Standards and Guidelines
for the Accreditation of Educational Programs in the Emergency Medical Services Professions

Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, and 201x

Comment [wwg1]: Changes to the current CAAHEP Standards for EMSP are explained in the comments in the margin.

To be Adopted by the
American Ambulance Association
American Academy of Pediatrics
American College of Cardiology Foundation
American College of Emergency Physicians
American College of Osteopathic Emergency Physicians
American College of Surgeons
American Society of Anesthesiologists
International Association of Fire Chiefs
International Association of Fire Fighters
National Association of EMS Physicians
National Association of Emergency Medical Services Educators
National Association of Emergency Medical Technicians
National Association of State Emergency Medical Services Officials
National Registry of Emergency Medical Technicians
and CAAHEP

PROPOSED

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Emergency Medical Services professions. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and American Ambulance Association, American Academy of Pediatrics, American College of Cardiology Foundation, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, International Association of Fire Chiefs, International Association of Fire Fighters, National Association of EMS Physicians, National Association of Emergency Medical Services Educators, National Association of Emergency Medical Technicians, National Association of State Emergency Medical Services Officials, and National Registry of Emergency Medical Technicians cooperate to establish, maintain and promote appropriate standards of quality for educational programs in emergency medical services professions and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of emergency medical services profession programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession (as per EMS Agenda for Future, NHTSA)

The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the EMT-Paramedic and EMT-Intermediate levels. Programs at the EMT-Basic and First Responder levels may be included as exit points in CAAHEP-accredited EMT-Paramedic and EMT-Intermediate programs. “Stand-alone” EMT-Basic and First Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Advanced Emergency Medical Technician

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Technician

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Responder

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

PROPOSED

I. Sponsorship

A. Sponsoring Institution

A sponsoring institution must be at least one of the following, and must either award credit for the program or have an articulation agreement with an accredited post-secondary institution:

Comment [wwg2]: EMS is committed to a pathway for college credit for graduates of a paramedic program in order to facilitate continuing their education.

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

2. A foreign post-secondary academic institution acceptable to CAAHEP, which is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate/diploma at the completion of the academic program.

3. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law or other acceptable authority to provide healthcare, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

Comment [wwg3]: Paramedic programs must have the authorization of every State Office of EMS in which the program operates.

4. A governmental (i.e., state, county, or municipal) educational or governmental medical service, and which is authorized by the State to provide initial educational programs, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

Comment [wwg4]: Paramedic programs must have the authorization of every State Office of EMS in which the program operates.

5. A branch of the United States Armed Forces or other Federal agency, which awards a minimum of a certificate/diploma at the completion of the program.

Comment [wwg5]: Would include Federal agencies other than Armed Forces (e.g., TSA, Homeland Security, FBI, CIA, etc).

For a distance education program, the location of program is the mailing address of the sponsor.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these ***Standards and Guidelines*** are met.

PROPOSED

II. Program Goals

A. 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 must include, but are not limited to: students, graduates, faculty, sponsor administration, hospital/clinic representatives, employers, police and/or fire services with a role in EMS services, key governmental officials, physicians, and the public.

The Advisory Committee should have significant representation and input from non-program personnel. Advisory committee meetings may include participation by synchronous electronic means.

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 the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. 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.

B. 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 at least each of the communities of interest named in these **Standards**, 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, and to review and endorse the program required minimum numbers of patient contacts,.

Comment [wwg6]: All programs must specify the minimum number of patient contacts (Standard III.C.2).

This provision adds to the role of the Advisory Committee to have the communities of interest "review and endorse" those minimum numbers to compliment "monitoring the needs and expectations" already specified in the Standard.

C. Minimum Expectations

The program must have the following goal defining minimum expectations

- **Paramedic**: "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels."
- **Advanced Emergency Medical Technician**: "To prepare competent entry-level Advanced Emergency Medical Technician in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,"

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field with or without exit points at the Emergency Medical Technician, and/or Emergency Medical Responder levels.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

