

EMT-P to Paramedic Transition Course

Mandatory Training

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OSDH - EMS

EMT-P to Paramedic Transition Course

EMT-P to Paramedic Recommended Transition Course INTRODUCTION

This recommendation has been developed and is to be utilized to enhance the knowledge and skills of existing practitioners who must upgrade to the NEW Education Standards. For the purpose of this outline please note:

“Essential Content” is material that has been identified as having significantly changed, or expanded from the National Standard Curriculum [NSC] which must be covered in this process.

“Supplemental Content” is material that has been changed from the NCS, but only significant to be considered, if time permits

Content areas that do not include time frames likely contain material changes that were felt insufficient to warrant updating. Proper learning objectives should be developed by Instructors and accompany this document so the student can achieve educational measurable goals.

The outcome of each “Transition Course” will be submitted to the Oklahoma State Department of Health – EMS Division on a Final Roster. Upon the successful completion of this “Transition Course”, the training program will provide a Certificate of Completion to the student with the following included on that document:

CAN#

Paramedic’s name

Transition course completion date

The following statement: “_____ has completed an Oklahoma approved EMT-P to Paramedic transition course”

Name of the sponsoring agency

Signature of the Instructor responsible for the training

To transition to the Paramedic level and maintain National Registration the EMT-P is NOT required to complete a new certification examination, just the “Transition Course”.

Paramedics who do not complete the required Oklahoma transition course will be dropped from the National Registry upon reaching their respective expiration date.

Contact the State EMS Division if you have any questions: (405)271 4027 or roberti@health.ok.gov

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COURSE REQUIREMENTS:

[NOTE: Paramedic training requires integration and comprehension of all New Education Standards]

Preparatory (120 minutes – 2 hours)

EMS Systems	15 min - Essential
1. More detailed discussion on patient safety issues, strategies to decrease medical errors [See IG, p. 8; -- II. Patient Safety, A, B, C, D and E]	
Research	5 min - Supplemental
1. The section is primarily focused on evidence based decisions and how to interpret research; the section on conducting research is gone [See IG, p. 9 – I. Research Principles to Interpret Literature and Advocate Evidence-Based Practice, G and H]	
Workforce Safety and Wellness	10 min - Supplemental
1. Emphasizes the difference between body substance isolation and personal protective equipment; brief discussion on bariatric issues, neonatal isolettes and medical restraint. [See IG, p. 12 -- II. Standard Safety Precautions, III. Personal Protective Equipment, IV. Stress Management, VI. (Selected Topics in) Lifting and Moving Patients]	
2. The 1998 EMT-P National Standard Curriculum mentioned CISM. The new standards does not use that term instead focusing more on stress management issues.	
Documentation	15 min - Essential
1. The Health Insurance Portability and Accountability Act (HIPAA) did not exist when the 1998 EMT-P National Standard Curriculum was authored. [See IG, p. 26 -- Medical/Legal and Ethics for HIPAA overview.]	
EMS System Communication	0 min – Supplemental
1. [See IG, p. 8 –]	
Therapeutic Communications	15 min - Supplemental
1. Increased depth of cultural competence issues. [See IG, p. 20 -- I. Principles of Communicating With Patients in a Manner That Achieves a Positive Relationship E]	
Medical/Legal Ethics	20 min - Supplemental
1. Health Insurance Portability and Accountability Act (HIPAA) did not exist when the 1998 EMT-P National Standard Curriculum was authored; increased depth of discussion regarding advance directives; the term "end-of-life" was not previously used; there is an increased emphasis on end of life issues; increased depth and breadth on ethics [See IG, p. 25 - II. Confidentiality A, B, C, D and E; III. Advanced Directives A; I. Consent/Refusal of Care;	

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IX. End of Life Issues; X. Ethical Principles/Moral Obligations, and XI. Ethical Tests and Decision Making]

Anatomy and Physiology (60 minutes)

A&P

60 min – Essential

1. The current recommendation calls for more comprehensive coverage of A&P than provided in the previous 1998 EMT-P National Standard Curriculum. Programs should evaluate their current A&P program to see how much upgrade they need to reach a comprehensive and complex understanding, especially in the cardiovascular, respiratory, and neurological systems [See IG, p. 31]

Medical Terminology (5 minutes)

