

The

The Newsletter of the National Registry of Emergency Medical Technicians

Registry

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A message from the chairman: Events of Sept. 11 and after emphasize importance of emergency care providers

by Howard Werman, M.D., FACEP



The events of Sept. 11 were a real awakening for many of us in this country. Among the many ways that the events of that day have impacted me personally, it has reminded me of how important a job we perform as emergency care providers. In the last few months, I no longer approach my work in the emergency department

with the same sense of routine but have instead renewed my passion for providing high-quality care to each patient I encounter.

As a registrant with the National Registry of Emergency Medical Technicians, you demonstrate your personal commitment to the high quality care provided within your chosen profession. I am constantly amazed by the enthusiasm and dedication with which registrants pursue their continuing education requirements in order to maintain their certification by the National Registry. This is a real statement to the public that we remain committed to excellence in our profession.

One specific area I find myself striving to improve my understanding of in greater detail is in the area of weapons of mass destruction (WMD). Prior to Sept. 11

and the subsequent events that followed, the lectures I attended and the readings I did on WMD were interesting but lacked a sense of urgency. Clearly, that has all changed with the terrorist attacks and the anthrax cases this past fall.

Several organizations, including ACEP, AHA, American Nurses Association, ENA, IAFF, NAEMSP, NAEMT and NASEMSD, have looked at WMD training and have concluded that all emergency care providers need more extensive training in this area (Ann Emerg Med 37(6):587-601, 2001). While not endorsing a specific curriculum, these organizations are committed to developing better training for all emergency care providers.

The National Registry also recognizes this is an important area of training and believes that all emergency care providers should possess a better understanding of WMD. At the same time, this is an excellent time to re-examine our local, regional and state disaster plans. Please remember that training in WMD and disaster planning can fulfill several requirements toward your reregistration.

Let us use the events of Sept. 11 to re-invigorate our passion for the job we perform as emergency providers, and commit ourselves to providing outstanding medical care to the public we serve. I look forward to serving as Chairman of the Board of Directors for the National Registry over the next two years.

Visit our new
enhanced
web site
at
www.nremt.org

Distributive education has increased the opportunities for meeting continuing education requirements

In recent years a variety of offerings of distance education have become available for EMTs. This education has been offered in a variety of formats including but not limited to, satellite television, internet technology, journal articles, and video presentations. For the purposes of the National Registry, distributive education is a formal EMS educational offering that allows instructor, students and content to be located in different, non-centralized locations so that instruction and learning occur independent of time and place.

In 1988 the NREMT Board of Directors approved a

policy to allow up to 10 hours of education to be obtained via distance education toward Section II for reregistration. In recent years the technology to deliver distance education has improved. In addition, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) has been formed to approve continuing education programs. In 2000, CECBEMS recognized the increasing reliance on distance education and commissioned a task force to review its policies.

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Board develops strategic plan to usher NREMT through the next decade

The NREMT Board of Directors began laying the groundwork for a long-range strategic plan back in November of 2000. With the help of a facilitator familiar both with issues affecting health agencies and strategic planning, the board worked for six months critiquing and revising the draft plan. The final version was approved by the board last June.

Understanding the NREMT's current mission, values, customers, products and services, assets and barriers enabled the board to identify strategic directions. Recognizing that the field of EMS is an evolving discipline, that technology is constantly advancing, and that staffing and resources are limited, the plan identified four major directions for 2001 and other strategic directions to be addressed over a five-year period.

The highest priority of the NREMT is to become the national EMT certification agency. Efforts began in 2001 to move toward that objective. An essential preliminary step toward reaching this objective is to define the state of practice for certification/registration of EMS professionals in the states, territories and military jurisdictions. A committee has been charged with the responsibility of identifying barriers to recognizing the NREMT among states which do not already do so, and, eventually, to develop a strategy for including all states, territories and military jurisdictions.

Another priority addressed in the plan is the NREMT's continued work on implementation of a policy for acceptance of distance education (see related article in this issue of the Registry), modification of all NREMT examinations to meet the revised American Heart Association guidelines, and an assessment of new skills in advanced level practical examinations. There will be a review of integration of new refresher

education programs for EMT-Intermediates and Paramedics, participation in the upcoming NHTSA project to identify EMS core content, and a revision of the NREMT Board of Directors financial reporting procedures. The NREMT staff will submit a self-study for accreditation by the National Commission for Certifying Agencies and begin implementation of a revised fee structure in 2002.