205 ## III. Resources
206
207 ### A. Type and Amount
208
209 #### 1. Program Resources
210
211 Program resources must be sufficient to ensure the achievement of the program's goals and
212 outcomes. Resources must include, but are not limited to: faculty; clerical and support staff;
213 curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical
214 affiliates; equipment; supplies; computer resources; instructional reference materials, and
215 faculty/staff continuing education.
216
217 #### 2. Hospital/Clinical Affiliations and Field/Internship Affiliations
218
219 For all affiliations, students must have access to adequate numbers of patients, proportionally
220 distributed by age-range, chief complaint and interventions in the delivery of emergency care
221 appropriate to the level of the Emergency Medical Services Profession(s) for which training is
222 being offered.
223
224 The clinical/field experience/internship resources must ensure exposure to, and assessment
225 and management of the following patients and conditions: adult trauma and medical
226 emergencies; airway management to include endotracheal intubation; obstetrics to include
227 obstetric patients with delivery and neonatal assessment and care; pediatric trauma and
228 medical emergencies including assessment and management; and geriatric trauma and
229 medical emergencies.
230
231 ### B. Personnel
232
233 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform
234 the functions identified in documented job descriptions and to achieve the program's stated goals
235 and outcomes.
236
237 #### 1. Program Director
238
239 a. **Responsibilities** The program director must be responsible for all aspects of the
240 program, including, but not limited to:
241 1) the administration, organization, and supervision of the educational program,
242
243 2) the continuous quality review and improvement of the educational program,
244
245 3) long range planning and ongoing development of the program,
246
247 4) the effectiveness of the program, including instruction and faculty, with systems in
248 place to demonstrate the effectiveness of the program,
249
250 5) cooperative involvement with the medical director,
251
252 6) the orientation/training and supervision of clinical and field internship preceptors
253
254 7) the effectiveness and quality of fulfillment of responsibilities delegated to another
255 qualified individual.
256
257

Comment [WG7]: These criteria have been abridged to no longer specify gender, illness, or injury categories.

Comment [wwg8]: New – to specify the types of patients and conditions that constitute Paramedic education.

Comment [wwg9]: New – better defines elements of the program under effectiveness.

Comment [wwg10]: This has been required, but this statement makes the requirement explicit.

Comment [wwg11]: Reworded from current Standard to better describe what is required.

PROPOSED

b. Qualifications: The program director must:

1) possess a minimum of a Bachelor's degree to direct a Paramedic program and a minimum of an Associate's degree to direct an Advanced Emergency Medical Technician program~~,~~ from an accredited institution of higher education.

   Program Directors should have a minimum of a Master's degree.

2) have appropriate medical or allied health 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 a paramedic,

6) be knowledgeable about the current versions of the *National EMS Scope of Practice* and *National EMS Education Standards*, and about evidenced-informed clinical practice.

   For most programs, the program director should be a full-time position.

2. Medical Director

a. Responsibilities: The medical director must be responsible for ~~all~~ medical oversight of the program, and must:

1) review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice.

   Comment [wwg12]: New- to be current with basis for patient care.

2) review and approve the required minimum numbers for each of the required patients contacts and procedures listed in these Standards.

   Comment [wwg13]: New – all programs are required to have the minimum numbers (Standard III.C.2), this provision requires that the Medical Director approve those minimums.

3) review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship,

   Comment [wwg14]: Reworded to clarify requirement.

4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.

   Corrective measures should occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.

5) ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,

6) engage in cooperative involvement with the program director,

7) ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician.

   Comment [wwg15]: Reworded to clarify requirement.

8) ensure educational interaction of physicians with students.

   Comment [wwg16]: Paramedics work under the supervision of and in close communication with physicians. Incorporating that interaction into the educational program is critical to preparation of a competent entry-level paramedic.

   The Medical Director interaction should be in a variety of settings, such as lecture, laboratory, clinical, field internship. Interaction may be by synchronous electronic methods.

PROPOSED

b. Qualifications: The Medical Director must:

1) be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients,

   Comment [wwg17]: Reworded to accommodate distance education programs.

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.

3. Associate Medical Director: When the program Medical Director delegates specified responsibilities, the program must designate one or more Associate Medical Directors.

Comment [wwg18]: Creates a title for another optional physician to whom the Medical Director may delegate responsibilities.

a. Responsibilities

1) Fulfill responsibilities as delegated by the program MD

b. Qualifications: The Associate Medical Director must:

1) be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients,

   For a distance education program, the location of program is the mailing address of the sponsor.

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.

4. Assistant Medical Director: When the program Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s) of the educational activities of the program, the sponsor must appoint an Assistant Medical Director.