Terminology

5 min – Supplemental

1. Although not detailed, this content is new to this level. [See IG, p. 54]

Physiology (0 minutes)

Physiology

0 min – See NOTE:

1. The current recommendation calls for more comprehensive coverage of pathophysiology than provided in the previous 1998 EMT-P National Standard Curriculum. Programs should evaluate their current pathophysiology program to see how much upgrade they need to reach a comprehensive and complex understanding, especially in the cardiovascular, respiratory, and neurological systems. [NOTE: Content integrated into appropriate sections – See IG, p. 55]

Life Span Development (0 minutes)

Development

1. New information at this level [See IG, p. 72 – Mostly covered in previous levels of training]

Public Health (10 minutes)

Topic

10 min - Supplemental

1. Consistent with *the EMS Agenda for the Future*, there is a greater emphasis on public health issues [See IG, p. 76; I. Basic Principles of Public Health]

Pharmacology (80 minutes – 1 hr 20 min)

Principles of Pharmacology

30 min - Essential

1. Programs should evaluate their current pharmacology program to see how much upgrade they need to reach a comprehensive and complex understanding. OBNDD and DEA have been active in several recent cases here in Oklahoma. All personnel should know their “agency policy” on this issue because any theft and/or diversion of controlled or dangerous drugs will be strongly investigated! [See IG, p. 78 -- I. Medication Safety, II. Medication Legislation, III. Naming, IV. Classifications, V. Schedules, VI.

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Drug Storage and Security, VII. Phases of Medication Activity, VIII. Medication Interactions, IX. Toxicity, X. Drug Terminology, XI. Sources of Drugs and XII. Pharmacological Concepts]

- Medication Administration 5 min - Supplemental
1. Programs should evaluate their current pharmacology program to see how much upgrade they need to reach a comprehensive and complex understanding [See IG, p. 85]

- Emergency Medications 45 min – Essential
1. In the 1998 EMT-P National Standard Curriculum, there was no list of medications; the list in the IGs represents medications commonly used in numerous EMS systems and is a minimum list that all paramedics should know. States and programs are encouraged to add to the list, but should not delete. This list may become dated quickly. With some emergency medications being in short supply, agencies should have alternative drugs within the same classification as their primary, or preferred medications [See IG, p. 87 – I. Specific Medications]

Airway Management, Respiration, and Artificial Ventilation (90 minutes – 1 hr 30 min.)

- Anatomy and Physiology 30 min -- Essential
1. Confusion exists about the differences between oxygenation, ventilation, and respiration. The *Education Standards* were organized to attempt to highlight the differences between the concepts. There is a greater emphasis on ventilation and respirations and the importance of artificial ventilation. Research suggests that EMS can make a difference in this area. [See IG, p. 89 – I. Airway Anatomy and II Airway Assessment]

- Airway Management 15 min -- Essential
1. Confusion exists about the differences between oxygenation, ventilation, and respiration. The *Education Standards* were organized to attempt to highlight the differences between the concepts. There is a greater emphasis on ventilation and respirations and the importance of artificial ventilation. Research suggests that EMS can make a difference in this area. [See IG, p. 91-- III. Techniques of Assuring a Patent Airway and IV. Consider Age-Related Variations in Pediatric and Geriatric Patients]

- Respiration 15 min – Essential
1. Confusion exists about the differences between oxygenation, ventilation, and respiration. The *Education Standards* were organized to attempt to highlight the differences between the concepts. There is a greater emphasis on ventilation and respirations and the importance of artificial ventilation. Research suggests that EMS can make a difference in this area. [See IG, p. 93 -- I. Anatomy of the Respiratory System, II. Physiology of Respiration, III. Pathophysiology of Respiration, IV. Assessment of Adequate and Inadequate Respiration, V. Management of Adequate and Inadequate

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Respiration, VI. Supplemental Oxygen Therapy, VII. Age-Related Variations in Pediatric and Geriatric Patients]

- Artificial Ventilation 30 min – Essential
1. Confusion exists about the differences between oxygenation, ventilation, and respiration. The *Education Standards* were organized to attempt to highlight the differences between the concepts. There is a greater emphasis on ventilation and respirations and the importance of artificial ventilation. Research suggests that EMS can make a difference in this area. [See IG, p. 99 -- I. Comprehensive Ventilation Assessment, II. Review of ventilation devices used by EMRs, EMTs and AEMTs, III. Assisting patient ventilations. IV. Age Related Variations in Pediatric and Geriatric Patients

