



## EMS SECTION OF THE INTERNATIONAL ASSOCIATION OF FIRE CHIEFS

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July 31, 2007

Mrs. Debra Cason, RN, MS, EMT-P  
Project Director, National EMS Education Standards  
c/o National Association of EMS Educators  
Foster Plaza 6, 681 Andersen Drive  
Pittsburgh, PA 15220-2766

Re: Formal Comments on the *National EMS Education Standards*, Draft 1.0

Dear Project Director Cason:

On behalf of the nearly 13,000 chief fire and emergency officers of the International Association of Fire Chiefs (IAFC) and its IAFC Emergency Medical Services (EMS) Section, I would like to commend your project team's efforts on draft 1.0 of the *National EMS Education Standards*. In response to your request, this letter contains the comments of the IAFC EMS Section to the draft standards.

In July 2007, the IAFC EMS Section convened a workgroup in Memphis, Tennessee to examine Draft 1.0 of the proposed *National EMS Education Standards*. The workgroup was comprised of nine fire and training officers<sup>1</sup> from a variety of fire department types, including metropolitan, suburban, career and combination departments. The workgroup reviewed the draft education standards as they may impact the fire service with a focus on the financial impact of the proposed increase in hours as well as the impact on the future labor pool pertaining to recruiting and training. Generally, the IAFC EMS Section supports the concept of a national standard that will improve the portability of licensure (reciprocity) among the states and increases professionalism in EMS through higher education.

The workgroup also express several areas of caution. In response to the increased hours in the EMT curriculum, it agrees that strong EMT level providers are the backbone of the EMS system and strengthen the higher level (AEMT and Paramedic) providers, but raised two concerns. First, it stressed that increased time in the education/training process should correlate to an improved student "product," creating a better provider in the field. Second, it questioned whether the increase in knowledge gained through the draft education standards will have a real effect on the actual field practice of the EMT. In other words, does the current education curriculum leave the EMT unprepared to function in the field and if so, what evidence suggests

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<sup>1</sup> The IAFC EMS Section workgroup members included: Deputy Chief and EMS Section Chair Gary Ludwig, Memphis Fire Department, Memphis TN; Training Chief Tim Stamm, Leesburg Fire Department, Leesburg, KA; Deputy Chief Kevin Bersche, Farmington Hills Fire Rescue, Farmington Hills, MI; EMS Chief Dennis N. Green, Town of Matthews Department of Fire, Rescue & EMS, Matthews, NC; Fire Chief David B. See, Salisbury Fire Department, Salisbury, MD; Chief David S. Riddle, Channahon Fire Protection District, Channahon, IL; Lt. Robert Welch, Lt. Steve Fort and Lt. Elvy Rorie, Memphis Fire Department, Memphis, TN.

this? Given that further clarification from the *National EMS Education Standards* project team authors could answer these concerns, the IAFC EMS Section is cautiously supportive of the draft education standards, realizing that EMS improvements at this level will be realized over a period of time as students are exposed to the new curriculum.

The IAFC EMS Section is encouraged by the draft education standards' view toward the future in crafting an education curriculum that will be flexible in presentation methods, as well as adaptable to improvements gained from evidence-based findings or technology improvements.

Specific areas of IAFC EMS Section support and concern are listed below in bullet form along with specific curriculum recommendations.

**The IAFC EMS Section expresses support for the following points in the draft education standards:**

- Competency-based education and alternatives to traditional classroom education to achieve the mastery of knowledge and skills. The concept of flexibility in instructional media and methods to meet the course objectives/competencies instead of a strict hour-based requirement is highly desirable.
- A national education standard which would be foundational for national reciprocity.
- The concept of increased professionalism through higher education.
- Student evaluations at all levels testing their knowledge, skills and professional behavior
- A modular curriculum design that would allow for the completion of (and demonstrated competence in) various course elements either as course pre-requisites or as course components given that these elements have been completed to a national standard, e.g. – an AHA or ARC CPR course, FEMA NIMS course, etc. These elements include, but are not limited to CPR, Hazardous Materials Awareness, NIMS, and a Basic Emergency Vehicle Operations Course.