Comment [wwg19]: Creates a title for the physician who must be licensed in any other State in which the program operates, either for clinical/field placements and/or for distance education.

a. Responsibilities

1) Medical supervision and oversight of students participating in field experience and/or field internship

b. Qualifications:

1) be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s) , with experience and current knowledge of emergency care of acutely ill and injured patients,

PROPOSED

368 2) have adequate training or experience in the delivery of out-of-hospital emergency
369 care, including the proper care and transport of patients, medical direction, and
370 quality improvement in out-of-hospital care,
371
372 3) be an active member of the local medical community and participate in professional
373 activities related to out-of-hospital care,
374
375 4) be knowledgeable about the education of the Emergency Medical Services
376 Professions, including professional, legislative and regulatory issues regarding the
377 education of the Emergency Medical Services Professions.
378
379 **5. Faculty / Instructional Staff**
380
381 **a. Responsibilities:** In each location where students are assigned for didactic or clinical
382 instruction or supervised practice, there must be instructional faculty designated to
383 coordinate supervision and provide frequent assessments of the students' progress in
384 achieving acceptable program requirements.
385
386 **b. Qualifications:** The faculty must be knowledgeable in course content and effective in
387 teaching their assigned subjects, and capable through academic preparation, training and
388 experience to teach the courses or topics to which they are assigned.
389
390 *For most programs, there should be a faculty member to assist in teaching and/or clinical*
391 *coordination in addition to the program director. The faculty member should be certified by a*
392 *nationally recognized certifying organization at an equal or higher level of professional*
393 *training than the Emergency Medical Services Profession(s) for which training is being*
394 *offered.*
395
396 **6. Lead Instructor:** When the Program Director delegates specified responsibilities to a lead
397 instructor, that individual must:
398
399 a. **Responsibilities**: Perform duties assigned under the direction and delegation of the
400 program director.
401
402 *The Lead Instructor duties may include teaching paramedic or AEMT course(s) and/or*
403 *assisting in coordination of the didactic, lab, clinical and/or field internship instruction.*
404
405 b. **Qualifications**: The Lead Instructor must possess
406 1) a minimum of an associate degree
407 2) professional healthcare credential(s)
408 3) experience in emergency medicine / prehospital care,
409 4) knowledge of instructional methods, and
410 5) teaching experience to deliver content, skills instruction, and remediation.
411
412 *Lead Instructors should have a bachelor's degree.*
413
414 *The Lead Instructor role may also include providing leadership for course coordination*
415 *and supervision of adjunct faculty/instructors.*
416
417 *The program director may serve as the lead instructor.*
418
419

Comment [wwg20]: Creates the title in the Standards for programs that choose to have an optional designated Lead Instructor.

PROPOSED

420 **C. Curriculum**
421
422 1. The curriculum must ensure the achievement of program goals and learning domains.
423 Instruction must be an appropriate sequence of classroom, laboratory, clinical/field
424 experience, and field internship activities.
425
426 Progression of learning must be didactic/laboratory integrated with or followed by clinical/field
427 experience followed by the capstone field internship, which must occur after all didactic,
428 laboratory, and clinical experience.
429
430 Instruction must be based on clearly written course syllabi that include course description,
431 course objectives, methods of evaluation, topic outline, and competencies required for
432 graduation.
433
434 The program must demonstrate by comparison that the curriculum offered meets or exceeds
435 the content and competency of the latest edition of the National EMS Education Standards.
436
437 2. The program must set and require minimum numbers of patient/skill contacts for each of the
438 required patients and conditions listed in these Standards, and at least annually evaluate and
439 document that the established program minimums are adequate to achieve entry-level
440 competency.
441
442 *Further pre-requisites and/or co-requisites should be required to address competencies in*
443 *basic health sciences (Anatomy and Physiology) and in basic academic skills (English and*
444 *Mathematics).*
445
446 4. The field internship must provide the student with an opportunity to serve as team leader in a
447 variety of pre-hospital advanced life support emergency medical situations.
448
449 *AEMT is based on competency, but may be typically 150-250 beyond EMT, which is 150-190,*
450 *and may be taught separately or combined.*
451
452 ## Definitions (to be moved to policies):
453
454 ***Clinical experience**: planned, scheduled, educational student experience with patient*
455 *contact activities in settings, such as hospitals, clinics, free-standing emergency centers,*
456 *and may include field experience.*
457
458 ***Field Experience**: planned, scheduled, educational student time spent on an EMS unit,*
459 *which may include observation and skill development, but which does not include team*
460 *leading and does not contribute to the CoAEMSP definition of field internship.*
461
462 ***Field Internship**: planned, scheduled, educational student time on an advanced life*
463 *support (ALS) unit responsible for responding to* critical and emergent patients who
464 access the emergency medical system *to develop and evaluate team leading skills. The*
465 *primary purpose of field internship is a capstone experience managing the Paramedic*
466 *level decision-making associated with prehospital patients.*
467
468 ***Team Lead**:* occurs during the capstone field internship experience in which students
469 apply the concepts acquired and demonstrate that they have achieved the terminal goals
470 for learning established by their educational program, and are able to demonstrate entry-
471 level competency in the profession including the cognitive, psychomotor, and affective
472 learning domains. The capstone experience occurs after the didactic, lab and clinical,
473 and optional field experience components have been completed and of sufficient volume
474 to show competence in a wide range of clinical situations. A successful team lead should
475 be clearly defined for preceptors and students to assist in inter-rater reliability.

