

# EMT- Basic to Emergency Medical Technician Transition Course

Mandatory Training

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OSDH - EMS

# EMT- Basic to Emergency Medical Technician Transition Course

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## EMT – Basic to Emergency Medical Technician 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#

EMT – Basic’s name

Transition course completion date

The following statement: “*\_name\_* has completed an Oklahoma approved EMT-B to EMT transition course”

Name of the sponsoring agency

Signature of the Instructor responsible for the training

To transition to the Emergency Medical Technician level and maintain National Registration the EMT is NOT required to complete a new certification examination, just the “Transition Course”.

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

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## COURSE REQUIREMENTS:

[NOTE: Emergency Medical Technician training requires simple depth and foundational breadth of all New Education Standards]

### Preparatory (80 minutes – 1 hr 20 minutes)

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EMS Systems	15 min – Essential
1. More detailed discussion on patient safety issues, decreasing medical error, and required affective/behavioral characteristics [See IG, p. 1 – II. Roles, Responsibilities and Professionalism of EMS personnel A and B; IV. Patient Safety A, B, C, and D]	
Research	5 min – Essential
1. Limited information on evidence based decision making [See IG, p. 4 – I. Evidence-Based Decision Making A, B, C and D]	
Workforce Safety and Wellness	10 min – Supplemental
1. Emphasizes the difference between body substance isolation and personal protective equipment [See IG, p. 4 – I. Standard Safety Precautions A B C D and E]	
2. Brief discussion on bariatric issues, neonatal isolettes and medical restraint [See IG, p. 4 – V. Lifting and Moving Patients (selected topics only)]	
Documentation	0 min –
1. Content changes insufficient to warrant update	
EMS System Communication	5 min – Supplemental
1. Fundamental information about transferring patient care to incoming EMT's [See IG, p. 14 – II Communication with other health care professionals]	
Therapeutic Communications	15 min – Essential
1. More detailed information about improving communication with the patient [See IG, p 17 – I. Principles of communicating with patients in a manner that achieves a positive relationship]	
Medical/Legal Ethics	30 min – Essential
1. HIPPA (new content) – should include a State-specific discussion on privileged communications [See IG, p 21 – II. Confidentiality A, B C, D and E]	
2. Living Wills (added) and Surrogate decision makers (added) [See IG, p. 21 – III. Advanced Directives A]	
3. Civil and criminal court cases (expanded) [See IG, p. 21 – IV. Tort and Criminal Actions A, B and C]	

### Anatomy and Physiology (60 minutes)

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A&P	60 min – Essential
1. The respiratory information found in the 2000 Supplemental Airway and Ventilation Module should be added; more detailed discussion on the life support chain focusing	

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on Oxygenation, perfusion and the cellular environment [See IG, p. 27 – II Life Support Chain A and B]

## Medical Terminology (0 minutes)

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Terminology 0 min –  
1. Content changes insufficient to warrant update [See IG, p. 29]

## Physiology (45 minutes)

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Physiology 45 min – :Essential  
1. Expanded content on respiratory dysfunction and shock [See IG, p. 30 – III. Respiratory Compromise A; IV. Alteration in regulation of respiration due to medical or traumatic conditions; V. Ventilation/Perfusion (V/Q) ratio and mismatch; VI. Perfusion and Shock; VII. Microcirculation; VIII. Blood Pressure and IX. Alteration of cell metabolism]

## Life Span Development ( 5 minutes)

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Development 5 min - Essential  
1. New content [See IG, p. 34]

## Public Health (5 minutes)

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Topic 5 min - Supplemental  
1. New information at this level; related to *EMS Agenda for the Future* issues [See IG, p. 40 – I. Basic Principles of Public Health A, B, and C]

## Pharmacology (15 minutes)

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Principles of Pharmacology 0 min –  
1. Not applicable

Medication Administration 5 min – Supplemental  
1. Five rights of medication administration [See IG, p. 44]

Emergency Medications 10 min – Supplemental  
1. Aspirin [See IG, p. 46 – I. Specific Medications]

## Airway Management, Respiration, and Artificial Ventilation (75 minutes – 1 hr 15 min.)

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Anatomy and Physiology 0 min --  
1. Not applicable

Airway Management 30 min – Essential  
1. Increased level of detail [See IG, p. 47 – I. Airway Anatomy; II. Airway Assessment; III. Techniques of Assuring a Patent Airway; IV. Consider Age-

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## **Related variations in pediatric and geriatric patients (See Special Patient Populations Sections)]**

