

EMT

STUDENT HANDBOOK



Bureau of Emergency Medical Services

Utah Department of Public Safety

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Table of Contents

| | |
|--|-----------|
| INTRODUCTION | 3 |
| THE IMPORTANCE OF LIFELONG LEARNING | 3 |
| JOB DESCRIPTION SUMMARY OF THE EMT | 4 |
| PROFESSIONAL CONDUCT AND CODE OF ETHICS | 6 |
| BUREAU OF EMERGENCY MEDICAL SERVICES FUNCTIONAL POSITION DESCRIPTIONS | 9 |
| Introduction | 9 |
| Qualifications | 9 |
| EMS PROVIDER COMPETENCY AREAS | 10 |
| Emergency Medical Responder (EMR) | 10 |
| Emergency Medical Technician (EMT) | 10 |
| Advanced Emergency Medical Technician (AEMT) | 11 |
| PARAMEDIC | 11 |
| EMT TRAINING COURSE | 11 |
| COURSE GOALS | 11 |
| PREREQUISITES FOR ADMITTANCE INTO EMT COURSE | 12 |
| STUDENT EXPECTATIONS | 13 |
| CLINICAL EXPERIENCE | 15 |
| EMT RENEWAL REQUIREMENTS | 15 |
| EMT RE-ENTRY PATHWAY | 16 |
| NATIONAL EMS EDUCATION STANDARDS | 16 |
| EMT Instructional Guidelines | 16 |
| NEED-TO-KNOW ABBREVIATIONS | 17 |
| UTAH BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS CONTACT INFORMATION: | 18 |
| SAMPLE EMT COURSE OUTLINE | 19 |
| PATIENT ASSESSMENT FORM | 21 |

INTRODUCTION

The Utah Department of Public Safety, Bureau of Emergency Medical Services (BEMS), is charged with ensuring the quality of prehospital emergency medical care. This is accomplished by establishing training standards for Emergency Medical Service (EMS) personnel with input from the medical community and advisory committees. As an Emergency Medical Technician (EMT) student, you are responsible for conducting yourself in this course in accordance with these training standards and, ultimately, preparing yourself for licensure.

This handbook is designed to acquaint you, as a student, with the requirements that must be met for you to be approved to test with the National Registry of Emergency Medical Technicians (NREMT) and subsequently licenses by the state of Utah. A thorough knowledge of this material will help ensure highly trained and qualified EMTs in Utah. Please contact BEMS at ems@utah.gov if you have any questions.

THE IMPORTANCE OF LIFELONG LEARNING

This curriculum is designed to equip students with the foundational knowledge and skills required to serve as EMTs. According to the National EMS Education Standards adopted by BEMS from the Department of Transportation (DOT), the 120-hour minimum program length is a starting point. Achieving full competency as an EMT necessitates ongoing enrichment and continuing education.

Initial training provides the basics necessary for EMT duties, but continuous education, experience, and professional growth are essential for developing into a competent EMT. Lifelong learning is crucial for maintaining competency throughout a career in emergency medical services and the broader medical profession. Given the constant advancements in the medical field, professionals must incorporate continued learning as an integral part of their careers to keep pace with changes.

Additional Recommendations for Lifelong Learning

1. **Engage in Regular Continuing Education:** EMTs should participate in regular continuing education courses to stay current with the latest medical practices and protocols.
2. **Pursue Advanced Certifications:** Obtaining advanced certifications can enhance an EMT's skills and knowledge, providing opportunities for career advancement.
3. **Attend Workshops and Seminars:** Participation in workshops and seminars allows EMTs to learn from experts and peers, gaining new insights and techniques.
4. **Join Professional Organizations:** Membership in professional organizations offers access to resources, networking opportunities, and professional development activities.
5. **Utilize Online Resources:** Leverage online courses, webinars, and medical journals to stay informed about the latest research and developments in emergency medical services.
6. **Engage in Peer Learning:** Collaborate with colleagues to share knowledge and experiences, fostering a supportive learning environment.
7. **Reflect on Practice:** Regular self-assessment and reflection on practice can help identify areas for improvement and guide future learning efforts.

By committing to these lifelong learning practices, EMTs can ensure they remain competent and effective in their roles, ultimately enhancing the quality of care provided to patients.