Comment [wwg21]: Students must have theory and practice prior to directing the EMS field run (team lead). Ensures that students will have appropriate preparation prior to decision-making responsibilities in the team lead.

Comment [wwg22]: Revised to current national curriculum specifications.

Comment [wwg23]: Implied in the current Standards as part of the tracking requirement (III.C.2). This wording makes the existing requirement clearer and more explicit.

Comment [wwg24]: These definitions are included at this stage to assist in the understanding of the terminology. When the Standards and Guidelines document is approved, these will be removed and added to policy.

PROPOSED

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**.

The program must include results of resource assessment from at least students, faculty, medical director(s), and advisory committee using the CoAEMSP resource assessment tools.

Comment [wwg25]: CoAEMSP policy on Resource Assessment currently requires such assessment be administered to these named individuals. This provision clarifies current policy/practice.

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.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

Evaluation of students must 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.

Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains.

Comment [wwg26]: Expands on the operationalization of "valid" in the Standard. Also, defines "program summative measures" stated in Standard IV.B.1.

2. Documentation

a. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements, including all program required minimum competencies in all learning domains in the didactic, laboratory, clinical and field experience/internship phases of the program.

Comment [wwg27]: Clarifies what is included in "learning progress and achievements."

b. The program must track and document that each student successfully meets each of the program established minimum patient/skill requirements for the appropriate exit point according to patient age-range, chief complaint, and interventions.

Comment [wwg28]: Currently Standard III.C.2. Moved here since it is a documentation requirement.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness 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.

Outcomes assessments must include, but are not limited to: national or state credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures (i.e. final comprehensive students evaluations in all learning domains). The program must meet the outcomes assessment thresholds established by the CoAEMSP.

PROPOSED

529 *"Positive placement" means that the graduate is employed full or part-time in the profession*
530 *or in a related field; or continuing his/her education; or serving in the military.*
531 *A related field is one in which the individual is using cognitive, psychomotor, and affective*
532 *competencies acquired in the educational program.*
533
534 *"National credentialing examinations" are those accredited by the Institute for Credentialing*
535 *Excellence.*
536
537 **2. Outcomes Reporting**
538
539 The program must periodically submit to the CoAEMSP the program goal(s), learning
540 domains, evaluation systems (including type, cut score, and appropriateness/validity),
541 outcomes, its analysis of the outcomes, and an appropriate action plan based on the
542 analysis.
543
544 Programs not meeting the established thresholds must begin a dialogue with the CoAEMSP
545 to develop an appropriate plan of action to respond to the identified shortcomings.

Comment [wwg29]: Further clarifies the requirement that CoAEMSP is currently using with the annual reports.

546 ## V. Fair Practices
547
548 ### A. Publications and Disclosure
549
550 1. Announcements, catalogs, publications, and advertising must accurately reflect the program
551 offered.
552
553 2. At least the following must be made known to all applicants and students: the sponsor's
554 institutional and programmatic accreditation status as well as the name, mailing address, web
555 site address, and phone number of the accrediting agencies; admissions policies and
556 practices, including technical standards (when used); policies on advanced placement,
557 transfer of credits, and credits for experiential learning; number of credits required for
558 completion of the program; tuition/fees and other costs required to complete the program;
559 policies and processes for withdrawal and for refunds of tuition/fees.
560
561 3. At least the following must be made known to all students: academic calendar, student
562 grievance procedure, criteria for successful completion of each segment of the curriculum
563 and for graduation, and policies and processes by which students may perform clinical work
564 while enrolled in the program.
565
566 4. The sponsor must maintain, and provide upon request, current and consistent information
567 about student/graduate achievement that includes the results of one or more of the outcomes
568 assessments required in these **Standards**.
569
570 *The sponsor should develop a suitable means of communicating to the communities of*
571 *interest the achievement of students/graduates.*
572
573 ### B. Lawful and Non-discriminatory Practices
574
575 All activities associated with the program, including student and faculty recruitment, student
576 admission, and faculty employment practices, must be non-discriminatory and in accord with
577 federal and state statutes, rules, and regulations. There must be a faculty grievance procedure
578 made known to all paid faculty.
579
580 A program conducting educational activities in other State(s) must provide documentation to
581 CoAEMSP that the program has successfully informed the state Office of EMS that the program
582 has enrolled students in that state.
583

Comment [wwg30]: Paramedic practice is regulated by each State (Office of EMS). All programs operating in a given State must be in compliance with the statutes and regulations of that State. This provision ensures that every State is aware of programs operating in that State.

