

WV PARAMEDIC RECERTIFICATION PROPOSAL Meets NREMT NCCP Standards

June 2017

Module I

4 hours

TOPIC – Airway, Respiration, Ventilation and Neurotological Management	TIME LINE
Ventilation	
ETCO2	2 Hours
Automated Transport Ventilators	
Oxygenation	30 Min.
СРАР	50 101111.
Capnography	1 Hour
Neurological	20 Min
Seizures / CNS	30 Min.

- 1. Differentiate between adequate and inadequate breathing
- 2. Differentiate between respiratory distress and failure
- 3. Explain when to oxygenate and when to ventilate a patient
- 4. Identify the use of automated transport ventilators when managing patients
- 5. Demonstrate effective BVM ventilation at a proper rate and depth
- 6. Discuss advantages and disadvantages of various advanced airway adjuncts
- 7. Define altered mental status
- 8. State common causes of altered mental status
- 9. Define status epilepticus/seizures
- 10. Explain complications associated with seizures

Module II 4 hours

TOPIC – Cardiovascular	TIME LINE
Stroke	1.5 Hours
Pediatric cardiac Arrest	2.5 Hours

- 1. Identify the options for out-of-hospital stroke assessment tools
- 2. Explain oxygen administration during a stroke emergency
- 3. Discuss the importance of knowing a timeline of stroke events
- 4. Identify patients needing rapid transport to the most appropriate stroke hospital
- 5. Discuss the importance of starting the fibrinolytics check sheet
- 6. Consider causes of pediatric cardiac arrests
- 7. Demonstrate ALS management skills during a pediatric cardiac arrest for:
 - a. Airway management
 - b. Vascular access
 - c. Pharmacology

Module III

4.5 hours

TOPIC – Cardiovascular	TIME LINE
VAD (Ventricular Assist Devices)	30 Min.
Congestive Heart Failure	30 Min.
Acute Coronary Syndrome	1 Hour
Adult Cardiac Arrest	2 Hours
Post-Resuscitation Care	30 Min.

- 1. Understand the function of Ventricular Assist Devices
- 2. Describe assessment/management of patients with VAD's
- 3. Discuss pathophysiology of congestive heart failure
- 4. Discuss s/s and treatment of congestive heart failure
- 5. Discuss the assessment and management of coronary disease and angina
- 6. List the s/s of acute MI
- 7. Identify injury patterns on a 12-lead ECG
- 8. Differentiate STEMI from STEMI imposters
- 9. Explain the procedure for managing an acute MI including STEMI and non-STEMI presentations
- 10. Understand the benefits of reperfusion techniques in patients with AMI or suspected AMI
- 11. Demonstrate the current techniques of cardiac arrest management
- 12. Discuss airway issues in cardiac arrest management
- 13. Determine criteria for terminating cardiac arrest in the out-of-hospital setting
- 14. Identify signs associated with Return of Spontaneous Circulation
- 15. Describe how to effectively manage hemodynamic instability
- 16. List possible causes of cardiac arrest
- 17. Make appropriate treatment choices
- 18. Make appropriate destination decision

Module IV

3.5 hours

TOPIC – Trauma	TIME LINE
Trauma Triage	1 Hour
Central Nervous System Injury	1 Hour
Acute Abdomen	30 Min.
Hemorrhage Control	30 Min.
Fluid Resuscitation	30 Min.

- 1. Identify the triage criteria in the CDC's Field Triage Decision Scheme
- 2. State the four steps of the CDC's Field Triage Decision Scheme
- 3. Review local protocols
- 4. Identify s/s of a patient with a traumatic brain injury
- 5. Explain the use of ETCO2 as a guide for ventilating head injury patients
- 6. Define primary and secondary spinal cord injury.
- 7. Discuss various cord syndromes and their s/s
- 8. Discuss s/s of neurogenic shock and spinal shock
- 9. Describe how to investigate the chief complaint of a patient with a gastrointestinal disorder, including how to take the patient's history.
- 10. Discuss the management and treatment of various gastrointestinal disorders
- 11. Identify and treat severe hemorrhage
- 12. Differentiate among indications, effects, and contraindications for the use of:
 - a. Tourniquets
 - b. Junctional Tourniquets
 - c. Hemostatic agents
 - d. TXA
- 13. Explain the concept of permissive hypotension
- 14. Discuss the dangers of excessive fluid administration
- 15. Describe Mean Arterial Pressure (MAP) as a tool to better evaluate perfusion