Bureau of Emergency Medical Services

JOB DESCRIPTION SUMMARY OF THE EMT

- Respond to emergency calls
- Provide efficient and immediate care to the critically ill and injured
- Transport the patient to a medical facility
- Drive the ambulance to the address or location given to the dispatcher, using the most expeditious route, depending on traffic and weather conditions
- Know and observe traffic ordinances and regulations concerning emergency vehicle operation

Upon arrival at the scene, park the ambulance in a safe location to avoid additional injury Prior to initiating patient care:

- Complete a scene size-up to determine whether the scene is safe
- Determine the mechanism of injury or nature of illness
- Determine the total number of patients
- Request additional help, if necessary

In the absence of law enforcement, create a safe traffic environment, such as:

- Place road flares
- Remove debris
- Redirect traffic for the protection of the injured and those assisting in the care of the injured patient(s)
- Determine the nature and extent of illness or injury and establish priorities for required emergency care
- Render emergency medical care to medical and trauma based on assessment findings.

Duties include, but are not limited to:

- Open and maintain an airway
- Ventilate patients
- Perform cardiopulmonary resuscitation (CPR), including use of automated external defibrillators

Provide prehospital emergency medical care of simple and multiple system trauma, such as:

- Control hemorrhage(s)
- Treat shock (hypoperfusion)
- Bandage wounds
- Immobilize possible fractures
- Provide prehospital emergency care for the medical patient including:
 - Assist in childbirth
 - Manage respiratory issues
 - Respond to cardiac, diabetic, allergic, behavioral, and environmental emergencies
 - Treat for suspected poisonings

Search for possible medical identification emblem to provide clues in emergency care.

Provide additional care and/or interventions based upon an assessment of the patient and patient history. Interventions include assisting patients with prescribed medications including:

- Sublingual nitroglycerin
- Epinephrine auto-injectors
- Hand-held aerosol inhalers

May assist administering PHYSICIAN-approved over-the-counter medications and provide other medications, such as:

- Oxygen
- Oral glucose
- Aspirin
- Activated charcoal

Once the EMT becomes affiliated with a prehospital agency, it is the EMT's responsibility to understand and recognize that agency's protocol for all medication administration and interventions. Reassure patients and bystanders by working in a confident, efficient manner. Avoid mishandling and undue haste while working expeditiously to accomplish the task.

When a patient must be extricated from entrapment, the EMT will:

- Assess the extent of injury
- Give all possible emergency care and protection to the patient
- Use the prescribed techniques and appliances for safely removing the patient
- When necessary, radio the dispatcher for additional help or special rescue and/or utility services
- Provide simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, the EMT will provide additional care in triaging the injured patient(s) in accordance with standard emergency procedures.

Comply with regulations on the handling of the deceased including:

- Notification of authorities
- Arrange for protection of property and evidence at the scene

Use appropriate lifting and moving techniques, and devices, when necessary, to move the patient from the scene to the ambulance. Lift the patient on to the stretcher, placing the patient in the ambulance and securing the patient and stretcher. Continue emergency medical care.

Based on knowledge about the patient's condition, the extent of injuries, and the proximity and staffing of nearby emergency hospital facilities, determine the most appropriate facility for patient transport, unless otherwise directed by off-line medical control.

Report directly to the emergency department or communications center:

- The nature and extent of injuries
- The number being transported
- The destination to ensure prompt medical care upon arrival

Identify assessment findings which may require communications with off-line medical control for advice and notify the facility of special professional services and assistance that may need to be immediately available upon arrival.

- Constantly assess patient(s) en route to the emergency facility.
- Administer additional care as indicated or directed by off-line medical control.
- Assist in lifting and carrying the patient out of the ambulance and into the receiving facility.
- Report verbally (and in writing) observations and emergency medical care provided to the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics.
- Upon request, provide assistance to the receiving facility staff.

After each call:

- Restock and replace used linens, blankets, and other supplies.
- Clean all equipment following appropriate disinfecting procedures.
- Carefully check all equipment so that the ambulance is ready for the next run.
- Maintain the ambulance in efficient operating condition.

In accordance with local, state, or federal regulations decontaminate the interior of the vehicle after transporting a patient with a contagious infection or hazardous materials exposure. Maintain familiarity with specialized equipment used by the service.

Attend continuing education and refresher training programs as required by employers, medical directors, or BEMS.

Meet qualifications included in the Functional Position Description.

PROFESSIONAL CONDUCT AND CODE OF ETHICS

Professional Conduct and Code of Ethics for EMS Providers who are licensed by the State of Utah is not all encompassing but is a framework for all Licensed EMS Providers to adhere to, regardless of status (student, educator, layperson, or professional). Actions and behavior that erode trust of the public and degrade the profession cannot be accepted or tolerated. The Department of Public Safety - Bureau of Emergency Medical Services is dedicated to ensuring that licensed EMS providers, including those with endorsements or those actively seeking a license in the State of Utah, are professionals the public can rely on in times of need.

