of the program director or educational institution. RIDOH does not exercise any jurisdiction over how much a student pays for his/her training or how much an instructor receives for his/her services. In determining what to charge for a course, the program director may want to consider the following factors: the cost of providing an appropriate learning environment for the course; the purchase of educational aids; faculty reimbursement; administrative costs; equipment costs (new purchase/parts replacement); printing and reproduction costs; and liability and malpractice insurance. In order to ensure compliance with any applicable business regulations, the program director should enlist direction from his/her attorney and/or accountant.

II.6.2 Course Updates for Advanced EMT-Cardiac

A prerequisite for some out-of-state applicants for Rhode Island EMT licensure is to acquire training and be tested in the use of additional skills and procedures necessary to be licensed at the Advanced EMT-Cardiac level. Such an applicant possessing NREMT certification at the AEMT level shall receive this education from an accredited EMS education licensed by RIDOH, as described in this publication.

At the conclusion of the training, the licensure candidate must be administered a practical & cognitive examination. The accredited EMS education institution must forward the documentation to RIDOH of successful completion and give a copy to the candidate for his/her personal records. In the event of an audit, the licensee would have documentation of the update. Additionally, the licensee should receive a course completion certificate for the Advanced EMT-Cardiac update.

III EMS COURSES

III.1 GUIDELINES FOR CONDUCTING AN EMT TRAINING PROGRAM

III.1.1 Before The Course Begins

Prior to the start of an EMT training program, the program director must conduct a faculty meeting to ensure that course conduct, instruction and examinations are as prescribed by the current U.S. DOT NHTSA *National EMS Education Standards* and meet the standards set forth by RIDOH and the National Registry of Emergency Medical Technicians (NREMT). Documentation of this meeting must be maintained by the program director in the course file.

III.1.2 At the Beginning of the Course

The following materials will be distributed to students prior to or on the first day of class:

- 1) A course overview, containing information such as course regulations, attendance policies, grading, performance expectations, and the RIDOH course approval number;
- 2) Contact information (phone and email) for the licensed program director of record;
- 3) Appropriate EMT textbook and workbook, if applicable;
- 4) Current *Rhode Island Prehospital Care Protocols and Standing Orders*;
- 5) NREMT Psychomotor Examination Sheets;
- 6) Clinical & internship Forms;
- 7) Functional Job Description for an EMT;
- 8) National Registry of Emergency Medical Technicians' Examination Accommodations Disability Policy (available from the NREMT web site)
- 9) Certification of Eligibility Form (return to RIDOH as soon as possible);
- 10) Criminal Conviction Guidelines as provided by RIDOH

III.1.3 Course Examinations

Prior to the final course examination for the EMS training program, students must have successfully completed all didactic, clinical performance, and administrative requirements as required by the EMS education program. These include, but are not limited to:

- 1) Demonstrated competency in the EMS practitioner psychomotor skills as verified by the most current NREMT Psychomotor Examination Sheets, as contained in the most current *NREMT Emergency Medical Technician Psychomotor Examination User's Guide* or the *NREMT Advanced Level Examination Coordinator Manual*.
- 2) Completion of clinical and field requirements as approved by the program director.

These forms shall be retained by the program director with the course records. All records are subject to review by RIDOH upon request.

The course final examination consists of two parts:

- 1) Course cognitive examination: passing grade is 70% or higher.
- 2) Course psychomotor examination: must be conducted specific to the standards established in the NREMT EMT level Practical Skills Laboratory Performance Sheets.

To ensure standardization in the conduct of course-ending practical examinations, students shall have the opportunity to re-test up to a maximum of two (2) practical skills stations. To clarify, the student shall be allowed one (1) retest opportunity per skill station, not to exceed two (2) practical skills stations in the final examination. Accordingly, failure of three (3) of these stations shall result in the failure of the course. The use of interpreters or others who might assist in communicating is not allowed. Applicants for licensure will be required to successfully complete each section of the psychomotor examination prior to taking the cognitive exam.

III.1.4 At the End of the Course

Within two weeks of the conclusion of the EMS education program, the program director shall submit to RIDOH a list of the status of students completing the course. This roster must be signed by the program director of record.

Each student successfully completing the course must be issued a certificate of course completion as described in [Part II: General Information – Course Completion Certificates](#).

III.1.5 State Cognitive Licensure Examination

Upon successful completion of the EMS education program, as verified by the program director, the student is eligible to take the state written licensure examination, administered by the National Registry of Emergency Medical Technicians. This exam shall be in English and conducted electronically at a local NREMT testing center. No oral form of the exam is available or permitted. The candidate's pass/fail status shall be as determined by the NREMT's scoring formula. Upon conclusion of the course, the candidate should submit a completed Rhode Island Application for an Emergency Medical Technician License and register online (<http://www.nremt.org>) to test with the NREMT.

III.2 GUIDELINES FOR CONDUCTING AN ADVANCED EMT-CARDIAC TRAINING PROGRAM

III.2.1 Student Prerequisites

Program Directors shall require that all prospective Advanced EMT-Cardiac students have attained **licensure** at the EMT level prior to beginning the Advanced EMT-Cardiac educational program.

III.2.2 Before The Course Begins

Prior to the start of the Advanced EMT-Cardiac training program, the program director must conduct a faculty meeting to ensure that course conduct, instruction and examinations are as prescribed in the RIDOH approved curriculum and meet the standards set forth by RIDOH. Documentation of this meeting must be maintained by the program director in the course file.

III.2.3 At the Beginning of the Course

The following materials will be distributed to students prior to or on the first day of class:

- A course overview, containing information such as course regulations, attendance policies, grading, performance expectations, and the course number;
- Contact information (phone and email) for the program director of record;
- Approved textbook and workbook, if applicable (books purchased by the students);
- Current *Rhode Island Prehospital Care Protocols and Standing Orders*;
- Advanced EMT NREMT Psychomotor Skills Performance Sheets;
- Functional Job Description for an EMT;
- ADA Policy and Certification of Eligibility Form (return to RIDOH as soon as possible);
- Criminal Conviction Guidelines

III.2.4 Examinations

1) Course Final Cognitive Examination

The course final cognitive examination must be comprehensive to include all aspects of the Advanced EMT-Cardiac curriculum. Prior to taking this exam, students must have successfully completed all didactic and administrative requirements of the Advanced EMT-Cardiac training program.

