

# COURSE COORDINATOR MANUAL



Bureau of Emergency Medical Services  
Utah Department of Public Safety

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# SUMMARY OF CHANGE

Course Coordinator Manual 2024

Major Revisions, date 15 October 2024

- Changed throughout - Office of EMS and Preparedness (OEMSP, EMSP) and all abbreviations to Department of Public Safety-Bureau of EMS (BEMS)
- Changed throughout – updated address for DPS-BEMS
- Updated throughout – hyperlinks to websites or documents
- Updated Utah code to Title 53, Chapter 2d and administrative rule R911-5
- Page 4 – Item 6 under general standards added “sexual harassment”, provided guidance regarding policies
- Page 4 – Item 7 under general standards psychomotor exam removed from sentence.
- Page 4 - updated items 8-10
- Page 5 – item 3a is changed to read “The 2021 National EMS Education Standards highlight the importance of face-to-face learning with instructors. They recommend using a variety of instructional formats, including face-to-face instruction, to ensure that students receive comprehensive education and direct interaction with instructors. This direct interaction is crucial for fostering professional behaviors, critical thinking, and effective communication skills necessary for EMS professionals (National Highway Traffic Safety Administration, 2021, p. X)”
- Page 7 – remove item 10 reference NREMT psychomotor exam
- Page 7 – added additional roles and responsibilities
- Page 8 – Course Instructor requirements item 4, removed reference to psychomotor exam
- Page 8 – updated purpose to Distance Education Courses
- Page 9 – Deleted Program Approval Issues
- Page 10 – Course Implementation, deleted: “No asynchronous methods exceeding 30% of the didactic component of the course will be approved.”
- Page 9 – Course Requests: course coordinators replaced with agency/training center for items a. and b.
- Page 11 – item (b)(9) emphasized 1:6 ratio and added “course cannot exceed 36 students”
- Page 11 – item (b)(12) added “Max number of **Apprentice Coordinator** for any course is 2. Max number of course coordinators for any course is 3. Combined number of course coordinators (including primary) cannot exceed 4.”
- Page 12 – added item 4. Multi-Agency (Joint or Satellite) courses
- Page 13 – added Roles and Responsibilities in Multi-Agency Courses
- Page 15 – added items b and c
  - a. Students must complete the process establishing their state account/application, and
  - b. Course coordinators will enter all students into the course request under the attendee tab.

Note: students who are not listed under the attendee tab will not be processed until it is completed by the course coordinator.
- Page 16 – “At the completion of the course” item 1, deleted with CC and added through the course coordinator
- Page 16 - “At the completion of the course” item 1(a), added “and have completed the student minimum competency requirements.”
- Page 18 – added item 12, “Completed and signed Affective Behavior Evaluation form for each student (found on Bureau’s website).”
- Page 18 - Added language to the *Course Quality Improvement and Quality Assurance* section requiring competency tracking for cognitive, psychomotor, and affective skills, and the use of student portfolios for documenting and reviewing progress toward certification and licensure.
- Page 22 – item 1, EMR: changed to 48 clock hours

- Page 22 – item 2 changed to read EMT/Advanced EMT
  - a. Instructors may use a variety of formats to deliver content including but not limited to:
    - independent student preparation,
    - synchronous or asynchronous instruction,
    - face-to-face instruction, or
    - pre- or co- requisites.
  - b. Course length should be based on competency, not hours. The consensus opinion is that students should need a minimum of 150 clock hours for the EMT and 200 hours for the AEMT including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material.
    - State courses for EMT and AEMT must have a minimum of 120 clock hours.
    - Pre- or co- requisites cannot be included in the 120-hour minimum.
    - Clinical and field time cannot be counted towards the minimum in person hours.
- Page 22 – deleted item 3 Advanced EMT, now reflects Paramedic.
- Page 23 – updated requirements for AEMT as outline in the BEMS AEMT\_SMC manual
- Page 24 - added Simulation and Live Patient Exposure Requirements
- Page 27 – added Functional Job Requirements. Students must be able to reach, write, speak, and understand the English language
- Page 27 – added requirement for a minimum of three affective behavior assessments, as emphasized by the 2021 National EMS Education Standards, to ensure students develop professional behaviors, communication skills, ethical decision-making, and adaptability in high-stress environments.
- Pages 29, 31, and 33 – added **Affective** – Students must undergo a minimum of three affective behavior assessments. These assessments require students to demonstrate professional behavior, positive attitudes, effective communication, ethical decision-making, and adaptability under stress. By successfully meeting these criteria, students prove they are not only technically competent but also capable of providing compassionate and ethical care, essential for performing effectively in high-stress emergency medical environments.
- Page 37 – added enforcement

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# INTRODUCTION

The Bureau of Emergency Medical Services (BEMS) is charged with ensuring quality in prehospital emergency medical care. This is accomplished by establishing training standards for Emergency Medical Service (EMS) professionals with input from the medical community and advisory committees. Course coordinators are responsible for conducting each course in accordance with these training standards and, ultimately, preparing each student for certification and licensure.

This manual is designed to acquaint course coordinators with the requirements that must be met in order for a course to be approved and recognized by the BEMS. A thorough knowledge of the material included in this document will ensure an organized, high-quality training program.

The statewide training policies are derived from the Utah Emergency Medical Services Act ([Title 53, Chapter 2d](#)) and administrative rule ([R911-5](#)). An administrative rule is a state agency's written statement that has the effect of law. We recommend that all course coordinators take the time to read through these rules as they are the foundation of the policies outlined in this manual.

If you have any training and/or license questions, please contact the BEMS by emailing [ems@utah.gov](mailto:ems@utah.gov) or calling 801-273-6666.

## GENERAL STANDARDS FOR COURSE PERSONNEL

1. BEMS personnel shall have unconditional access to all educational activities and records described in the Course Coordinator Manual for quality assurance reviews.
2. BEMS shall be held harmless for negligent acts or omissions of any employees or persons retained by the course coordinator.
3. All information regarding students shall be treated as confidential. Publication of any information that would identify an individual is prohibited except upon written consent of that individual.
4. The duties and responsibilities of the course coordinator are to be performed personally and shall not be assigned, sublet, or transferred to any other individual or company without a written request from the course coordinator to BEMS, except in cases where the course coordinator is unable to make the request due to extraordinary circumstances. (See course coordinator responsibilities for further detail.)
5. The course coordinator has no authorization, expressed or implied, to bind the State of Utah or its state agencies to any agreement, settlement, liability, or understanding whatsoever, nor to perform any acts as agent for the state of Utah.

6. Course coordinators shall have a written policies on file, reflecting federal/state guidelines on the Americans with Disabilities Act and Harassment/Sexual Harassment.
  - The sexual harassment policy applies to everyone involved in the educational process, not just student-to-student interactions. This includes instructor-to-student, course coordinator-to-instructor, and any other professional relationships within the course environment. The policy is designed to protect all individuals, regardless of their role, from harassment and to ensure a safe and respectful learning and working atmosphere.
  - A policy is a formalized set of principles designed to guide decisions and actions, often including detailed procedures and mandatory compliance. In contrast, a statement is a concise expression of a position, intention, or fact, used to communicate information or viewpoints. Policies are broader, providing a framework for specific issues, while statements are narrower, serving to articulate specific intentions or beliefs.
7. The course coordinator will be held accountable for any attempt by individuals retained by the course coordinator to compromise the integrity of the National Registry of EMT's (NREMT) cognitive exam. The course coordinator is further obligated to notify BEMS of such attempts.
8. The course coordinator must be licensed to the level of the course he/she coordinates.
9. For a course to be approved and recognized by BEMS, it must be facilitated by a Course Coordinator who has a valid EMS License, EMS Instructor Endorsement, and Course Coordinator Endorsement.
10. The Department of Transportation, National EMS Education Standards (NES) have been adopted by the state as the EMS educational standard to be taught and these standards are not open to modification, interpretation, or change without approval from BEMS, or where applicable, the EMS Committee.
11. The course coordinator shall meet the standards of practice and conduct in all interactions in which they are involved.
12. Course Coordinators, Training Officers, and EMS instructors will adhere to the Professional Conduct and Code of Ethics, Utah Code, Administrative Rule, and/or regulations outlined by the State of Utah and Bureau of EMS.

## **EMS TRAINING ORGANIZATION AND POSITIONS**

### **Course Medical Oversight Requirements and Responsibilities**

The course medical oversight shall:

1. Be a local medical doctor, physician assistant, or nurse practitioner with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols. Note: Only a Utah licensed physician may be used for medical oversight for Advanced Emergency Medical Technician (AEMT) and Paramedic Courses.
2. Assist in recruiting medical experts to present materials in class, consult with Utah's medical director to settle questions of medical protocol, and act as a liaison between the course and the medical community.
3. Approve (along with the course coordinator) all instructors and course personnel.
4. Evaluate and sign affective domain assessment forms for each student.
5. Review the quality of care rendered by the EMS student in clinical and field settings.
6. Ensure student completion and competence in all content areas, elaboration of knowledge, clinical behaviors and judgment, and educational infrastructure as outlined in the National EMS Education Standards (NES) and in psychomotor skills of the National EMS Scope of Practice Model.
7. Co-sign all documents recommending (or not recommending) a student for licensure.
8. Review all examinations and student remediation activities.
9. Required to attend at least five hours of the Emergency Medical Responder (EMR) course and 20 hours of the EMT course. For other courses beyond EMR and EMT, course contact is required, but no specific amount of time is mandated. It is also recommended that Medical Director interaction occurs in various settings, including lectures, laboratory, clinical, and capstone field internship.

## **Course Coordinator/Primary Instructor Requirements and Responsibilities**

The course coordinator who is also referred to as primary instructor in NES, shall:

1. Act as a liaison between students, sponsoring agency, local medical community, and BEMS;
2. Assure completion of the course goals, objectives, information, and training standards set forth in the NES, course coordinator manual, BEMS policies, and Utah Code, and administrative rules;
3. Ensure BEMS course standards are met:
  - a. The 2021 National EMS Education Standards highlight the importance of face-to-face learning with instructors. They recommend using a variety of instructional formats, including face-to-face



instruction, to ensure that students receive comprehensive education and direct interaction with instructors. This direct interaction is crucial for fostering professional behaviors, critical thinking, and effective communication skills necessary for EMS professionals (National Highway Traffic Safety Administration, 2021, p. X).