One other major priority addressed in the plan is the NREMT's goal to develop a defensible recertification plan that adequately meets the needs, requirements and procedures for recertification of EMS personnel at periodic intervals after their successful initial certification. Since this is a highly complex topic with little available data to suggest the best course of action, The National Registry will participate with George Washington University in an ongoing research project which will provide some information on continued competency of EMT-Paramedics.

In the future, as the strategic plan unfolds, the NREMT Board will consider development and implementation of a national marketing and public relations plan, and explore a timetable for linking national certification to national accreditation as outlined in the EMS Education Agenda for the Future.

Also in the future, the board will consider expanding the levels of certification, explore the use of current NREMT registration in foreign countries, consider the implementation of a more comprehensive database of EMS professionals, and explore testing modalities for administering NREMT examinations via computer adaptive testing.

"The NREMT Board of Directors approved a strategic plan that recognizes the importance of national certification to our customers and the public," Bill Brown, NREMT executive director, said. "The board and the NREMT are committed to completion of these goals and objectives."

Distributive Education

continued from page 1

The CECBEMS Board of Directors, upon recommendation of the task force, has approved new policies which were implemented in January 2001. In light of these occurrences, the NREMT Board of Directors, in concert with the EMS Community, has adopted a change in its policies to reflect the improvement, access and content of distributive education.

Reregistration and Distributive Education: Basic Level

The NREMT will allow up to 24 hours of distributive education offerings toward Section II (continuing education requirements) for reregistration, provided this education is approved by CECBEMS on or after Jan. 1, 2002. The NREMT will also allow up to 10 hours toward Section I-A (refresher requirements) of distributive education for reregistration, provided the topics are approved by CECBEMS and/or the state office of EMS.

Intermediate/85 & 99 Levels

The NREMT will allow up to 18 hours of distributive education offerings toward Section II (continuing education requirements) for

reregistration, provided this education is approved by CECBEMS on or after Jan. 1, 2002. The NREMT will also allow up to 10 hours of distributive education offerings toward Section I-A (refresher requirements) for reregistration, provided the topics are approved by CECBEMS and/or the state office of EMS.

Paramedic Level

The NREMT will allow up to 12 hours of distributive education offerings toward Section II (continuing education requirements) for reregistration, provided this education is approved by CECBEMS on or after Jan. 1, 2002. The NREMT will also allow up to 10 hours of distributive education offerings toward Section I-A (refresher requirements) for reregistration, provided the topics are approved by CECBEMS and/or the state office of EMS.

You may view listings of approved courses and the process for course approval at the CECBEMS web site: www.cecbems.com. You will be required to include the approval numbers of the courses you complete when annotating on your reregistration forms.

Airway management skills still problem for EMT-Basic candidates

Airway management skills continue to represent the single most significant problem area for candidates taking the EMT-Basic exam, and continue to contribute to a decreased pass rate.

“Twenty-two percent of the candidates taking the EMT-Basic exam are unable to answer the easiest airway management questions,” Rob Wagoner, NREMT associate director explained. “Based on this statistic, it appears that, after assessing a patient, EMT-Basic candidates cannot correctly determine the appropriate way to open an airway, oxygenate the patient, or ventilate the patient.”

EMS educators should make sure that training programs adequately address these issues, he added, emphasizing not only ventilatory rate and quality, but also the general impression of the patient and the mechanism of injury or nature of illness.

“This should help EMT-Basic candidates better understand the full range of ventilatory support options and, therefore, improve their exam performance,” Wagoner said. “Our ultimate goal is to make certain EMTs are prepared for appropriate performance in the field.”

NREMT web site enhancements continue www.nremt.org

Development of a more interactive and user-friendly National Registry web site is moving ahead. Last November the NREMT entered into a contract with Hyper Active, inc., a web technology company, to enhance the web site. There are nine phases of the project, referred to as WebEMT:

Phase 1: Develop static version of the new site

This phase of the project is to upgrade the visual design elements of the NREMT web site and populate the site with new content developed by National Registry public relations/marketing personnel.

