Maine Emergency Medical Services
Training Center Standards

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Maine EMS Training Center Standards

§ 1 Introduction

A. The Maine EMS Training Center Standards have been created to ensure quality and consistent minimum standards in the delivery of education programs in Maine.

B. The objectives of the Maine EMS Training Center Standards are to:

1. Ensure consistent delivery, approval, monitoring, and evaluation of educational programs leading to EMS licensure in the State of Maine
2. Provide an opportunity for periodic evaluation and assessment by Maine EMS of programs providing education in the state.
3. Establish a system to permit educational institutions that coordinate EMS education programs regularly to avoid having to complete multiple duplicate licensure program requests for similar courses with similar instructors.
4. Promote the use of assessment data in program development and decision making.
5. Collect and analyze data submitted by programs in order to make informed decisions regarding EMS education in Maine.

C. The Maine EMS Board is responsible for regulating EMS activity in the State. The Board is responsible for monitoring educational program quality, ensuring consistency in the educational process, and establishing minimum standards for EMS education. This document is consistent with the EMSTAR report recommendations regarding regulation of EMS educational programs in the State of Maine.

D. The Maine EMS Education Committee has reviewed this document and has adopted its content using a consensus voting method. Subcommittee members conducted research to identify best practice models throughout the country and developed this document with the knowledge and awareness that national accreditation would be required in the future. This document integrates those accreditation standards wherever possible in order to allow Maine EMS authorized EMS Training Centers to achieve national accreditation.

E. This document sets forth the process required to become a Maine EMS authorized EMS Training Center and is designed to assist applicants in preparing the information necessary for approval.

§ 2 Process Overview

A. Self Assessment Process

1. Typically, the Training Center Approval Process includes two evaluation components, an internal self-assessment conducted by the teaching institution, and an external evaluation conducted by a Program Review Team.
2. The self-assessment document provides each applicant with an opportunity to assess their program objectives, and to identify program strengths and areas needing improvement. The evaluation must be comprehensive and needs to clearly identify the program's strengths and limitations. Completion of the self-assessment document involves all stake holders in the program including, but not limited to the medical director, program administrator, lead and assisting instructors, clinical preceptors, students, and others involved in the delivery of the educational program.
3. Applicants will submit a completed self-assessment document for initial EMS Training Center authorization, and every five years thereafter in order to renew authorization for the EMS Training Center. Additionally, annual reports are submitted to Maine EMS demonstrating compliance with the standards, and updating Maine EMS of any program changes. Programs that have attained National Accreditation may submit a copy of the Commission on Accreditation of Allied Health Programs (CAAHEP) self-assessment document to meet the requirements for Maine EMS authorization as an EMS Training Center.

B. Self-Assessment Content

1. The self-assessment document is a written self-assessment demonstrating compliance with the objectives and standards outlined here and in the Training Center Course Requirements document (Appendix A). Applicants need to provide written and supporting documentation that clearly demonstrates that the applicant meets the standard.
2. Self assessments performed as part of the renewal process must include program changes, changes in faculty, updated procedures, etc., as well as copies of each annual report. A key component of the self-assessment process is a critical analysis of program outcomes, and actions taken to correct identified deficiencies.
3. At minimum, the following standards for approval must be addressed in the self-assessment document. Examples of how each standard may be met can be found in Appendix D (Sample Forms).
    a. Program philosophy and objectives.
    b. Training Center demographics.
    c. Program goals and outcomes, including but certainly not limited to results of advisory committee decisions and appropriateness of goals and learning domains.

d. Program resources, including descriptions/discussion of hospital/clinical affiliations, program personnel, and clinical preceptors. Financial resources, budget, and program costs should be included in this section.

e. Curriculum design and changes in academic policy.

f. Outcomes assessment, including student evaluations, exit point completion, graduate surveys, student opinion surveys, employer satisfaction, national licensure pass rates, etc..

g. Key documents, including catalogs, course descriptions, syllabi, brochures, policy manuals/student handbooks, or any other supporting materials that demonstrate adherence to Training Center Process Approval criteria.

C. Program Goals and Outcomes

1. There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, hospital/clinical representatives, physicians, employers, police, fire and EMS services, key governmental officials, the public, and nationally accepted standards for roles and functions.