- b. Class size **will not exceed 36 students** and no less than **two** students. The course coordinator should reschedule the class if only one student shows up for a session.
  - c. A ratio of one Endorsed EMS Instructor to a maximum of six students (1:6) must be maintained during practice and skills pass-off sessions.
  - d. An adequate physical environment must be provided for the success of the overall program, including:
    - i. Safe and comfortable seating for all students.
    - ii. Adequate space for skills demonstration and practice.
    - iii. Adequate heating/cooling, ventilation, lighting, and restroom facilities.
    - iv. Appropriate housekeeping.
    - v. Adequate amount of space or breakout rooms for psychomotor skills demonstration.  
*Note:* The recommended size of an elementary school classroom in the United States with an expected ratio of 20 students per teacher is 900 square feet. This equates to about 45 square feet per student. This is a minimum recommendation. Secondary school classrooms are at least 60 square feet per student. This would imply that a class of 36 students and six instructors would need at least 1,890 to more than 2,500 square feet for a course.
    - vi. Store and maintain equipment in a secure, clean, dry place. It is recommended that all the required equipment for the program be stored at the teaching facility to assure availability for its use.
4. Ensure that all equipment required for teaching is available, clean, in adequate amounts for all students, appropriate for training, and in working condition prior to the start of each class. (Attachment 3 contains a list of the minimum equipment necessary to provide EMR, EMT and AEMT courses.)
  5. Ensure all necessary instructors are present prior to the start of each class.
  6. The course coordinator must be on site and physically available for the course's students and instructors 70% of the time to ensure course continuity. The course coordinator is prohibited from running simultaneous courses if he or she cannot meet the 70% requirement for each course independently.
  7. If the course coordinator is unable to continue coordinating the course and another course coordinator is willing to take over the course, the following must be completed to facilitate the change.
    - a. Mail a written letter requesting the change to the Department of Public Safety, ATTN: EMS, P.O.Box 141775, Salt Lake City, UT 84114-1775, or send an email to [ems@utah.gov](mailto:ems@utah.gov).
    - b. The letter must contain the following statements:
      - i. "I, the current course coordinator, am unable to continue as the course coordinator for course # and request to be relieved of my responsibilities.
      - ii. "I, the proposed course coordinator, understand that by taking over as course coordinator for course #, I assume full and complete responsibility to ensure that all requirements for training are

met and all students who I recommend will meet the competency requirements outlined in the course coordinator manual. I also understand that I will be accountable for any deviation from the training standards regardless of the previous history of this course.”

**c. Signatures from both the current and the proposed course coordinator.**

8. If parties associated with a course (such as an EMS agency or educational institution) feel a change in the course coordinator is warranted due to the course coordinator deviating from the standards outlined in the course coordinator manual, job reclassification, or due to termination of employment, they may request a change in the course coordinator via written letter with the statement b. ii. (listed above), to the Bureau of Emergency Medical Services, P.O. Box 141775, Salt Lake City, UT 84114-1775, or send an email to [ems@utah.gov](mailto:ems@utah.gov). The letter must include the name of the proposed new course coordinator. An investigation into the reported claims will be initiated once the letter is received. No changes will be made until the investigation is complete. Outcomes of the investigation will be available and sent to all parties.
9. Course content, competencies, and skills must be learned, practiced and passed-off under the guidance of State Endorsed Instructors. Course Coordinators may opt to use a Subject Matter Expert (SME), during their course, who is not an Endorsed Instructor by the State but has a deep knowledge of a specific process, function, or technology that is relevant to providing emergency medical care in the pre-hospital environment.
  - a. State Endorsed Instructors (EMS Instructors): All EMS professionals currently licensed by the State, who teach any portion of an EMS course (EMR, EMT, AEMT, and Paramedic) must maintain a current EMS Instructor Endorsement.
  - b. Subject Matter Experts (SMEs): Non-EMS professionals with a deep knowledge of a specific process, function, or technology, with a recognized license, certificate, or degree for the above. Subject Matter Experts are considered authorities qualified to provide instruction on specific topics. Examples include OB nurses, ER physicians, or mental health professionals. Most EMS professionals are experts in their field with a primary function of providing emergency care to the sick and injured. This does not qualify them to be defined as a subject matter expert regardless of years of experience. EMS licensed professionals must be an EMS Instructor, endorsed by the Bureau of Emergency Medical Services, to provide any State approved EMS education.

## **Additional Roles and Responsibilities**

### **Adjunct Coordinator**

An adjunct coordinator assists the course coordinator in managing course delivery. They provide support in executing tasks such as overseeing instructor performance and ensuring course compliance. In the event of unforeseen circumstances, the adjunct coordinator may also assume the responsibilities of the course coordinator.

### **Apprentice Coordinator**

An apprentice coordinator is in training to become a course coordinator. Under the supervision of the course coordinator, the apprentice coordinator gains practical experience in course management, develops competence in the coordinator’s duties, and communicates regularly to ensure the course runs smoothly.

## **Lead Instructor**

The lead instructor works in conjunction with the course coordinator to ensure the curriculum is delivered according to the established standards. They oversee instructors and ensure that any deviations from the curriculum or instructor absence are handled appropriately.

## **Instructor**

Instructors are responsible for preparing and delivering assigned topics according to the National EMS Education Standards (NES), the state's requirements, and the curriculum established by the course coordinator. They must report any concerns regarding student progress or instructional issues to the lead instructor or course coordinator.

## **Lead Agency (for Multi-Agency Courses)**

In multi-agency courses, the leading agency coordinates logistical aspects, including arranging training supplies and maintaining communication with the course coordinator to ensure all standards and policies are met. The lead agency is also responsible for ensuring compliance with applicable policies, such as Title IX and ADA, at their training location.

# **Course Instructors' Requirements and Responsibilities**

The course instructors shall:

1. Be knowledgeable in all aspects of pre-hospital emergency care, adult education techniques, and management of resources and personnel.
2. Successfully complete a BEMS approved program in EMS instruction and be currently endorsed as an EMS instructor.
3. Identify students who have achieved and completed the competencies in the cognitive, affective, and psychomotor domain necessary to function as an EMS professional.
4. Ensure that each student has successfully demonstrated competency in all the psychomotor skills listed in the student minimum competency manuals published by NASEMSO and Bureau of EMS. These skills are listed in the National EMS Education Standards.

# **Psychomotor Instructors Requirements and Responsibilities**

All instructors evaluating and assisting with psychomotor sessions and psychomotor testing must be currently endorsed EMS instructors and licensed to at least the level of the course being evaluated.

# DISTANCE EDUCATION COURSES

## Purpose:

This section outlines BEMS philosophy as it relates to Distance Learning. The EMS Education Standards 2021 defines distance education as the use of online or electronic media to deliver educational content remotely. It recommends that distance education be integrated thoughtfully to complement traditional face-to-face instruction, ensuring that it does not replace the essential direct interaction between students and instructors. Distance education should be used to enhance learning opportunities and provide flexibility, but it must be balanced with in-person activities to ensure comprehensive skill development and engagement.

## Definitions:

**Hybrid:** A live delivery of learning both virtually and in person. It combines face- to -face learning with online learning, also known as blended learning. Combines online education and instruction within a physical location-based classroom. Requires the physical presence of student and teacher with control over time and place.

**In – person:** Traditional brick and mortar instructional style of learning where both the teacher and student are physically located in the classroom where the instruction is being held.

**Web Based Video Conference Software:** An electronic platform that can be used to connect with students in a virtual online world. Platforms include but are not limited to Zoom, GoogleMeet, GoToMeeting, WebEx, Teams, Google Classroom.

**Asynchronous:** Students learn on their own. Students learn the same information and follow the same curriculum but at different locations and different times. Allows students to learn on their own schedule (self-paced). Students can access the materials, lectures, and homework at any time. Examples include, watching prerecorded lectures and discussion boards.

**Synchronous:** Classes run in real time with students and instructors attending together from different locations. Operates like a traditional classroom with a set schedule, live interactive discussions, polls, surveys, and shared documents. Instructors are able to interact with students in a live environment.

**Distance Education:** Describes a variety of learning methods that attempt to accommodate a geographical separation, at least for a period of time. These methods include computer and web-based instruction, distance learning theories, TV or video conferencing, or web-based scenarios. EMS Distance Learning courses and programs should not reduce students' access to an institution's programs or faculty. The use of distance learning technology should be to enhance students' access to institutions programs.

## Application & Purpose

Distance learning must adhere to existing policies and procedures of the Utah Bureau of EMS. The same academic standards for quality and other requirements for traditional courses apply to distance education as well. The Course Coordinator retains the primary role in the development, provision, and control of distance learning courses and programs.

Although distance learning options involve separation by time and/or space from the instructor and/or institution, such endeavors extend the resources to create a supportive teaching and learning environment on the campus and off, especially in pursuit of the goal that all parties involved have appropriate technological and other resources available to them.

Though the technologies used to deliver distance education may change frequently, these applications, goals, and responsibilities remain, and this document will continue to provide general guidance on various issues involved in the offering of distance learning courses.

## Course Approval

All courses to be offered in a distance learning format must be submitted through the existing BEMS course approval process with some additional requirements for the Course Coordinator outlined in the Course Implementation section, specifically items 1-4 will need to be added to the documentation section during the course request process.

Course Coordinators must ensure all skill stations are conducted in person and must maintain a 1:6 (instructor: student) ratio for all skill assessments regardless of location.

Distance education courses are expected to produce equivalent learning outcomes as comparable classroom-based courses. These learning outcomes are clearly identified in terms of knowledge, skills, or credentials in course and program materials. The means chosen for assessing student learning are appropriate to the content, learning design, technologies and characteristics of the learners.

