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ADVISORY FROM THE DIVISION OF EMS

#2014.08

To: EMS Service Chiefs and Coordinators
EMS Training Coordinators
Licensed Instructor / Coordinators

From: Michael Fine, MD, Director of Health
Jason M. Rhodes, Chief of EMS *JMR WJR*

Date: August 4, 2014

Re: EMS Educational Institution Accreditation
EMT psychomotor exam procedures
EOA / MAST education for out-of-state applicants

The Rhode Island Department of Health, Division of Emergency Medical Services, in concurrence with the recommendation provided by the Ambulance Service Advisory Board, is pleased to announce the initial publication of the *Rhode Island EMS Education Programs Accreditation Standards and Guidelines*.

1. Commencing January 1, 2015, all initial EMS training programs operating in Rhode Island shall be accredited to conduct EMS education courses, to include Emergency Medical Technician or Advanced EMT, by the Rhode Island Department of Health and/or the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). All institutions wishing to conduct Paramedic education in Rhode Island shall be accredited or have a formal and active Letter of Review issued by CoAEMSP. EMS educational programs can apply for accreditation via CoAEMSP or can do so through the Department; please see the attached packet for further information, the application and guidelines for approval.

2. The current Rhode Island Emergency Medical Technician (EMT) psychomotor examination will no longer be utilized beginning January 1, 2015. The EMT course psychomotor exam shall follow the guidelines published in the *NREMT Emergency Medical Service Education Standards*, 2011 edition. To review the requirements, there shall be seven required testing stations, six of which are mandatory, with the seventh being one randomly chosen skill. These include:

- Mandatory skills
 - Patient assessment / management – Trauma
 - Patient assessment / management – Medical
 - Bag-valve-mask ventilation of an apneic adult patient
 - Oxygen administration by non-rebreather mask
 - Cardiac arrest management / AED
 - Spinal immobilization (supine patient)
- Random EMT skills
 - Spinal immobilization (seated patient)
 - Bleeding control / shock management
 - Long bone immobilization
 - Joint immobilization

As part of the accreditation process, EMS educational institutions shall abide by the psychomotor testing processes set forth in the *NREMT Emergency Medical Service Education Standards*, 2011 edition, which will be posted to the RI Department of Health web site.

3. In response to the change in the psychomotor examination process, the requirement for out-of-state applicants to take the EOA and MAST update is hereby revoked. It shall be the responsibility of the service to which the EMS practitioner is affiliated to ensure competence with the advanced blind insertion airway device(s) utilized by that service (EOA, LMA, LTA) and all equipment used by the service. Such provisions shall be included in the “Orientation of all new ambulance service personnel” section of the service’s Policies and Procedures manual, as required by rule 12.2 of the Rhode Island *Rules and Regulations Relating to Emergency Medical Services [R23-4.1]*. This stipulation shall take effect immediately.

Thank you for immediate attention in these matters. Any questions or concerns may be directed to Jason M. Rhodes, Chief of Emergency Medical Service, at Jason.rhodes@health.ri.gov or (401) 222-2401.

RHODE ISLAND EMS EDUCATION PROGRAMS ACCREDITATION STANDARDS AND GUIDELINES

This document provides standards and guidelines for EMS education programs for all levels of licensure in Rhode Island

August 4, 2014



EMS Program Accreditation Standards

Applicability

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.

The standards set forth are applicable to EMT to all institutions conducting initial training programs for Emergency Medical Technician, Advanced Emergency Medical Technician and Emergency medical Technician-Cardiac.

Paramedic educational programs shall adhere to the standards established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and shall only be allowed to be conducted in Rhode Island if approved to do so by CoAEMSP. Once CoAEMSP accreditation has been achieved, it shall be maintained for the duration of the existence of paramedic educational institution.

Refresher programs and continuing education courses are not required to be conducted through an accredited institution but are strongly encouraged to follow these standards.