2. Appropriateness of goals and learning domains – The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

3. An advisory committee, which is representative of the communities of interest, must be designated and charged by the applicant with the responsibility of meeting at least annually to assist EMS Training Center personnel in periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

    a. Hospital / clinic representatives must include supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students.

    b. Physician representatives must include physicians with whom students complete clinical rotations and are familiar with EMS operations, as well as surgeons, internists, cardiologists, pediatricians, or family doctors.

    c. Employer representatives must include employers of the program graduates and ambulance supervisory personnel and administrative personnel where clinical internships are performed.

    d. Key governmental official representatives should include state and/or regional training coordinators/field representatives.

D. Resources:

1. The applicant must have sufficient resources to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical support, curriculum, finances, classroom/ laboratory facilities, ancillary student facilities, hospital/ clinical affiliations, field internship affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty and staff continuing education.
2. Hospital and Clinical Affiliations: Students must have access to patients, proportionally distributed by illness, injury, gender, age, and common problems in order to meet national and Maine clinical behavioral objectives (CBOs). Contracts outlining the responsibility of each affiliation must be clearly articulated.
3. Equipment: The Training Center must demonstrate that it possesses equipment in accordance with the equipment inventory described in Appendix A.
4. Personnel: The Training Center must appoint sufficient qualified faculty and staff to perform the functions needed.
    a. **Program Director**: The Program Director is responsible for overall functioning of the EMS Training Center. The Program Director provides oversight, monitoring, and assurance of accomplishment and adherence to program goals and Maine EMS requirements for EMS Training Centers.
    b. **Program Coordinator**: He/she is responsible for the administrative duties for the entire EMS educational program or course. The coordinator is responsible for adherence to applicable rules and standards as established by MEMS. He/She is responsible for the organization, administration, evaluation, and continued development and effectiveness of the educational program, as well as for assuring students meet established outcomes. Qualifications: Maine licensed Instructor Coordinator. He/She must also hold a MEMS provider license at least at or above level for which the program was approved (e.g., the coordinator of a paramedic program must hold a MEMS paramedic license).
    c. **Lead Instructor**: Lead program instructors must be Maine EMS licensed Lead Instructors with demonstrated knowledge and teaching experience sufficient to meet the program goals. The lead instructor assures the success of the educational program. He/She is responsible for individual course outcomes assessment and evaluation, and of assuring students completing each course have met the minimum established standards and criteria. Qualifications: Maine Licensed Instructors knowledgeable in course content, program policies, and capable through academic preparation, training and experience of assuring quality education for EMS students. Lead Instructors must also hold a MEMS provider license at or above the level for which the course he/she is teaching.
    d. **Didactic Instructor/Content Expert**: An instructor or interim instructor (who may or may not hold a Maine EMS Instructor License), under the

supervision of the coordinator or a lead instructor may be utilized for certain portions of the course, providing that the approval agency is aware of their use. These individuals are subject matter experts whose ability to present material has been evaluated by the Lead Instructor or Coordinator and approved by the medical director. Content Experts may teach for college credit classes which fulfill a portion of the licensure curriculum when taught at an accredited post secondary institution and approved by a MEMS TC. This instruction must be evaluated and approved by the Lead Instructor and Program Coordinator.

e. **Medical Director**: The medical director is responsible for all medical aspects of the program, including review, quality assurance, assistance in instruction, and assurance of the quality of program graduates. Qualifications: Maine physician approved by the state EMS Medical Director with intimate knowledge of MEMS rules, standards, protocols, and functions.

f. **Clinical Coordinator**: An individual must be responsible for clinical coordination, and ensuring the standards for clinical behavioral objectives are met. This person is responsible for scheduling clinical hours; assuring clinical contracts with affiliated agencies are in place; and for monitoring students' clinical experiences. They function under the leadership of the Lead Instructor or Coordinator. Qualifications: As identified by the Program Director.

g. **Clinical Preceptor**: Clinical Preceptors shall meet the requirements, as established in the Maine EMS Clinical Behavioral Objectives (CBOs) (See Appendix B)

E. Curriculum/Academic Policies:

1. The curriculum must ensure achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. The curriculum must meet minimum educational objectives established by Maine EMS. The program must meet or exceed the content, hours, and competencies of the US DOT National Education Standards at the Emergency Medical Responder (EMR), Emergency Medical Technician (AEMT), Paramedic levels, BLS and ALS Refresher courses, and Maine EMS for AEMT. Copies of course syllabi, curriculum sheets, and catalog/advertising material must be made available for review upon request. Each course offered must adhere to the Training Center Course Requirements document criteria (Appendix A).
2. The program must track and keep on record all clinical hours completed for each student, all competencies accomplished by each student, and all skills and assessments for a period of 7 years. Clinical experiences must adhere to the Maine EMS CBOs (Appendix B).
3. Field internships must be developed to allow the student to serve in the role of team leader, and must follow the MEMS Clinical Behavioral Objectives.