Module V

4 hours

TOPIC – Medical Emergencies I	TIME LINE
Endocrine/Diabetic Emergencies	1 Hour
Toxocological/Opioid Emergencies	30 Min.
Immunological Emergencies	
Allergic Reaction	30 Min.
Anaphylaxis	
Pharmacology/Medication Delivery	1 Hour
Pain Management	1 Hour

- 1. Explain the role glucose plays on the cells
- 2. Explain the role of insulin
- 3. Discuss s/s commonly associated with hypo/hyperglycemia
- 4. Identify commonly prescribed medications used to treat diabetes
- 5. Explain the management of hypo/hyperglycemia
- 6. Discuss metabolic syndrome
- 7. Discuss the functions of different insulin pumps
- 8. Discuss common synthetic stimulants and natural or synthetic THC
 - a. Recognize the effects
 - b. Synthetic stimulants
 - c. Natural and synthetic THC
- 9. Discuss common opioids
- 10. Explain common treatment options for a person experiencing opioid overdose
- 11. Discuss the causes of an allergic reaction/anaphylaxis
- 12. Differentiate between a mild/localized allergic reaction and anaphylaxis
- 13. Explain the actions of medications used to treat anaphylaxis
 - a. Benadryl
 - b. Epinephrine
- 14. Discuss the different routes of delivery of medications and the rates of absorption for those routes
 - a. IM
 - b. SQ
 - c. IN
 - d. IV
- 15. Discuss pharmacological and non-pharmacological pain management options
- 16. Determine the differences between acute and chronic pain management
- 17. Discuss the role of QA/QI, medical direction involvement and the importance of documentation of pain management.
- 18. Discuss reassessment/re-evaluation of pain and management

Module VI

4 hours

TOPIC – Medical Emergencies II	TIME LINE
Psychiatric/Behavioral Emergencies	1 Hour
Infectious Disease	30 Min.
Special Healthcare Needs	2 Hours
OB Emergencies	30 Min.

- 1. Discuss the potential causes of behavioral emergencies
- 2. Define normal, abnormal, overt, and covert behavior.
- 3. Describe the assessment process for patients with psychiatric emergencies, including safety guidelines
- 4. Discuss the general management of a patient with a psychiatric emergency
- 5. Describe restraint methods, both chemical and physical forms and when to apply each
- 6. Describe care for the psychotic patient
- 7. State risk factors for suicide
- 8. Describe drug resistant infections
- 9. Compare epidemic to pandemic
- 10. Describe the role of the EMS provider in disease reporting
- 11. State the differences between sepsis and septic shock
- 12. Identify common special needs patients seen in EMS
- 13. Describe the relationship between the caregiver and the EMS provider in caring for the special needs patient.
- 14. Describe patient assessment of a special needs patient
- 15. Discuss abnormal presentations present during childbirth
- 16. Describe nuchal cord presentation
- 17. Recognize the need for and discuss the management of the principals of neonatal resuscitation
- 18. Describe the routine care of the newborn not requiring resuscitation
- 19. Discuss management of a patient with an abnormal presentation during delivery

Module VII

4 hours

TOPIC – Operations I	TIME LINE
EMS Provider Hygiene, Safety, and Vaccinations	30 Min.
EMS Culture and Safety	30 Min.
Crew Resource Management	1 Hour
Ambulance Safety	30 Min.
Pediatric Transport	30 Min.
Field Triage – Disasters/MCIs	1 Hour

