

1st Responder to Emergency Medical Responder Transition Course

Mandatory Training

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OSDH - EMS

1st Responder to Emergency Medical Responder Transition Course

1st Responder to EMR Recommended Transition Course INTRODUCTION

This recommendation has been developed and is to be utilized to enhance the knowledge and skills of existing practitioners who must upgrade to the NEW Education Standards. For the purpose of this outline please note:

“Essential Content” is material that has been identified as having significantly changed, or expanded from the National Standard Curriculum [NSC] which must be covered in this process.

“Supplemental Content” is material that has been changed from the NCS, but only significant to be considered, if time permits

Content areas that do not include time frames likely contain material changes that were felt insufficient to warrant updating. Proper learning objectives should be developed by Instructors and accompany this document so the student can achieve educational measurable goals.

The outcome of each “Transition Course” will be submitted to the Oklahoma State Department of Health – EMS Division on a Final Roster. Upon the successful completion of this “Transition Course”, the training program will provide a Certificate of Completion to the student with the following included on that document:

CAN#

First Responder’s name

Transition course completion date

The following statement: “_ *NAME* _ has completed an Oklahoma approved First Responder to Emergency Medical Responder (EMR) transition course”

Name of the sponsoring agency

Signature of the Instructor responsible for the training

To transition to the EMR level at the National Registry the 1st Responder is NOT required to complete a new certification examination, just the “Transition Course”.

Nationally Registered 1st Responders who do not complete the required Oklahoma transition course will be dropped from the National Registry upon reaching their expiration date of September 30, 2015 or 2016

This statement only pertains to Nationally Registered EMR’s ... Oklahoma will continue to maintain a Registry of properly documented EMRs – but, they must also complete, and document, as above, the “Transition Course Certificate” to maintain Oklahoma EMR Registration

Contact the State EMS Division if you have any questions: (405)271 4027 or roberti@health.ok.gov

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COURSE REQUIREMENTS:

[NOTE: All EMR training requires only “Simple Depth and Simple Breath! “IG” means DOT Instructor Guidelines

Preparatory (75 minutes – 1 hr 15 min)

EMS Systems	30 min - Supplemental
1. Added required affective/Behavioral characteristics [See IG, p. 1; “Roles, Responsibilities, and Professional of EMS Personnel”]	
2. Added quality improvement [See IG, p. 1 “Quality Improvement”]	
Research	10 min - Supplemental
1. All new section [See IG, p. 4 “Impact of Research on EMR Care”]	
Workforce Safety and Wellness	
1. Insufficient to update	
Documentation	
1. Insufficient to update	
EMS System Communication	15 min – Supplemental
1. Fundamental information about transferring patient care to incoming EMTs [See IG, p. 13 – “Communications”]	
Therapeutic Communications	
1. Insufficient to update	
Medical/Legal Ethics	20 min - Supplemental
1. HIPPA (new content) [See IG, 15; – “Confidentially”]	
2. Living Wills (added) [See IG, p. 15; – “Advanced Directives – B”]	
3. Surrogate decision makers (added) [See IG, p. 15; – “Advanced Directives – C”]	
4. Civil and criminal court cases (expanded) [See IG, p. 15; – “Types of Court Cases”]	

Anatomy and Physiology (30 minutes)

A&P	30 min – Essential
1. Brief discussion on the life support chain focusing on oxygenation and perfusion [See IG, p. 18; – “Life Support Chain A and B”]	

Medical Terminology (15 minutes)

Terminology	15 min – Essential
1. All new Content [See IG, p. 21; – “Medical Terminology – A”]	

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Physiology (30 minutes)

- Physiology 30 min – Essential
1. Expanded content on respiratory dysfunction and shock {See IG, p. 22; – “Respiratory Compromise – A” and “Shock – A”}

Life Span Development (0 minutes)

- Development
1. Insufficient to update

Public Health (0 minutes)

- Topic
1. Insufficient to update

Pharmacology (90 minutes – 1 hr 30 min)

- Principles of Pharmacology
1. Not applicable to this level

- Medication Administration 60 min - Essential
1. The use of an auto injector for self-preservation or for use on one’s peers [See IG, p. 28; – “I Self-Administration (intramuscular injection by Auto Injector)” and “II Peer Administration (Intramuscular Injection by Auto Injector)"]

- Emergency Medications 30 min – Essential
1. Chemical antidote auto injector only [See IG, p. 29; – Specific Medications]

Airway Management, Respiration, and Artificial Ventilation (180 minutes – 3 hrs.)