2) Course Final Psychomotor Examination

The Advanced EMT-Cardiac course final psychomotor examination shall include all of the following NREMT Advanced Level Psychomotor Examinations:

- 1) Patient assessment: trauma
- 2) Patient assessment: medical
- 3) Ventilatory management: supraglottic airway insertion
- 4) Cardiac management skills: cardiac arrest management / AED
- 5) IV and medication skills: intravenous therapy
- 6) IV and medication skills: intravenous bolus medications
- 7) Pediatric skills: pediatric respiratory compromise
- 8) Pediatric skills: pediatric intraosseous insertion
- 9) Spinal immobilization (supine patient)

10) Random EMT skill (1): test one of the following at random:

- a. Spinal immobilization (seated patient)
- b. Bleeding control / shock management
- c. Long bone immobilization
- d. Joint immobilization

The student must demonstrate proper assessment of the patient and identify the critical life-threatening injuries and/or cardiac dysrhythmias. The student must verbally apply the correct therapies for the medical/trauma situation and safely and efficiently institute care. The examination sheets are to be maintained by the program director with the course records.

To ensure standardization in the conduct of course-ending practical examinations, students shall have the opportunity to retest on up to a maximum of one (1) practical skills station. To clarify, the student shall be allowed one (1) retest opportunity per skill station, not to exceed two (2) practical skills stations in the final examination. Accordingly, failure of three (3) of these stations shall result in the failure of the course. The use of interpreters or others who might assist in communicating is not allowed. Applicants for licensure shall be required to successfully complete each section of the practical skills examination prior to taking the state written licensure exam.

III.2.5 At the End of the Course

Upon completion of the Advanced EMT-Cardiac training program, the program director shall submit a list of the status of each student completing the course to RIDOH. This roster must include the RIDOH course approval number, and it must be signed by the instructor-coordinator.

Each student successfully completing the course shall be issued a certificate of course completion as described in Part I: General Information – Course Completion Certificates.

III.2.6 State Licensure Examination

Upon successful completion of the Advanced EMT-Cardiac training program, as verified by the program director, the student is eligible to take the state AEMT written licensure examination. This exam shall be in English and conducted as determined by RIDOH. No oral form of the exam is available or permitted. The candidate's pass/fail status shall be as determined by RIDOH's scoring formula.

Upon successful completion of the Advanced EMT-Cardiac training program conducted on or after January 1, 2016, as verified by the program director, the student is eligible to take the state practical examination. This examination will be in accordance with the NREMT Advanced-EMT practical exam conducted at NREMT authorized skills examination locations.

Upon successful completion of both the written and practical examination, the candidate should submit a completed Rhode Island Application for an Advanced Emergency Medical Technician-Cardiac License. Students will NOT be required to maintain NREMT Advanced EMT certification, but may do so on their own accord.

III.2.7 Clinical Requirements

Advanced EMT-Cardiac students must perform a minimum of 40 hours of hospital internship and 24 hours of field internship in order to provide opportunity to complete skills requirements.

The following skill minimums are required:

- 15 Medication administrations- shall be various methods of administration (IV, PO, IM, etc.)
- 25 Successful IV Cannulations
- 20 Oxygenation/Ventilation of patients
- 25 Patient assessments with the following minimums:
 - 5 Trauma patients
 - 5 Cardiac chest pain patients
 - 5 Respiratory difficulty patients
 - 5 Pediatric patients
 - 5 Altered mental status patients

No more than 50% of the skills can be completed during either the hospital or field internship time. This allows students to receive clinical experience and skill performance in both the hospital and field clinical environments.

III.2.8 Additional Modules

All candidates enrolled in a RI Advanced EMT-Cardiac educational program must complete the [RI Advanced AEMT-Cardiac Update Course](#), either as a stand-alone module or embedded into the curriculum of the course.

III.3 GUIDELINES FOR CONDUCTING A PARAMEDIC EDUCATION PROGRAM

III.3.1 Student Prerequisites

Program Directors shall require that all prospective Paramedic students have attained licensure at the EMT level before beginning the Paramedic educational program.

III.3.2 At the Beginning of the Course

The following materials will be distributed to students prior to or on the first day of class:

1. A course overview, containing information such as course regulations, attendance policies, grading, performance expectations, and the RIDOH course approval number;
2. Contact information (phone and email) for the program director of record;
3. Textbook and workbook, if applicable
4. Current *Rhode Island Prehospital Care Protocols and Standing Orders*.

III.3.3 Before The Course Begins

Prior to the start of a Paramedic education program, the program director must conduct a faculty meeting to ensure course conduct, instruction and examinations are as prescribed by the current U.S. DOT NHTSA *National EMS Education Standards* and meet the standards set forth by RIDOH and the

NREMT. Documentation of this meeting must be maintained by the program director in the course file.

III.3.4 Curriculum & Course Standards

RIDOH does not maintain a Paramedic curriculum specific to Rhode Island programs. All RIDOH approved Paramedic education programs must be conducted in accordance with the U.S. DOT NHTSA *National EMS Education Standards* for Paramedic education and shall be conducted only by those approved to do so by CoAEMSP.

III.3.5 At the End of the Course

Upon completion of the Paramedic education program, the program director shall submit to RIDOH a list of the status of each student completing the course within two weeks of the end of the education program. This roster must be signed by the program director of record.

Each student successfully completing the course must be issued a certificate of course completion as described in Part I: General Information – Course Completion Certificates.

IV UPDATE PROGRAMS

IV.1 RHODE ISLAND ADVANCED EMT-CARDIAC UPDATE COURSE CURRICULUM

IV.1.1 Overview & Introduction

This course is designed for new in-state AEMT-Cardiac candidates and out-of-state candidates that are currently NREMT certified as an Advanced EMT.

IV.1.2 Educational Modules

MODULE 1: ELECTROCARDIOLOGY

Lesson 1-1 Introduction to Electrocardiology

- Reviews anatomy and physiology of the heart (anatomical structures, conduction system, and properties).
- Introduces electrophysiology.
- Discusses depolarization and repolarization, components of the ECG, heart rate determination, and normal sinus rhythm.
- Introduces arrhythmias originating in the sinoatrial (SA) node (sinus bradycardia, sinus tachycardia, sinus arrhythmia, sinus arrest, and symptomatic bradycardia).
- Correlates management of these arrhythmias per RI protocols and current AHA (American Heart Association) standards, including medication administration.