Description of RI Emergency Medical Services Professions

- **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. Paramedics 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 health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, Paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, health 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.

- Advanced Emergency Medical Technician / EMT-Cardiac

Advanced EMT/RI EMT-Cardiac 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.

Advanced EMT/RI EMT-Cardiac possess 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/RI EMT-Cardiac are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the

Advanced EMT/RI EMT-Cardiac may include public education and health promotion programs as deemed appropriate by the community.

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

- 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 health 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.

Requirements for Accredited EMS Education Programs and Institutions

- Each program shall:
 - Maintain a medical director to oversee the program, approve and evaluate all primary instructors and remain available for consultation during the course
 - Maintain a program director who will be responsible for day to day administration, as well as liaison to the state and must be at least same level of certification as the program
 - Maintain current written agreements and/or contracts for clinical and field internships
 - Have an official affiliation with 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
 - Regularly self-evaluate:
 - Instructors of all levels
 - Outcome assessments including: exit point completion, graduate satisfaction, employer satisfaction, job placement, state licensing examinations and/or national registration.
 - Student evaluations of instructors and program
 - Maintain sufficient program resources 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
 - Have clear syllabi with detailed policies that follow accepted academic standards
 - Ensure access to all contracted Hospital/Clinical affiliations and

ensure 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

- 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
- Make the following known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program
- Adequately safeguard the health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff
- Ensure announcements, catalogs, publications, and advertising accurately reflect the program(s) offered
- Ensure that evaluation of students shall be conducted 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. The program shall periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation shall be reflected in the review and timely revision of the program
- 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. An action plan must be developed when deficiencies are

identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment

- Be conducted within the borders of the State of Rhode Island
- Adhere to the curricula of the most current version of the National EMS Education Standards

Program Goals and Outcomes

There shall 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 shall 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 health 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 EMS Education Standards and Instructional Guidelines (NHTSA) as approved by the RI Department of Health 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.

Appropriateness of Goals and Learning Domains

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.

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.

- 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;
- 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;
- Employer representatives should include employers or potential employers of the program graduates and the ambulance supervisory personnel and administrative personnel where the students perform internships;
- Key governmental official representatives should include state and/or regional training coordinators/field representatives

Key Personnel Responsibilities

1. **Program Director**

- a. Responsibilities include, but are not limited to:
 - i. The administration, organization, and supervision of the educational program
 - ii. The continuous quality review and improvement of the educational program
 - iii. Long range planning and ongoing development of the program
 - iv. The effectiveness of the program and have systems in place to demonstrate the effectiveness of the program
 - v. Cooperative involvement with the medical director
 - vi. Adequate controls to assure the quality of the delegated responsibilities

- b. Qualifications
 - i. Possess a current RI EMS Instructor Coordinator license and be licensed at or above the level of instruction
 - ii. Achieve minimum of:
 - a. An Associate's degree if conducting Emergency Medical Technician or Advanced/EMT- Cardiac courses;
 - b. A Bachelor's degree if conducting Paramedic programs;
 - c. Degrees must be from a regionally accredited institution of higher education, and the Program Director must obtain the appropriate degree within 5 years of initial accreditation
 - iii. Have appropriate medical or allied health education, training, and experience
 - iv. Be knowledgeable about methods of instruction, testing and evaluation of students
 - v. Have field experience in the delivery of out-of-hospital emergency care

- vi. Have academic training and preparation related to emergency medical services at least equivalent to that of program graduates
- vii. Be knowledgeable concerning current national education standards, national accreditation, national registration, and the requirements for state certification or licensure.
- vii. The program director shall be currently certified in the State of Rhode Island to practice out-of-hospital care and currently certified by a recognized credentialing organization at an equal or higher level of professional training than that for which training is being offered.