- Anatomy and Physiology 60 min -- Essential
1. Increased respiratory physiology [See IG, p. 33; – I/ Anatomy of the Respiratory System, A, B and C]
 2. Enhanced skills [See IG, p. 33; – II Physiology of Respiration, A, B and C]
 3. Inter-relationship between ventilation and circulation [See IG, p. 33 – III Pathophysiology of Respiration, A, B and C]

- Airway Management
1. Insufficient to update

- Respiration 60 min – Essential
1. Increased level of detail [See IG, p. 36 – V. Management of Adequate and Inadequate Respiration A and B; and VI. Supplemental Oxygen Therapy, A and B]

- Artificial Ventilation 60 min – Essential
1. Increased level of detail [See IG, p. 37; – I. Assessment of Adequate and Inadequate Ventilation, A and B; II. Oxygenation, A and B; III. Management

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of Adequate and Inadequate Ventilation, A and B; IV. Ventilation of an Apneic Patient, A, B, C and D; V. Differentiate Normal Ventilation From Positive Pressure Ventilation, A, B, C and D]

Patient Assessment (60 minutes)

Scene Size Up	5 min -- Essential
1. Re-emphasis on scene safety [See IG, p. 41; – Scene Safety, A and B]	
Primary Assessment	20 min – Essential
1. New terminology [See IG, p. 44; – I. Primary Survey/Primary Assessment, A, B, C, D, E, F and G]	
History Taking	20 min – Essential
1. New terminology [See IG, p. 48; – I. Determining the Chief Complaint and II. Mechanism of Injury or Nature of Illness]	
2. Geriatric Content added [See IG, p. 48; – III. Associated Signs and Symptoms; IV. Age-Related Variations for Pediatric and Geriatric Assessment and Management, A and B]	
Secondary Assessment	10 min – Essential
1. New terminology [See IG, p. 50; – I. Performing a Rapid Full-Body Scan]	
2. Increased level of detail [See IG, p. 50; – II Focused Assessment of Pain]	
3. Blood Pressure Assessment [See IG, p. 50; – Assessment of Vital Signs]	
Monitoring Devices	
1. Not Applicable	
Reassessment	5 min – Essential
1. Reassessment of vital signs added [See IG, p. 54 – I. How and When to Reassess, II. Age-Related Considerations for Pediatric and Geriatric Assessments]	

Medicine (205 minutes – 3 hr 25 min)

Medical Overview	10 min -- Supplemental
1. Re-use of new assessment terminology [See IG, p. 56; – I. Overview of Medical Complaints A and B]	
Neurology	20 min -- Supplemental
1. Stroke discussion (all new) [See IG, p. 57; – IV. Stroke, A, B and C]	
Abdominal and Gastrointestinal Disorders	
1. Insufficient to update	
Immunology	
1. Insufficient to update	

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- Infectious diseases 10 min – Supplemental
1. Two added definitions [See IG p. 62 – Infectious Disease Awareness, A. 1 and 2]
 2. Brief discussion on transmission routes [See IG p. 62 – Infectious Disease Awareness B. 1, 2, 3, and 4]
- Endocrine Disorders 10 min – Supplemental
1. Increased level of detail on diabetes [See IG p. 63 – Diabetic Conditions, A]
- Psychiatric 20 min – Supplemental
1. New material [See IG p. 65 -- I. Define and II. Assessment, A, B, C, D, E, and F]
 2. Suicide risk assessment [See IG p. 65 -- III. Behavioral Change, A, B, C and D; IV. Methods to calm Behavioral Emergency Patients; V. Emergency Medical Care; VI. Consider Age – Related Variations for Pediatric and Geriatric Assessment and Management]
- Cardiovascular 30 min – Supplemental
1. Added content on chest pain and heart attack [See IG p. 68 – I. Chest Pain, A B and C; II. Consider Age Related Variations for Pediatric and Geriatric Patients for Assessment and Management of Cardiac compromise; III. Cardiac Arrest (Refer to Shock and Resuscitation section)]
- Toxicology 45 min – Supplemental
1. New Information and Use of chemical antidote auto-injector [See IG p. 70 – IV. Nerve Agent Antidote Auto-injector Kit, A, 1 and 2]
- Respiratory 30 min – Supplemental
1. Increased level of detail on respiratory distress [See IG p. 73 – I. Anatomy of the Respiratory System, A, B, and C; II. Normal Respiratory Effort, A; III. Consider Age Related Variations for Pediatric and Geriatric Assessment and Management]
- Hematology
1. Not applicable
- Genitourinary/Renal 10 min -- Supplemental
1. Hemodialysis added (Blood Pressure) [See IG p. 75 – I. Hemodialysis, A, B, C and D]
- Gynecology 10 min – Supplemental
1. Vaginal bleeding added [See IG p. 76 – I. Vaginal bleeding, A, B, C and D]
- Non-traumatic Musculoskeletal Disorders
1. Not applicable

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Diseases of the Eyes, Ears, Nose, and Throat 10 min – Supplemental

1. Nosebleed added [See IG p. 78 – I. Nosebleed, A, B and C]

Shock and Resuscitation (45 minutes)

1. New section that combines the CPR information with more detail and discussion on the use of the AED [See IG p. 79 – I. Ethical Issues in Resuscitation, A; II. Anatomy and Physiology Review, A and B; III Respiratory Failure; IV Cardiac Arrest; V. Resuscitation; and VI. Automated External Defibrillation (AED)]