Professional Conduct

- a. **Respect for Human Dignity** – The basis of ethical principles and means considering other people as being worthy of high regard including respecting the uniqueness of each individual. Respect all patients regardless of socioeconomic status, financial status or background unrestricted by consideration of nationality, race, creed, color, or status.
- b. **Maintain Confidentiality** – Respect every person’s right to privacy. Sensitive information regarding a patient’s condition or history should only be provided to medical personnel with an immediate need-to-know. Providers are expected to know HIPAA guidelines and abide by HIPAA regulations in their professional practice. Sensitive information regarding our profession may only be provided to those with a right to know.

- c. Professional Competency – Provide the patient with the best possible care by continuously improving your understanding of the profession and maintaining continuing education and required certifications. Protect the patient from incompetent care by knowing the standard of care and being able to identify and report those who do not.
- d. Safety Awareness & Practice – Protect the health and well-being of the patient, yourself, your co-workers and the community by constantly following safety guidelines, principles and practices. Providers should not participate in, or attempt to conceal misconduct of a colleague, or attempt to discourage anyone from disclosing information about situations which may be illegal or harmful to the patient or the public.
- e. Accountability for Your Actions – Act within your training, know your limitations, and accept responsibility for both satisfactory and unsatisfactory actions. Providers should refuse to participate in unethical activities, or to allow personal interests, such as economic gain, recognition, power or promotion to influence their decisions or advice.
- f. Loyalty & Cooperation – Demonstrate devotion by maintaining confidentiality, assisting in improving morale and not publicly criticizing patients, other EMS Providers, EMS Agencies, or other health care practitioners.
- g. Personal Conduct – Demonstrate professionalism by maintaining a high level of moral and ethical standards. EMS Providers will act in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.

Code of Ethics (Applies to ALL Prehospital Providers)

Professional status as a licensed EMS Provider in Utah is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician.

- a. As an EMS Provider licensed within the State of Utah, I solemnly pledge myself to the following code of professional ethics:
 - i. A fundamental responsibility of the EMS Provider is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.
 - ii. The EMS Provider provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.
 - iii. The EMS Provider does not use professional knowledge and skills in any enterprise detrimental to the public well-being.
 - iv. The EMS provider respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
 - v. The EMS Provider, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the EMS Provider has the never-ending responsibility to work with concerned citizens and other healthcare professionals in promoting a high standard of

emergency medical care to all people.

- vi. The EMS Provider shall maintain professional competence and demonstrate concern for the competence of other members of the EMS healthcare team.
 - vii. An EMS Provider assumes responsibility in defining and upholding standards of professional practice and education.
 - viii. The EMS Provider assumes responsibility for individual professional actions and judgment, both in all aspects of emergency functions, and knows and upholds the laws which affect the practice of the EMS provider
 - ix. An EMS Provider has the responsibility to be aware of and participate in matters of legislation affecting the EMS System.
 - x. The EMS Provider, or groups, who advertise professional service, does so in conformity with the dignity of the profession
 - xi. The EMS Provider has an obligation to protect the public by not delegating to a person less qualified any service which requires the professional competence of an EMS professional.
 - xii. The EMS Provider will work harmoniously with and sustain confidence in EMS Providers, the nurses, the physicians, and other members of the EMS healthcare team.
 - xiii. The EMS Provider refuses to participate in unethical procedures and assumes responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.
- b. The following are examples of conduct during daily responsibilities, educator responsibilities, patient care, and/or transport may result in investigation of an EMS individual's license, endorsement, or a provider's license or designation including training centers, pursuant to R911-5-3300(2). This includes students in training.
- i. Theft or inappropriate removal or possession of property.
 - ii. Falsification of personal or hospital records.
 - iii. Functioning under the influence of alcohol, illegal drugs, or medications that may impair judgment or capability.
 - iv. Possession, distribution, sale, transfer, or use of alcohol or illegal drugs.
 - v. Fighting or threatening violence.
 - vi. Negligence or improper conduct leading to property damage.
 - vii. Violation of safety or health rules that threaten patient safety.
 - viii. Sexual or other unlawful or unwelcome harassment.
 - ix. Possession of dangerous or unauthorized materials, such as explosives or illegal firearms.