**The IAFC EMS Section expresses concern regarding the following points in the draft education standards:**

- The IAFC EMS Section would like to see substantiation on why there is an increase in training hours and how the new hour level was determined.
- While the IAFC EMS Section supports higher education and the aim of increased professionalism in EMS, it is concerned that the general move toward college-based courses, the increase in hours and resulting financial impact will adversely affect departments' ability (especially volunteer departments) to meet the goals of the standards.
- Will the increase in education standards further impact the pool of people who can complete the requirements? Will potential student populations with impaired

socioeconomic status be adversely affected such that they will be essentially prevented from entering the EMS field?

**The IAFC EMS Section feels the following general and specific category recommendations will enhance the draft education standards:**

General Recommendations

- A nationally recognized emergency vehicle operations course (including traffic management and roadway safety) would be included in the EMT course hours.
  - Substantiation: The risks to personnel while responding (driving) or operating in the roadway are well documented. This recommendation is based on the need to formally address this safety risk at the earliest possible stage in a person's career. While this represents an increase in the course time this training is generally delivered to personnel after they are deployed to field assignments, so it does not represent an increase in the overall hours required to properly prepare an individual. Additionally, this approach provides a method to address a known national risk in a standardized manner.
- EMS personnel must achieve EMT state licensure certification before advancing to paramedic training.
  - Substantiation: This recommendation is based on the view that strong EMT level skills and knowledge are foundational to all subsequent levels of training.
- With respect to CoAEMSP certification for paramedics under "Educational Infrastructure," the education standards should also include certification via fire service academies accredited at the state level.
  - Substantiation: Many states have "Technical/Vocational" schools that are not colleges/universities but provide a great deal of the EMS education. Many fire academies have excellent education and highly qualified training staff but would not qualify if the requirement was held to a college or university setting.

Specific Category Recommendations

- "Documentation" – the education standards need to provide for increased competency on incident documentation writing skills at all levels due to the risk (liability) in this area.
- "Medical/Legal" – the standards need to provide for increased competency on the area of patient refusals specifically due to the increased risk (liability) in this area.
- "Scene Size-Up" – EMT's and AEMT's should equally possess a "complex knowledge" of scene size-up (risk assessment) and scene management since all levels face the same level of risk upon initial arrival on the scene.

- “Infectious disease” – the EMR should have simple knowledge of infectious disease since they may have contaminated vehicles and equipment as well.
- “Toxicology” – the Paramedic should have a fundamental knowledge of cyanide exposures. The group recognizes the increasing body of knowledge related to exposure to the by-products of combustion and the need for paramedics to understand their role in cyanide exposure treatment as well as their long understood role in the treatment of carbon monoxide exposures from this same source.

Thank you for taking the time to attend this meeting and present the history and inter-relationship of the proposed Standards with the parent documents – *EMS Agenda for the Future*, *EMS Education Agenda for the Future and the National Scope of Practice* – and your outline of the Standards themselves and the associated Instructional Guidelines. Additionally, Chief David Becker, EMS Section Vice-Chair, who represented the IAFC at the initial stakeholders meeting and participated as a content writer, outlined his general view of the Standards as well as his rationale behind the EMS Operations Section of the document which he authored. These two presentations agreed that the major focuses of the draft education standards are: to outline a national education standard that will improve national EMS practice; to be the foundation of national reciprocity; and to provide the framework to continue to professionalize EMS nationwide through higher education.

We thank you for taking the time to review our suggestions and recommendation on draft 1.0 of the *National EMS Education Standards*. If you have any questions regarding them, please feel free to contact me at (901) 320-5464.

Sincerely,



Chief Gary Ludwig  
Chairman, IAFC EMS Section