

EMS INSTRUCTOR HANDBOOK



UTAH DEPARTMENT OF HEALTH
DIVISION OF HEALTH SYSTEMS IMPROVEMENT
BUREAU OF EMERGENCY MEDICAL SERVICES

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TABLE OF CONTENTS

INTRODUCTION.....	1
EMT INSTRUCTOR CERTIFICATION REQUIREMENTS	1
EMT INSTRUCTOR RECERTIFICATION REQUIREMENTS.....	1
GENERAL STANDARDS FOR COURSE PERSONNEL	2
INSTRUCTORS.....	3
Assessing Student Achievement.....	3
PROGRAM PERSONNEL	4
BUREAU OF EMERGENCY MEDICAL SERVICES	5
BEMS CONTACT INFORMATION	6
STATE OF UTAH EMS COMMITTEE.....	7
EMS Subcommittees.....	7
Bureau of Emergency Medical Services Committees and Groups.....	7
Trauma Systems Advisory Committee	7
EMS WAREHOUSE EQUIPMENT RENTAL PROCEDURES.....	8
TRAINING AIDS.....	9
TEXT BOOK SUPPLIERS.....	10
JOB DESCRIPTIONS.....	11

INTRODUCTION

This EMS Instructor handbook has been designed and developed to assist the instructors and others in planning, managing and teaching Emergency Medical Service certification courses.

EMT INSTRUCTOR CERTIFICATION REQUIREMENTS

The requirements for EMS Instructor certification are as follows:

1. Be a certified Utah EMT/ EMD.
2. Submit documentation of 30 hours of patient care in the prior year.
3. Current CPR Instructor certification from a Bureau of Emergency Medical Services (BEMS) approved agency.
4. Submit three letters of recommendation, from health care providers, regarding EMS skills and teaching abilities.
5. Submit documentation of 15 hours teaching experience.
6. Successfully complete the Bureau of Emergency Medical Services(BEMS) New EMS instructor course training.

EMT INSTRUCTOR RECERTIFICATION REQUIREMENTS

The requirements for EMS Instructor recertification are as follows:

1. Maintain Utah EMS certification.
2. Submit verification of attendance at a (BEMS) sponsored Instructor Seminar at least once every two years.
3. Submit verification of 30 hours teaching experience within a certification period.
4. Submit verification of current CPR Instructor certification.

All verification materials must be submitted with recertification documents.

GENERAL STANDARDS FOR COURSE PERSONNEL

1. Instructors of students being tested shall not be present during state administered practical or written tests.
2. Allow BEMS personnel to attend and have unconditional access to all educational activities and make audits and inspections of all records relating to this agreement.
3. Hold the BEMS harmless for negligent acts or omissions of any employees or persons retained by the Instructor.
4. It is mutually agreed that all information regarding students shall be treated as confidential. Publication of any information that would identify an individual is prohibited except upon written consent of that individual.
5. The duties outlined as Instructor are to be performed personally and shall not be assigned, sublet, or transferred to any other individual or company without the written approval of the BEMS.
6. As an independent Instructor you shall have no authorization, expressed or implied, to bind the State of Utah or its state agencies to any agreement, settlement, liability, or understanding whatsoever, nor to perform any acts as agent for the State of Utah.
7. The Instructor will be held accountable for any attempts by individuals they are acquainted with, or are retained by the Instructor, to compromise the integrity of the state written or practical testing. The Instructor is further obligated to notify BEMS of such attempts.
8. Instructors are responsible to notify the BEMS of any inappropriate deviations in any training programs or educational activities they are involved with or acquainted with. Failure to do so may result in revocation or suspension of the Instructor's certification(s).
9. Each course will have an individual, recognized by the BEMS as a Course Coordinator, in order for the course to be accepted and recognized by the BEMS.
10. The DOT curriculum and this standard are not open to modification, interpretation, or change without gaining approval from the BEMS, or the EMS Committee (where applicable).