## Course Implementation

All programs wishing to provide Distance Education courses must conform to the following requirements:

Course Coordinators will have written policies, which will be made available to each student, regarding:

1. Admission requirements;
2. Minimum requirements for technological needs for students enrolling in an EMS training program utilizing distance education to include, but not limited to, hardware, software, and internet connection speed;
3. A schedule identifying weekly access to the EMS instructors while the EMS training program is in session to allow for direct communication between EMS instructors and students. This should include, but not be limited to, telephone numbers, email addresses and office hours;
4. Online procedures for course administration and completion.
5. Creates and maintains a complete student course data file to demonstrate student activity and ensure that the following information, at a minimum, is collected and retained:
  - a. Student's name;
  - b. Dates and times of student activity in the EMS training program and verification of the amount of total time spent utilizing the distance education portion of the program;
  - c. The reason a student was suspended or failed to complete the EMS training program utilizing online education or distance learning;
  - d. Records must be stored and easily accessible for any State audit.

*All Web based content shall be recorded and subject to audit.*

# COURSE DOCUMENTATION AND RECORDS

## Course Requests

1. Prior to requesting a course, the course coordinator is responsible to ensure BEMS has a current copy of the following policies (all courses):
  - a. The agency/training center's Americans with Disabilities policy.

- b. The agency/training center’s sexual harassment policy.
  - c. A signed course coordinator contract. This is completed with the Course Coordinator Endorsement Application.
  - d. Additional requirements for Blended (Distance Education) Courses:
    1. In the course request process, the course coordinator must select “yes” to the Online Course tab (**this includes any Hybrid type course**);
    2. Distant Learning course offerings will be identified in the course syllabus and/or schedule. The class listing will notify students when such courses will be conducted in a distance education format and about any software and hardware requirements for participation. The program is responsible for indicating the mode of instruction for each lecture when the course schedule is submitted to BEMS;
    3. Students enrolled in blended classes will be given the same rights and responsibilities as students enrolled in standard courses.
2. The following documents and fees must be submitted to BEMS at least 30 days prior to the start date of the course or late fees will be applied:
- a. A course request must be submitted. The online course request can be found at [emsl.license.utah.gov](http://emsl.license.utah.gov). Claim your account to login. Once you log in the next screen will show tabs indicating Person, Course, Application, Home, and Logout near the top. To request a course, go to the Manage tab. Click on Add New Course on the upper right of the page. This brings up a choice of course types. Request the course type you need and complete the course request form. If you are unable to access the online course request or run into any problems, please email [ems@utah.gov](mailto:ems@utah.gov) or call 801-273-6666.
  - b. A course request must include all the following to be approved (broken down by the tabs):
    - i. Details:
      1. Online Course (for any blended courses)
      2. Location
      3. Course Coordinator
      4. Primary Instructor – Usually the course coordinator
      5. Co-Instructors – All instructors who will be assisting with the course - must meet the 1:6 ratio
      6. Medical Director
      7. Description – This is a brief description of the course that can be seen by prospective students
      8. Start and end dates
      9. Course Capacity – The maximum number of students - must be consistent with the 1:6 ratio. (Course cannot exceed 36 students)
      10. Training Location
      11. Contact information for the course (email and phone number)
      12. Co-Coordinators – Enter co-coordinator of record here. Max number of apprentice coordinators seeking endorsement for any course is 2. Max number of course coordinators for any course is 3. The combined number of course coordinators (including primary) cannot exceed 4.
      13. Course Fees – any fees to the student for the course or licensing

- ii. Course Hours: This is the total number of hours of the course, it must meet the minimum requirements put forth by the state of Utah
- iii. Prerequisites: Not needed in most cases
- iv. Attendees: As students sign up, they will populate here
- v. Documents:
  - 1. Schedule: date, time, presenters, primary instructor, EMS instructors, a breakdown of the instructional schedule, course location, NES module, and lessons. The A-EMT and paramedic courses must also include the applicable NES lessons on the course schedule.
  - 2. Courses that offer distance learning will be identified in the course syllabus and/or schedule. The class listing will notify students when such courses will be conducted in a distance education format and about any software and hardware requirements for participation. The program is responsible for indicating the mode of instruction for each lecture when the course schedule is submitted to BEMS.
  - 3. Syllabus
    - a. Textbook and online resources to be used
    - b. Student expectations
    - c. Classroom rules
    - d. Grading schema
  - 4. ADA Statement
  - 5. Sexual Harassment/Harassment Policy
- vi. Tests: N/A
- vii. Skill Exams: N/A

c. Course request fees are set by the Fee Schedule. The amount will be listed in the course request application and will be available to pay online or by check or credit card. Advance payment for courses will not be accepted. Only currently requested courses will be eligible for payment. Course request fees for all approved courses are nonrefundable and cannot be held for later courses in the event of a canceled course.

3. If **completed** course request documents and fees are not received in the BEMS office at least 30 calendar days before the start date of the course, a late fee of \$10 per day (up to a maximum of \$150) will be added to the course request fee. If the course coordinator fails to submit all completed course request documentation by the start date of the requested course, the course request will be denied, and the process must be restarted. **Students in unapproved courses will not be eligible for certification or licensure.**

#### 4. Multi-Agency Courses

Multi-agency courses provide a collaborative approach to EMS training, allowing multiple agencies to participate under one coordinated program. The following requirements must be adhered to for submitting and conducting a multi-agency course.

##### Course Request Submission Requirements

When submitting a course request for a multi-agency course, the following elements must be included:

1. **Lead Agency Identification:** One agency must be designated as the lead agency responsible for submitting the course request to the Bureau of EMS.
2. **Course Coordinator Information:** The lead agency must list the course coordinator, who will oversee the entire course. This individual must be endorsed and qualified, as outlined in the *Course Coordinator Manual*.
3. **Participating Agencies:** All participating agencies must be listed in the course request. The course coordinator must ensure that each participating agency follows the same syllabus, schedule, and curriculum.
4. **Instructor Information:** The course request must include a complete list of instructors from all agencies, with proof of their endorsements and qualifications. The course must maintain a 1:6 instructor-to-student ratio across all participating agencies.
5. **Course Schedule and Syllabus:** A unified course schedule and syllabus must be submitted with the request. These documents must outline the dates, times, and topics for each session and ensure consistency across all agencies. If the original schedule is not followed, the course coordinator must submit a final course schedule reflecting any changes.
6. **Medical Director:** The course medical director must be identified in the course request. The medical director is responsible for overseeing the clinical and medical aspects of the course.
7. **Required Forms and Signatures:** The course request must include any required forms from the Bureau of EMS, signed by the course coordinator and medical director.
8. **Fee Payment:** The course coordinator is responsible for ensuring that all required fees are paid to the Bureau of EMS at the time of submission.

#### Course Capacity and Instructor Ratios

1. **Student Capacity:** The student capacity for multi-agency courses is limited to a maximum of 36 students, regardless of the number of agencies participating.
2. **Instructor-to-Student Ratio:** A 1:6 ratio of instructors to students must be maintained at each training location. Each agency must ensure that sufficient instructors are available to meet this ratio.

## Roles and Responsibilities in Multi-Agency Courses

### Course Coordinator

The course coordinator holds overall responsibility for the course and must ensure compliance with all state regulations and policies. Responsibilities include:

1. Submitting the course request to the Bureau of EMS and ensuring all fees are paid.



2. Creating the course syllabus and schedule, ensuring all agencies adhere to it.
3. Determining the curriculum to be used and arranging for a course medical director.
4. Verifying that all instructors are endorsed and qualified for their respective roles.
5. Monitoring instructors and ensuring they deliver the course content effectively.
6. Establishing and overseeing skill tracking methods.
7. Arranging clinical experiences for students and tracking their progress.
8. Confirming that course completion requirements are met and recommending students for state and national testing.
9. Obtaining signatures from the Medical Director on necessary Bureau forms.
10. Training new apprentice coordinators as needed.
11. Ensuring a replacement is found in case of any unforeseen circumstances that prevent the coordinator from fulfilling their duties.

### **Adjunct Coordinator**

An adjunct coordinator supports the course coordinator in fulfilling their duties. The adjunct coordinator's responsibilities include:

1. Assisting the course coordinator with the execution of course tasks.
2. Stepping in as a replacement for the coordinator if necessary.

### **Apprentice Coordinator**

An apprentice coordinator is a trainee working under the supervision of a course coordinator to develop the skills necessary for the role. Through consistent communication and hands-on involvement in course planning and execution, they are expected to gain competency in all responsibilities required of a course coordinator.

### **Lead Instructor**

The lead instructor, often designated by the course coordinator, plays a key role in delivering course content and managing instructors. The lead instructor is responsible for:

1. Regularly updating the course coordinator on the progress of the course.
2. Ensuring all instructors follow the course policies and procedures and teach according to the curriculum.
3. Stepping in to teach a class if an instructor becomes unavailable.

### **Instructor**

Each instructor is responsible for delivering assigned course material in accordance with the state, national, and course-specific standards. Their responsibilities include:

1. Preparing for and delivering the topics assigned to them in the course syllabus.
2. Reporting any concerns or issues to the lead instructor or course coordinator.

### **Lead Agency**

The lead agency plays a crucial logistical role in ensuring the success of the multi-agency course. Responsibilities include:

1. Arranging for the necessary training supplies and course materials at their site.
2. Ensuring that all course coordinator policies and procedures are enforced at their location.
3. Providing appropriate space and resources to ensure a positive learning experience for students.
4. Communicating regularly with the course coordinator to ensure that all standards are met.
5. Ensuring compliance with policies regarding sexual harassment, Title IX, ADA, anti-discrimination, and affirmative action, as outlined in the course request.

## After the Start of the Course

Within 15 calendar days after the course starting date, the following must be completed/submitted to BEMS:

- a. Complete student roster.
- b. Students must complete the process establishing their state account/application, and
- c. Course coordinators will enter all students into the course request under the attendee tab.  
**Note: students who are not listed under the attendee tab will not be processed until it is completed by the course coordinator.**

Within 30 calendar days after the course starting date, the following must be submitted to BEMS or late fees may be applied:

- a. Completed online applications for all students in the course.
- b. Pay all applicable fees.