Trauma (125 minutes – 2 hrs 5 min)

Trauma Overview 25 min – Essential

1. Field Triage Decision Scheme added [See IG p. 82 – I. Identification and Categorization of Trauma Patients, A (use current Oklahoma Trauma/Triage Supplement) and VII. Shock]

Bleeding

1. Insufficient to update [with exception of the use of a tourniquet]

Chest Trauma

1. Insufficient to update

Abdominal and Genitourinary Trauma

1. Insufficient to update

Orthopedic Trauma

10 min – Supplemental

1. New terminology; fracture and dislocation added [See IG p. 87 – I. Fractures and Dislocations, A, B, C and D]

Soft Tissue Trauma

15 min – Supplemental

1. Foreign Bodies of the Eye added [See IG p. 89 – V. Foreign Body in Eye, A, B and C]
2. Extent of burns added [See IG p. 89 – Burns, A]

Head, Facial, Neck and Spine Trauma

15 min – Supplemental

1. Increased level of detail to special management situations [See IG p. 93 – Head, Face, Neck and Spine Trauma, A]

Nervous System

1. Not applicable

Special Considerations in Trauma

20 min – Supplemental

1. Pregnant patients added [See IG p. 97 – I. Pregnant Patient, A and B]
2. Elderly patients added [See IG p. 97 – III. Elderly Patient, A and B]

Environmental Trauma

20 min – Supplemental

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1. Use of AEDs in Environmental Trauma added; [See IG p. 99 – I. Environmental Emergencies, A]
2. Submersion added; [See IG p. 99 – I. Environmental Emergencies, C]

Multi-System Trauma 20 min -- Supplemental

1. Increased level of detail added; [See IG p. 103 – I. Multi-System Trauma, A, B and C]

Special Patient Population (70 minutes – 1 hour, 10 minutes)

Obstetrics 15 min – Supplemental

1. Vaginal bleeding added; [See IG p 104 – II Vaginal Bleeding in the Pregnant Patient]
2. Braxton Hicks added; [See IG p. 104 – III. General Assessment and Management of the Obstetrical Patient, A]

Neonatal Care

1. Insufficient to update

Pediatrics 20 min – Supplemental

1. Pediatric assessment triangle added [See IG p. 108, II Assessment Process, B]
2. Refocus from “circulatory failure” to “shock” [See IG p. 108, II Shock, A, B and C]

Geriatrics 30 min – Supplemental

1. All new content [See IG p. 112; I. Age Associated Changes, A, B, C, D, E, F, G and H; II. Assessment and Care Implications, A and B]

Patients with Special Challenges 5 min – Supplemental

1. Elder abuse added [See IG p. 114 – I. Recognizing and Reporting Abuse and Neglect, B]

EMS Operations (30 minutes)

Principles of Safely Operating a Ground Ambulance 5 min – Supplemental

1. Increased depth of discussion on the risks of emergency response and leaving the scene [See IG p. 115 – I Risks and Responsibilities of Emergency Response, A, B, C and D]

Incident Management Co or Pre requisite – ICS 100 and 700

Multiple Casually Incidents

1. Insufficient to update

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- Air Medical 10 min – Supplemental
1. New Material added [See IG 120 – I. Safe Air Medical Operations]
 2. Patient transfer issues [See IG 120 – Safe Air Medical Operations – A, B, C, D, E, F and G]
 3. Interaction with AM personnel, scene safety, LZ selection and prep [See II Criteria for Utilizing Air Medical Response, A and B]
- Vehicle Extrication 5 min – Supplemental
1. Situational safety added [See IG p. 122, I. Safe Vehicle Extrication, D]
 2. Use of simple hand tools added [See IG p. 122; II Use of Simple Hand Tools, A, B, C, D and E]
- Hazardous Materials Awareness Co or Pre requisite
1. Some HAZWOPWER added [See IG p. 125 – I. Risks and Responsibilities of Operating in a cold Zone at a Hazardous Material or Other Special Incident, A] (HAZWOPER) standard, 29 CFR 1910.120 (q)(6)(i) **First Responder Awareness Level ONLY**
 - 1.
- Mass Casually Incidents Due to Terrorism and Disaster 5 min – Supplemental
1. All new content [See IG p. 126 – I. Risks and Responsibilities of Operating on the Scene of a natural or Man Made Disaster A and B]

SKILL CONSIDERATIONS:

Discontinued:

- Insertion of a nasopharyngeal airway
- Pressure points and elevation for hemorrhage control

New:

- Use of a Bag-Valve-Mask
- Obtaining Manual Blood Pressures
- Use of an Auto-Injector
- Eye Irrigation
- AED
- Oxygen Administration
- Use of Simple hand tools

SUMMARY OF PROPOSED TIME

Essential Content = 7.9 hours
Supplemental = 8.0 hours
Total 15.9 hours

The above hours, does not include time for NIMS and HAZWOPER or requirement of performance of clinical skills. If any of these are current, then they do not have to take them again.