Lesson 1-2 Practical Skills Lab

- Participates in dynamic monitoring and uses the cardiac monitor.
- Analyzes arrhythmias originating in the SA node (sinus bradycardia, sinus tachycardia, sinus arrhythmia, sinus arrest, and symptomatic bradycardia).
- Practices IV setup, insertion, and the administration of medications relative to these arrhythmias per RI protocols and standing orders and current AHA standards.

Lesson 1-3 Atrial Rhythms

- Discusses arrhythmias originating in the atria (premature atrial contractions, paroxysmal atrial tachycardia, atrial fibrillation, atrial flutter and wandering atrial pacemaker).

Lesson 1-4 Practical skills lab

- Continues dynamic monitoring and using the cardiac monitor.
- Analyzes rhythms originating in the atria (premature atrial contractions, paroxysmal atrial tachycardia, atrial fibrillation, atrial flutter and wandering pacemaker).

Lesson 1-5 Arrhythmias Originating at the Atrioventricular (AV) Junction

- Introduces arrhythmias originating at the AV junction (premature junctional contractions, junctional rhythm, accelerated junctional rhythm and paroxysmal supraventricular tachycardia).
- Provides instruction relative to pulseless electrical activity.
- Discusses the signs and symptoms, treatment protocols, and medications relating to these arrhythmias

Lesson 1-6 Practical Skills Lab

- Continues dynamic monitoring and using the cardiac monitor.
- Analyzes rhythms originating at the AV junction (premature junctional contractions, junctional rhythm, accelerated junctional rhythm, and paroxysmal supraventricular tachycardia).
- Demonstrates treatment for patients presenting with these rhythms per RI protocols and standing orders and current AHA standards.

Lesson 1-7 AV Junctional Blocks and Paced Rhythms

- Discusses first, second (types I and II) and third degree heart blocks.
- Explains types of pacemakers to include external/prehospital, internal (temporary and permanent), and permanent (ventricular and AV sequential).
- Introduces transcutaneous pacing with the cardiac monitor.
- Covers pacing rhythms (effective demand pacing, AV sequential pacing, and pacer malfunction).
- Provides instruction relative to telecommunication and diagnostics at home.
- Integrates RI protocols and standing orders and current AHA standards into treatment of patients presenting with these rhythms.

Lesson 1-8 Practical skills lab

- Analyzes rhythm strips for first, second (types I and II), and third-degree heart blocks to include pacemaker rhythm, equipment, etc.
- Continues dynamic monitoring and using the cardiac monitor.
- Reviews arrhythmias and treatment modalities discussed in previous lessons.

Lesson 1-9 Ventricular Rhythms and Interventions – Part I

- Introduces arrhythmias originating in the ventricles, including: premature ventricular contractions (PVCs), ventricular tachycardia (VT), idioventricular rhythms and accelerated idioventricular rhythms.
- Integrates RI protocols and current AHA standards for PVCs and VT into the discussion, including the administration of appropriate cardiac medications.
- Explains defibrillation, synchronized cardioversion, and transcutaneous pacing.
- Discusses types of defibrillators (AED and manual) to include pad placement, operation, safety considerations and differences between monophasic and biphasic defibrillators.

Lesson 1-10 Ventricular Rhythms and Interventions – Part II

- Continues discussion of arrhythmias originating in the ventricles (ventricular fibrillation, ventricular tachycardia and asystole).
- Examines the appropriate RI protocols to manage these arrhythmias.
- Provides information on the administration of the appropriate cardiac medications.
- Provides instruction relative to advances in electrical therapy to include the automatic implantable cardio-defibrillator and safety considerations.
- Reviews arrhythmias and treatment modalities discussed in previous lessons.

Lesson 1-11 Practical skills lab

- Instructor demonstrates performance of a mega-code.
- Class divides into groups of 5 students, half of the groups working at V-Fib/VT mega-code stations and the others working at asystole mega-code stations.

Lesson 1-12 12-Lead ECG acquisition and transmission

Lesson 1-13 12-Lead ECG interpretation I

Lesson 1-14 12-Lead ECG interpretation II

MODULE 2: Advanced Cardiac Life Support (ACLS) & Oral Endotracheal Intubation

Lesson 2-1 Advanced Cardiac Life Support (ACLS)

- Delivered as required by the current American Heart Association's ACLS Provider Course.
- Provides knowledge and skill development to enhance the student's skills in the treatment of adult victims of cardiac arrest or other cardiopulmonary emergencies.

Lesson 2-2 Oral Endotracheal Intubation: Didactic & Practical Skill Lab

- Anatomy and physiology of the adult and pediatric respiratory systems
- Patient assessment - adult/pediatric
- Pathophysiology and management of respiratory problems - adults/pediatric
- Techniques of managing adult and pediatric respiratory problems
- Clinical application according to RI protocols and standing orders

Lesson 2-3 Pharmacology and transcutaneous pacing

- Provide instruction relative to advanced life support medications allowed by the *Rhode Island Prehospital Care Protocols and Standing Orders* not covered in the ACLS program.
- Provide instruction relative to transcutaneous pacing, as allowed by the *Rhode Island Prehospital Care Protocols and Standing Orders*.

MODULE 3: FINAL EVALUATION

Lesson 3-1 Course review

- Reviews all cardiac rhythms, ALS pharmacology, and RI protocols and standing orders.
- Discusses medical technology in the prehospital field, complexity of care, burnout, crisis intervention, quality assurance/quality improvement, and documentation.
- Comprehensively integrates all aspects relative to the assessment and ALS management of patients (i.e., "putting it all together").

Lesson 3-2 Psychomotor lab

- Participates in various medical and trauma code practice scenarios.

Lesson 3-3 Psychomotor skills workshop I

- Demonstrates performance in a variety of medical and trauma code practice scenarios, dynamic monitoring and medication administration.