Target Start: 12/1/01
Target End: 2/15/02

Phase 2: Develop user authentication and profiling system

This phase of the project will be focused on creation and deployment of the web authentication, profiling and personalization system required by the WebEMT customer service site.

Target Start: 1/31/02
Target End: 3/15/02

Phase 3: Develop examination scheduling and management application

The examination scheduling and management application is one of the key services to be provided

at the customer service web site. This phase of the project will design and implement the examination scheduling services to be offered at the WebEMT site.

Target Start: 3/1/02
Target End: 4/29/02

Phase 4: Create web storefront for accessory products

In this phase a web storefront is to be created that will offer NREMT accessory products (patches, pins, decals and sample tests) for purchase over the web.

Target Start: 4/12/02
Target End: 6/20/02

Phase 5: Assist in implementation of scanning of application and reregistration forms

A related objective of the WebEMT project is to use the NREMT imaging system to perform OCR/ICR scanning (data capture) of hardcopy National Registry applications and reregistration forms

Target Start: 6/20/02
Target End: 9/8/02

Phase 6: Develop EMT data search, display and update capabilities

The EMT data search, display and update services provide vital status on EMTs at the customer service web site. In this phase of the project, development of the EMT database search and update services provided at the web site will occur.

Target Start: 9/9/02
Target End: 11/12/02

Phase 7: Develop electronic data capture for EMT candidate applications and EMT reregistration

This phase of the project will create a set of intelligent web site forms that will collect and validate EMT candidate application or EMT reregistration information and produce a printable file and electronic data to be submitted/transmitted to the NREMT.

Target Start: 10/25/02
Target End: 1/2/03

Phase 8: Develop direct-mail management capabilities

The direct-mail management services in the WebEMT project will enable the NREMT to

perform e-mail campaigns to registered EMTs to notify them of reregistration milestones and activities.

Target Start: 12/16/02
Target End: 1/27/03

Phase 9: Develop exam results document retrieval capabilities

In this phase web site services to enable the secure publishing and retrieval of EMT exam results will be developed. It is anticipated that the vendor will work with the NREMT IT staff to develop the integration of this capability with the NREMT STARs system.

Target Start: 1/13/03
Target End: 2/21/03



Volunteer EMTs and paramedics at disasters:

Experiences from the World Trade attacks

John J. Clair / Assistant Commissioner for Emergency Medicine / Fire Department – City of New York

On Sept. 11, 2001, many worlds changed forever. We lost friends and heroes, and many new friends and heroes emerged. People rushed to ground zero to help, including eight EMTs and paramedics who worked in the New York City 911 EMS system who were among those who did not return.

In the aftermath questions arose that required different answers than ever before - Who called you to the scene? Why were you there? Never before in a mutual aid response has the answer to these questions made such a difference. The huge loss of life and property forced us to ask ourselves difficult questions and, in some cases, face even more difficult answers.

Thousands of people from every walk of life came into the city in the hours, days and weeks that followed the attacks. Volunteer medical personnel arrived in droves, all well meaning and wanting to help. Some got in the way. Some demanded a presence. Many helped in medical mobilization areas set up at distant locations to receive the hundreds of expected patients safely. Some had to be forcibly evicted, as they presented a danger to themselves and to the rescue operation. Ambulances were found in NYC from as far away as Texas, Michigan and Ontario. At least one ambulance was reportedly involved in an accident while responding un-requested to NYC and at least one service came into the City and left their community without ambulance coverage.

All of this outpouring of support was well meant and noble but as we have discovered, totally unnecessary and in some cases, with tragic consequences. We here in the NYC EMS are trying to make the medical and EMS communities aware of the impact such freelance responses can have not only on the operations, but on themselves as well. The privilege of holding a medical license or certification presents no one with the duty, right or moral obligation to impose upon an already taxed rescue operation. We need to change the philosophies and local system operations to be able to anticipate medical care needs and to request resources as needed. More than ever, in this age of weapons of mass destruction, the EMS community along with area hospitals, need to plan for better medical mobilization, prepare patient collection areas and use ICS-based management of medical operations in the incident area. We also need to gain the cooperation of the national and local media to prevent false requests for medical assistance.

