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September 18, 2019

Dear EMS Standards Project Team,

On behalf of the Board of Directors of the National Association of Emergency Medical Technicians (NAEMT), thank you for the opportunity to comment on the proposed revisions to the national EMS Education Standards. The NAEMT Board recognizes the importance of this document in establishing the content areas which each EMS level should master in order to be able to provide care to their patients as outlined in the national EMS Scope of Practice Model. We appreciate the work of the Project Team to undertake this needed revision.

In our desire to provide a comment that reflected the thoughts of all of our organizational stakeholders, we sought and received feedback from our physician, clinician, and educator subject matter experts in areas including trauma; cardiac and respiratory care; pharmacology; disaster preparedness and response; EMS workforce health, wellness and safety; EMS innovation, special populations, and public health.

In reviewing the proposed revisions to the EMS education standards, a key concern raised by all of our subject matter experts was that the draft document did not contain standards. The document does not define the knowledge, skills and behaviors required to deliver EMS patient care at any of the training levels identified in the document. Rather it lists topical content areas for each training level. All of our subject matter experts felt that, while the document has value, it does not provide the appropriate guidance to educators on what "educational deliverables" they should be providing to students.

We respectfully recommend that the name of this document be changed to more accurately describe what it is, and that the EMS stakeholder community collaborate to establish a true set of national EMS education standards that would serve our EMS workforce, EMS educational institutions, EMS patients and our communities by clearly outlining the set of evolving core competencies that are required of our workforce at each training level now, and in the future.

We must also note that the proposed topical areas do not appear to align with the overall direction of medical education in the United States. The medical education of physicians and other healthcare providers is evolving in order to better align their education with the ways in which healthcare is actually delivered. In addition to the traditional areas of medical education, universities are now building in an additional component of "health systems science" which covers healthcare structures and processes; healthcare policy, economics and management; clinical informatics and health information technology; public/population health; and value-based care, health systems improvement and person-centered care.

EMS education must evolve as well so that the education provided to EMRs, EMTs, AEMTs and Paramedics is aligned with the provision of emergent, urgent and preventive care in a value-based healthcare system. This education should include the structure and processes of healthcare beyond EMS, principles of public/population health and its connection to EMS, healthcare reimbursement and finance, healthcare quality and safety, and healthcare information; and how these topics impact value-based care. Lack of education on these topics limits the ability of our EMS workforce to fully understand their role in the wider healthcare system and fully engage as an integrated component of that system.

Our subject matter experts, many of whom are currently running EMS systems, have expressed concern about the practical capabilities of paramedics graduating from some current paramedic programs. They've indicated that many agencies are having to invest a great deal of time, energy and resources getting graduates ready for the "real world." We recommend that the national EMS education standards enhance the clinical/practical internships to help assure competency and "job readiness" of paramedic graduates.

We also believe that the national EMS education standards and the national EMS scope of practice model should take into account the diversity of environments in which our EMS educational institutions operate. Since 2008, NAEMT has consistently supported the accreditation of paramedic education programs. However, NAEMT is concerned that CoAEMSP accreditation of AEMT programs and the additional costs associated with this accreditation will essentially eliminate ALS education in predominantly rural states. We recognize that it is the purview of each state to determine if it will adopt this new accreditation standard. However, if this new standard is adopted as a requirement by NREMT, it will force almost all states to adopt this requirement in order to continue to utilize the National Registry. We respectfully ask that the accreditation of AEMT education programs be reconsidered. Our subject matter experts also provided several specific recommendations to the topical areas that we present as follows:

1. Preparatory (pages 1-4) -
    a. Under EMS Systems, under EMT, Roles/Responsibilities/Professionalism of EMS personnel should be changed to Foundational depth.
    b. Under Workforce Safety and Wellness, under EMT, should be "Complex depth, comprehensive breadth," rather than Fundamental. "Provider safety and wellbeing" should be moved to the EMT level. Safety and wellness principles need to be incorporated throughout the entire initial training curriculum at all levels.
2. Pharmacology (pages 6-8) -
    a. Under Medication Administration (page 7) - Add 5 Rights of Medical Administration or "Medication Administration Cross-Check" to all levels.
3. Airway Management (page 8) -
    a. Under Paramedic, include pharmacology of intubation drugs (hypnotics, relaxants), knowledge of Diffuse axonal injury, Rapid sequence induction, and Delayed sequence induction technique, Direct and indirect laryngoscope intubation, and pitfalls of advanced airway.
4. Trauma related topics (pages 26-33 and 39) -
    a. Given the significant contribution that hemorrhage has to preventable mortality in the prehospital setting, the section on "Bleeding" (page 27) should be expanded. Under EMR, add adjuncts to include Hemostatics, Pelvic Binders, Tourniquet, Junctional Tourniquet, and Abdominal Aorta Junctional Tourniquet. Under AEMT, add administration of blood products and Tranexamic acid. Under Paramedic, add point of care ultrasound.
    b. Under "Chest Trauma and Head Trauma," under AEMT add the topic of aeromedical transport related issues to the hypobaric and hypoxic environment.

c. Compartment Syndrome is listed as a topic under "Orthopedic Trauma," but is also listed under "Soft Tissue Trauma" paired with Crush Injury. We would appreciate an explanation as to the difference.
d. Under "Soft Tissue Trauma," under EMT, add the topic of Morel-Levallee lesions.
e. Under "Head, Facial, Neck and Spine Trauma," please consider splitting out Spine Trauma as a separate topic. It should include a subset of occult spine injuries in the elderly (often ignored under the special populations).
f. Also, under "Head, Facial, Neck," under EMT, add Globe Rupture and Severe Nasal Bleeding. Under AEMT, add Blunt Cerebral Vascular Injury.
g. Under "Nervous System Trauma," under EMT, add Neurogenic Shock.
h. Electrical Injury is listed under "Environmental Emergencies." It is also listed as Electrical Burns in the "Soft Tissue" section. Please clarify the difference.
i. Under "MCI" (page 39,) there is no difference for an EMT, AEMT or Paramedic. Suggest that this section be expanded to include All Hazard assessment, Incident Coordination and Management, Communications, Setting up an Exercise, Operation Plans, Legal/Regulatory/Federal policies, and Decontamination.

We hope these recommendations will be considered and adopted. Please do not hesitate to contact me if you have any questions about this comment.

Sincerely,

Matt Zavadsky, MS-HSA, NREMT
President, NAEMT