Lesson 3-4 Psychomotor skills workshop II

- Performs medical and trauma code practice scenarios.
- Interprets dynamic cardiac monitor strips and administers treatment in a variety of scenarios.

Lessons 3-5 & 3-6 Evaluation session: final course cognitive & psychomotor examinations

- A comprehensive certification examination to include all aspects of the Advanced EMT-Cardiac update curriculum.

- The Advanced EMT-Cardiac update final psychomotor examination shall include the psychomotor skills required in the Rhode Island Advanced EMT psychomotor skills final examination not included in the NREMT Advanced EMT psychomotor skills examination:
- Ventilatory management: oral endotracheal intubation
- Cardiac management skills: dynamic cardiology
- Cardiac management skills: static cardiology
- Intravenous therapy: bolus medications, specific to medications included in the *Rhode Island Prehospital Care Protocols and Standing Orders*

The skill sheets to be utilized for the testing procedure shall be the current NREMT skills sheets, as contained in the most current *NREMT Advanced Level Examination Coordinator Manual*.

IV.2 GUIDELINES FOR CONDUCTING A MAJOR INCIDENT UPDATE PROGRAM

IV.2.1 Faculty Requirements

In order to provide this training program, the instructor must have completed the RIDOH/RIEMA Major Incident Train-the-Trainer program.

IV.2.2 At the Beginning of the Course

The following materials will be distributed to students either during an orientation session prior to the start of the course or during the first scheduled class.

- A course overview, containing information such as course regulations, the mandatory attendance policy, grading and performance expectations;
- Contact information (phone and email) for the program director of record;
- The necessary course handouts.

IV.2.3 At the End of the Course

At the conclusion of the Major Incident Update program, the instructor must forward to RIDOH a roster of all students who successfully completed the training. Additionally, students must be provided with a certificate of course completion as described in Part I: General Information – [Course Completion Certificates](#).

IV.2.4 Major Incident Protocol Update curriculum (3 hours)

- Introduces the major WMD agents and describes situations/scenarios where these agents could be encountered.
- Provides an introduction to the RI Major Incident protocol.
- Discusses management of major incident scenes and the EMT's role in patient triage, evacuation, decontamination, care, and transportation.
- Discusses medical management of patients exposed to various types of
- WMD agents and CHEMPACK.
- Introduces BLS Major Incident medications, including administration of the organophosphate antidote kit by autoinjector.
- If appropriate to the candidate's level of licensure, introduces ALS Major Incident medications to include a cyanide antidote kit and Versed®.

IV.2.5 Practical Skills Lab – PPE and Autoinjector (3 Hours)

- Provides an overview of personal protective equipment (PPE) levels A-C.
- Describes the appropriate use and limitations of Level C PPE.
- Demonstrates appropriate donning and doffing of Level C PPE, including use of the Positive Air-Purifying Respirator (PAPR).
- Provides students with practice in the practical skills of donning and doffing Level C PPE, including the PAPR.
- Provides students with practice in the practical skill of administering the organophosphate antidote kit by autoinjector.

IV.2.6 AWR-160 Certification (Optional)

If this course is taught by a DHS-approved AWR160: WMD Awareness instructor, the instructor may include pre- and post-tests to qualify the students for AWR160 certification upon completion of their course. However, this step is optional and is not required by RIDOH as part of the RI Major Incident Update.

V REFRESHER PROGRAMS

V.1 GUIDELINES FOR CONDUCTING AN EMT REFRESHER PROGRAM

V.1.1 Before The Course Begins

Prior to the start of an EMT Refresher program, the program director must conduct a faculty meeting to ensure course conduct, instruction and examinations are as prescribed by the current U.S. DOT NHTSA *National EMS Education Standards* and meet the standards set forth by RIDOH and the NREMT. Documentation of this meeting must be maintained by the program director in the course file.

V.1.2 At the Beginning of the Course

The following materials will be distributed to students prior to or on the first day of class:

- 1) A course overview, containing information such as course regulations, attendance policies, grading, performance expectations, and the RIDOH course approval number;
- 2) Contact information (phone and email) for the program director of record;
- 3) Approved textbook, and workbook, if applicable

V.1.3 Attendance

Attendance is mandatory for all classes. A student can miss no more than 10% of the total scheduled class hours (e.g. 3 hours in a 30-hour training program) without making up the time. The student will, however, be held responsible for the material that was presented in his/her absence. Absences beyond 10% of the total class-hour schedule can be made up at the discretion of the instructor-coordinator. If absence from class is excessive, the student may attend the remaining classes, however, the student will not be eligible to satisfy the requirements for his/her EMT license renewal.

V.1.4 Course Duration

An EMT Refresher program must be in accordance with current NREMT and RIDOH recertification requirements. However, the program director may provide additional training as he/she deems necessary. Course content, both lecture and laboratory sessions, shall not exceed six (7) hours of course instruction per day. This does not include time allotted for lunch, breaks, etc. The program director should incorporate a didactic/hands-on review of the skill and conduct the RIDOH-authorized psychomotor examination.

V.1.5 Examinations

Section 8.1.1 of the *Rhode Island Rules and Regulations Relating to Emergency Medical Services [R23-4.1EMS]* requires an EMT license renewal applicant to complete a RIDOH approved refresher training program conducted under the supervision of a RI-licensed Program Director. There is currently no allowance for an individual to “challenge” the refresher course requirement by virtue of completing a state examination or an examination conducted by an instructor-coordinator. An examination in the form of a pretest administered to determine a needs analysis may be useful in fashioning a refresher course designed to address specific needs or deficiencies. While this process permits a creative and customized refresher course, it should not subtract from or imply any waiver of student compliance with the basic minimum training requirements as set forth in the U.S. DOT NHTSA *National EMS*

Education Standards for an EMT Refresher program. Consequently, a pretest examination shall not serve as a substitute for a written/practical refresher training program final examination.

- 1) **Course Final Cognitive Examination:** The course final cognitive examination consists of 50 to 100 multiple-choice questions and should be comprehensive in scope to include all aspects of the EMT Refresher curriculum. Minimum passing grade is 70%.
- 2) **Course Final Psychomotor Examination:** Program Directors need to ensure that their refresher course-ending psychomotor examinations are conducted specific to the standards established in the NREMT EMT Psychomotor Skills Objective Sheets.