2. Medical Director

- a. Responsibilities include, but are not limited to:
 - i. Review and approval of the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy
 - ii. Review and approval of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program
 - iii. 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
 - iv. Assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains
 - v. Cooperative involvement with the program director
 - vi. Adequate controls to assure the quality of the delegated responsibilities
 - vii. For most programs, the Medical Director should commit a significant amount of time to the program, for which appropriate compensation is often necessary.

- b. Qualifications
 - i. Be a physician currently licensed to practice in the State of Rhode Island

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

- ii. 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
- iii. Be an active member of the local medical community and participate in professional activities related to out-of-hospital care
- iv. 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.

3. Faculty and Instructor aides

a. Responsibilities:

- i. 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.

b. Qualifications:

- i. 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.

- c. For most programs, there should be faculty member(s) to assist in teaching and/or clinical coordination in addition to the program director. The faculty member(s):

- i. Shall be licensed in the State of Rhode Island at an equal or higher level of professional training than the Emergency Medical Services profession(s) for which training is being offered;
- ii. Should be certified by a recognized credentialing organization at an equal or higher level of professional training than the Emergency Medical Services profession(s) for which training is being offered;
- iii. Shall have a minimum of 3 years clinical experience as a health care practitioner in emergency medical services or related field.

Application and Fees

All institutions conducting initial EMS training programs, or courses that support EMS initial certification requirements, shall be required to be an Accredited EMS Education Institution through the RI Department of Health Division of Emergency Medical Services. Institutions that have achieved accreditation from other accrediting agencies that meet or exceed these regulations shall be considered equivalent and not require additional HEALTH-EMS evaluation to become state accredited.

All institutions shall be required to complete an initial application for accreditation, which will be renewed on a biennial basis.

The initial, then biennial fee for institutions will be \$500.00. State of Rhode Island regionally accredited institutions of higher education and licensed municipal or bona fide non-profit volunteer EMS agencies conducting EMS educational programs shall be exempt from fee requirements.

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 Health, Division of Emergency Medical Services Chief, or designee.

Any persons participating in the evaluation process shall not have any affiliation with the applying institution.



RHODE ISLAND DEPARTMENT OF HEALTH
APPLICATION FOR ACCREDITATION
EMS Educational Institutions

Section I

Date application received by RIEMS

Please print and complete all requested information.

1. APPLICANT STATUS:

- First Time Applicant:** Initial application
 Previously Accredited: Accreditation renewal
 Substantially Equivalent Accreditation: Provide letter of intent & documentation of current
"Allied Health EMS Training Accreditation"

2. APPLICANT CONTACT INFORMATION:

a. Legal Name of Training Institution

Legal Name of Institution

b. Training Institution Location Address (Physical Location of Institution)

Address Number

Street name

City/Town

State

Zip Code

c. Training Institution Mailing Address (if different from Physical Location Address)

Address Number/PO Box

Street name

City/Town

State

Zip Code

d. Voice/Fax Electronic Contact Information

Telephone # () _____ - _____ FAX # () _____ - _____

Institution Web Address

- e. 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 # () _____ - _____ FAX # () _____ - _____

e-mail address _____

3. **LEVEL OF EMS TRAINING INSTITUTION PROVIDES:** Please check appropriate box or boxes

Initial EMT Training

Refresher Training

Continuing Education

EMT

AEMT/Cardiac

Paramedic

EMT Refresher

AEMT/Cardiac

Paramedic

EMT

AEMT/Cardiac

Paramedic

4. **TYPE OF INSTITUTION** : (*Check appropriate box, and circle appropriate title*)

- a) Four-year College/University
 - b) 2 Year Technical or Community College
 - c) Hospital/Medical Center
 - d) Vocational/Technical School/High School
 - e) United States Military (DOD Army, Navy, Air Force, and Coast Guard)
 - f) State, county, or local government
 - g) Other public or private entities that meet State & local business license requirements
- _____

5. EMS TRAINING INSTITUTION PERSONNEL:

a) Medical Director:

First Name Middle Initial Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail _____