The course coordinator shall ensure that students who wish to apply for a license will be at least 18 years old prior to licensing at the EMT level. For EMR licensing, the candidate must be at least 16 years of age.

All students must fill out an online application and pay the applicable application fees. If a student has doubts about becoming licensed, the student should mark the “audit” on the application and pay the audit fee. If that person changes their mind at a later date, they may still be eligible to license. To be eligible they must pay all applicable licensure fees and complete all required documentation within 120 days of the course completion. They will also be charged a \$75 late fee.

**No refunds will be issued for licensure fees.**

Because BEMS conducts quality assurance reviews on courses, all changes to the course schedule, including dates, topics, and locations, must be submitted to BEMS within three working days of the decision to alter the schedule and prior to the date of the proposed change. We realize that emergencies happen, but in those cases, please e-mail [ems@utah.gov](mailto:ems@utah.gov) or call 801-273-6666.

If completed course paperwork is not received in the BEMS office within 30 calendar days of the beginning of the course, a late fee of \$10.00 per day (up to a maximum of \$150.00) will be assessed to the course coordinator. BEMS will not accept late paperwork without all fees. If the course coordinator does not pay all fees by the end of the course, BEMS may act against the course coordinator’s endorsement and no additional courses will be approved until all course paperwork is received, fees are paid, and other corrective actions have been satisfied.

## Criminal Background Check

1. Students with questions concerning their criminal histories are encouraged to contact BEMS before starting a course, to determine whether criminal history would disqualify the student from certifying. **Note: Criminal histories are a confidential record, and the course coordinator may be held liable for any breach of confidentiality regarding a student's criminal records.**
2. BEMS requires that all initial licensing and license renewing EMS personnel submit LiveScan fingerprints for FBI and Rap Back DACS background checks. Hard copies of fingerprints are accepted in the main office; however they take longer to process (2-4 weeks).
3. A list of other locations for fingerprints is sent to all applicants with the information on how to claim their DACS form. List of other locations can also be found on the Bureau's website: <https://ems.utah.gov/>
4. Applicants who have previously submitted fingerprints to BEMS may be required to have their fingerprints taken again.

## Harassment and Americans with Disabilities Act

The course coordinator must give each student a copy of the course's sexual harassment/harassment and Americans with Disabilities Act (ADA) policies. If the course coordinator becomes aware of any student who may qualify under the ADA, the coordinator must inform the student that while they may complete the course there is a chance they may not be able to become licensed depending on their ability to perform the essential functions of the position. If a student has a disability that requires special accommodations, that student should fill out and submit the "Declaration of Understanding," which is a request for specific accommodation. Requests for accommodation should be submitted to the BEMS when the application is submitted. Requests for accommodation must be accompanied by evidence of a previously documented learning or physical disability diagnosed by a psychologist or a physician.

## At the Completion of the Course

The following must be submitted to BEMS within 15 days after the course ends or late fees may be applied:

1. An official BEMS letter of recommendation, signed and submitted by the course coordinator and medical director verifying completion of the course with the name of each student who is being recommended for licensure. This may be done by email through the course coordinator to the medical director and sent to [ems@utah.gov](mailto:ems@utah.gov). These documents state that the course coordinator and the medical director can personally attest and verify that the individual has:
  - a. Demonstrated that they can competently perform all psychomotor skills and competencies in accordance with the applicable license level and have completed the student minimum competency requirements.

- b. Completed the required clinical training.
  - c. Completed the required hours of instruction.
  - d. Completed all the requirements of the NES objectives as adopted and BEMS policies. **Note: Even though a student has completed a course, BEMS reserves the right to deny a license for good cause.**
2. Documentation for each student who is not being recommended for licensure along with an explanation as to why the student is being denied. **This must be on a separate page of the recommendation form.**
  3. If there were any changes or deviations from the original course schedule, the course coordinator must submit a revised final course schedule.
  4. If the letters for each student enrolled in the course are not received by BEMS within 15 days of the end date of the course, a late fee of \$10.00 per day (up to a maximum of \$150.00) will be assessed to the course coordinator. BEMS will not accept late recommendation letters without all fees. If the course coordinator does not pay all fees within 30 days following the course completion, BEMS may take action against the course coordinator's certification and no additional courses will be approved until all recommendation letters are received, fees are paid, and other corrective actions have been satisfied. **Note: Students who took the course will not be allowed to test (cognitive or psychomotor) until the letter of recommendation has been received by the bureau.**

## Retention of Records

The course coordinator must maintain the following records for seven years:

1. A copy of the Student Acknowledgement of Bureau Policies and Procedures.
2. Records of daily student attendance and performance for each lesson. Attendance forms should include date, total hours, subject, module, lesson, and objectives covered and a list of the applicable educators.
3. Results and content of evaluation and counseling sessions, including remediation forms (as necessary). This should include comments (when appropriate) regarding the need for skills improvement, knowledge, attitude, or personal habits. Grades for each cognitive examination and completed checklists for each skill evaluation.
4. Psychomotor training record forms for each student, indicating all training has been completed and the student has demonstrated competency in all the skills outlined in the psychomotor competencies of the NES and the instructor guidelines for the appropriate license level.
5. Instructor performance evaluations from the course coordinator and quality improvement surveys from the students for each instructor. This may also include the course evaluations.

6. Documentation that each student completed the required clinical experience (see clinical requirements), including the description of the clinical and field rotations (prehospital experience).
7. Completed assessment logs.
8. Copies of any formal communication sent to BEMS.
9. The final course schedule must include all revisions and show how the course was conducted.
10. A roster of all EMS instructors, including full name and EMS number with the course number, number of hours, subject(s), and date(s) taught.
11. Completed recommendation and non-recommendation letters on file.
12. Completed and signed Affective Behavior Evaluation form (minimum of three) for each student. Assessment form can be found on the Bureau's website. A total of two assessments are required for each student. Evaluations will be conducted mid-course and at the end of the course.

## **COURSE QUALITY IMPROVEMENT AND QUALITY ASSURANCE**

There is a difference between quality improvement and quality assurance. Quality improvement is a means to improve a program's effectiveness in providing a sound educational experience. Quality assurance reviews are a detailed inspection of the program's recordkeeping. Quality improvement can be a collaborative effort between the course coordinator and BEMS to improve the educational program. Course quality assurance reviews are an inspection conducted by BEMS to ensure proper recordkeeping.

### **Quality Improvement**

Quality improvement (QI) is a continuous process that aims to enhance the effectiveness and efficiency of the course coordinator's program(s), ultimately leading to better student outcomes and higher program quality. The goal is to ensure that the course structure, content delivery, and student competency are optimized through regular evaluation and adjustments.

#### **Program Evaluation**

After each course, program staff should conduct a thorough evaluation to assess the overall effectiveness of the program. This evaluation should include feedback from students, which can be collected via post-program evaluation surveys. The following key questions should guide the evaluation process:

1. Did the program conform to the course design?

2. Were the resources adequate?
3. Were the skills labs effective?
4. Did the guest speakers provide valuable information?
5. Were the instructors effective in delivering the material?
6. Can other instructional methods be incorporated in future courses?
7. What were the participants' comments?
8. How could the course be improved?
9. Was the course cost-effective?

At the end of the program, faculty members should meet to review the course's success. Topics for review include content design, measurement of learning objectives, course completion criteria, and participant feedback. Based on this review, necessary adjustments can be made to improve future courses.

### **Tracking Success Rates for Motor Skills**

As part of the QI process, programs must track student performance on key motor skills to ensure consistent competency. This is done through detailed documentation of each student's success rates in critical skills over time. The following guidelines outline how to track and assess motor skills:

1. **Skill Performance Tracking:** Programs are required to maintain a detailed log of each student's performance in key motor skills, such as:
  - a. Intravenous Access
  - b. Ventilations (Bag-Valve Mask or Supraglottic Airway)
  - c. Medication Administration (Intravenous, Intramuscular, Intraosseous)
  - d. Defibrillation
  - e. Chest Compressions

For each skill, both successful and unsuccessful attempts must be recorded. These logs should reflect both live patient encounters and simulations, where applicable.

1. **Cumulative Success Rate Metrics:** Programs should calculate cumulative success rates for each motor skill to provide a comprehensive view of student progress. For example:
  - a. **Intravenous Access:** The student must achieve an 80% success rate over at least 25 attempts to demonstrate proficiency.
  - b. **Ventilations:** The student must successfully ventilate 15 patients with a cumulative success rate of 90% or higher.

Cumulative success rates reflect the student's ability to reliably perform skills over multiple attempts rather than a single performance.

### **Affective Assessments and Professional Behavior**

In addition to evaluating cognitive and psychomotor competencies, programs must incorporate affective assessments to track the development of students' professional behaviors, attitudes, and values. The affective domain is essential to ensure that students are prepared not only technically but also emotionally and ethically to handle the high-stress environments of emergency medical services (EMS). The following guidelines outline the requirements for affective assessments as part of the Quality Improvement process:

1. **Affective Behavior Tracking:**

- a. Each student must undergo a minimum of three affective behavior assessments during the course. These assessments are designed to evaluate critical behaviors such as:
    - Professionalism
    - Communication skills
    - Ethical decision-making
    - Adaptability under stress
    - Teamwork and leadership in clinical and field settings
  - b. Assessments should be spaced throughout the course to allow for monitoring of progress over time. Feedback should be provided to students after each assessment, and areas requiring improvement should be clearly identified.
2. Documentation and Remediation:
- a. Affective assessments must be documented in the student’s portfolio, similar to cognitive and psychomotor skills tracking. If a student does not meet the required standards for affective behavior, a remediation plan must be implemented. This plan should include specific goals for improvement and strategies for achieving those goals (e.g., additional counseling, mentorship, or behavioral training).
3. Continuous Monitoring:
- a. As part of the continuous Quality Improvement process, program coordinators and instructors should regularly review affective assessment data to identify trends in student behavior. This data helps ensure that students are developing the emotional intelligence and professionalism necessary for EMS roles.
  - b. Programs should encourage open dialogue with students regarding affective domain expectations, emphasizing the importance of professionalism, empathy, and ethical behavior in their future roles as EMS providers.
4. End-of-Course Review:
- a. During the final program review, faculty members should evaluate whether students have consistently demonstrated appropriate affective behaviors throughout the course. This evaluation should include discussions on how effectively the program instilled professional values and whether additional instructional methods or adjustments to the curriculum are necessary to strengthen this area in future cohorts.