V.2 GUIDELINES FOR CONDUCTING AN ADVANCED EMT-CARDIAC REFRESHER PROGRAM

V.2.1 General Information

The Advanced EMT-Cardiac Refresher program shall be conducted in accordance with U.S. DOT NHTSA *National EMS Education Standards* AEMT refresher requirements, and any additional content necessary to support RIDOH approved curriculum. The program director should incorporate a didactic/hands-on review of the skill and conduct the RIDOH authorized practical skill examination using the appropriate renewal skill sheet.

V.2.2 Course Duration

An Advanced EMT-Cardiac Refresher program shall be conducted in accordance with U.S. DOT NHTSA *National EMS Education Standards* AEMT refresher requirements. However, the program director may provide additional training as deemed necessary.

V.2.3 Attendance

Attendance is mandatory for all classes. A student can miss no more than 10% of the total scheduled class hours (3 hours in a 30-hour training program) without making up the time. He/she will, however, be held responsible for the material that was presented in his/her absence. Absences beyond 10% of the total class hour schedule can be made up at the discretion of the instructor- coordinator. If absence from class is excessive, the student may attend the remaining classes, however, the student will not be eligible to satisfy the requirements for the EMT license renewal.

V.2.4 Examinations

- 1) **Course Final Cognitive Examination:** The course final cognitive examination consists of 50 to 100 multiple-choice questions and should be comprehensive in scope to include all aspects of the Advanced EMT-Cardiac Refresher curriculum. A passing grade is 70% or higher is required
- 2) **Course Final Practical Examination:** The Advanced EMT-Cardiac Refresher final psychomotor examination shall include psychomotor skills in accordance with current NREMT advanced level practitioner psychomotor objective skill sheets, to include static & dynamic cardiology and advanced airway management.

V.3 GUIDELINES FOR CONDUCTING A PARAMEDIC REFRESHER PROGRAM

V.3.1 General Information

The Paramedic Refresher program shall be conducted in accordance with NREMT Paramedic refresher requirements, and any additional content necessary to support RIDOH-approved curriculum. The program director should incorporate a didactic/hands-on review of the skill and conduct the RIDOH-authorized practical skill examination using the appropriate renewal skill sheet.

V.3.2 Course Duration

A Paramedic Refresher program shall be conducted in accordance with NREMT Paramedic refresher requirements. However, the program director may provide additional training as he/she deems necessary.

V.3.3 Attendance

Attendance is mandatory for all classes. A student can miss no more than 10% of the total scheduled class hours (3 hours in a 30-hour training program) without making up the time. The student will, however, be held responsible for the material that was presented in his/her absence. Absences beyond 10% of the total class hour schedule can be made up at the discretion of the instructor- coordinator. If absence from class is excessive, the student may attend the remaining classes, however, the student will not be eligible to satisfy the requirements for EMT license renewal.

V.3.4 Examinations

Course Final Cognitive Examination: The course final cognitive examination consists of 50 to 100 multiple-choice questions and should be comprehensive in scope to include all aspects of the Paramedic Refresher curriculum. A passing grade is 70% or higher is required.

Course Final Psychomotor Examination: The Paramedic Refresher final psychomotor examination shall include psychomotor skills in accordance with current NREMT advanced level practitioner psychomotor objective skill sheet

V.4 TRANSITION COURSES (RESERVED)

This section was intentionally left blank

VI REFERENCES

1. Rhode Island General Laws, §23-4.1, et al.
2. *Rhode Island Rules and Regulations Relating to Emergency Medical Services [R23-4.1EMS]*
3. *Rhode Island Prehospital Care Protocols and Standing Orders*
4. *National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator Manual*
5. *National Registry of Emergency Medical Technicians 2011 EMT User's Guide*
6. *U.S. Department of Transportation, National Highway Traffic Safety Administration National EMS Education Standards*
7. *American Heart Association Advanced Cardiac Life Support*

VII APPENDICES



Rhode Island Department of RIDOH
Division of Emergency Medical Services

APPLICATION FOR ACCREDITATION

Section I

Approval Number
Start Date
End Date

RIEMS Application Receipt Date

PLEASE PRINT AND COMPLETE ALL REQUESTED INFORMATION

I. Applicant Status

- First Time Applicant: Initial Application
Previously Accredited: Accreditation Renewal
Substantially Equivalent Accreditation: Provide Letter of Intent & Documentation of Current Allied RIDOH EMS Training Accreditation.

II. Applicant Contact Information:

Legal Name of Training Institution

Training Institution Location Address (Physical Location of Institution)

Number Street Name City/Town State Zip Code

Training Institution Mailing Address (If Different from Physical Location)

Number Street Name City/Town State Zip Code

Voice/Fax Electronic Contact Information

Telephone # () Fax # ()

Institution Web Address

Official Representative for the Institution, and the EMS program operation/Administration, who prepared application responses (This person will serve as the official liaison between the institution, and RIEMS).

First Name Middle Initial Last Name

Official Title Telephone # ()

E-mail Address Fax# ()

III. **Level of EMS Training Institution Provides:** *(Please check appropriate box or boxes)*

1. Initial EMT Training

- EMT
- AEMT/Cardiac
- Paramedic

2. Refresher Training

- EMT
- AEMT/Cardiac
- Paramedic

3. Continuing Education

- EMT
- AEMT/Cardiac
- Paramedic

IV. **Type of Institution:** *(check appropriate box, and circle appropriate title)*

- Four-Year College/University
- 2 Year Technical or Community College
- Hospital/Medical Center
- Vocational/Technical School/High School
- United States Military (DOD Army, Navy, Air Force, and Coast Guard)
- State, County, or Local Government
- Other public or private entities that meet State and Local business license requirements

V. **EMS Training Institution Personnel:**

a. Medical Director

_____	_____	_____
First Name	Middle Initial	Last Name
_____		Telephone # () _____
Official Title		
_____		RI Medical License # _____
E-mail Address		

b. Director/Coordinator

First Name	Middle Initial	Last Name
Official Title	Telephone # () _____	
E-mail Address	Fax# () _____	

c. Clinical Coordinator (where applicable)

First Name	Middle Initial	Last Name
Official Title	Telephone # () _____	
E-mail Address	Fax# () _____	

d. Field Internship Coordinator (where applicable)

First Name	Middle Initial	Last Name
Official Title	Telephone # () _____	
E-mail Address	Fax# () _____	

VI. Facilities

Location (actual location of didactic & Lab training, if more than one location provide on separate sheet)

Name of Facility or Building				
Number	Street Name	City/Town	State	Zip Code

Facility's Student Capacity (Didactic & Lab Training)

- 10 - 20
- 20 - 30
- 30 - 40
- 40 - 50
- Greater than 50 Provide # _____

VII. ALS Clinical Internship Sites And Resource Summary:

List all clinical sites affiliated with training institution. Provide an expiration date for each affiliation agreement and list the number of students that will be allowed in each medical specialty area. If a class has thirty students, clinical sites collectively must support 30 students.