Patient Assessment (60 minutes – 1 hour)

- Scene Size Up 5 min -- Essential
1. No new information here but a re-emphasis on the need for scene safety for everyone present [See IG, p. 101]
- Primary Assessment 10 min – Essential
1. New terminology that more closely mimics other health care professionals [See IG, p. 104]
- History Taking 10 min – Essential
1. New terminology that more closely mimics other health care professionals [See IG, p. 106]
- Secondary Assessment 10 min – Essential
1. New terminology that more closely mimics other health care professionals; more thorough than in the previous curriculum [See IG, p. 117]
- Monitoring Devices 25 min – Essential
1. Includes capnography, chemistry analysis, arterial blood gas interpretation [See IG, p. 130 -- I. Continuous ECG monitoring, II. 12-Lead ECG Interpretation, III. Carbon Dioxide Monitoring, IV. Basic Blood Chemistry, V. Other Monitoring Devices]
- Reassessment 0 min
1. New terminology that more closely mimics other health care professionals; more thorough than in the previous curriculum [See IG, p. 132]

Medicine (280 minutes – 4 hr 40 min)

- Medical Overview 30 min -- Essential

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1. Re-use of the new assessment terminology; emphasis on pathophysiologic basis; updated destination decisions for some medical conditions such as stroke and acute coronary syndrome [**See IG, p. 134 -- I. Assessment Factors, II. Major components of the patient assessment and III. Forming a Field Impression**]

Neurology

15 min -- Essential

1. The term "demyelinating" was not used in the 1998 EMT-P National Standard Curriculum; more detailed information on stroke assessment and management [**See IG, p. 137 -- V. Neurological conditions**]

Abdominal and Gastrointestinal Disorders

15 min -- Essential

1. In the 1998 EMT-P National Standard Curriculum, the topic was gastroenterology; new section on mesenteric ischemia, rectal foreign body obstructions and rectal abscess [**See IG, p. 142 --III. Specific Injuries/ illness: causes, assessment findings and management for each condition**]

Immunology

20 min -- Essential

1. The term anaphylactoid is used here; that term was not used in the 1998 EMT-P National Standard Curriculum; transplant related problems and collagen vascular disease added [**See IG, p. 148 -- IV. Anaphylactoid Reaction, VI. Collagen vascular disease, VII. Transplant-related problems**]

Infectious diseases

15 min – Essential

1. This section should include updated infectious disease information, for Example methicillin-resistant Staphylococcus aureus, hepatitis, and Acquired Immune Deficiency Syndrome update; should include a discussion on cleaning and sterilizing equipment and decontaminating the ambulance [**See IG, p. 150 -- III. Standard Precautions, personal protective equipment, and cleaning and disposing of equipment and supplies., IV. Specific diseases and conditions and VII. Transport decisions including special infection control procedures**]

Endocrine Disorders

10 min – Essential

1. Added long term effects of diabetes and how the disease impacts other conditions [**See IG, p. 162 --II. Pathophysiology, causes, Incidence, morbidity, and mortality, assessment findings, management for endocrine conditions**]

Psychiatric

15 min – Essential

1. Includes new material on excited delirium; other psychiatric conditions are re-categorized with an increase in depth and breadth [**See IG, p. 165 -- IV. Acute psychosis, V. Agitated delirium and VI. Specific Behavioral/Psychiatric Disorders**]