EMS and the medical community have a lot to offer. What can you do? Develop community and regional based response plans coordinated and managed by the medical directors in your jurisdictions. Work with the hospitals in the community and the region to assess needs and develop resource status monitoring. Individuals can become involved in federal, state and local disaster teams. The U.S. Public Health Service has Disaster Medical Assistance Teams (DMAT) across the country. Additionally, there are local disaster relief teams with the American Red Cross and Salvation Army. These all present

an organizational approach to utilize the wide-ranging talents of volunteer medical personnel.

The ultimate need in our world today is the protection of our rescuers and volunteers. The typical response scene is a dangerous place, requiring training and protection. We need to develop more outlets for organized volunteering and reduce the freelancing by members of the EMS and medical community, that in emergencies today can lead to extremely tragic outcomes.

Sept. 11 attacks underscore the importance of mass casualty training and preparedness

The Sept. 11 attacks on the World Trade Center and the Pentagon emphasized the importance of ensuring an appropriate level of EMS training and preparedness to deal with acts of terrorism and other mass casualty incidents.

In a December meeting of representatives of 17 national health and medical organizations that was sponsored by the American Public Health Association (APHA), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Directors (NASEMSD), the organizations agreed on the importance of two critical needs: education of front-line health and medical personnel, and priority protection for health care providers during a mass casualty incident.

Representing a complete range of front-line health care professions, the representatives of these organizations agreed that every community health care provider should achieve the following core competencies within the next 90 days:

- *Hazard surveillance and detection – including basic understanding of techniques for identifying harmful agents, procedures for notifying public health and security officials, and methods for enhancing situational awareness and personal safety.*
- *Incident response and management – including knowledge of protocols for personal protection during mass casualty incidents, health threats and methods of treatment, and the role of the individual health care provider within the overall public health system.*

The assembled groups strongly recommended that the above competencies be achieved by every public health provider, including firefighters, EMS personnel, law enforcement officers, physicians and nurses. Also emphasized was the need for similar education for local government officials and community policy makers.

In response to these initiatives, the NAEMSP Terrorism Response Ad Hoc Committee – along with APHA and NASEMSD – has begun to develop a course which provides instruction to healthcare providers

over these core competencies. At the time this issue of *The Registry* went to press, Dr. Tom Blackwell, committee chairman, has advised the NREMT that information related to the progress on course development and availability will be available on the NAEMSP web site at www.naemsp.org.

"All of us in EMS have suffered losses of fellow workers and understand the trauma suffered in New York City," Bill Brown, NREMT executive director, said. "We all continue to learn many lessons from these national tragedies. The issues raised by John Clair (see related article by John Clair, FDNY assistant commissioner for Emergency Medicine), coupled with the competencies emphasized by APHA, NAEMSP and NASEMSD, will help all of us respond better in mass casualty emergencies. Our hearts go out to the families of all the rescue workers who lost their lives in the line of duty," he added. "We will learn by our experiences and be better prepared for the future."



New refresher requirements for Intermediate 85/99s and Paramedics to be implemented by March 31, 2004

The National Registry of Emergency Medical Technicians conducted an analysis of the practice of NREMT-Basics, NREMT-Intermediates and NREMT-Paramedics in 1999. Data obtained from the analysis indicated patient assessment, patient care and operational tasks completed by EMTs varied according to frequency, potential of harm and difficulty.

In 2000 the National Highway Traffic Safety Administration (NHTSA) released a contract to the National Association of EMS Educators (NAEMSE) to develop EMT-Intermediate/99 and EMT-Paramedic refresher programs. Historically, the NREMT has required completion of NHTSA refresher programs, or their equivalents, by all NREMTs as a part of the bi-annual reregistration requirements.

Upon release of the revised NHTSA refresher programs, the NREMT Continued Competency Committee used the refresher content, and the results of the practice analysis, as a basis for revision of the NREMT-Intermediate 85/99s and NREMT-Paramedic refresher requirements. The NREMT Board of Directors approved this content last November. As a result, all NREMT-Intermediate 85/99s and NREMT-Paramedics due to reregister in March of 2004 and after must complete education which meets or exceeds these requirements for refresher education.

The NREMT Refresher requirements are divided into two categories of refresher education: Mandatory Core Content and Flexible Core Content.