Rhode Island Medical License Number: _____

b) Director/Coordinator:

First Name Middle Initial Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail address _____

Rhode Island EMT Certification # _____

MD/Nurse License #: _____

c) Clinical Coordinator (where applicable):

First Name Middle Initial Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail address _____

Rhode Island EMT Certification # _____

MD/Nurse License #: _____

d) Field Internship Coordinator (where applicable):

First Name Middle Initial Last Name

Telephone # () _____ - _____ FAX # () _____ - _____

E-mail address _____

Rhode Island EMT Certification # _____

MD/Nurse License #: _____

6. **FACILITIES:**

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

Name of facility and/or building(s)

Address Number Street name Suite Number

City/Town State Zip Code

b) Facility's Student Capacity (didactic & lab training)

10-20 20-30 30-40 40-50 greater than 50

7. 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.										

8. 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.						

9. 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.)

Please indicate number of training program years of experience: _____

(b) Does the applicant have a training compliance history in any other state or jurisdictions?

Yes No (If **yes** attach an explanation, and or supporting documentation.)

(c) 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.)

(d) 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 appendix A) include at a minimum:

1. Medical director
2. Clinical coordinator
3. Didactic instructor/coordinator (s)
2. EMT program director
4. Field internship coordinator
6. Adjunct faculty as appropriate

10. **AFFIRMATIONS:**

- (a) Attest to applicant training institution's legal capacity to operate. (Attach supporting documentation, including copies of articles of incorporation and corporate by-laws).
- (b) 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.
- (c) 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.
- (d) The training institution hereby affirms that the most current Rhode Island EMS Statewide Treatment Protocols are taught as part of the training curriculum.
- (e) The training institution hereby affirms that they comply with all NHTSA/DOT EMS standards, as implemented by RIEMS.
- (f) 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 HEALTH/RIEMS in the application packets sections I, and II, is up-to-date and accurate. _____

(Date)

License number: _____

Approved by: _____

Date: _____



RHODE ISLAND DEPARTMENT OF HEALTH

APPLICATION FOR ACCREDITATION

EMS Educational Institutions

Section II – Education Institution Qualitative Assessment

Institution Name: _____

Application Prepared by: _____

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 RI EMS.
- 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 of 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 the 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, pursuant to R23-4.1-EMS;
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 of 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.

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:
 1. Medical director
 2. EMS Director
 3. Clinical coordinator
 4. Field internship coordinator
 5. Instructor aides
 6. 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 two-year accreditation evaluation plan which shall include:
 1. Clearly defined goals and objectives.
 2. An annual update that will provide written evidence the educational program is meeting its objectives and the changing needs of EMS care.
 3. Methods for gathering and analyzing data on the effectiveness of the program's;
 - i Curriculum,
 - ii Training equipment, medical library, and computer resources
 - iii Faculty; and
 - iv A student's ability to function as entry-level providers upon successful completion of the training course.
- b. Describe how EMS training program evaluations are used for continuous quality improvement, and to plan the future direction of EMT training.

2. Supervision

Describe how EMS training 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 instructions; 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 EMT, AEMT/EMT-CARDIAC, and Paramedic students

7. Practical Skills Examination:

Provide documentation of the training institution's plan for conducting the RIEMS EMT practical certification 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 institution's administrative process for dealing with re-test and challenge candidates
- d. The training institution's medical director (ALS examinations only) available during practical exam periods
- e. The training institution's examination team will consist of Examiners to be provided at the training institution's expense (Chief Examiner template is recommended). The training institution will schedule sufficient numbers of 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
 Division of Emergency Medical Services
TRAINING EQUIPMENT AND SUPPLIES INVENTORY
EMT AND AEMT / Cardiac Educational Programs