- x. Unauthorized access and/or disclosure of confidential information.
- xi. Misrepresentation of an individual's level of licensure.
- xii. Performing procedures or skills beyond the level of an individual's EMS or provider licensure.
- xiii. Violation of laws pertaining to medical practice, drugs, or controlled substances.
- xiv. Inappropriate behavior or unprofessional conduct while teaching or supervising students.
- xv. Failure to maintain required certifications or credentials as an EMS educator.
- xvi. Providing false or misleading information about educational content or training outcomes.
- xvii. Inappropriate or unprofessional interactions with students or colleagues, including favoritism or discrimination.

Complaints regarding EMS Providers actions and/or behaviors (on or off duty) received by the Department that can be interpreted as possible violations of Professional Conduct and/or Code of Ethics for EMS Providers.

- a. must be received in writing; and
- b. if deemed to be a potential violation, will be investigated pursuant to R911-5-3300.
- c. EMS providers who are found to have violated the Professional Conduct or Code of Ethics will be subject to license suspension and/or revocation.

BUREAU OF EMERGENCY MEDICAL SERVICES FUNCTIONAL POSITION DESCRIPTIONS

Introduction

The following is a general position description for the Emergency Medical Responder (EMR), EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic. This outlines the qualifications, competencies, and tasks that are required of the EMR, EMT, AEMT, or Paramedic. It is the ultimate responsibility of an employer's medical director to define specific job descriptions within each EMS entity.

Qualifications

To be certified as an EMR, EMT, AEMT, or Paramedic, an individual shall:

- Submit a completed application form to BEMS.
- Be 18 years of age or older (16 for EMR).
- Complete a BEMS -approved EMR, EMT, AEMT, or Paramedic course.
- Display technical competence during field and clinical training.
- Must be able to read, write, speak, and understand the English language.
- Successfully complete the NREMT written examination for the applicable license level.

Generally, the knowledge and skills required include:

- A high school education or equivalent
- An ability to communicate verbally via telephone and radio equipment
- An ability to lift, carry, and balance up to 125 pounds (250 with assistance)
- An ability to interpret written and oral instructions
- An ability to use sound judgment and remain calm in high-stress situations
- An ability to work effectively in an environment with loud noises and flashing lights
- An ability to function efficiently throughout an entire work shift
- An ability to calculate weight and volume ratios and read small print under life-threatening time constraints
- An ability to read and understand English language manuals and road maps
- An ability to accurately discern street signs and address numbers
- An ability to interview patient(s), family members, and bystanders
- An ability to document, in writing, all relevant information in prescribed format pursuant to legal ramifications
- An ability to converse in English with co-workers and hospital staff concerning patient status
- Good manual dexterity with the ability to perform all tasks related to highest quality patient care
- An ability to bend, stoop, and crawl on uneven terrain
- An ability to withstand varied environmental conditions such as extreme heat, cold, and moisture
- An ability to work in low light, confined spaces, and other dangerous environments

EMS PROVIDER COMPETENCY AREAS

The following are summaries of the prehospital license competencies. This is intended to serve as a quick reference for an EMT student interested in advancing their EMS career and not a complete reference. See the applicable DOT NES for all competency areas.

Emergency Medical Responder (EMR)

The primary focus of an EMR is to begin immediate lifesaving care to critical patients who access the emergency medical system. The EMR possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and the ability to assist higher level personnel at the scene. Emergency medical responders function as part of a comprehensive EMS response under medical oversight. Emergency medical responders perform basic interventions with minimal equipment.

Emergency Medical Technician (EMT)

The primary focus of an emergency medical technician is to provide basic emergency medical care and transportation for critical and emergency patients who access the emergency medical system. An EMT possesses the basic knowledge and skills necessary to provide patient care and transportation. The EMT functions as part of a comprehensive EMS response under medical oversight. Emergency medical technicians perform interventions with the basic equipment typically found on an ambulance. An EMT provides a link from

Bureau of Emergency Medical Services

the scene to the emergency health care system.

Advanced Emergency Medical Technician (AEMT)

The primary focus of an advanced emergency medical technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergency patients who access the emergency medical system. An AEMT possesses the basic knowledge and skills necessary to provide patient care and transport. Advanced emergency medical technicians function as part of a comprehensive EMS response under medical oversight. The AEMT performs interventions with the basic and advanced equipment typically found on an ambulance. An AEMT provides a link from the scene to the emergency health care system.