INSTRUCTORS

Assessing Student Achievement

The training program includes several methods for assessing student achievement. As mentioned before, quizzes of the cognitive and psychomotor domains should be provided at the completion of each lesson. Time is allocated at the end of each module of instruction for a cognitive and psychomotor evaluation. The primary instructor in conjunction with the course coordinator is responsible for the design, development, administration and grading of all written and practical examinations. The program should feel free to use outside agency-approved psychomotor evaluation instruments or those found in texts. All written examinations used within the program should be valid and reliable and conform to psychometric standards. Instructors should be encouraged to use outside sources to validate examinations and/or as a source of classroom examination items.

The primary purpose of EMS certification courses is to meet the entry-level job expectations as indicated in the job description. Each student, therefore, must demonstrate attainment of knowledge, attitude, and skills in each area taught in the course. It is the responsibility of the course coordinator, medical director, primary instructor and educational institution to assure that students obtain proficiency in each module of instruction before they proceed to the next area. If after counseling and remediation a student fails to demonstrate the ability to learn specific knowledge, attitudes and skills, the course coordinator should not hesitate to dismiss the student. The level of knowledge, attitude and skills attained by students in the course will be reflected in their performance on the job as EMS personnel. This is ultimately a reflection on the course coordinator, primary instructor, medical director and educational institution. It is not the purpose of the certifying examination to assure competency over successful completion of the course. Course Coordinators should recommend only qualified candidates for certification.

Requirements for successful completion of a course are as follows:

- Cognitive -** Students must receive passing grades on all module examinations and the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Scores should be in accordance with accepted practices.
- Affective -** Students must demonstrate conscientiousness and interest in the program. Students who fail to do so should be counseled while the course is in progress in order to provide them the opportunity to develop and exhibit the proper attitude expected of EMS personnel.
- Psychomotor -** Students must demonstrate proficiency in all skills in each testing session of selected topic areas and mastery of skills in the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Pass/fail scores should be in accordance with accepted practices. Usage of the skill measurement instruments within the applicable curriculum or developed by way of a valid process is strongly recommended to achieve maximum results with the students.

The additional areas that should be utilized for evaluation of student achievement include:

Personal appearance - Each student should be neat, clean, well groomed and physically fit enough to perform the minimal entry-level job requirements. Students who fail to exhibit good hygiene habits should be counseled while the program is in session to provide them with the opportunity to correct the habits.

Attendance - Students are required to attend all lessons. At the discretion of the program director or designee, a student missing a lesson may demonstrate the fulfillment of all skills and knowledge covered in the missed lesson.

Clinical or Field Rotation Experience - Prior to certification of course completion, satisfactory clinical or field experience is required by the student.

PROGRAM PERSONNEL

There will often be a number of individuals involved in the presentation of the EMT-Basic program. For clarity, the following terms are defined as they will be used throughout the curriculum.

These identified roles and responsibilities are a necessary part of each EMT-B course. The individuals carrying them out may vary from program to program and from locality to locality as the exact roles interface and overlap. In fact, one person, if qualified, may carry out all of the roles in some programs.

Course Coordinator: The Course Coordinator is the individual responsible for coordinating and conducting the EMT-Basic program. The Course Coordinator acts as the liaison between the students, the sponsoring agency, the local medical community and the state-level certifying or licensing agency and is responsible for assuring that the course goals and objectives (and those set forth by any licensing, registering, or certifying agency as applicable) are met. The Course Coordinator may also serve as the Primary Instructor. This individual should have attended a workshop, which reviews the format, philosophy and skills of the new curriculum.

Primary Instructor: This individual is expected to be knowledgeable in all aspects of pre-hospital emergency care, in the techniques and methods of adult education, and managing resources and personnel. This individual should have attended and successfully completed a program in EMS instruction methodology and an update on this curriculum. This individual should be present at most, if not all, class sessions to assure program continuity and to be able to identify that the students have the cognitive, affective and psychomotor skills necessary to function as an Emergency Medical Technician-Basic. This individual is responsible for the teaching of a specific lesson of the EMT-Basic course. This individual should have attended a workshop, which reviews the format, philosophy and skills of the new curriculum.

Assistant Instructor: This individual assists the primary instructor of any lesson in the demonstration and practice designed to develop and evaluate student skill competencies.