### **Competency Tracking and Portfolio Documentation**

As part of the Quality Improvement process, competency tracking for cognitive, psychomotor, and affective skills is essential. Programs must maintain a portfolio for each student, which includes:

1. **Cognitive Competency:** Evaluation of theoretical knowledge through examinations and quizzes, as outlined in the course curriculum.
2. **Psychomotor Competency:** Detailed tracking of motor skills, including successful and unsuccessful attempts for key skills like intravenous access and ventilations, as well as cumulative success rates.
3. **Affective Competency:** Assessments of professional behavior, communication, and ethical decision-making conducted at least three times throughout the course.

These portfolios will serve as a comprehensive record of student performance and will be reviewed as part of the quality assurance process to ensure that students meet the required competency standards for certification and licensure.

Programs should periodically review the students' portfolios to identify students who may need additional remediation. If a student's success rate falls below an acceptable threshold, a remediation plan must be developed and implemented.

### **Continuous Quality Improvement**

Cumulative success rate data should be regularly reviewed by program coordinators and medical directors as part of the overall QI process. This data helps identify trends, highlight areas where students or instruction may need improvement, and refine the teaching of motor skills. By tracking success rates and implementing continuous improvements, programs ensure students achieve consistent competency across essential skills.

### **BEMS Support in Quality Improvement**

The Bureau of Emergency Medical Services (BEMS) can assist the course coordinator in the QI process by:

1. Helping assess the validity and reliability of written and psychomotor evaluations used in the course(s).
2. Providing support for a thorough analysis of all program functions.
3. Aiding in the development of instructors.
4. Introducing appropriate applications of technology into the classroom.

The QI process may also be conducted independently of BEMS, though the bureau is available for support as needed.

## **Quality Assurance Reviews**

The course quality assurance review process is designed to ensure that all records for the course are maintained by the course coordinator and that they are accurate and comply with the requirements in this document, BEMS policies, administrative rules, and the EMS Systems Act. This is a detailed inspection of all records for a course or several courses. The main emphasis is to ensure correct and accurate documentation of course records. The quality assurance review may be conducted in conjunction with quality improvement assistance.

# **COURSE REQUIREMENTS**

## **Minimum Hour Requirement**

The EMS National Education Standards is competency based. Each educational level assumes mastery of previously stated competencies. Everyone must demonstrate each competency within his or her scope of practice and for patients of all ages.

In other words, the course length is based on the time it takes to instill the knowledge and skills to demonstrate each competency. The National Association of State EMS Officials (NASEMSO) course length is estimated to take approximately *48-60 hours for EMR, 150-190 hours for EMT, 150-250 hours for AEMT, and 1,100-1,800 hours for Paramedic training.*



**In Utah, the following are the minimum hours the bureau will allow for a course request to be approved.**

1. EMR:
  - a. 48 clock hours of classroom instruction and psychomotor lab time
  
2. EMT/Advanced EMT (AEMT):
  - a. Instructors may use a variety of formats to deliver content including but not limited to:
    - independent student preparation,
    - synchronous or asynchronous instruction,
    - face-to-face instruction, or
    - pre- or co- requisites.
  
  - b. Course length should be based on competency, not hours. The consensus opinion is that students should need a minimum of 150 clock hours for the EMT and 200 hours for the AEMT including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material.
    - **State courses for EMT and AEMT must have a minimum of 120 clock hours.**
      - Pre- or co- requisites cannot be included in the 120-hour minimum.
      - Clinical and field time cannot not be counted towards the minimum in person hours.
  
3. Paramedic:
  - a. As directed by the accreditation body.

## **Clinical Experience**

Hospitals and ambulance services have requested that BEMS outline their requirements and standards. In turn, DPS-BEMS has advised all agencies to send students home if they do not meet the agency standards regarding cleanliness or appropriate dress. They must also adhere to the following procedures:

1. Students must adhere to the Professional Conduct & Code of Ethics for EMS Providers outlined by the Office of Emergency Medical Services and Preparedness It can be found on the BEMS website at [https://ems.utah.gov/wp-content/uploads/sites/34/2024/08/Professional-Conduct-and-Code-of-Ethics\\_2024-1.pdf](https://ems.utah.gov/wp-content/uploads/sites/34/2024/08/Professional-Conduct-and-Code-of-Ethics_2024-1.pdf)
  
2. The student must wear appropriate clothing for a health care environment. This means clean, odor free, intact, and comfortable clothing. No pants with holes or tears, no shorts, no footwear that exposes the foot, and no clothing with anything offensive on it.
  
3. The student should be clean-shaven or have neatly trimmed facial hair. Long hair should be fastened back. The course coordinator must contact the facilities where the students' clinical experience is being held and determine the requirements of that facility's dress code. That information should be passed along to the students.

4. The course coordinator is responsible for ensuring the students receive adequate training in Body Substance Isolation (BSI) to assure the student's safety in the clinical environment. The course coordinator must have a written plan for students to follow in the event of contamination or exposure. This may be accomplished through an agreement with the clinical agency.
5. The students must wear an identification badge, have a pen and a watch, and bring their Psychomotor Training Record Form to be signed by clinical personnel.
6. Clinical/field rotations: EMS trainees are required to have patient interactions in an actual working environment.
  - a. These requirements are designed so the student can gain psychomotor experience while gaining confidence through demonstrating competency.
  - b. The student should assess and develop a treatment plan by each level of course listed below:

EMR:

- None required

EMT:

- Students should observe emergency department operations for a sufficient period of time, so they develop an appreciation for the continuum of care. Students must also perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or on standardized patients, if clinical settings are not available.

AEMT:

- The students must complete all the requirements outlined in the BEMS\_AEMT Student Minimum Competency Manual.
- Both live and simulated patient experiences are acceptable for specific pathologies and conditions, as outlined in the AEMT Student Minimum Competency document.
- The student must demonstrate the ability to safely administer medications (the student should safely and properly administer medications at least 16 times to a "live patient" or on standardized patients if clinical settings are not available).
- The student must demonstrate the ability to safely gain vascular access (the student should safely and successfully access the venous circulation at least 25 times on "live patients" of various age groups or on standardized patients if clinical settings are not available).
- The student should demonstrate the ability to effectively ventilate non intubated patients of all age groups (the student should effectively ventilate at least 15 "live" patients of various age groups or on standardized patients if clinical settings are not available).
- The student must demonstrate the ability to perform adequate assessments and formulate and implement treatment plans for patients with conditions such as trauma, cardiac arrest, respiratory distress (5-8 exposures for each), chest pain, and respiratory distress.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status.

- The student must demonstrate the ability to perform adequate assessments across 50 patient exposures, covering various age groups, including pediatric, adult, and geriatric patients.

#### Paramedic

- As indicated in the paramedic program guide.
- As directed by the accreditation body.

## Simulation and Live Patient Exposure Requirements

In accordance with the *AEMT Student Minimum Competency* guidelines, simulation may be used to supplement live patient encounters in certain circumstances. The following guidelines outline when and how simulations can be utilized to meet patient exposure requirements:

### 1. Simulation Use:

- Simulation is permissible when live patient encounters are not feasible or when certain conditions or pathologies are rarely encountered in clinical or field settings. Simulations should accurately replicate real-world conditions and provide students with opportunities to demonstrate competency in a controlled environment.
- Simulations may be utilized for the following conditions:
  - Uncomplicated and Complicated Obstetric Deliveries (e.g., breech, shoulder dystocia) – up to 100% simulation is permitted.
  - Cardiac Arrest – up to 50% simulation is permitted.
  - Distressed Neonates – up to 100% simulation is permitted.
  - Psychiatric/Behavioral Emergencies – up to 50% simulation is permitted.
  - Other Medical Conditions (e.g., gastrointestinal or endocrine emergencies) – up to 50% simulation is permitted.

### 2. Live Patient Encounters:

- Live patient encounters remain a critical component of clinical and field experience, particularly for developing competency in high-frequency, high-risk conditions. Programs should prioritize live patient exposure for the following conditions:
  - Trauma – A minimum of 50% live patient exposure is required.
  - Respiratory Distress/Failure – A minimum of 50% live patient exposure is required.
  - Cardiac Pathologies (e.g., acute coronary syndrome) – A minimum of 50% live patient exposure is required.

### 3. Documentation and Verification:

- All simulation and live patient experiences must be documented in the student's portfolio. The course coordinator and medical director must verify that students have met the minimum exposure requirements across both simulated and live patient encounters.
- Programs must demonstrate that each student has participated in a balanced mix of simulation and live patient encounters, ensuring exposure to a variety of patient ages, pathologies, and environments.

These guidelines are designed to ensure students are prepared to handle real-world patient care situations while providing flexibility for the use of simulation where live patient encounters are limited.

## License Requirements for the Students

1. Submit completed online application form and pass DACS background check.
2. Submit completed Declaration of Understanding form as part of online application and meet Requirements.
3. Submit all applicable licensure fees.
4. Successfully complete the EMS license course and receive a recommendation for license from the course coordinator and course medical director.
5. Successfully complete the National Registry Cognitive exam. The cognitive exam is taken on a computer at a Pearson Vue testing site. Tests for all levels consist of multiple-choice questions. This is a timed test. The test results are mailed via NREMT notification.
6. Successfully complete the psychomotor skills examination, if applicable. Each license level and its components are listed below:

Test Type	Composition
EMR	Psychomotor exam (within the course)
EMT	Psychomotor exam (within the course)
AEMT	Psychomotor exam (within the course)
Paramedic	Psychomotor exam (within the course)

7. Preliminary test results will be given at the testing site. Official results for AEMT and paramedic will be published by the NREMT. Due to privacy laws test results cannot be given over the telephone.
8. All course requirements and testing must be completed within two years of the course completion date. Any delay is cause for the student to be denied state licensure.