PROPOSED

584 **C. Safeguards**
585
586 The health and safety of patients, students, faculty, and other participants associated with the
587 educational activities of the students must be adequately safeguarded.
588
589 All activities required in the program must be educational and students must not be substituted for
590 staff.
591
592 **D. Student Records**
593
594 Satisfactory records must be maintained for student admission, advisement, counseling, and
595 evaluation. Grades and credits for courses must be recorded on the student transcript and
596 permanently maintained by the sponsor in a safe and accessible location.
597
598 **E. Substantive Change**
599
600 The sponsor must report substantive change(s) as described in Appendix A to
601 CAAHEP/CoAEMSP in a timely manner. Additional substantive changes to be reported to
602 CoAEMSP within the time limits prescribed include:
603
604 1. Change in sponsorship
605 2. Change in location
606 3. Addition of a satellite location
607 4. Addition of a distance learning program
608
609 **F. Agreements**
610
611 There must be a formal affiliation agreement or memorandum of understanding between the
612 sponsor and all other entities that participate in the education of the students describing the
613 relationship, roles, and responsibilities of the sponsor and that entity.

Comment [wwg31]: Added typical types of changes required to be reported.

PROPOSED

Appendix B

Curriculum

"The *National EMS Education Standards* represent another step toward realizing the vision of the *1996 EMS Agenda for the Future,* as articulated in the *2000 EMS Education Agenda for the Future: A Systems Approach*. The *National EMS Education Standards* outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the *National EMS Scope of Practice Model*." (*National EMS Education Standards*, U.S. Department of Transportation, National Highway Traffic Safety Administration, DOT HS 811 077A, January 2009)

Appendix B does not contain the complete curriculum content required to demonstrate compliance with Standard III.C. Only excerpts of the Table of Contents are presented. The complete curriculum is specified in the current edition of the *National EMS Education Standards.*

a. Anatomy and Physiology
b. Medical Terminology
c. Pathophysiology
d. Life Span Development
e. Public Health
f. Pharmacology
   1) Principles of Pharmacology
   2) Medication Administration
   3) Emergency Medications
g. Airway Management, Respirations and Artificial Ventilation
   1) Airway Management
   2) Respiration
   3) Artificial Ventilation
h. Assessment
   1) Scene Size-Up
   2) Primary Assessment
   3) History Taking
   4) Secondary Assessment
   5) Monitoring Devices
   6) Reassessment
i. Medicine
   1) Medical Overview
   2) Neurology
   3) Abdominal and Gastrointestinal Disorders
   4) Immunology
   5) Infectious Diseases
   6) Endocrine Disorders
   7) Psychiatric
   8) Cardiovascular
   9) Toxicology
   10) Respiratory
   11) Hematology
   12) Genitourinary/Renal
   13) Gynecology
   14) Non-Traumatic Musculoskeletal Disorders
   15) Diseases of the Eyes, Ears, Nose, and Throat
j. Shock and Resuscitation

PROPOSED

667 k. Trauma
668 1) Trauma Overview
669 2) Bleeding
670 3) Chest Trauma
671 4) Abdominal and Genitourinary Trauma
672 5) Orthopedic Trauma
673 6) Soft Tissue Trauma
674 7) Head, Facial, Neck, and Spine Trauma
675 8) Environmental Emergencies
676 9) Multisystem Trauma
677 l. Special Patient Populations
678 1) Obstetrics
679 2) Neonatal care
680 3) Pediatrics
681 4) Geriatrics
682 5) Patients With Special Challenges
683 m. EMS Operations
684 1) Principles of Safely Operating a Ground Ambulance
685 2) Incident Management
686 3) Multiple Casualty Incidents
687 4) Air Medical
688 5) Vehicle Extrication
689 6) Hazardous Materials
690 7) Terrorism and Disaster
691 n. Clinical Behavior/Judgment
692 1) Assessment
693 2) Therapeutic Communication and Cultural Competency
694 3) Psychomotor Skills
695 4) Professionalism
696 5) Decision-Making
697 6) Record Keeping
698 7) Patient Complaints
699 8) Scene Leadership
700 9) Scene Safety

PROPOSED