Course Medical Director: The Course Medical Director of the EMT-Basic program should be a local physician with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols. The Course Medical Director, Course Coordinator and the Primary Instructor should work closely together in the preparation and presentation of the program. The Course Medical Director can assist in recruiting physicians to present materials in class, settling questions of medical protocol and acting as a liaison between the course and the medical community. During the program the Medical Director will be responsible for reviewing the quality of care rendered by the EMS providers in the clinical and field setting. This Course Medical Director or a designee is responsible to verify student competence in the cognitive, affective and psychomotor domains. The Course Medical Director should review all examinations. The Course Medical Director may also serve as the Primary Instructor.

BUREAU OF EMERGENCY MEDICAL SERVICES

VALUES GUIDING THE BUREAU:

Protection of the public	Assurance	Support	Quality
Education	Flexible	Leadership	Customer focus
Active Listening	Responsive	Communication	Open to the Public
Cost Effective	Service	Integrity	Respect
Trust	Honesty	Team work	

VISION STATEMENT

"A leadership team functioning as a resource and providing assurance of a quality emergency medical system in the State of Utah."

MISSION STATEMENT

"It is the mission of the Bureau of Emergency Medical Services to promote a statewide system of emergency and trauma care to reduce morbidity and mortality, through prevention, awareness and quality intervention."

The BEMS will implement this mission by:

1. Listening to our constituents and helping them meet their needs.
2. Providing information, technical assistance and consultation to providers of emergency medical services to enhance the provision of quality emergency care.
3. Assuring compliance by emergency medical providers of rules and regulations that promote quality emergency care.
4. Promoting the highest standards possible for the statewide provision of emergency medical services, taking into consideration available resources, utilizing available resources and investigating alternative funding sources.
5. Establishing an infrastructure to provide administrative support that will continually seek to improve, streamline, and find the most cost effective way to meet our constituents' needs.
6. Recognizing BEMS personnel as valuable team members and empowering them to make decisions to facilitate their performance, provide good customer service and to seek additional training for the attainment of BEMS goals.
7. Encouraging EMS involvement and coordination with existing and new injury prevention and health promotional activities.
8. Promoting and supporting programs and activities that address the physical and mental health and safety of EMS personnel.

BEMS CONTACT INFORMATION

Address: Bureau of Emergency Medical Services
Fourth Floor
3760 Highland Dr
Salt Lake City, UT 84106

Mailing Address: P.O. Box 142004
Salt Lake City, UT 84116-2004

Shipping Address: Bureau of Emergency Medical Services
3760 Highland Dr
Salt Lake City, UT 84106

Fax: (801) 273-4754

EMS Office: (801) 273-6666

Director of Training: Dennis Bang (801) 273-6630

Assistant Director of Training: Travis Scoresby (801) 273-6628

Certifications: Michelle Hale (801) 273-6627

STATE OF UTAH EMS COMMITTEE

EMS Subcommittees

Training

Operations

Grants Review

Air Ambulance

Bureau of Emergency Medical Services Committees and Groups

Trauma Review Committee

Trauma Performance Improvement Committee

Trauma Registry User Group

Polaris User Group

Written Test Expert Panel

Trauma Systems Advisory Committee

Public Information Education Injury Prevention Committee (Ad Hoc)

Facility Standards Committee (Ad Hoc)

EMS EQUIPMENT RENTAL PROCEDURES

Order Placement

All orders will be placed by calling Cindy Huish at 801-273-6629 at least five days in advance. The requestor is responsible to contact the Cindy Huish to insure the equipment is available at the time they have requested it.

Equipment Pick-up

The customer will be required to provide a purchase order number or remit payment (at the EMS office) prior to departing with the equipment. If the equipment rental charge is less than \$20.00 the requestor must pay all rental fees at the BEMS office prior to departing with the equipment.

Equipment Return

Prior to returning the equipment, the customer must call Cindy Huish to establish a return time. When the equipment is returned Cindy and the customer will inventory all equipment being returned and list any missing equipment on copies one and two of the order form. If there are any late or missing/damage charges the customer will be responsible to pay them.