The Mandatory Core Content was developed based on assessment and patient care tasks that were identified by EMTs in the practice analysis to have a high potential for harm yet a low frequency of delivery. Regis-

tered NREMT Intermediate 85/99s and Paramedics must receive education over every topic listed in the Mandatory Core Content.

Educators, medical directors and training officers may find content that reflects these topics in the NHTSA EMT-Intermediate & Paramedic Refresher Curriculum. Registrants may obtain exposure to these topics in a variety of formats, including, lecture, simulated skill presentations, case or run review discussions, conference attendance or via a formal state-approved course.

When registrants complete the reregistration report, the NREMT will check to ensure each task has been documented. In states that require completion of a formal EMT-Intermediate 85/99 or Paramedic refresher course, the registrant must attend that course, without exception. The registrant may not substitute the formal course by attending topical content outside of the course.

The Flexible Core Content represents education over topics identified by EMTs to have both high potential for harm and high frequency of delivery. NREMT-Intermediate 85/99s, Paramedics, states or employers may choose which patient assessment and care tasks they wish to review based on individual, system or state needs assessments.

Educators, medical directors and training officers may find content that reflects these topics in the NHTSA EMT-Intermediate 85/99s or EMT-Paramedic Curriculum. The NREMT will require the prescribed hours in the Flexible Core Content; however an NREMT Intermediate 85/99 or Paramedic may report all hours of education over a single task within the section. When registrants complete the reregistration report, the NREMT will check to ensure hours of content have been covered. However, not every single

topic area is required.

A variety of nationally recognized EMS education courses are available for EMS providers.

- NREMT Intermediate 85/99s or Paramedics who complete Advanced Cardiac Life Support may use the 16-hour initial course to meet the requirements for the airway, breathing and cardiology sections of both the Mandatory and Flexible Core Content.
- NREMT Intermediate 85/99s or Paramedics who attend the NAEMT's Advanced Medical Life Support Course may use the course to cover all medical topics outlined in the Mandatory and Flexible Core Content.
- NREMT Intermediate 85/99s or Paramedics who attend either the NAEMT's Pediatric Life Support Course or the American Academy of Pediatrics PEPP course may use that content to cover the pediatric topics in Mandatory and Flexible Core Content.
- NREMT Intermediate 85/99s or Paramedics who attend either the NAEMT's Prehospital Trauma Life Support Course or the American College of Emergency Physicians Basic Trauma Life Support Course may use that content to cover the trauma topics in the Mandatory and Flexible Core Content.

Distributive education may be used as a part of the Mandatory and Flexible Core Content for a total of 10 hours.

Forms describing the complete Intermediate 85/99 and Paramedic refresher requirements were inserted into their copies of the newsletter. The form is also available on the NREMT web site at www.nremt.org.



National Registry of Emergency Medical Technicians

EMBLEMS



FR-96
This emblem is available to Registered First Responders.



N-90
This emblem is issued to all Registered EMT-Basics.



NS-94
Scotchlite™ Reflective Emblem
This safety emblem is optionally available and will greatly enhance nighttime visibility of the NREMT.



NI-81
This emblem is issued to all Registrants in the EMT-Intermediate classification.



MP-78
This emblem is issued to all Registrants in the EMT-Paramedic classification.



N-90-M
This subdued emblem is issued to Registered EMT-Basics serving in the military.



EMT



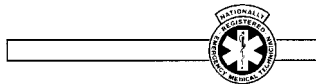
Paramedic



EMT



Paramedic



Tie Bar
with clasp, gold plated

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N-90		2.00	
NS-94		3.50	
MP-78		3.00	
NI-81		2.50	
N-90-M (Subdued NREMT Emblem) Military		2.50	
Lapel Pin/EMT		2.50	
Lapel Pin/Paramedic		4.00	
Tie Bar		2.50	
Decal/EMT		1.00	
Decal/Paramedic		1.50	

Only fully registered EMTs (not provisional) may order above items. Maximum of 15 items can be ordered by an individual EMT at a time.

Poster 2000		15.00	
Paramedic In Review CD-ROM		30.00	
TOTAL			

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National Registry
of Emergency
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P.O. Box 29233
Columbus, Ohio 43229

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www.nremt.org

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