PARAMEDIC

A paramedic must demonstrate competency handling emergencies utilizing all basic and advanced life support equipment and skills in accordance with all behavioral objectives in the DOT 2009 NES. A paramedic must demonstrate competency in all EMS skills and equipment usage. A paramedic has the skills to provide advanced life support using intravenous therapy, a defibrillator, and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest.

EMT TRAINING COURSE

COURSE GOALS

After successfully completing the program, the student will be able to perform the following NES competencies at the minimum entry level:

- Apply fundamental knowledge of the EMS system, safety/well-being of the EMT, medical, legal, and ethical issues to the provision of emergency care.
- Apply fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.
- Use foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.
- Apply fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.
- Apply fundamental knowledge of life span development to patient assessment and management.
- Use simple knowledge of the principles of illness and injury prevention in emergency care.
- Apply fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency.
- Apply knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
- Apply scene information and patient assessment findings (scene size-up, primary and secondary assessment, patient history, and reassessment) to guide emergency management.

- Apply fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.
- Apply fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.
- Apply fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.
- Apply a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.
- Possess knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety.

The EMT course is a minimum of 120 hours in length, it is recommended by the National Educational Standards for the course to be a minimum of 150 hours to cover all the material. There are 15 competencies in the National EMS Education Standards with 55 elaboration of knowledge lessons, nine clinical behaviors and judgements lessons, along with 27 psychomotor skills listed. Plus, the course covers the EMR competencies, knowledge, behaviors, and psychomotor skills. It is highly encouraged and recommended that the EMT course requires that the students observe emergency department operations for enough time sufficient to give them an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc.

The EMT student should also acquire an appreciation for ongoing education. Focus on two concepts to achieve this goal:

- During the initial EMT training, additional education in related content may be studied.
- Ongoing education is an integral component of any educational process and the EMT should be committed to the process of life-long learning.

PREREQUISITES FOR ADMITTANCE INTO EMT COURSE

CPR Certification

The prospective EMT student must have a current CPR course completion card from a course that meets the requirements of the American Heart Association.

Acceptable certifications include:

- American Heart Association - HealthCare Professional
- American Red Cross - Professional Rescuer
- National Safety Council Certification
- A course that the applicant can demonstrate to BEMS to be equivalent or greater
- A complete list of approved BLS courses can be found on the BEMS website. https://ems.utah.gov/wp-content/uploads/sites/34/2024/07/bems_approved_course_list-2024.pdf

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMT course. (Several EMT courses offer CPR instruction courses before the start of the EMT course).

Age Restriction

The prospective EMT can test with the National Registry before the age of 18, but they will not be licensed with the State of Utah until they are 18 years old.

STUDENT EXPECTATIONS

This training program is detailed and exact. An EMT is an important, recognized part of the medical team. The standards are high and will remain high to maintain the respected position on the medical team and in the community. To become a fully licensed EMT, it will be necessary for the student to comply with certain requirements. These requirements include:

- **Attendance** - Students will be required to attend all scheduled classes. If the student is unable to attend a class due to illness, etc., the student must make arrangements with the course coordinator to make up the material missed.
- **Class Participation** - Students will be evaluated by the instructors, course coordinator, and medical director during the entire course in areas such as dependability, attitude, maturity, and the ability to relate well with others. The student will also be evaluated on their ability to achieve acceptable performance levels. Remediation will be provided by the course coordinator or instructors for students who have difficulties in any area of the course.
- **Documentation** – BEMS requires the following documents be submitted for each student prior to the student being allowed to take the state-approved NREMT written or practical test:
 - ***Application Form*** - The online application form must be complete. Incomplete applications may delay the licensing process. The application must be completely filled out, including requirements of compliance with the Department of Public Safety’s Direct Access Clearance System (DACS).
 - ***Declaration of Understanding*** - Each student must read, understand, and acknowledge all elements of the Declaration of Understanding.
 - ***Student Acknowledgement of Office of Emergency Medical Services and Preparedness Policies and Procedures*** – Each student must read and understand the document titled Student Acknowledgement of Bureau Policies and Procedures.
 - ***Letter of Recommendation for License*** - The course coordinator and medical director will sign a document stating that the student successfully completed the course with all written and practical training and meets BEMS requirements for the initial license. If the course coordinator or medical director feels a student has not met the appropriate requirements, he/she may decide against recommending a student for license.
- **Fees** - BEMS requires specific fees for processing applications and DACS background investigations. These fees may be paid by individual students, or the course coordinator may pay them as part of the

course fees. Students will not be allowed to become licensed until all fees are paid. All BEMS fees are nonrefundable.