Yes	No	N/A	A. CLASS ROOM SPACE
			Classroom size for lecture and demonstration periods should not exceed 36 students.
			Classroom spaces shall allow all students an unobstructed view of the instructor, equipment and audiovisual materials.
			Minimum of one (1) each chalkboard/white board/smart board, etc. located in lecture area. A reasonable place to write/draw with visibility to all students.
			Space with comfortable seating and writing surfaces for all students; one (1) seat and one (1) writing surface for each student.
			Instructional spaces are capable of being brightly lit during lectures and presentations and properly dimmed when using electronic media.
			At least one (1) desktop or laptop computer capable to interface with items listed below.
			Ability to present audiovisual supplements such as a DVD or computer file.
			Minimum of one (1) speaker system able to play.
			Minimum of one (1) computer projector.
			Minimum of one (1) projector screen that is clean and in good working condition.

Yes	No	N/A	B. PRACTICAL SKILLS AND LAB TRAINING AREA
			Practice area large enough to accommodate groups of six students and one instructor working individually or in groups.
			Labs are adequate to support curriculum requirements for number of students.
			Sufficient space to allow the lead instructor to monitor instructor aides and allow each group to without disturbing a neighboring group.
			Personal protective equipment (PPE) to include gowns, masks, gloves, eye shields and eye wear.

Yes	No	N/A	C. EDUCATIONAL RESOURCES
			Minimum one copy of the most current version: <ul style="list-style-type: none"> ▪ <i>RI Rules and Regulations Relating to Emergency Medical Services</i> ▪ <i>RI Prehospital Care Protocols and Standing Orders</i> ▪ <i>RI Ambulance Inspection and Licensure Manual</i> ▪ Pre-hospital EMT legal text(s) such as “EMS and the Law” or “Street Law” (civil law concepts). ▪ MOLST forms and training materials and Comfort Care/DNR forms. ▪ RI EMS Advisory Notices ▪ Copies of current National Scope of Practice EMT, AEMT/Cardiac, Paramedic initial and continued competency program curricula.
			Audio visual materials, digital videos, lecture slides and computer software necessary for instruction of lessons.
			For the EMT student: internet EMS related resource documents. The documents shall list EMS internet sites (at a minimum) to include Health./EMS, NREMT, DOT EMS, EMT textbooks and other sites specifically referencing EMT curriculum, related topics: 1 per each student.

Yes	No	N/A	D. ADMINISTRATIVE OFFICES
			Access to a minimum of one photocopier suitable to reproduce student quizzes, tests, handouts, etc.
			A file cabinet or computer system capable of housing student grades and course documentation, curriculum, outlines, quizzes, skill sheets and examinations for a minimum of seven years following the completion of the course.

Yes	No	N/A	E. MINIMUM EMT TRAINING EQUIPMENT LIST
			<i>Pertinent sections of the RI Prehospital Care Protocols and Standing Orders should be included in all areas. Some areas do not include equipment referenced in other sections of the checklist but should be used as appropriate during the duration of the course.</i>
			Assessment
			Adult manikin for full body exam.
			Body substance isolation kits.
			Blood pressure cuffs and stethoscopes (adult and pediatric)
			Penlights
			Personal protective equipment including (but not limited to) latex free exam gloves
			Medical alert bracelet, necklaces and forms.
			Photos, videos of sample safe and unsafe scenes.
			Vital signs and SAMPLE History
			Blood pressure cuff in various sizes (adult, pediatric and infant)
			Stethoscope (both standard and dual head teaching models)
			Breath/lung sound as an audio tape or file
			Glasgow Coma Scale and Trauma Score handouts
			Assessment skill sheets (SAMPLE, OPQRST, DCAP-BTLS)
			Wrist watch with second hand (student supplied and included in course policies)
			Communications and Documentation
			Instructions/demonstrations for basic use of radios, PTS, cell phones and two way radio equipment)
			Recordings of ambulance to hospital communications (simulated or recorded)
			Sample electronic patient care reporting system.
			Sample patient refusal forms
			Sample Incident/Accident report forms
			Airway Management
			Airway manikin capable of intubation (adult, child and infant sizes)
			Oral cavity anatomy manikin type model showing structures.
			Lubricant spray or gel
			Pocket masks/other barrier devices
			Bag-valve-mask (BVM) reservoir in adult, child and infant sizes
			Suction devices (of various), catheters and tubing
			Oropharyngeal airways (OPA)s
			Nasopharyngeal airways (NPA)s and lubricants
			Pulse oximeter