4. The program must provide students with an outline of the program's academic policies, which are consistent with the Maine EMS Training Center Course Requirements Document (Appendix A).

F. Outcomes Assessment:

1. A critical aspect of successful program development is the development of a program evaluation/assessment plan. All programs must have a plan that addresses student outcomes and established thresholds. The EMS Training Center must produce an annual report outlining evaluation plan objectives and thresholds, whether the objectives were met, and actions taken to remedy areas of deficiency. In situations where programs have completed reports for national accreditation, it is acceptable to use those documents to meet the requirement of this standard.
2. **Student evaluation**: Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and faculty with valid and timely indications of student progress towards goals and competency. Evaluation must include both classroom and clinical performance; evaluation process must be identified in the course syllabi.
3. Student records must be maintained that document learning progress and achievements.
4. Outcomes must be assessed at regular intervals to determine program effectiveness. Outcomes assessments must include (but are not limited to) the following:
    a. Exit point completion (retention and attrition rates)
    b. Graduate satisfaction survey results
    c. Student opinion surveys for the program, lead instructor, coordinator, clinical sites/preceptors, and for each assisting/didactic instructor
    d. Employer satisfaction of graduates
    e. State licensure or national examination pass rates/ registration
5. Program evaluation must be a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students, and graduates. Reports and data must be maintained for review.
6. Fair practices:
    a. **Publications and disclosure**: Syllabi, course materials, brochures and advertising must include the key components identified in the licensure program approval criteria checklist (appendix A) and clinical behavioral objectives (Appendix B).
    b. The Training Center must demonstrate ethical, lawful, and non discriminatory practices. Student complaints must be kept on file for review.

c. **Safeguards**: The health and safety of patients, students and faculty associated with the educational activities of students must be highly safeguarded. Students in the program must meet Centers for Disease Control (CDC) immunization requirements.

d. Student records must be maintained by the EMS Training Center in a safe and accessible location.

e. Once approved, any substantive change in program faculty, curriculum, or processes must be reported to the MEMS Education Coordinator or other person, as identified by the Board.

G. Agreements:

There must be written, formal affiliation agreements in place between the EMS Training Center and all other entities that participate in the education of the students describing the relationship, role and responsibilities between the EMS Training Center and that entity. Contracts must be available for review upon request.

H. Site Visits:

Three site visit options by Maine EMS are possible.

1. Technical Assistance Site Visit:
    a. A Technical Assistance Site Visit may be requested by the Applicant/EMS Training Center or at the discretion of the Maine EMS Board for assistance in meeting the standards for EMS Training Center authorization. Should a Technical Assistance Site Visit be requested, Maine EMS will assemble a Technical Assistance Review Team.
    b. The purpose of a Technical Assistance Site Visit is to:
        i. Assist in improving program quality by providing feedback on program processes or policies.
        ii. Resolve concerns and to assist the applicant in the new or renewal authorization process if deficiencies are identified as part of the self-assessment process.
        iii. Make recommendations regarding required improvements.
    c. The Technical Assistance Review Team will:
        i. Assist the applicant in interpreting the Training Center Standards.
        ii. Provide assistance in analyzing data.
        iii. Assist in the development of a Program Evaluation plan.
        iv. Review the draft self-study documents and provide recommendations for meeting the standards.

v. Assist EMS Training Centers in developing an action plan for correcting deficiencies identified through the self-assessment or Site Review process.

d. Maine EMS will:

i. Work with the EMS Training Centers to schedule the site visit.

ii. Select and orient the review team members; identify the team leader.

iii. Ensure that the applicant approves the team membership.

e. The Team Leader will:

i. Serve as team leader on the site visit.

ii. Conduct an exit interview summarizing the team's findings.

iii. Coordinate the writing of the team report and provide it to Maine EMS within 10 days of the visit who will send a copy to the applicant within 30 days of the site visit.

iv. Conduct follow-up activities as necessary.

f. The Applicant is responsible for all costs incurred by the Technical Assistance Review Team in accordance with Appendix E.