	Hospital Name	Expire. Date	ED	OR	ICU	PSYC	L&D	IV	PEDI	Other
sample	XYZ Hospital	01/01/05	20	10	20	none	15	20	20	
sample	All Care Hospital	07/30/05	10	20	10	30	15	10	10	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

VIII. ALS Field Internship Sites And Student Resource Summary:

List all field internship sites affiliated with training institution. Provide an expiration date for each field affiliation agreement. The field internship resources must be able to collectively support the skill requirements for your students. If class has thirty students, field sites collectively must be able to support 30 students.

	Service Name	Initiation Date for Agreement	Expiration Date for Agreement	Min # Students	Max # Students	ALS Survey
Sample	XYZ Ambulance Service	December 31, 2004	December 31, 2005	5	10	Yes
Sample	P-Medic Transport, Inc.	December 31, 2004	December 31, 2005	15	25	Yes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

IX. Background:

- a. Describe applicant's training experience with operating an EMS training program approved in Rhode Island, or in another state or jurisdiction; or experience in operating adult vocational training or higher educational programs. (Attach supporting documentation.)

- b. Please indicate number of training program years of experience: _____

- c. Does the applicant have a training compliance history in any other state or jurisdictions? If yes, attach an explanation, and or supporting documentation.

Yes

No

- d. Describe the applicant training institution's financial resources that will be provided for the operation of the EMS training program, for the three-year accreditation period. (Attach supporting documentation, including copies of current financial statement or current budget.)

Complete and forward to RIEMS, with application packet, the Authorization To Request Criminal Offender Record Information (CORI) forms for program personnel (copy of authorization form is attached as Section III) include at a minimum:

- Medical Director
- Clinical Coordinator
- Didactic Instructor/Coordinator
- EMT Program Director
- Field Internship Coordinator
- Adjunct Faculty as Appropriate

AFFIRMATIONS:

- Attest to applicant training institution’s legal capacity to operate. (Attach supporting documentation, including copies of articles of incorporation and corporate by-laws)
- The applicant training institution hereby affirms that they comply with, and will continue to comply with, all relevant federal and state laws, including but not limited to, federal and state anti-discrimination statutes, R.I.G.L.; regulations, including but not limited to R23-4.1-EMS, and the Department’s Administrative Requirements, the Statewide Treatment Protocols, policies and advisories.
- The applicant training institution hereby affirms it meets eligibility requirements for accreditation pursuant to R23-4.1-EMS, and that it can and will fulfill the duties and obligations of accredited training institutions pursuant to R23-4.1-EMS, which includes the duty to administer the Rhode Island EMT practical examination requirements, in accordance with Administrative Requirements.
- The training institution hereby affirms that the most current Rhode Island EMS Statewide Treatment Protocols are taught as part of the training curriculum
- The training institution hereby affirms that they comply with all NHTSA/U.S. DOT EMS standards, as implemented by RIEMS.
- The training institution hereby affirms that if any of the application information changes, the institution will notify RIEMS immediately.

NOTE: The individual whose name appears below is the official representative of the EMS training institution, and must have legal authority to sign all of the necessary program documents and to make legally binding contracts.

I _____
(Print Name) (Title) (Signature)

Hereby affirms that all information provided to DPH/RIEMS in the application packets sections II, and I, is up-to-date and accurate. _____
(Date)

RI CENTER FOR EMS ACCREDITATION REVIEW FOR APPROVAL

R23-4.1EMS: Finding of Responsibility and Suitability of Applicant for Accreditation

Upon receipt and review of an application for accreditation, the Department shall make a finding concerning the responsibility and suitability of the applicant training institution pursuant to factors contained in R23-4.1EMS.

- The Department hereby makes a finding of responsibility and suitability for the accreditation applicant.
- The applicant is found not to be in compliance with R23-4.1EMS standards, and is hereby not approved at this time.

The Training Institution Did Not Receive Department Approval for the Following Reason (s)

- U.S. DOT National Standard curriculum deficiencies
 - Institution does not meet the Rhode Island minimum training hour requirement.
 - Institution does not meet the Rhode Island skill performance requirements.
 - Institution does not have adequate training facilities, resources, and/or training equipment.
 - Institution does not provide adequate clinical, and/or field internship resources.
 - Other
- (A written explanation will be sent to applicant within 10 working days of findings)

Provisional Training Institution Accreditation

The Department may issue provisional accreditation to an applicant who does not meet the requirements of R23-4.1-EMS, provided that the applicant has demonstrated to the Department's satisfaction a good faith intention to meet all such requirements and provided that the Department finds the applicant provides adequate EMT training and evidences a potential for full accreditation within a reasonable period, **not to exceed one-year.**

- The Department issues approval for provisional accreditation.

Substantially Equivalent Accreditation

- The Department issues approval based on Substantially Equivalent Accreditation (RIEMS accreditation term shall run concurrent with existing accreditation)

Department Accreditation Approval

- The Department issues accreditation approval in accordance with R23-4.1-EMS, and Department administrative requirements.

The Department accredits the training institution for a period of

Effective date: ____ / ____ / ____
 To
 Expiration date: ____ / ____ / ____

**Chief, RI Center for EMS
 Rhode Island Department of Health**

Center for Emergency Medical Services

APPLICATION FOR ACCREDITATION

Section II

TRAINING INSTITUTION QUALITATIVE ASSESSMENT

Institution Name: _____

Application Prepared By: _____
First Name Last Name

1. Instructions

- Complete in full all information requested.
- If you are unable to answer any area and/or question, provide a written explanation for the omission.
- Provide five copies to RIEMS.
- Each section of your explanation shall be included in a Table of Contents and follow the outline below.