# Responsibility to the Student

The course coordinator will:

1. Provide each student with the following items at the beginning of the course (or at the appropriate time):
  - a. BEMS Student Handbook (EMR and EMT only)
  - b. Reference to applicable National Education Standards (NES)
  - c. Textbook consistent with current NES guidelines
  - d. A workbook, study guide, or online platform that accompanies the textbook
  - e. A copy of the course psychomotor skills pass-off sheet
  - f. I.D. badge for clinical or field experience (required for psychomotor skills labs and clinical)
  - g. Letter(s) of Indemnification for each student to those agencies requiring such protection, i.e., hospitals, ambulances, rescue services, etc.
  - h. Printed ADA policies or a web posting of the ADA policies with a review of the content in class
  - i. Sexual Harassment/Harassment policies
2. Ensure that the student understands BEMS license policies and requirements. The student must sign a student acknowledgement form, which covers:
  - a. Course attendance requirements
  - b. Application requirements and background checks
  - c. ADA policies and Declaration of Understanding
  - d. Fee requirements
  - e. Testing requirements and procedures
3. Provide remediation to each student who fails to achieve a set level of performance before moving on to another section of the course. A remediation form must be documented by an instructor for any student needing improvement. That form must be maintained by the course coordinator.
4. Ensure all BEMS required documentation, and tasks are completed within the timelines outlined in this handbook to prevent unnecessary delays in the student's test and license schedule.

5. Ensure all students are familiar with and know how to obtain copies of the NES.
6. Ensure that students have successfully completed all skills, objectives, and required class time, as outlined in the NES. For EMTs and above, that includes information in this manual.
7. Ensure all students are thoroughly informed of all BEMS and NREMT testing, and license policies and procedures contained in this handbook.

## Student Expectations

This training program is detailed and exact. The EMS provider is an important, recognized part of the medical profession. The standards are high in order to maintain the respected position of the medical profession and the community. To become a fully licensed EMS provider, it is necessary for the student to comply with certain requirements. The requirements are as follows:

1. **Attendance.** Students will be required to attend all scheduled classes. If the student is unable to attend a class (illness, etc.), the student must make arrangements with the course coordinator to make up the time and material missed.
2. **Documentation.** Students are required to submit a complete BEMS application and a complete Declaration of Understanding along with their application.
3. **Class Participation.** Students will be evaluated by the instructors, course coordinator, and medical director during the course in areas such as dependability, attitude, maturity, the ability to relate well with others, and the 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.
4. **Identification.** Students will be provided with an identification badge. The badge must be worn at all times during the psychomotor skills labs and clinical and field requirements. This is to ensure verification of the individual's identification while performing skill demonstrations at the clinical and field portion of the course.
5. **Functional Job Requirements.** Students must be able to read, write, speak, and understand the English language.
6. **Psychomotor Training Record Form.** The students will be given a psychomotor training record at the beginning of the course, which must be signed off by the certified EMS instructors and clinical personnel during each phase of the training. This completed record must be returned to the course coordinator, who will retain them for at least seven years.
7. **Affective Behavior Assessment Form.** The 2021 National EMS Education Standards emphasize the importance of assessing the affective domain to ensure students develop essential professional behaviors, attitudes, and values. To meet these standards, students are required to complete a minimum of three affective behavior

assessments. These assessments are 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.

8. **Clinical Experience.** The student is requested to complete clinical education including completion of a pre-hospital patient care report, filled out as if they were practicing in the field. This is accomplished in a hospital, clinic, doctor's office, care center, and/or ambulance setting. The student should make every possible attempt to appear at the scheduled times. If for some reason the student is unable to attend, the student should contact the course coordinator as soon as possible.
9. **Recommendation for Licensure.** The course coordinator and medical oversight must agree that the student has met course completion requirements specified in the NES and this manual and verify those findings in a letter of recommendation to BEMS.
10. **Cognitive Test.** At the conclusion of the course, the student must successfully complete an NREMT administered test. It is graded on a pass/fail basis (percentage scores are not available). The student will be allowed three attempts to pass this test. If a student is still unable to successfully pass the test a remediation course is required before three additional tests may be scheduled.
11. **Psychomotor Examination.** A psychomotor examination will be administered by the course coordinators and instructors for the EMR, EMT, AEMT, and Paramedic students in accordance with BEMS and NREMT policy.
12. **State Licensure.** State licensure may be issued upon successful completion of the above listed requirements. These requirements must be met within two years of the completion of the course. It takes approximately three weeks following testing for the results to be processed and for the student to receive their license in the mail.

## EMR

### EMR: Course Prerequisites

*Each student must be CPR certified before the course begins.* The following options can be utilized to accomplish this requirement:

1. Ensure that the EMR candidates have a current CPR card before they enter the program.
2. Offer CPR programs before the EMR program begins.
3. Establish a time prior to the beginning of the EMR program and require all students seeking to enter the EMR program to participate in the CPR class.

Acceptable certifications are listed in this document:

[https://ems.utah.gov/wp-content/uploads/sites/34/2024/07/bems\\_approved\\_course\\_list-2024.pdf](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 EMR course.

### **Assessing Student Achievement**

The training program includes several methods for assessing student achievement. As mentioned before, quizzes of the cognitive and psychomotor domains should be provided at the completion of each lesson. Time should be allocated at the end of each content area for a cognitive and psychomotor evaluation. The course coordinator/primary instructor is responsible for the design, development, administration, and grading of all cognitive and psychomotor examinations. The program should feel free to use outside psychomotor evaluation instruments or those found in textbooks. All cognitive examinations used within the program should match the content and concepts of required knowledge for a level of license being taught and the test should be administered so it appropriately reflects the student's actual knowledge base. Instructors are encouraged to use outside sources to validate examinations and/or as a source of classroom examination items.

The primary purpose of EMS courses is to meet the entry-level job expectations indicated in the job description. Therefore, each student must demonstrate knowledge, attitude, and skills included in each content area taught in the course. It is the responsibility of the course coordinator and medical oversight to ensure that students attain proficiency in each content area of instruction before proceeding to the next area. If, after counseling and remediation, a student fails to demonstrate the ability to learn specific knowledge, attitudes, and skills, the course coordinator may dismiss the student. The level of knowledge, attitude, and skills attained by students in the course will reflect in their on-the-job performance as EMS personnel. Their performance ultimately reflects on the course coordinator, primary instructor, and medical oversight. It is not the purpose of the certifying examination to assure successful completion over competency in the course. Course coordinators should recommend only qualified candidates for certification/licensure.

Requirements for successful completion of a course include:

**Cognitive** – Students must receive passing grades on all module examinations and the final examination. Special remedial sessions may be utilized to assist in the completion of a specific content area. Scores should be in accordance with accepted practices.

**Affective** – Students must undergo a minimum of three affective behavior assessments, though it is highly encouraged to complete additional assessments. These assessments require students to demonstrate professional behavior, positive attitudes, effective communication, ethical decision-making, and adaptability under stress. By engaging in more than the minimum required assessments, students have more opportunities to address any concerns and ample time to improve or correct behaviors before the course is completed. Successfully meeting these criteria ensures that students are not only technically competent but also capable of providing compassionate and ethical care, which is essential for performing effectively in high-stress emergency medical environments.

**Psychomotor** – Students must demonstrate proficiency in all skills in each testing session of selected topic areas and mastery of skills in the final examination. Special remedial sessions may be utilized to assist in the completion of a content area. Pass/fail scores should be in accordance with accepted practices. Usage of the skill



measurement instruments within the applicable curriculum or developed by way of a valid process is strongly recommended to achieve maximum results with the students.

## Course Goal Summary

After successful completion of the program, the student will be able to perform the following functions at the minimum entry level:

1. Recognize the nature and seriousness of the patient's condition or extent of injuries and be able to assess requirements for emergency medical care.
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition.
3. Lift, move, position, and otherwise handle the patient to minimize discomfort and prevent further injury.
4. Perform triage at a mass casualty incident.
5. Perform the expectations of the job description safely and effectively.

## EMR Course Outline

The EMR course outline must cover all the required content areas as listed in the NES. It is the responsibility of the course coordinator to decide how much time to spend on each content area. The NES provides guidance on the detail and volume of material for each content area. Please refer to the NES and the EMR Instructional Guidelines for greater detail.

## EMT

### EMT Course Prerequisites

*Each student must be CPR certified before the course begins.* The following options can be utilized to accomplish this requirement:

1. Ensure that the EMT candidates have a current Healthcare Provider CPR (or equivalent certification) prior to entering the program.
2. Offer CPR programs prior to the start of the EMT program.
3. Establish a time prior to the beginning of the EMT program and require all students seeking to enter the EMT program to participate in the CPR class.

Acceptable certifications are listed in this document:

[https://ems.utah.gov/wp-content/uploads/sites/34/2024/07/bems\\_approved\\_course\\_list-2024.pdf](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.

## **ASSESSING STUDENT ACHIEVEMENT**

The training program includes several methods for assessing student achievement. As previously mentioned, quizzes of the cognitive and psychomotor domains should be provided at the completion of each lesson. Allocate time at the end of each content area for a cognitive and psychomotor evaluation. The primary instructor, in conjunction with the course coordinator, is responsible for the design, development, administration, and grading of all cognitive and psychomotor examinations. It is permissible to use outside psychomotor evaluation instruments or those found in textbooks. All cognitive examinations used within the program should match the content and concepts for required knowledge of an EMT and the test should be administered in a way that will reflect the student's actual knowledge base. Instructors are encouraged to use outside sources to validate examinations and/or as a source of classroom examination items.