2. Program Review Visit:

a. A program review visit will be scheduled at the discretion of the Board, following receipt of an applicant's self-assessment documents. The purpose of the Program Review Visit is to:

i. Ensure that the outlined Training Center Standards are being met consistently by education programs.

ii. Determine whether the Program Review Team will recommend to Maine EMS that an applicant receive authorization as an EMS Training Center.

b. The Program Review Team will:

i. Review the self-study completed by the applicant prior to the site visit.

ii. Participate in a site visit to confirm that the information in the self-study is accurate and meets the minimum requirements for authorization.

iii. Report to the Maine EMS Board the team findings, specifically identifying strengths, weaknesses, and any deficiencies of the program. Maine EMS will send a copy of the report to the applicant.

c. For BLS applicants, the team will be comprised of two members:

i. A Maine EMS staff member; and,

ii. A member selected by Maine EMS

d. For ALS applicants, the review team will consist of three people:

i. A Maine EMS staff member;

ii. An ALS provider with active emergency or critical care expertise who is familiar with the delivery of EMS programs; and,

iii. An EMS educator who is knowledgeable regarding educational needs and issues related to EMS training and curricular processes.

e. The Applicant is responsible for all costs incurred by the Program Review Team in accordance with Appendix E.

I. Audits:

1. Audits may be performed by Maine EMS staff members or representatives:
   a. In response to changes in status, identified problems or formal complaints about a program; or,
   b. For purposes of reviewing, monitoring, or evaluating a specific program or individual course.
2. Advance notification of an audit is not required.
3. Audit functions will not incur site visit costs.

§ 3 Approval Process

A. Authorization Required

1. Educational institutions that provide EMS education leading to licensure in the state of Maine must receive written authorization from Maine EMS to be an EMS Training Center.
2. Maine EMS Board authorized EMS Training Centers may conduct courses in accordance with the authorization granted. Authorized EMS Training Center graduates will be considered to have met the training requirements for EMS licensure.
3. The Maine EMS office is responsible for developing a standardized process for EMS Training Center approvals.

B. Categories of Authorization:

1. **Authorization:** This status is assigned when the program meets the criteria outlined in the Training Center Standards document. Annual written reports of educational activities and progress have been submitted and will continue to be submitted to Maine EMS. Authorization is for a five year period.
2. **Conditional/Provisional Authorization:** This status is assigned when the application, self-study report, or review team report has identified limitations or deficiencies. These limitations or deficiencies can be resolved within a definite

time period. The applicant is required to submit a progress report and plan addressing the limitations or deficiencies to Maine EMS. An additional Program Review Site Visit at the applicant's expense may be ordered to ensure that deficiencies have been resolved.

C. Authorization Levels

1. Two levels of EMS Training Center authorizations are possible. Applicants may seek EMS Training Center authorization at the:
    a. Basic Life Support (BLS) level, which includes Emergency Medical Responder, EMT and BLS Refresher courses, or
    b. Advanced Life Support (ALS), which includes Advanced EMT, Paramedic and ALS Refresher courses. Entities wishing to provide both BLS and ALS courses need only submit one approval request which will cover all levels of licensure.

D. Authorization Actions

Non-issuance, non-renewal or disciplinary actions concerning a Maine EMS-authorized EMS Training Center shall be in accordance with 32 M.R.S.A, Chapter 2-B, the Maine Administrative Procedures Act (5 M.R.S.A) and any Rules or other requirements adopted and published by the Maine Board of EMS.

E. Authorization Standards

1. An authorization as a Maine EMS Training Center is valid for a period of five years.
2. Initial and renewal applications will be submitted to Maine EMS at least 90 days prior to the expiration date of the current Maine EMS authorization. Maine EMS will have 60 calendar days from the date of receipt of an application to approve or deny the application or to request additional information. If deficiencies with the program or application materials are identified during the review process, Maine EMS will notify the applying institution of the specific deficiencies, what corrective measures need to be taken before the application can be approved and a time definite for submission of additional material. If needed, a technical assistance visit will be scheduled, at the EMS Training Center's expense. The purpose of the technical assistance visit will be to resolve any program concerns and to assist the EMS Training Center in the renewal process.
3. In order to receive authorization as a Maine EMS Training Center, an applicant must :
    a. Demonstrate that the applicant is:
        i. A post secondary academic institution accredited by an approved accreditation agency that has the authority to award a minimum of a certificate credential at the completion of the program; or,

ii. A nationally accredited (e.g. JCAHO, CAAS, etc.) hospital, clinic, ambulance service, or medical center *accredited by a healthcare accrediting agency*, which is affiliated with an adult education agency or post secondary institution, which awards the minimum of a certificate; or,

iii. A branch of the US armed forces which is affiliated with an accredited post secondary institution; or,

iv. An adult education institution or organization with demonstrated experience and expertise in the instruction of adults such as a regional EMS office or adult education center.