			Oxygen cylinders, regulators, holders and stands
			Stop watch
			Supraglottic airways (King tube, LMA, etc.)
			Tracheostomy tube, mask management
			CPAP device
			Capnography device with ET and nasal cannula probes
			Intubation manikins (adult and pediatric)
			Intubation kit with
			<ul style="list-style-type: none"> • MacIntosh and Miller blades (sizes 1 – 4) • Magill forceps • ET tubes off all sizes • Stylets • 10cc syringes • End tidal CO2 detectors • Tube restraints
			Respiratory Emergencies
			<i>See airway section above</i>
			Anatomical models/charts
			Breath sounds audio tape/file
			Interactive media displaying typical CHF and COPD patients
			Inhalers/spacers
			Instruction on the use of CPAP
			Nebulizers, Albuterol, Naloxone and atomizers trainers
			Cardiovascular emergencies (ACLS items recommended at BLS level for demonstration and familiarity with ALS equipment)
			<i>See airway section above for O₂ delivery recommendations</i>
			CPR equipment
			CPR mannequin
			AED trainers and AED pads (extra pads, batteries, recharger units, etc)
			AED daily, monthly and annual checklist as appropriate to device
			Aspirin (chewable) and adult strength – facsimiles
			NTG and substitute NTG (tic-tacs, breath sprays etc.)
			Various printed cardiac rhythms for scenario drills
			ACLS teaching aids; suggest a video for demonstration purposes
			ACLS algorithms for scenario drills
			Defibrillation/combination pads, pacer pads
			Gel pads or conductive material
			Anatomical models, charts, ECG tracings
			Rhythm generator/recorder with full treatment capabilities for monitoring and recording.
			IV practice arms in good working condition (1:5 arm-to-student ratio)
			Mega-code manikin with IV arm(s) in good operable condition
			Cardiac monitor/defibrillator with electrodes and 12-lead and pacing capabilities (1:10 monitor-to-student ratio)
			Simulated drug box containing:
			<ul style="list-style-type: none"> • IV tubing • Administration sets • IV fluids (normal saline and Ringers) • Alcohol wipes • Sharps container

			<ul style="list-style-type: none"> • IV catheters (all sizes, e.g. 16-24 G) • Syringes (30cc, 10cc, 5cc, 1 cc) • Intraosseous (IO) device with adult and pediatric needles • All medications included in current version of the <i>RI Prehospital Protocols and Standing Orders</i>
			IV pump
			Neurologic emergencies
			Anatomical modes/charts, videos of stroke patient symptoms, etc.
			Diabetic emergencies
			Oral glucose paste, gel, tablets and tongue depressor
			Glucometer
			Allergic reaction and envenomation emergencies
			Photos, videos and audio tapes depicting allergic reaction signs and symptoms
			Epinephrine auto-injector trainers
			Needle disposal containers suitable for used Epinephrine auto injectors
			Constricting bands
			Substance abuse and poisoning
			Sample prescription medication bottles.
			Sample common household cleaners.
			Activated charcoal containers (ready to use and powdered)
			Naloxone kits, including mucosal atomization devices (MAD)
			Environmental emergencies
			Nerve agents antigen (auto-injectors) kits – suggest a video for demonstration
			Chemical heat and cold packs
			Behavioral health emergencies
			Copy of all related RIGL and forms
			Soft restraints and leather restraints carried on ambulances
			Cravats and roller bandages
			Supplemental texts/materials on violent patients, scene safety, crisis de-escalation and management techniques.
			Bleeding and shock emergencies
			Tourniquets
			Occlusive dressings (commercial device, Vaseline gauze and plastic wrap)
			Various bandages and dressing materials
			Soft tissue injuries
			<i>Reference bleeding and shock section for relevant materials.</i>
			Anatomical models/charts
			Splinting equipment
			Burn charts
			Sterile water
			Musculoskeletal care
			Reference head/neck/spine lifting, and moving sections for related materials
			Anatomical models chart
			Roller gauze, cravats, padding, safety pins, tape
			Hard and soft splints for upper and lower body parts.
			Flexible splints (ladder, SAM, etc.)
			Traction splints (various sizes); must have HARE type
			Vacuum splints
			Orthopaedic stretchers (scoop)
			Chemical ice packs