- 1. Describe proper hand washing techniques
- 2. Describe appropriate use of alcohol-based hand cleaner
- 3. Discuss the CDC's recommendations of vaccines for healthcare providers
- 4. Assess eye safety indications and measures
- 5. Define culture of safety
- 6. Identify and explain the six core elements necessary to advance an EMS Culture of Safety
- 7. Identify the role of the EMS providers in establishing a culture of safety within EMS organizations
- 8. Define Crew Resource Management
- 9. Explain the benefits of Crew Resource Management to EMS
- 10. State the guiding principles of Crew Resource Management, briefly explaining each
- 11. Explain the concept of communication in the team environment using advocacy/inquiry or appreciative inquiry.
- 12. State the characteristics of effective team members/leaders
- 13. Explain how the use of CRM can reduce errors in patient care
- 14. Discuss federal initiatives developed to monitor and analyze ground ambulance crashes
- 15. Identify the significance of ambulance crashes through the use of national data
- 16. Evaluate the policies and procedures at each participant's own EMS service related to protecting patient and provider safety during ground ambulance transport.
- 17. Explain how to appropriately secure a child safety restraint to a wheeled ambulance stretcher
- 18. Determine the NHTSA safe recommendations for safe ambulance transport of children based on the condition of the child.
- 19. Discuss the on-going initiatives to increase the safety of children during ambulance transport
- 20. Discuss the limitations of the current recommendations
- 21. Discuss the National Implementation of the MUCC (Model Uniform Core Criteria) for Mass Casualty Incident Triage 2013.
- 22. Discuss the triage methods:
 - a. SALT
 - b. START
 - c. JumpSTART

Module VIII

4 hours

TOPIC – Operations II	TIME LINE
At Risk Populations/Pediatrics	1.5 Hours
Geriatrics	1 Hour
EMS Research	1 Hour
Evidence Based Guidelines	30 Min.

- 1. Define training resources for special populations
 - a. Human trafficking
 - b. Domestic violence
- 2. Recognize the unique characteristics of at-risk populations
- 3. Discuss the appropriate actions of EMS professionals in the presence of at-risk patients
- 4. Recognize circumstances that may indicate abuse
 - a. Domestic abuse
 - b. Human trafficking
 - c. Non-accidental trauma
- 5. Describe the steps in the primary assessment for providing emergency care to a geriatric patient, including the elements of the GEMS diamond.
- 6. Discuss special considerations when performing the patient assessment process on a geriatric patient
- 7. Describe the pathophysiology of most common medical conditions including s/s, and the emergency medical care strategies used in the management of each for the geriatric patient.
- 8. Describe special considerations for a geriatric patient who has experienced trauma
- 9. Discuss elder abuse and neglect, and its implications in assessment and management of the patient
- 10. Identify national initiatives and resources that promote and enable EMS research
- 11. Explain the practical use of research in EMS care
- 12. Explain the scientific method
- 13. Define the differences between quantitative and qualitative research methods
- 14. Explain the process of conducting a literature review
- 15. Define evidence based medicine and practice
- 16. Identify resources available through NASEMSO to aid states and agencies in developing evidence based guidelines.
- 17. Explain the benefits of EBG to patients

Total=32 hours National Component

(National only requires 30 but added some Geriatrics, pediatric and abdominal for State)

Local or State Component:15 hoursIndividual Component:15 hours

Total National Registry Required hours in the NCCP standard for Paramedics is 60 hours MPCC would more than likely want the Paramedics to comply the same as the EMTs with National Registry standards which would mean 120 hours over a four year period.

Required CE by State currently:

ТОРІС	HOURS
MCI or Disaster Management	2
Haz Mat Awareness X2	Meeting Standard (8 Hours)
ALS Protocol Refresher	4
CPR	Meeting Standard
PALS or PEPP	8
ACLS	8
ITLS	8

Proposed Requirement (4 year certification):

ТОРІС		HOURS
MCI or Disaster Management X2 (biennially)		4
Haz Mat Awareness X4		12 (3 hours each)
ALS Protocol Refresher X2 (biannually)		8
CPR X2 (biannually)		8 (4 hours each)
PALS or PEPP or WVOEMS approved Equivalent X2 (biennially))	16
ACLS or WVOEMS approved Equivalent X2 (biennially)		16
ITLS or PHTLS or WVOEMS approved Equivalent X2 (biennially)	16
	TOTAL	80

This leaves 24 hours of CE that would need to be completed and could be obtained on-line (meeting the 50% online education standard) with State approval.

32 hour Refresher (National required component)

80 hour proposed State and individual requirements

8 hours will be left for CE of the provider's choice that can be on line as long as it's CAPCE and/or State approved.

Total 120 hours in 4 years as was MPCC suggestion. Notes:

- Applies and ensures consistency to the program
- Modules SHALL be taught as a unit. (i.e. Modules cannot be broken down into 30 minute increments)
- Maintains standards across the State
- Allows individuals to obtain refresher hours as part of multiple classes
- Paramedic Refreshers would be entered in CIS as 8 separate modules
- Allows the program to grow and be modified as needed while maintaining state-wide consistency