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- Cardiovascular 45 min – Essential
1. Increased emphasis on anatomy, physiology and pathophysiology; acute coronary syndrome, 12-lead interpretation; updated information on heart failure [See IG, p. 168 -- **I. Anatomy of the Cardiovascular System, II. Physiology, III. Electrophysiology, IV. Epidemiology. VIII. Electrocardiographic (ECG) monitoring, X. Acute coronary syndrome and XII. Heart failure]**
- Toxicology 15 min – Supplemental
1. Includes section on over-the-counter medication toxicology [See IG, p. 207 -- **VI. Medication overdose-- Introduction--Pathophysiology, incidence, toxic agents, risk factors, complications]**
- Respiratory 30 min – Essential
1. More in-depth evaluation of a patient with respiratory problems [See IG, p. 209 -- **II. General system pathophysiology, assessment and management, III. Specific illness/injuries: causes, assessment findings and management for each condition]**
- Hematology 30 min -- Essential
1. Reorganized with added section on blood transfusion reactions [See IG, p. 216 -- **V. Hematological conditions and VI. Blood Transfusion Complications]**
- Genitourinary/Renal 10 min -- Supplemental
1. More detailed discussion of this organ system; urinary catheter management (not insertion) [See IG, p. 219 -- **I. Introduction A]**
- Gynecology 15 min – Supplemental
1. Includes brief discussion of sexually transmitted diseases and pelvic inflammatory disease [See IG, p. 225 -- **REVIEW: I. Introduction, II. Physiology. III. Symptoms and Assessment Findings and IV. General Management]**
- Non-traumatic Musculoskeletal Disorders 5 min -- Supplemental
1. Added section on disorders of the spine, joint abnormalities, muscles abnormalities, and overuse syndromes [See IG, p. 228 -- **I. Introduction B and IV. Non-traumatic musculoskeletal conditions]**
- Diseases of the Eyes, Ears, Nose, and Throat 10 min – Supplemental
1. New section emphasizing major eye, ear, nose, and throat disease [See IG, p. 230 -- **I. Introduction, II. General assessment findings and symptoms, III. General Management, IV. Diseases of the eyes, ears, nose, and throat., V. Consider age-related variations in pediatric and geriatric patients and VI. Patient education and prevention]**

Shock and Resuscitation

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1. Reorganized for emphasis, more pathophysiology [**See IG, p. 232 NOTE: Concepts have been integrated throughout Trauma and Medical Sections**]

Trauma (245 minutes 4 hours 10 minute) (Programs need to evaluate and incorporate the Oklahoma trauma training protocols)

Trauma Overview	15 min – Essential
1. Discussion on the Centers for Disease Control (CDC) Field Triage Decision Scheme: The National Trauma Triage Protocol and trauma scoring [See IG, p. 243; I. --Identification and Categorization of Trauma Patients]	
Bleeding	30 min -- Essential
1. More detailed discussion [See IG, p. 247; III. Pathophysiology, IV. Assessment consideration in Shock, V. Shock Management strategies and considerations and VI. Bleeding considerations]	
Chest Trauma	45 min Essential
1. More detailed discussion-- Programs should evaluate their current trauma program to see how much upgrade they need to reach a comprehensive and complex understanding. [See IG, p. 254 – Review all aspects of trauma to the chest and integrate the Oklahoma Trauma and Triage protocol]	
Abdominal and Genitourinary Trauma	15 min Supplemental
1. More detailed discussion--- Programs should evaluate their current trauma program to see how much upgrade they need to reach a comprehensive and complex understanding. [See IG, P. 261]	
Orthopedic Trauma	5 min – Supplemental
1. More detailed discussion--- Programs should evaluate their current trauma program to see how much upgrade they need to reach a comprehensive and complex understanding. [See IG, p. 266]	
Soft Tissue Trauma	5 min – Supplemental
1. Programs should evaluate their current trauma program to see how much upgrade they need to reach a comprehensive and complex understanding. [See IG, p. 271]	
Head, Facial, Neck and Spine Trauma	30 min – Essential
1. More detail about neck eye, oral and brain injuries; emphasizes the harm of over ventilation in most situations [See IG, p. 278]	
Nervous System	45 min -- Supplemental

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1. More detail on brain anatomy; emphasizes the harm of hyperventilation; references the Brain Trauma Foundation; increased emphasis on neurological assessment [**See IG, p. 282 – V. Traumatic brain injury**]

Special Considerations in Trauma 30 min – Supplemental

1. All section new or increased emphasis [**See IG, p. 287 – I. Trauma in Pregnancy, II. Pediatric Trauma, III. Geriatric Trauma and IV. Cognitively impaired patient**]

Environmental Trauma

1. All material at this level represents the same depth and breadth as at the EMT level [**See IG, p. 292**]

Multi-System Trauma 30 min -- Essential

1. New material at this level; critical thinking skills emphasized, includes discussion of kinematics and blast injury [**See IG, p. 298 – I. Kinematics of Trauma, II. Multi-System Trauma, C, and III. Specific injuries related to multi system trauma.**]

Special Patient Population (95 minutes – 1 hour, 35 minutes)