Head, neck and spine injuries		
		Cervical collars in various sizes
		Towels, facecloths and other materials to improvise cervical collars
		Long spine boards
		Commercial, vest type (e.g. KED) immobilization devices
		Head immobilization devices, straps, padding, cravats, tape, etc.
		Football, bicycle and motorcycle helmets
		Infant car seats and infant manikin/dolls
Eye injuries		
		Anatomical models/charts
		Eye irrigation devices
Face and throat injuries		
		Anatomical models and charts
		Reference materials to cover impaled objects
Chest injuries		
		Anatomical models and charts
Labor and delivery		
		Towels, blankets and draping materials
		Obstetrical pads
		Obstetrical kits
		Oxygen delivery device for infants
		APGAR score sheets
		Labor and delivery manikin (suggested)
		Video of live delivery
Special populations		
		Handouts the development stages of children with “normal” vital sign ranges by age group.
		Pediatric airways and oxygen delivery devices (non-rebreather masks, cannulas, blow-by devices, bag-mask valve (BVM), etc.)
		Pediatric suction catheters
		Pediatric pulse oximeters and probes
		Videos on special needs children and “high tech” children (feeding tubes, central lines, tracheostomy tubes, etc.)
		Pediatric (commercial) resuscitation guides (tapes, wheels, etc.)
		Pediatric immobilization devices, collars, padding, etc.
		AED with pediatric pads
		Various sized infant and pediatric car seats
		Sample child/elder suspected abuse/neglect form.
		Sample and/or hand-outs on health care proxy forms, MOLST-RI, etc.
		Handouts on communicating with geriatric and pediatric patients.
Ambulance operations		
		Access to Type I, II, and III ambulances for demonstrations.
		Current Federal KKK-A-1822 specifications for vehicles and equipment
		Sample daily equipment and vehicle check
		Sample maps, route directories and other navigation aides
		Copies of state laws and regulations governing the operation of emergency vehicles and non-emergency vehicles.
		Handouts on defensive driving and Emergency Vehicle Operators course (EVOC)
		Handouts on air ambulance operations and safety precautions.

Lifting and moving patients		
		Tapes and videos of proper techniques for lifting and moving patients.
		Ambulance stretcher, sheets, blankets, pillows set-up care and maintenance
		Ambulance cot
		Stair chair
		Basket stretcher
Gaining access		
		Wool or fire retardant blanket
		Hand tools per RI ambulance standards
		Roadside safety devices
Special Operations / MCI / ICS		
		Sample Incident Command System flowcharts and handouts
		Rehabilitation logs and protocols
		Body substance isolation kits
		Table top area for 6 students
		Scenario/prompts for instructor assistants
		Paper, markers, pens
		Fluorescent vests
		Triage tags
Hazardous Materials		
		<i>DOT Emergency Response Guidebooks</i>
		<i>NIOSH Pocket Guide to Chemical Hazards (CDC)</i>
		Access to CAMEO, CAMEO Chemicals via computer
		Sample DOT placards and labels
		Videos on scene safety, hot/warm/cold zones and decontamination of patients
		Sample Material Data Sheets for various common chemicals