- Respiration 30 min – Essential
1. Increased level of detail [See IG, p. 50 – I. Anatomy of the Respiratory System A, B, C and D; II. Physiology of Respiration A, B and C; III. Pathophysiology of Respiration; IV. Assessment of Adequate and Inadequate ventilation; V. management of Adequate and Inadequate Respiration; and VI. Consider Age-Related variations in pediatric and geriatric patients (see Special Patient Considerations)]

- Artificial Ventilation 15 min – Essential
1. Increased level of detail [See IG, p. 57 – I. The management of inadequate ventilation; II. The differences between normal and positive pressure ventilation; III. Consider Age-Related variations in pediatric and geriatric patients (see Special Patient Considerations)]

## **Patient Assessment (90 minutes – 1 hour 30 minutes)**

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- Scene Size Up 5 min – Essential
1. Re-emphasis on scene safety [See IG, p. 60 – I. Scene Safety A and B]

- Primary Assessment 20 min – Essential
1. New terminology [See IG, p. 63 – I. Primary Survey/Primary Assessment A, B, C, D, E, F and G]

- History Taking 30 min – Essential
1. New terminology [See IG, p. 66 – I. Investigation of the Chief Complaint; II. Components of a Patient History; III. Techniques of History Taking; IV. Standardized Approach to History Taking; V. Taking History on Sensitive Topics; IV. Consider Age-Related variations in pediatric and geriatric patients A and B]
  2. Geriatric content added

- Secondary Assessment 15 min – Essential
1. New terminology – Increased level of detail [See IG, p. 71 – Techniques of Physical Examination]

- Monitoring Devices 15 min – Essential
1. Pulse Oximetry [See IG, p. 76 – I. Pulse Oximetry A, B C and D]

- Reassessment 5 min – Essential
1. Reassessment of vital signs added [See IG, p. 78 – How and When to Reassess; II. Age Related Considerations for Pediatric and Geriatric Assessment]

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## Medicine (240 minutes – 4 hours)

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### Medical Overview

5 min – Supplemental

1. Re-use of new assessment terminology [See IG, p. 80 – **II. Major Components of the Patient Assessment**]

### Neurology

15 min – Essential

1. Stroke discussion (all new) [See IG, p. 84 – **I. Stroke/TIA A, B, C, D, E, F, and G**]

### Abdominal and Gastrointestinal Disorders

30 min – Essential

1. Anatomy; assessment; management; GI bleeding [See IG, p. 87 – **Define Acute Abdomen; II. Anatomy of the Organs of the Abdominopelvic Cavity**]
2. Peritonitis, Ulcerative disease and age-related variations [See IG, p. 87 – **V. Specific Acute Abdominal Conditions; VI. Consider Age-Related variations for pediatric and geriatric assessment and management**]

### Immunology

10 min – Essential

1. The term anaphylaxis did not appear in the 1994 EMT-B national Standard Curriculum [See IG, p. 89 – **I. Introduction A, B; II. Basic Immune System's Response to Allergens; III. Fundamental Pathophysiology; IV. Assessment Findings for Allergic Reaction; V. Assessment Findings for Anaphylaxis; VI. Management; VII. Epinephrine as a Treatment for Allergic Reaction; IX. Communication and Documentation and X. Transport Decisions**]
2. Some geriatric information added [See IG, p. 89 – **VII. Age Related**]

### Infectious diseases

10 min – Essential

1. Updated infectious disease information, for example methicillin-resistant Staphylococcus aureus (MRSA) and Acquired Immune Deficiency Syndrome (AIDS) update; should include a discussion on cleaning and sterilizing equipment and decontaminating the ambulance [See IG, p. 91 – **I. Equipment and Cleaning and Disposing of Equipment and Supplies A, B, C, D, E, and F**]

### Endocrine Disorders

10 min – Essential

1. Increased level of detail on diabetes [See IG, p. 93 – **I. Introduction; II. Diabetes**]

### Psychiatric

15 min – Essential

1. New material; includes new material on excited delirium [See IG, p. 97 – **V. Psychiatric Emergencies**]
2. Revised restraint techniques [See IG, p. 97 – **VI. Medical-Legal Considerations A**]

### Cardiovascular

60 min – Essential

1. Increased emphasis on anatomy, physiology and Pathophysiology; increased emphasis on specific cardiovascular emergencies, addition of aspirin and information for acute coronary syndrome [See IG, p. 99 – **I. Anatomy of the Cardiovascular system; II. Physiology; III. Pathophysiology; IV. Assessment; V. Management (refer to the current American Heart Association Guidelines) VII. Consider Age-Related**]