TRAINING AIDS

The following is a list of possible suppliers for Patient Assisted Medications Training Aids:

Nitro Bottles:

Industrial Container and Supply Co.
3752 West 1820 South
Salt Lake City, UT 84104
(801) 972-1561

Epi Pen Trainers:

William McGill & Co.
Salt Lake City, UT 84116
Phone: 1 (800) 323-2841

TEXT BOOK SUPPLIERS

Brady

Paramount Publishing Education Group
113 Sylvan Avenue, Route 9W
Englewood Cliffs, New Jersey 07632
800-638-0220 or 201-236-7042
Edward J. Maude, Utah Representative

American Academy of Orthopedic Surgeons (AAOS)-Jones and Bartlett

40 Tall Pine Drive
Sudbury, Ma 01776
508-443-5000

Mosby

11830 Westline Industrial Drive
St. Louis, Missouri 63146
800-667-2968 or 314-579-4724
Fax 314-872-3248

W.B. Saunders Company

6175 east Mineral Place
Englewood, Co 80112
303-741-9488

Lippincott-Raven Publishing

Customer Service
P.O. Box 1610
Hagerstown, Md. 21741-1610
800-638-3030

Many other publishers provide quality textbooks. Please review all textbooks to see which will best meet your needs.

JOB DESCRIPTIONS

JOB DESCRIPTION: EMT-BASIC

Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.

After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-Basic will also size-up the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help, if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Based on assessment findings, renders emergency medical care to adult, infant and child, medical, and trauma patients. Duties include but not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide pre-hospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, immobilization of painful, swollen, and deformed extremities. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Searches for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The EMT-Basic will, also, be responsible for administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.

Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care.

From the knowledge of the condition of the patient and the extent of injuries and the relative

locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. Reports directly to the emergency department communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. Identifies assessment findings, which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient en route to emergency facility, administers additional care as indicated or directed by medical direction.

Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.

Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service.

Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.

Meets qualifications within the Bureau of EMS Functional Position Description

JOB DESCRIPTION: EMT-INTERMEDIATE

EMT-Intermediates 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.

EMT-Intermediates possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates 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 EMT-Intermediates are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate may include public education and health promotion programs as deemed appropriate by the community.

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

JOB DESCRIPTION: EMT- INTERMEDIATE ADVANCED

EMT-Intermediate Advanced 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.

EMT-Intermediate Advanced possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates Advanced 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 EMT-Intermediate Advanced are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate Advanced may include public education and health promotion programs as deemed appropriate by the community.

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

JOB DESCRIPTION: 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.

ADA/ANTI-DISCRIMINATION ACT / HARASSMENT POLICY GUIDELINES

All courses approved by BEMS must have in place policies in compliance with the American Disabilities Act (ADA) and any anti-discrimination acts. The Course Coordinator must submit to BEMS copies of policies for ADA and Harassment prior to the course beginning date.

Following is some general information that might be helpful to you as you develop your ADA policies:

1. Because of the critical nature of the tasks needed in emergency situations, accommodation requests need to be considered very carefully, on case by case basis. The safety and welfare of the community of patients being treated must be insured. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?
2. Coordinators should review the standard functional job description and the information concerning the ADA, with every prospective student. Prospective students need to understand the competencies and tasks that are required within the profession before entering a training program.
3. Students cannot be discriminated against on the basis of a disability in the offering of programs or services.
4. There can be no accommodation during screening tests or course testing that will compromise or fundamentally alter the testing of skills that are required to function safely and efficiently in the profession. Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the state written certification exam and that the Department of Health (DOH) ADA Coordinator/BEMS will establish eligibility for an accommodation on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course, does not guarantee an accommodation for the state written or practical certification exams. Written documentation must be submitted verifying the need for reasonable accommodation for the functional limitation of a qualified individual with a disability. The documentation will specify the requested accommodation and provide authoritative information on the impairment and functional limitations that require the desired accommodation.
5. Examples of accommodations that may be considered inappropriate:
 - a. Allowing additional time for skills with specific time frames. Patients may suffer due to life threatening conditions in emergency situations.
 - b. Allowing unlimited time to complete a written exam. A candidate should be able to complete a test within a finite amount of time.
 - c. Allowing written exams to be given with an oral reader. The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
 - d. Deviating from the written objectives contained in the National Standard Curriculum.