The primary purpose of EMS courses is to meet the entry-level job expectations indicated in the job description. Therefore, each student must demonstrate knowledge, attitude, and skills in each content area taught in the course. It is the responsibility of the course coordinator and medical oversight to assure that students attain proficiency in each content area before proceeding to the next area. If, after counseling and remediation, a student fails to demonstrate the ability to learn specific knowledge, attitudes, and skills, the course coordinator may dismiss the student. The level of knowledge, attitude, and skills attained by students in the course will be reflected in their on-the-job performance as EMS personnel. This ultimately reflects on the course coordinator, primary instructor, and medical oversight. It is not the purpose of the certification examination to assure successful completion over competency of the course. Course coordinators should recommend only qualified candidates for certification/licensure.

Requirements for successful completion of this course include:

**Cognitive** – Students must receive passing grades on all module examinations and the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Scores should be in accordance with accepted practices.

**Affective** – Students must undergo a minimum of three affective behavior assessments, though it is highly encouraged to complete additional assessments throughout the course. These assessments require students to demonstrate professional behavior, positive attitudes, effective communication, ethical decision-making, and adaptability under stress. By engaging in more than the minimum required assessments, students have more opportunities to address any concerns and ample time to improve or correct behaviors before the course is completed. Successfully meeting these criteria ensures that students are not only technically competent but also capable of providing compassionate and ethical care, which is essential for performing effectively in high-stress emergency medical environments.

**Psychomotor** – Students must demonstrate proficiency in all skills in each testing session of selected topic areas and mastery of skills in the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Pass/fail scores should be in accordance with accepted practices. Usage of the skill measurement instruments within the applicable curriculum or developed by way of a valid process is strongly recommended to achieve maximum results with the students.

# Course Goal Summary

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

1. Recognize the nature and seriousness of the patient's condition or extent of injuries and be able to assess requirements for emergency medical care.
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition.
3. Lift, move, position, and otherwise handle the patient to minimize discomfort and prevent further injury.
4. Perform triage at a mass casualty incident.
5. Perform the expectations of the job description safely and effectively.

The EMT training should include an emphasis on ongoing education. Two concepts should be introduced to reflect this goal.

1. Provide additional education in related content during the initial EMT training.
2. Explain that ongoing education is an integral component of any educational process and the EMT should be committed to a process of life-long learning.

# Course Schedules

Because EMR, EMT, and AEMT are new levels with many new expectations, there are no minimum times per module or chapter. Course coordinators will submit a course schedule that will provide the students with the knowledge, skills, and competencies required to provide appropriate patient care at their license level. As a guideline the department will not approve an EMR course that's shorter than 40 hours. The department will not approve an EMT or AEMT course that is shorter than 120 hours.

A submitted course schedule or outline should follow the NES. The course coordinator may alter the order of topics as they see fit, but all content and NES competencies must be included in the course.

A similar course outline could be applied to an EMR or AEMT and even a paramedic course. Obviously, the time frames would vary since breadth and depth of content and competencies are different at each level.

# ADVANCED EMT

## Advanced EMT: Course Prerequisites

The Advanced EMT candidate must be a Utah licensed EMT prior to enrolling in the course and must retain that license throughout the course. By default, this requirement means the candidate has a current CPR card as a healthcare provider. (The course coordinator is responsible for validating that status.)

### ASSESSING STUDENT ACHIEVEMENT

The training program includes several methods for assessing student achievement. As previously mentioned, quizzes of the cognitive and psychomotor domains should be provided at the completion of each lesson. Allocate time at the end of each content area for a cognitive and psychomotor evaluation. The primary instructor, in conjunction with the course coordinator, is responsible for the design, development, administration, and grading of all cognitive and psychomotor examinations. It is permissible to use outside psychomotor evaluation instruments or those found in textbooks. All cognitive examinations used within the program should match the content and concepts for required knowledge of an AEMT and the test should be administered in a way that will reflect the student's actual knowledge base. Instructors are encouraged to use outside sources to validate examinations and/or as a source of classroom examination items.

The primary purpose of EMS courses is to meet the entry-level job expectations indicated in the job description. Therefore, each student must demonstrate knowledge, attitude, and skills in each content area taught in the course. It is the responsibility of the course coordinator and medical oversight to assure that students attain proficiency in each content area before proceeding to the next area. If, after counseling and remediation, a student fails to demonstrate the ability to learn specific knowledge, attitudes, and skills, the course coordinator may dismiss the student. The level of knowledge, attitude, and skills attained by students in the course will be reflected in their on-the-job performance as EMS personnel. This ultimately reflects on the course coordinator, primary instructor, and medical oversight. It is not the purpose of the certification examination to assure successful completion over competency of the course. Course coordinators should recommend only qualified candidates for certification/licensure.

Requirements for successful completion of this course include:

**Cognitive** – Students must receive passing grades on all module examinations and the final examination. Special remedial sessions may be utilized to assist in the completion of a lesson or module of instruction. Scores should be in accordance with accepted practices.

**Affective** – Students must undergo a minimum of three affective behavior assessments, though it is highly encouraged to complete additional assessments throughout the course. These assessments require students to demonstrate professional behavior, positive attitudes, effective communication, ethical decision-making, and adaptability under stress. By engaging in more than the minimum required assessments, students have more opportunities to address any concerns and ample time to improve or correct behaviors before the course is completed. Successfully meeting these criteria ensures that students are not only technically competent but also capable of providing compassionate and ethical care, which is essential for performing effectively in high-stress emergency medical environments.

**Psychomotor** – Students must demonstrate proficiency in all skills outlined in the BEMS AEMT Student minimum competency manual. Students must demonstrate proficiency in all skills in each testing session of selected topic areas and mastery of skills in the final examination. Special remedial sessions may be utilized to assist in the

completion of a lesson or module of instruction. Pass/fail scores should be in accordance with accepted practices. Usage of the skill measurement instruments within the applicable curriculum or developed by way of a valid process is strongly recommended to achieve maximum results with the students.

## Course Goals

Each AEMT course should include a course goal. The course goal is a statement of the desired outcome of the course and typically references graduating competent entry-level providers. By design, course goals are broad based, but establish the parameters by which the effectiveness of the course will be evaluated. A course may have multiple goals but must use one for clarity. For example, a typical course goal statement might read:

*The goal of the AEMT education course is to produce competent, entry level AEMTs to serve in career and volunteer positions within the EMS system.*

If the course provides additional training that is clearly not within the definition of the AEMT practitioner, then additional information should be included in the goal. Education planning should be based on the course goal and the expectations of the health care community. All members of the communities of interest, especially the students and faculty, should be made aware of the goal.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of course planning.

## Course Schedules

All levels of license have parallel modules and chapters in the NES instructor guidelines with different breadth and depth content for each level. A similar course outline could be applied to an AEMT course. Obviously, the time frames would vary since content and competencies are different at this level.

# PARAMEDIC

## Programs Goals

Each paramedic program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals but must use one for clarity. For example, a typical program goal statement might read:

*The goal of the paramedic education program is to produce competent, entry-level paramedics to serve in career*

*and volunteer positions within the EMS system.*

If the program provides additional training that is clearly not within the definition of the entry-level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. All members of the communities of interest, especially students and faculty, should be made aware of the goal.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

## **Paramedic: Course Prerequisites**

The paramedic candidate must be a Utah licensed EMT or AEMT prior to enrolling in a paramedic course and must retain that license throughout the course. A course coordinator is not permitted to allow a student to enroll in a paramedic course before that student has obtained their EMT license. A course coordinator is allowed to permit NREMT certified EMT/AEMTs into a paramedic course as long as they reside outside of Utah and will not participate in clinical/field rotations in Utah.

The paramedic candidate must provide proof of completion of Anatomy and Physiology, Medical Terminology, Mathematics 101 or higher, and English 101 or higher through college transcripts. These requirements may be met by education determined to be equivalent through a formative challenge assessment process that leads to equivalent credit.

## **Paramedic Program Course Approval**

The paramedic program must be affiliated with a regionally accredited institution of higher learning. The paramedic program must be accredited through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or in the process of obtaining it.

# **EMS INSTRUCTOR**

## **Endorsement Requirements**

1. The department may endorse an individual who is an EMR, EMT, AEMT, or Paramedic, as an EMS instructor for a two-year period.
  - a. meets the initial licensure requirements in Section R911-5-1200;
  - b. is currently in Utah as an EMR, EMT, AEMT, or paramedic; and
  - c. has been a licensed EMR, EMT, AEMT, or paramedic for a minimum of two years.
  
2. An individual who wishes to become endorsed as an EMS instructor must:
  - a. Submit an application and pay all applicable fees.

- b. Submit one signed letter of recommendation regarding EMS skills and teaching abilities from a licensed or designated agency (letter must be on a Department/Agency letterhead and signed).
  - c. Submit a signed letter documenting 15 hours of teaching experience within the previous year (teaching experience in EMS or medical related i.e., first aid, CPR, etc. is preferred).
  - d. Successfully complete the BEMS-sponsored initial EMS instructor training course.
3. An individual who wishes to be endorsed as an EMS instructor to teach EMR, EMT, AEMT, or paramedic courses or CME shall provide documentation of a minimum of 25 patient contacts within the prior year with a licensed or designated agency or an emergency health care facility. Documentation must be on a department or agency letterhead and signed.

## Endorsement Renewal Requirements

The requirements for EMS instructor endorsement renewal include:

1. Maintain Utah EMS licensure.
2. Submit verification of attendance at a BEMS -sponsored instructor seminar at least once every two years.
3. Pay all applicable fees.
4. Sign and submit (every two years) the "EMS Instructor Contract" to BEMS, agreeing to abide by the standards and procedures outlined in the contract. This is done with the application.

All verification materials must be submitted with the application.

## COURSE COORDINATOR

### Endorsement Requirements

EMS courses are complex programs that require a great deal of coordination and recordkeeping. Therefore, anyone serving as a course coordinator will be required to meet all the following requirements. (The department may certify an individual as an EMS course coordinator for a two-year period.)