A. OVERVIEW

Please attach copies of current policies, procedures, and/or supporting documentation for each the following:

1. Program mission, goals, and objectives;
2. Number of EMS courses conducted annually, indicate levels (initial EMT, AEMT-Cardiac, Paramedic), and type (refresher, continuing education);
3. Number of students taught per course per year, for past two years;
4. The Americans with Disabilities Act applicable to EMT training accommodations;
5. Use and secure storage of controlled substances and instruments for administration of controlled substances in EMT training programs, in accordance with requirements of the Department's Division of Food and Drugs, pursuant to R23-4.1EMS;
6. Clinical and field affiliation agreements; Affiliation agreements shall include the following:
 - a. Name of training program,
 - b. Name of organization providing clinical/field site(s),
 - c. Number of students allowed per site,
 - d. Duration of agreement,
 - e. Details of supervisory responsibilities,
7. Forms used for clinical and field internships, time and skill logs, and describe internship process students will follow;
8. EMT training institution organizational chart that shows the relationship among students, faculty, medical director, program director/coordinator, and other personnel for each EMS training course; and
9. Sample course outline for EMT, AEMT-Cardiac, and Paramedic level of initial EMT training provided.

B. STUDENTS

Please provide copies of current policy, procedures, and/or supporting documentation for the following:

1. General program requirements for student selection and admission.
2. Program requirements for student:
 - a. Attendance,
 - b. Absentee makeup,
 - c. Academic counseling; and
 - d. Student evaluations.

C. PERSONNEL RESOURCES

A Rhode Island accredited EMS training institution shall have adequate and appropriately credentialed staff to ensure all training and educational standards are met.

1. **Faculty:** Please provide copies of current supporting documentation for the following:
 - a. Relevant resumes for EMS faculty; describing training background; limited to one-page each; and
 - b. Copy of current license / certification (where applicable), and job descriptions that includes detailed training program responsibilities for:
 - i. Medical director
 - ii. EMS Director
 - iii. Clinical coordinator
 - iv. Field internship coordinator
 - v. Didactic instructor/coordinator
 - vi. Instructor aides
 - vii. Preceptors
 - c. Preceptor policies, and describe manner by which policies are implemented.

D. EVALUATION

Training course evaluation is the examination of multiple components to determine if the course was cost-efficient, educationally sound, and otherwise beneficial.

1. **Program:** Please provide current supporting documentation for the following:
 - a. A three-year accreditation evaluation plan which shall include
 - i. Clearly defined goals and objectives.
 - ii. An annual update that will provide written evidence the educational program is meeting its objectives and the changing needs of EMS care.
 - iii. Methods for gathering and analyzing data on the effectiveness of the program's:
 - iv. Curriculum,
 - v. Training equipment, medical library, and computer resources,
 - vi. Faculty; and
 - vii. A student's ability to function as entry-level providers upon successful completion of the training course.
 - b. Describe how EMS education program evaluations are used for continuous quality improvement, and to plan the future direction of EMT education.

2. **Supervision:** Describe EMS education institution's policy by which program supervisors conduct staff's evaluation (provide sample evaluation) as it pertains to:
 - a. Preparation and availability of instructional material,
 - b. Ability to motivate class and provide a positive learning experience,
 - c. Audiovisual materials appropriate for class instruction; and
 - d. Effectiveness of instructional technique.

3. **Medical Director**
 - a. Describe manner and criteria by which medical director will review for approval curriculum and course content
 - b. Describe how medical director will participate in program quality assurance and quality improvement process

4. **Clinical Internships (ALS programs)**
 - a. Describe how the training institution interacts with hospital staff to achieve clinical internship goals
 - b. Describe how clinical coordinator will ensure student achievement of all required clinical competencies
 - c. Describe how clinical coordinator will participate in the review and evaluation of overall student performance, with emphasis on clinical skill competencies

5. **Field Internships (ALS programs)**
 - a. Describe how the training program interacts with ambulance service providers to achieve field internship goals
 - b. Describe how field internship coordinator will ensure student achievement of all required field skill competencies
 - c. Describe how field internship coordinator will participate in the review and evaluation of student performance, with emphasis on field skill competencies
 - d. Describe how field internship coordinator will train, monitor, and maintain consistence of field internship preceptors.

6. **Clinical & Field Sites:** Describe how clinical and field sites are evaluated for adequacy of skill opportunities for Intermediate and Paramedic students, optional for initial EMT education course.

7. **Practical Skills Examination:** Provide documentation of the training institution's plan for conducting the RIEMS EMT psychomotor examination and related components. Key policies are at a minimum:
 - a. The institutions hiring policy regarding examiners.
 - b. The institution's formal process for notifying students of their examination eligibility.
 - c. Describe the institutions administrative process for dealing with re-test and challenge candidates.
 - d. The education institution's medical director (ALS examinations only) available during practical exam periods.
 - e. The education institution's examination team will consist of RIEMS approved Examiners to be provided at the training institution's expense (Chief Examiner will be provided by RIEMS). The training institution will schedule sufficient numbers of RIEMS-approved Examiners to complete a practical examination in a timely manner; average recommended time is 5 continuous hours.

- f. Continuous inspection, cleaning, and upgrading of practical examination required equipment.
- g. The institution's formal administrative process for managing and scheduling examinations in relation to course completion, when will exams occur, who is responsible for oversight of candidate's certification application completion, and the timely submission of candidates applications to RIEMS.