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**variations in pediatric and geriatric patients for assessment and management of cardiac compromise]**

Toxicology

5 min – Supplemental

1. Poison control information included; addition of drugs of abuse [See IG, p. 104 – I. Introduction A, B, and C; VI. Drugs of Abuse A, B and C]

Respiratory

45 min – Essential

1. Increased level of detail on respiratory distress [See IG, p. 107 – I. Anatomy of the Respiratory System A, B and C; II. Normal Respiratory Effort A and III. Specific Respiratory Conditions]

Hematology

5 min – Essential

1. Brief discussion of sickle cell disease [See IG, p. 109 – III. Sickle Cell Crisis A and B]

Genitourinary/Renal

15 min – Essential

1. Increased level of detail [See IG, p. 110 – III. Dialysis A, B, C and D]

Gynecology

10 min Supplemental

1. Brief discussion of sexually transmitted diseases and pelvic inflammatory disease [See IG, p. 112 – IV. Specific Gynecological Emergencies – Definition, Causes, Risk Factors, Assessment Findings and Management]

Non-traumatic Musculoskeletal Disorders

15 min Supplemental

1. New information at this level [See IG, p. 113 – I. Anatomy and physiology review A and B; II. Pathophysiology A]

Diseases of the Eyes, Ears, Nose, and Throat

0 min

1. Not applicable [See IG, p. 114]

## **Shock and Resuscitation (30 minutes)**

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Topic

30 min Essential

1. Shock content was moved from trauma to emphasize the fact that it occurs in contexts other than trauma; the cardiac arrest information was moved from cardiology for the same reason; brief discussion on devices to assist circulation, although subject to local protocol; shock should be taught in a more comprehensive context rather than simply as a consequence of bleeding [See IG, p. 115]

**Trauma (220 minutes 3 hours 40 minute)** (Programs need to evaluate and incorporate the Oklahoma trauma training protocols – this may add some time to this module)

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Trauma Overview

45 min – Essential

1. Field Triage Decision Scheme added [See IG, p. 117 and 122 – VIII. Shock; I. Identification]

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- Bleeding 0 min  
1. Content changes insufficient to warrant update [See IG, p. 125]
- Chest Trauma 30 min Essential  
1. Increased level of detail [See IG, p. 128 – IV. Physiology A and B; V. Pathophysiology of Chest Trauma A, B and C]
- Abdominal and Genitourinary Trauma 15 min Essential  
1. Increased level of detail [See IG, p. 131 – III. Physiology A, B and C: IV. Specific Injuries A, B, and C]
- Orthopedic Trauma 0 min  
1. Content changes insufficient to warrant update [See IG, p. 135]
- Soft Tissue Trauma 0 min  
1. Content changes insufficient to warrant update [See IG, p. 142]
- Head, Facial, Neck and Spine Trauma 10 min – Essential  
1. Increased level of detail – emphasize the potential harm of hyperventilation [See IG, p. 147 – II. Review of Anatomy and Physiology of the Head, Face, and Neck]
- Nervous System 45 min – Essential  
1. Increase emphasis on neurological assessment [See IG, p. 155 – III. General Assessment considerations for Brain Trauma Patients A, B, C, D, E, F, G and H]
- Special Considerations in Trauma 45 min – Essential  
1. Pregnant patients added [See IG, p. 160 – I. Trauma in Pregnancy A, B, C, D and E]  
2. Pediatric patients added [See IG, p. 160 – II. Trauma in the Pediatric Patient A, B, C and D]  
3. Elderly patient added [See IG, p. 160 – III. Trauma in the Elderly Patient A, B, C and D]  
4. Cognitive impairment added [See IG, p. 160 – IV. Trauma in the Cognitively Impaired Patient A, B, C and D]
- Environmental Trauma 15 min Supplemental  
1. Increased level of detail on submersion, bites, envenomation, diving injuries and radiation exposure [See IG, p. 164 – I. Submersion Incidents; III. Bites and Envenomations; IV. Diving Emergencies (Dysbarism); VI. Radiation]
- Multi-System Trauma 15 min Supplemental  
1. Increased level of detail added – includes discussion of kinematics and blast injury [See IG, p. 170 – I. Kinematics of Trauma; III. Specific Injuries Related to Multi-system Trauma A]



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## Special Patient Population (100 minutes – 1 hour 40 minutes)