1. An individual who wishes to be endorsed as a course coordinator must:
  - a. Be endorsed as an EMS instructor.
  - b. Serve as co-coordinator of one approved course with an endorsed course coordinator within **one year** of the course coordinator training.
  - c. Must have co-coordinated a course equivalent to that for which they will be functioning as a course coordinator.
  - d. Complete the BEMS -sponsored course for new course coordinators.
  - e. Submit a signed evaluation and recommendation from the course coordinator of the course for which they functioned as the co-coordinator.
  - f. Complete endorsement requirements within one year of completion of the BEMS -sponsored course for

- new course coordinators.
- g. Submit an application and pay all applicable fees.
  - h. Sign and submit (every two years) the "Course Coordinator Contract" to the department agreeing to abide by the standards and procedures in the then-current Course Coordinator Manual. This is done with the application.
2. A course coordinator may only coordinate courses up to the license level to which the course coordinator is certified. For example: a course coordinator, who is only licensed as an EMT, may only coordinate EMT courses.
  3. A course coordinator must abide by the terms of the "Course Coordinator Contract" and comply with the standards and procedures in the Course Coordinator Manual as incorporated into the "Course Coordinator Contract."
  4. A course coordinator must maintain an EMS instructor endorsement and the EMS license for the level that the course coordinator is certified to coordinate. If an individual's EMS license or EMS Instructor endorsement lapses, the course coordinator endorsement is invalid until the EMS license or EMS Instructor Endorsement is renewed.
  5. The first course coordinated by a new instructor will be probationary and will be evaluated for:
    - a. Compliance with BEMS standards.
    - b. Student performance.

## **Endorsement Renewal Requirements**

1. Successfully complete requirements for instructor endorsement.
2. Coordinate or co-coordinate a minimum of one course every two years and submit verification letter to BEMS.
3. Maintain satisfactory attendance at the course coordinator seminar once every two years.
4. Pay all applicable fees.
5. Receive endorsement recommendation from the BEMS training staff.

## **Enforcement**

1. The integrity of the mission of courses approved by the Bureau of EMS is upheld by professionalism rooted in mutual trust and respect in relationships between EMS educators and students. The Bureau is committed to maintaining the objectivity and integrity of its staff members as they carry out their duties. It is crucial to the Bureau's mission that instructors, training officers, course coordinators, program directors, and medical directors conduct their responsibilities in an environment free from conflicts of interest that could compromise these principles.
2. Romantic and/or sexual relationships where one party has supervisory or evaluative responsibilities over the other create conflicts of interest and may lead to perceptions of undue advantage. These risks are particularly



significant in relationships where there is an inherent power imbalance, such as between an instructor and a student, or a supervisor and an employee. Such relationships can undermine both the actual and perceived integrity of supervision and evaluation, as well as the trust that is vital in the instructor-student relationship.

3. For these reasons, any romantic and/or sexual relationship between an EMS educator and a student within the context of a course approved by the Bureau of EMS is strictly prohibited. Instructors who are currently responsible for instructing, evaluating, or supervising a student's work in a Bureau-approved course must not propose or engage in a romantic and/or sexual relationship with that student. Moreover, if an instructor has a pre-existing romantic and/or sexual relationship with a student, they are prohibited from instructing, evaluating, or supervising that student's work in a Bureau-approved course.
4. BEMS may refuse to renew any license, endorsement, or designation, or revoke, suspend, restrict, or place on probation, an emergency medical service provider's license or endorsement, if the provider:
  - a. the individual does not meet the qualifications for licensure under Section 53-2d-402
  - b. the individual has engaged in conduct, as defined by Utah Code, Administrative Rule, policy or committee rule, that:
    - i. is unprofessional;
    - ii. fails to abide by the terms of the license or endorsement;
  - c. Commits an act in the performance of a professional duty that is unprofessional, is adverse to public health, safety, morals, or welfare; or would adversely affect public trust in the emergency medical service system.
  - d. engages in, or is convicted of, conduct constituting a state or federal criminal offense as provided in Utah Admin. Code R911-5 or violates BEMS statutes found in Title 53, Chapter 2d of the Utah Code.

# APPENDIX

## EMR EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum Quantity
CPR Manikin – Adult		1
CPR Manikin – Infant		1
Portable Oxygen Tank (400+ PSI)	Practice setting up O <sub>2</sub>	1
Oxygen Tank Regulator	Practice setting up O <sub>2</sub>	1
Nasal Cannula – Adult	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral suction	assorted
Pulse Oximeter		1
Unit-dose auto-injector trainer (epi pen)		1
Patient assisted beta agonists inhaler trainer		1
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1set
Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (optional)	1

Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Blood pressure cuff & stethoscope	Each student has a set	12
Teaching stethoscope	Instructor use	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

*Example: Class size 13-24 = two (2) sets of equipment.  
Class size 25-36 = three (3) sets of equipment, etc.*

## EMT EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum Quantity required
CPR Manikin – Adult		1
CPR Manikin – Infant		1
Portable Oxygen Tank (400+ PSI)	Practice setting up O <sub>2</sub>	1
Oxygen Tank Regulator	Practice setting up O <sub>2</sub>	1

Nasal Cannula – Adult	Teaching application	1
Venturi Mask	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral suction	assorted
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1set
NPA (Nasal Airway) Set of assorted	assisted ventilation	1set
Pulse oximetry		1
Unit-dose auto-injector trainer (epi pen)		1
Blood glucose monitor		1
Patient assisted beta agonists inhaler trainer	inhaler	1
Patient assisted mock OTC drugs	Aspirin, etc.	assorted
Patient assisted mock prescribed drugs	medical oversight approved	assorted
Oral glucose	Demonstration & practice	12
Traction splint	TTS, Sager, Hair etc.	1
Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (advised)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12

Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Elevating stretcher		1
Childbirth manikin & supplies		1
Blood pressure cuff & stethoscope		6
Teaching stethoscope	Instructor use	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

*Example: Class size 13-24 = two (2) sets of equipment.  
Class size 25-36 = three (3) sets of equipment, etc.*

## AEMT EDUCATION PROGRAM EQUIPMENT

The following is not an all-inclusive list of equipment a program should have to provide an excellent educational program but is a list of minimums. All equipment and supplies should be adult and pediatric where applicable.

Item(s)	Clarification	Minimum quantity required
CPR Manikin – Adult		1
CPR Manikin – Infant		1
ALS Manikin or IV arm	ALS manikin can be use for IV & airway Psychomotor	1
ALS Baby w/ IV and IO	Can be airway manikin too	1
Airway Trainer – Adult	Must accept advanced airways	1

Airway Trainer – Infant	Must accept advanced airways	1
LMA (Laryngo-Mask Airway)	In working condition	1 (multiple sizes advised)
King Airway	In working condition	1 (multiple sizes advised)
Portable Oxygen Tank (400+ PSI)	Practice setting up O <sub>2</sub>	1
Oxygen Tank Regulator	Practice setting up O <sub>2</sub>	1
Nasal Cannula – Adult	Teaching application	1
Venturi Mask	Teaching application	1
Non-Rebreather Face Mask – Adult	Teaching application	1
Non-Rebreather Face Mask – Child	Teaching application	1
Bag-Valve-Mask unit with Reservoir – Adult	Teaching assisted ventilation	2
Bag-Valve-Mask unit with Reservoir – Infant	Teaching assisted ventilation	2
Portable Suction Unit	Teaching application	1
Suction Catheter and Yankauer tip	Oral & ET suction	assorted
OPA (Oral Airways) – Set of assorted sizes	assisted ventilation	1 set
NPA (Nasal Airway) Set of assorted	assisted ventilation	1 set
Pulse oximetry		1
Student shall have experience with Automatic transport ventilators & CPAP	Expensive items. CC may see that students have this experience in clinical.	
Unit-dose auto-injector trainer (epi pen)		1
Blood glucose monitor		1
Patient assisted beta agonists inhaler trainer	nebulizer and inhaler	1
Patient assisted mock OTC drugs	Aspirin, etc.	assorted

Patient assisted mock prescribed drugs	medical oversight approved	assorted
Oral glucose	Demonstration & practice	12
IV fluids (Mock or expired)	Not for human injection	set
IV medications (mock or expired)	Not for human injection	All appropriate
IV tubing and extension tubing	Practice IV setup	set
Sub-Q and IM Needles	Sterile for practice	1 ea. Stu
Assorted syringes (1, 3, 5, 10, 20, & 50cc)	Some sterile for practice	assorted
IO needles or equivalent IO device	Non Sterile ok (they break)	enough
Assorted peripheral IV catheters (16, 18, & 20 gauge)	Sterile for practice on others	≥25 per student
Assorted drip sets (60 & 10 or 15gtt)	Practice IV setup	set
Traction splint	TTS, Sager, Hair etc.	1
Assorted sizes and types of splints		assorted
Long Spine board (Back Board)	Scoop (advised)	1
Head Immobilization device		assorted
Cervical collars		assorted
Blankets and sheets		2
Triangular bandages		12
Occlusive dressing		1
Gauze pads 4x4, 2x2		24
Large Abdominal pads		12
Roller gauze 4 inch and 2 inch		12
AED Trainer		1
Elevating stretcher		1
Childbirth manikin & supplies		1
Blood pressure cuff & stethoscope	Each student has a set	12

Teaching stethoscope	Instructor use	1
Defibrillator with ECG display	Optional on AEMT units	1
Rhythm generator	Life threatening rhythms	1
PPE boxes of gloves	All skills practiced with PPE	1 each size

Note: The following list of equipment is for class sizes of twelve or less students, and is considered one set of equipment.

Class sizes above 12 students must have more than one set of equipment.

*Example: Class size 13-24 = two (2) sets of equipment.  
Class size 25-36 = three (3) sets of equipment, etc.*

## **PARAMEDIC EDUCATION PROGRAM EQUIPMENT**

The paramedic program should follow current accreditation requirements for supplies.

# **UTAH DEPARTMENT OF PUBLIC SAFETY- BUREAU OF EMERGENCY MEDICAL SERVICES CONTACT INFORMATION:**

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