Obstetrics 10 min – Supplemental

1. Added section on hyperemesis gravidarum [**See IG, p. 302**]

Neonatal Care 30 min - Supplemental

1. This section is much more detailed than in the previous version. [**See IG, p. 307**]

Pediatrics 30 min – Essential

1. This section is much more detailed than in the previous version. [**See IG, p. 326**]

Geriatrics 15 min – Supplemental

1. Added section on Herpes zoster [**See IG, p. 344 – VI. Specific conditions that occur more frequently in the elderly**]

Patients with Special Challenges 10 min – Supplemental

1. Added section on bariatric **See IG, p. 361 – III. Bariatric Patients**

EMS Operations (50 minutes)

Principles of Safely Operating a Ground Ambulance 10 min – Essential

1. All material at this level represents the same depth and breadth as at the EMT level [**Refer to EMT Level Guidelines See IG, p. 200 -- I. Risks and Responsibilities of Emergency Response A**]

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Incident Management Co or Pre requisite -- Essential
1. All material at this level represents the same depth and breadth as at the EMT level [See IG, p. 377 – **Establish and Work within the Incident Management System (A. Entry-Level Students Need to be Certified in 1. ICS 100 (Intro to ICS, or equivalent) and 2. FEMA IS-700 (NIMS, An Introduction)**]

Multiple Casually Incidents 10 min -- Essential
1. All material at this level represents the same depth and breadth as at the EMT level [**Refer to EMT Level Guidelines; See IG, p. 203 -- II. Triage**]

Air Medical 10 min – Supplemental
1. All material at this level represents the same depth and breadth as at the EMT level [See IG, p. 379 – **Medical Risks/Needs/Advantages**]

Vehicle Extrication 5 min – Supplemental
1. All material at this level represents the same depth and breadth as at the EMT level [See IG, p. 380 – **I. Safe Vehicle Extrication**]

Hazardous Materials Awareness Co or Pre requisite -- Essential
1. All material at this level represents the same depth and breadth as at the EMT level [See IG, p. 383 – **I. Risks and Responsibilities of Operating in a Cold Zone at a Hazardous Material or Other Special Incident (1. Hazardous Waste Operations and Emergency Response (HAZWOPER) standard, 29 CFR 1910.120 (q)(6)(i) -First Responder Awareness Level)**]

Mass Casually Incidents Due to Terrorism and Disaster 20 min – Supplemental
All material at this level represents the same depth and breadth as at the EMT level -- [See IG, p. 384 -- **I. Risks and Responsibilities of Operating on the Scene of a Natural or Man-Made Disaster**]

The following restraint technique has been determined to be harmful and is no longer permitted: forceful restraint in a prone position, with wrists and ankles tightly tied together (“hobbled”) behind the back.

SKILL CONSIDERATIONS:

Discontinued:

- Pressure points and elevation for hemorrhage control
- Umbilical vein access
- Urinary catheterization

NEW

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- Use of BiPAP/CPAP
- waveform capnography
- monitoring and management of a chest tube
- assist in the insertion of a chest tube
- performing a percutaneous cricothyrotomy
- accessing indwelling catheters and implanted central IV ports
- central line monitoring
- initiation of intraosseous infusion in all patients (previously used IOs on children only)
- intranasal medication administration (1998 Paramedic limited to intranasal decongestants)
- eye irrigation with the Morgan® lens
- initiation and monitoring of thrombolytic medication
- blood chemistry analysis (includes psychomotor skills involved with collection of blood for analysis [point of care testing] and the cognitive material necessary to understand implications of results).

SUMMARY OF PROPOSED TIME [outlined above]

Total 22 hrs 40 min hours

The above hours do not include time for NIMS and HAZWOPER or a requirement of performance of clinical skills. Previous completion of any or all of the above [ICS or HAZWOPER], does not require that they need to be repeated.

This Transition Course **MUST equal a minimum of 48 hours** to meet the National Registry refresher requirement, and must be reported to OSDH-EMS and National Registry with a certificate which contains the following:

- Oklahoma CAN
- Students Name
- Transition Course Completion Date
- The certificate must contain the following statement “**HAS COMPLETD A STATE APPROVED PARAMEDIC (NRP) TRANSITION COURSE**”
- Name of the sponsoring agency
- Signature of the individual responsible for the training