- **Identification** - Students should be provided with an identification badge from their course. Students should wear the badge at all times, especially during the clinical portion of the course.
- **Practical Training Record** - At the beginning of the course, students should be given a Practical Training Record which must be signed off by the instructors and clinical personnel during each phase of the training. This completed report will be signed by the course coordinator and medical director attesting to the skills and abilities of the student.
- **Affective Behavior Assessment** - The 2021 National EMS Education Standards emphasize the importance of assessing the affective domain to ensure students develop essential professional behaviors, attitudes, and values. This assessment is crucial for fostering professional behavior, positive attitudes, effective communication, ethical decision-making, and adaptability under stress. By evaluating the affective domain, EMS programs ensure that students are not only technically competent but also capable of providing compassionate and ethical care, which is vital for their performance in high-stress emergency medical environments.
- **Clinical Experience** - The students should observe emergency department operations for an adequate amount of time sufficient to gain an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in various settings including an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if clinical settings are not available.
- **Psychomotor Examination** - At the conclusion of the course, the course coordinator will provide a practical examination consisting of any one of the seven skill to include: patient assessment trauma, patient assessment medical, BVM ventilation, oxygen administration, cardiac arrest/AED, supine patient spine immobilization, and one of five random skills. The scenario and a skills verification will be administered by the course coordinator/exams coordinator and conducted by instructor/skills examiners.
- **National Registry Cognitive Examination** - After successful completion of the EMT Course and all other application requirements are met, the student must successfully complete the NREMT certification exam. This test is a computer adaptive exam. The student will be allowed only three attempts to pass this test. In the event a student fails the test three times, remediation is required prior to three additional attempts. The NREMT utilizes Pearson VUE as its exclusive test provider. Candidates may test at any authorized Pearson VUE test center in the United States at a convenient date, time, and location.
- **Test Results** – A test result letter from NREMT will be sent after the cognitive exam is completed. The results letter will refer the student to the NES for items missed that should be studied again. The test results letter is not a certification document and does not imply licensing by BEMS. Test results are not given over the telephone. If a student does not receive a results letter within two weeks, the student may call the NREMT office and inquire about the status of their testing process.
- **State License** – A state license will be issued upon successful completion of all the above listed requirements. These requirements must be met within two years after the course is completed. It will take approximately three weeks following testing for the information to be processed and for the student

to receive their license in the mail. If you do not receive your license within one month after you have completed all requirements, please contact BEMS at ems@utah.gov.

CLINICAL EXPERIENCE

The hospital and ambulance services have asked BEMS to advise students of their requirements and standards. In turn, BEMS has advised all agencies to send students home if they do not meet the agency standards or are not appropriately groomed and dressed.

Students must wear clothing appropriate for working in a health care environment. This means clean, odor free, intact (not ripped or torn), and comfortable clothing. The students should avoid wearing dirty or torn jeans, shorts, sandals, T-shirts, revealing clothing, or clothing that might be considered offensive in nature.

Students should be clean shaven or have neatly trimmed facial hair. Students with long hair may have to fasten it back. The course coordinator will contact the facilities where the students will be observing to determine the particulars of their dress code and forward that information to the students.

Each student is responsible for gaining an adequate understanding of blood borne pathogens to assure safety in the clinical environment. The course coordinator will have a written plan for students to follow in the event of contamination or exposure. This may also be accomplished through an agreement with the clinical agency.

The students must wear an identification badge, have a pen and a watch, and bring their Training Report to be signed by the clinic personnel.

EMT RENEWAL REQUIREMENTS

OEMSP may renew an EMT for a two-year period or for a shorter period as modified by BEMS to standardize renewal cycles.

An individual seeking renewal must:

- Submit an online application with the applicable fees to the department.
- Recertification process will be completed through the National Registry of EMT website (<https://www.nremt.org/>)
- The EMT National Continued Competency Program (NCCP) requires a total of 40 hours of continuing education to recertify. The model requires continuing education in three components: (1) a national component, (2) a local/state component, and (3) an individual component.
- The National Registry accepts [State EMS Office](#) accepted and [CAPCE](#) accredited education, education from EMS education programs, and U.S. accredited academic credit, college course or credit provided by the National Registry Alternative Recertification Credits Policy. All education must be directly related to EMS patient care. International providers must complete education from the list of approved United States education sources.