**Rhode Island Department of Health
Center for Emergency Medical Services**

**APPLICATION FOR ACCREDITATION
Section III
BACKGROUND CRIMINAL INVESTIGATION (BCI) CHECKS**

Instructions

Submit, with application packet, BCI checks (or equivalent) from the state of the person's primary residence and the State of Rhode Island if the primary residence is not in Rhode Island for the following personnel:

- a. Medical director
- b. EMT program director
- c. Clinical coordinator
- d. Field internship coordinator
- e. Didactic instructor/coordinator (s)
- f. Adjunct faculty as appropriate

Center for Emergency Medical Services

APPLICATION FOR ACCREDITATION

Section IV

EMT TRAINING PROGRAM/BASIC REFRESHER EQUIPMENT/SUPPLY LIST

Quantity	Item	Quantity	Item
_____	Automatic external defibrillator/Trainer	_____	Seated Immobilizing devices
_____	CPR face shields	_____	Long spine boards with (3) 9' straps per board
_____	CPR manikins (adult, child, infant)	_____	Trauma dressings
_____	Sterile water	_____	Traction splint devices
_____	OB kits	_____	Occlusive dressings
_____	Burn sheets	_____	Roller gauze
_____	Assorted rigid splints	_____	2x2, 4x4, 5x9 sponges
_____	Slings, swathes, cravats	_____	Latex-free gloves (small, medium, large, extra-large)
_____	Nasal airways (all sizes)	_____	Nasal cannulas
_____	Oral airways (all sizes)	_____	Non-rebreathers (adult/child)
_____	Portable suction devices	_____	Face masks (adult/child)
_____	Rigid suction catheters	_____	Oxygen tanks with regulators and keys (operational)
_____	Flexible suction catheters	_____	Adult BVMs
_____	Glucometer	_____	Adult B/P cuffs
_____	Pulse Oximeter	_____	Dual-head training stethoscopes
_____	Portable radios	_____	Broselow tapes or equivalent
_____	Simulated drug box for training in administering aspirin, nitroglycerin, glucagon, epinephrine, charcoal, and albuterol (including vials/ampules, syringes, nebulizers)	_____	EOA
_____	Ambulance stretcher, scoop and basket stretchers, stair chair,	_____	Pedi BVMs Child
_____	Pen lights	_____	B/P cuffs
_____	Pneumatic anti-shock garments (adult/child)	_____	Stethoscopes
_____	Cervical collars (all sizes)	_____	Trauma scissors
_____	Head immobilizing devices	_____	Cloth/silk-type tape
		_____	Paper/plastic-type tape (1/2", 1", 2", 3")
		_____	Blankets, Sheets
		_____	Moulage kits

Center for Emergency Medical Services

APPLICATION FOR ACCREDITATION

Section IV

ALS TRAINING PROGRAM/REFRESHER EQUIPMENT/SUPPLY LIST

Quantity Item

- _____ CPR face shields CPR manikins (adult, child, infant)
- _____ Intubation manikins (adult/child, infant)
- _____ Nasal airways (all sizes)
- _____ Oral airways (all sizes)
- _____ Portable suction devices
- _____ Rigid suction catheters
- _____ Flexible suction catheters
- _____ Intubation kits with assorted Miller and Mac blades, Magill forceps, ET tubes of all sizes, stylets, 10cc syringes, end tidal CO2 detectors, tube restraints
- _____ ECG monitor/defibrillator
- _____ Mega code manikin with infusion arm
- _____ IV infusion arm with flashback
- _____ ECG dysrhythmia generator
- _____ Electrodes
- _____ IV tourniquets
- _____ Simulated drug box containing cardiac-level medications
- _____ IV stand
- _____ Broselow tape or equivalent
- _____ Sharps container
- _____ Sets of IV tubing (standard)
- _____ Dressings for IV sites
- _____ Administration sets IV catheters (all sizes)

Quantity Item

- _____ IV fluids (Normal saline, Ringers)
- _____ Syringes (30 cc, 10cc, 5 cc, 1 cc)
- _____ Glucometer
- _____ Head immobilizing devices
- _____ Pulse oximeter
- _____ Cervical collars (all sizes)
- _____ Long spine boards with (3) 9' straps per board
- _____ Latex-free gloves (small, medium, large, extra large)
- _____ Alcohol wipes
- _____ 2x2 and 4x4 sponges
- _____ Nasal cannulas
- _____ Non-rebreathers (adult/child)
- _____ Face masks (adult/child)
- _____ Oxygen tanks with regulators and keys (operational)
- _____ Adult BVMs
- _____ Child BVMs
- _____ Adult B/P cuffs
- _____ Child B/P cuffs
- _____ Stethoscopes
- _____ Pneumatic anti-shock trousers (adult/child)
- _____ Pen lights
- _____ ½", 1", 2", and 3" tape

Quantity Item

- _____ Automatic external defibrillator/Trainer
- _____ CPR face shields
- _____ CPR manikins (adult, child, infant)
- _____ Sterile water
- _____ OB kits
- _____ Burn sheets
- _____ Assorted rigid splints
- _____ Slings, swathes, cravats
- _____ Nasal airways (all sizes)
- _____ Oral airways (all sizes)
- _____ Portable suction devices
- _____ Rigid suction catheters
- _____ Flexible suction catheters
- _____ Glucometer
- _____ Pulse Oximeter
- _____ Portable radios
- _____ Simulated drug box for training in administering aspirin, nitroglycerin, glucagon, epinephrine, charcoal, and albuterol (including vials/ampules, syringes, nebulizers)
- _____ Ambulance stretcher, scoop and basket stretchers, stair chair,
- _____ Pen lights
- _____ Pneumatic anti-shock garments (adult/child)
- _____ Cervical collars (all sizes)
- _____ Head immobilizing devices
- _____ Seated Immobilization devices

Quantity Item

- _____ Long spine boards with (3) 9' straps per board
- _____ Trauma dressings
- _____ Traction splint devices
- _____ Occlusive dressings
- _____ Roller gauze
- _____ 2x2, 4x4, 5x9 sponges
- _____ Latex-free gloves (small, medium, large, extra-large)
- _____ Nasal cannulas
- _____ Non-rebreathers (adult/child)
- _____ Face masks (adult/child)
- _____ Oxygen tanks with regulators and keys (operational)
- _____ Adult BVMs
- _____ Adult B/P cuffs
- _____ Dual-head training stethoscopes
- _____ Broselow tapes or equivalent

Quantity Item

- _____ EOA
- _____ Pedi BVMs
- _____ Child B/P cuffs
- _____ Stethoscopes
- _____ Trauma scissors
- _____ Cloth/silk-type tape
- _____ Paper/plastic-type tape (1/2", 1", 2", 3")
- _____ Blankets Sheets
- _____ Moulage kits