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- Obstetrics 10 min – Essential
1. More detailed discussion on complications of pregnancy; uses the terms preeclampsia, eclampsia and premature rupture of membranes (which do not require a lengthy discussion) [See IG, p. 174 – III. General System Physiology, Assessment, and Management; IV. Complications of Pregnancy]
- Neonatal Care 0 min
1. Content changes insufficient to warrant update [See IG, p. 177]
- Pediatrics 30 min – Supplemental
1. Increased level of detail [See IG, p. 178-188 – Extensive content]
- Geriatrics 30 min -- Supplemental
1. All new content [See IG, p. 189 – 196 – Extensive content to cover]
- Patients with Special Challenges 30 min – Supplemental
1. Elder abuse, homelessness, poverty, bariatric, more technology dependent, hospice, sensory deficit, homecare, and developmental disabilities added [See IG, p. 197 – I. Abuse and Neglect; II. Homelessness/Poverty; III. Bariatric Patients; IV. Technology Assisted/Dependent; V. Hospice Care and Terminally Ill; VII. Sensory Deficits; VIII. Homecare and IX. Patient with Developmental Disability]

## EMS Operations (60 minutes – 1 hour)

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- Principles of Safely Operating a Ground Ambulance 10 min – Essential
1. Increased depth of discussion on the risks of emergency response and leaving the scene [See IG, p. 200 – I. Risks and Responsibilities of Emergency Response A]
- Incident Management Co or Pre requisite – Essential
1. ICS and federal requirements added [See IG, p. 202 – I. Establish and Work Within the Incident Management System A] \*\* this can be done as a co requisite or pre requisite or as part of the entry level course \*\*
- Multiple Casually Incidents 10 min – Essential
1. References Centers for Disease Control (CDC) Field Triage Decision Scheme; The National Trauma Triage Protocol [See IG, p. 203 – II Triage] \*\*utilize the new Oklahoma Trauma Triage materials and refer to the Oklahoma “Destination Protocols” for each Region \*\*
- Air Medical 10 min – Supplemental
1. New material has been added – Patient transfer issues – Interaction with Air Medical personnel, scene safety and landing zone (LZ) selection and prep [See IG, p. 205 – I. Safe Air Medical Operations A, B, C, D, E, F and G; II. Criteria for Utilizing Air Medical Response A and B]

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Vehicle Extrication

10 min – Supplemental

1. Situational safety has been added [See IG, p. 207 – I. Safe Vehicle Extrication D]

Hazardous Materials Awareness

Co or Pre requisite – Essential

1. HAZWOPER (Awareness ONLY) standard added [See IG, p. 210 – I. Risks and Responsibilities of Operating in a Cold Zone at a Hazardous Material or Other Special Incident A (Hazardous Waste Operations and Emergency Response (HAZWOPER) standard, 29 CFR 1910.120(q)(6)(i) – “First Responder Awareness Level only] \*\*this can be done as a co requisite or pre requisite or as part of the Entry Level course\*\*

Mass Casually Incidents Due to Terrorism and Disaster 20 min – Essential

1. All new content [See IG, p. 211 – I. Risks and Responsibilities of Operating on the Scene of a Natural or Man-Made Disaster A and B]

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The following restraint technique has been determined to be harmful and is no longer permitted: forceful restraint in a prone position, with wrists and ankles tightly tied together (“hobbled”) behind the back.

## SKILL CONSIDERATIONS:

Discontinued:

- Pressure points and elevation for hemorrhage control
- Insertion of nasogastric and orogastric tubes
- Activated charcoal

NEW

- Use of oxygen humidifiers
- Use of partial rebreather, simple face and Venturi masks
- Obtaining a pulse oximetry value
- Use of automated transport ventilators
- Use of mechanical CPR devices (requires additional training)
- Assisting a patient with his/her prescribed medications
- Administration of aspirin by mouth
- Use of an auto-injector (self or peer)

## SUMMARY OF PROPOSED TIME [outlined above]

**Total 16 hrs 35 min**

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

HAZWOPER – Awareness	8 hrs
ICS courses	16 hrs
Skills	2 to 5 hrs

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This Transition Course **MUST** equal a minimum of 24 hours to meet the National Registry refresher requirement, and must be reported to OSDH-EMS and National Registry with a certificate which contains the following:

- Oklahoma CAN
- Students Name
- Transition Course Completion Date
- The certificate must contain the following statement “**HAS COMPLETD A STATE APPROVED EMERGENCY MEDICAL TECHNICIAN TRANSITION COURSE**”
- Name of the sponsoring agency
- Signature of the individual responsible for the training