- Education can be gathered through Distributive Education (online) or in-person courses. As of 2022, there are no limits on how much Distributive Education (DE) you can use on your application.
- Courses that cannot be applied towards recertification requirements include duplicate courses, clinical rotations, instructor courses, management/leadership courses, performance of duty, preceptor hours, serving as a skill examiner, and volunteer time with agencies. If you have questions on accepted education, please review the Recertification Guide (<https://ems.utah.gov/wp-content/uploads/sites/34/2023/03/NREMT-Recertification-Guide-v4.pdf>)
- Upon recertification from the NREMT, the Office of Emergency Medical Services and Preparedness will process the State application for re-license.

EMT RE-ENTRY PATHWAY

If you have a lapsed National Registry certification, or a lapsed State EMT license (including a lapsed equivalent EMT certification), or recognized higher level of EMS certification or State License, and want to gain National Registry EMT certification, you must meet the following requirements:

Requirements for Certification

- 40 hours of continuing education that meets all requirements of the 2025 National Continued Competency Program within the past two years.
- The National Registry accepts State EMS Office approved and CAPCE accredited education, education from EMS education programs, and U.S. accredited academic credit or college course. All education must be directly related to EMS patient care.
- Successful completion of the National Registry EMT cognitive (knowledge) examination.
- Copy of a lapsed EMT license/certification if never nationally certified as an EMT.
- Have a current CPR-BLS for "Healthcare Provider" or equivalent credential.

NATIONAL EMS EDUCATION STANDARDS

EMT Instructional Guidelines

Clinical Experience

Students should observe emergency department operations for an adequate amount of time to gain an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in various settings including an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if clinical settings are not available.

Field Experience

The student must participate in and document patient contacts in a field experience approved by the medical director and program director.

Course Design

Provide the following components of instruction:

- Didactic instruction
- Skills laboratories
- Hospital/Clinical experience
- Field experience

Student Assessment

Perform knowledge, skill, and professional behavior evaluations based on educational standards and program objectives:

- Provide several methods of assessing achievement
- Provide an assessment that measures (at a minimum) entry level competency in all domains

Program Evaluation

- Provide evaluation of program instructional effectiveness
- Provide evaluation of organizational and administrative effectiveness of program

NEED-TO-KNOW ABBREVIATIONS

| | |
|-----------|--|
| AED | Automatic External Defibrillator |
| ALS | Advanced Life Support |
| APGAR | Appearance, Pulse, Grimace, Activity, and Respiration |
| AVPU | Alert, Verbal, Pain, Unresponsive |
| BLS | Basic Life Support |
| BSI | Body Substance Isolation |
| CAD | Computer Aided Dispatch |
| CPR | Cardiopulmonary Resuscitation |
| CSF | Cerebrospinal Fluid |
| CTC | Color, Temperature, Condition |
| DCAP-BTLS | Deformity, Contusions, Abrasion, Puncture/Penetration, Burns, Tenderness, Laceration, Swelling |
| DNR | Do Not Resuscitate |

| | |
|---------|--|
| FROP-VD | Flow Restricted Oxygen Powered – Ventilation Device |
| ICS | Incident Command System |
| JVD | Jugular Vein Distention |
| MCI | Mass Casualty Incident |
| MOI | Mechanism of Injury |
| NOI | Nature of Illness |
| NRB | Non-Rebreather oxygen mask |
| NES | National EMS Education Standards |
| NIMS | National Incident Management System |
| O2 | Oxygen |
| OPQRST | Onset, Provocation, Quality, Radiation, Severity, Time |
| PEARL | Pupils Equal, and Reactive to Light |
| PMS | Pulse, Motor, Sensory |
| PPE | Personal Protective Equipment |
| Pt. | Patient |
| SAMPLE | Signs/Symptoms, Allergies, Medications, Pertinent History, Last oral intake, Events leading to emergency |

BUREAU OF EMERGENCY MEDICAL SERVICES CONTACT INFORMATION:

Physical Address:

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Mailing Address:

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ATTN: EMS
PO BOX 141775
SALT LAKE CITY UT 84114-1775

Phone:

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Email:

ems@utah.gov

SAMPLE EMT COURSE OUTLINE

| Module and Lesson | | |
|---|--|--|
| Module 1 Preparatory | | |
| 1-1 | EMS Systems | |
| 1-2 | Research | |
| 1-3 | Workforce Safety and Wellness | |
| 1-4 | Documentation | |
| 1-5 | EMS System Communication | |
| 1-6 | Therapeutic Communication | |
| 1-7 | Medical/Legal and Ethics | |
| Module 2 Anatomy and Physiology | | |
| Module 3 Medical Terminology | | |
| Module 4 Pathophysiology | | |
| Module 5 Life Span Development | | |
| Module 6 Public Health | | |
| Module 7 Pharmacology | | |
| | Principles of Pharmacology | |
| | Medication Administration | |
| | Emergency Medications | |
| Module 8 Airway Management, Respirations, and Artificial Ventilation | | |
| | Airway Management | |
| | Respiration | |
| | Artificial Ventilation | |
| Module 9 Assessment | | |
| 9-1 | Scene Size-Up | |
| 9-2 | Primary Assessment | |
| 9-3 | History Taking | |
| 9-4 | Secondary Assessment | |
| 9-5 | Monitoring Devices | |
| 9-6 | Reassessment | |
| Module 10 Medicine | | |
| 10-1 | Medical Overview | |
| 10-2 | Neurology | |
| 10-3 | Abdominal and Gastrointestinal Disorders | |
| 10-4 | Immunology | |
| 10-5 | Infectious Diseases | |
| 10-6 | Endocrine Disorders | |
| 10-7 | Psychiatric | |
| 10-8 | Cardiovascular | |
| 10-9 | Toxicology | |
| 10-10 | Respiratory | |
| 10-11 | Hematology | |

SAMPLE EMT COURSE OUTLINE

| Module and Lesson | | |
|--|---|------------|
| 10-12 | Genitourinary/Renal | |
| 10-13 | Gynecology | |
| 10-14 | Non-Traumatic Musculoskeletal Disorders | |
| 10-15 | Diseases of the Eyes, Ears, Nose, and Throat | |
| Module 11 Shock And Resuscitation | | |
| Module 12 Trauma | | |
| 12-1 | Trauma Overview | |
| 12-2 | Bleeding | |
| 12-3 | Chest Trauma | |
| 12-4 | Abdominal and Genitourinary Trauma | |
| 12-5 | Orthopedic Trauma | |
| 12-6 | Soft Tissue Trauma | |
| 12-7 | Head, Face, Neck, and Spine Trauma | |
| 12-8 | Nervous System Trauma | |
| 12-9 | Special Considerations Trauma | |
| 12-10 | Environmental Emergencies | |
| 12-11 | Multiple-System Trauma | |
| Module 13 Special Patient Populations | | |
| 13-1 | Obstetrics | |
| 13-2 | Neonatal Care | |
| 13-3 | Pediatrics | |
| 13-4 | Geriatrics | |
| 13-5 | Patients with Special Challenges | |
| Module 14 EMS Operations | | |
| 14-1 | Principles of Safely Operating a Ground Ambulance | |
| 14-2 | Incident Management | |
| 14-3 | Multiple Casualty Incidents | |
| 14-4 | Air Medical | |
| 14-5 | Vehicle Extrication | |
| 14-6 | Hazardous Materials Awareness | |
| 14-7 | MCI Due to Terrorism and Disaster | |
| Final Written Evaluation | | |
| Final Practical Evaluation | | |
| TOTAL COURSE HOURS | | |
| Clinical and Field | | |
| TOTAL MINIMUM HOURS | | 130 |

PATIENT ASSESSMENT FORM

| Patient Assessment Form | | | | | | | |
|-------------------------|-------|-------------------|-----|-------------------|-------|-------|-----|
| Student Name: | SS# | Patient Signature | | | Pulse | Resp. | B/P |
| Adult Assessments | | | | 51 | | | |
| Patient Signature | Pulse | Resp. | B/P | 52 | | | |
| 1 | | | | 53 | | | |
| 2 | | | | 54 | | | |
| 3 | | | | 55 | | | |
| 4 | | | | 56 | | | |
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| 25 | | | | 77 | | | |
| 26 | | | | 78 | | | |
| 27 | | | | 79 | | | |
| 28 | | | | 80 | | | |
| 29 | | | | Child Assessments | | | |
| 30 | | | | 81 | | | |
| 31 | | | | 82 | | | |
| 32 | | | | 83 | | | |
| 33 | | | | 84 | | | |
| 34 | | | | 85 | | | |
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| 37 | | | | 88 | | | |

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|----|--|--|--|--------------------|--|--|--|
| 38 | | | | 89 | | | |
| 39 | | | | 90 | | | |
| 40 | | | | Infant Assessments | | | |
| 41 | | | | 91 | | | |
| 42 | | | | 92 | | | |
| 43 | | | | 93 | | | |
| 44 | | | | 94 | | | |
| 45 | | | | 95 | | | |
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| 50 | | | | 100 | | | |