



National Association of State EMS Officials
201 Park Washington Court • Falls Church, VA 22046-4527 • www.nasemso.org
703-538-1799 • fax 703-241-5603 • info@nasemso.org

Debra Cason
UT Southwestern Medical Center/Program Director
5232 Harry Hines Blvd
Dallas, Texas 75390-9134

July 31, 2007

Dear Ms. Cason:

NASEMSO appreciates this opportunity to review and comment on the National EMS Education Standards. We believe this dialogue provides our members with a means of providing input that will impact the quality of EMS education for years to come. Your hard work is evident in the recent draft and we wish to commend the project team for its continued diligence in this regard.

Our responses to your questions are as follows:

Query 1. Yes, NASEMSO believes the IG will be a useful tool for instructors. We support the current broad based approach and anticipate that it will provide states the flexibility to easily adapt to changing sciences as a supplement to the National EMS Education Standards. We also anticipate that quality educational products will emerge from the vendor community to further assist EMS educators in the future.

Query 2. The National EMS Education Standards should be directly linked to the contents of the Scope of Practice Model. The Standards should primarily provide the medical knowledge, skills and abilities for each level of EMS provider. Since CPR is an integral medical skill for all EMS providers, Healthcare Provider CPR education should be included in the Standards. We believe that an overview of NIMS and hazardous materials should be included but IS 100, ICS 700, and HazMat Awareness and Operations should remain independent courses and separate from the Standards.

Query 3. Yes, NASEMSO believes the amount of anatomy, physiology and pathophysiology included in the EMT standards is appropriate.

Query 4. NASEMSO believes competency based education does not necessarily equate to increased hours. The opportunity for the opposite to occur (a reduced number of hours) would seem more likely with the potential use of self-directed study and competency verifications for students already

holding other types of healthcare licenses or college degrees.

Query 5. It may be difficult at the EMT level to require patient contacts for specific patient condition types, however live patient contacts are essential and a minimum number (suggest 10-12) should be required. At this level it is not uncommon for the patient contacts to be acquired in the field. The patient types should be broad (i.e., medical and trauma assessments for pediatric, adolescent, adult and geriatric patients) and not require specific treatment procedures.

The use of simulation manikins as an alternative to live patient contacts should also be allowed in areas of low call volumes and/or unavailable clinical access. Simulation manikins for scenario based treatment of specific patient conditions should also be considered. Draft 1.0 refers to 16-26 hours; NASEMSO believes that competencies should be defined rather than minimum hours.

Query 6. The greatest concern with the proposed Standards is the estimated increased length of time for the EMT course, compared to the current EMT-Basic. Elimination of NIMS, ICS, and Haz-Mat courses and potential decrease in patient contact hours by defining competencies and allowing simulation manikin scenarios should make the Standards workable.

Query 7. No, in view of the data regarding injuries/fatalities involving emergency vehicles including ambulances, NASEMSO believes an introduction and orientation to emergency vehicle scene safety, operations and personal protective practices is important. Much like the NIMS and ICS courses, we believe the Emergency Vehicle Operators Course and equivalent courses provide the means for EMS personnel to obtain an additional credential through focused instruction and associated practical skills but a basic overview of safety principles should be included in the Standards.

Query 8. Yes, NASEMSO is a member of the CoAEMSP and our association along with virtually all the major stakeholders in EMS education serves on its Board of Directors. We continue to support the Commission in its efforts to achieve a national accreditation and certification process.

Query 9. Yes. The IG and Education Standards should be referenced to current resources including, but not limited to, the American Heart Association, American College of Surgeons Committee on Trauma, Traumatic Brain Foundation, and others. Referencing national standards will allow for EMS educational content to remain current, given the dynamic status of medicine.

Please feel free to contact me or NASEMSO Headquarters at (703) 538-1799 with any questions in this regard.

Sincerely,

A handwritten signature in cursive script, reading "Fergus Laughridge".

Fergus Laughridge
NASEMSO 2006-2008 President

Cc Drew Dawson