b. Provide Philosophy and Objectives:

i. The philosophy and objectives of the applicant shall be developed by faculty and program leaders and be clearly stated in writing. The philosophy and objectives of the educational program shall be consistent with the philosophy and objectives of the governing/sponsoring institution. The philosophy of the educational program is an expression of its beliefs about education and the profession, and the responsibility of an educational program to its students. The objectives of the educational program are an expression of the purposes or the ultimate goals that the program is designed to achieve.

c. Provide a completed self assessment;

i. The Training Center must complete a self-study and will maintain, on file, copies of all supporting documents. These documents must be made available to MEMS upon request.

ii. Entities who maintain national accreditation may request that a site visit be waived.

d. Submit required application and site visit fees

e. Demonstrate adherence to Maine EMS law, Rules and EMS Training Center standards and requirements.

F. Annual Reports:

Authorized EMS Training Centers must submit an annual report to Maine EMS within 60 days prior to the Center's authorization anniversary (Beginning March of 2015 all annual reports will be due between March 1st and March 31st). The purpose of the report is to update Maine EMS of program of faculty changes, curricular updates, major program changes and to provide a summary of program evaluation outcomes for the preceding year.

G. Renewal

1. A Maine authorized EMS Training Center must apply for renewal of its authorization at least 60 days prior to authorization expiration.

2. In order to renew authorization as a Maine EMS Training Center, an applicant must:
    a. Provide a self-assessment in accordance the requirements for new authorizations and which has been conducted within the year prior to authorization expiration.
    b. Submit required application and site visit fees
    c. Demonstrate that the EMS Training Center continues to adhere to Maine EMS law, Rules and EMS Training Center standards and requirements.

Any fundamental change in program delivery or format, including changes in consortium sponsorship shall be presented to the MEMS Education Coordinator for review and action, as needed. If a program's national accreditation status has changed, the entity must notify the Board of such change, and a subsequent site visit may be scheduled or self study appraisal required, at the discretion of the Board or Maine EMS Education Coordinator. Maine EMS reserves the right to conduct unannounced site visits or request additional information from the approved programs at any time, or to perform audit visits as needed.

§ 4 Deficiencies and Remediation

A. If deficiencies are reported by the Program Review Team, the Training Center has 90 days from the date the report was received by the applicant to correct the deficiencies. The Training Center will demonstrate that the deficiencies are corrected or may, with the approval of Maine EMS provide a detailed plan to correct each deficiency.

B. If remediation of a deficiency is unsuccessful, Maine EMS may pursue disciplinary action in accordance with 32 M.R.S.A, Chapter 2-B, the Maine Administrative Procedures Act (5 M.R.S.A) and any Rules or other requirements adopted and published by the Maine Board of EMS.

Maine Emergency Medical Services
Training Center Standards Appendices

Appendix A – Training Center Course Requirements

This document establishes the minimum requirements for any course that leads to licensure. In order to provide a course that leads to licensure in Maine, programs must be approved by Maine EMS (MEMS). Any agency wishing to conduct such a program must meet these requirements, receive pre-approval from the approving agency, and submit supporting documentation as required.

Administrative

All licensure courses must be coordinated and supervised by a currently licensed MEMS Instructor/Coordinator (IC) according to the written plan provided to MEMS. The Program Coordinator is ultimately responsible for the appropriate delivery of the current MEMS and NHTSA licensure curriculum as well as any updates to the curriculum prescribed by the MEMS Board.

1. Demonstrate that the Instructor/Coordinator, as well as any assisting instructors, have met all the requisite MEMS requirements and are qualified by training or experience to teach the program.
2. Issue certificates within 30 days. The certificate issued must show: the participant's name, the program title, date, location, and approving agency. A sample of the completion certificate must be provided to the approving agency prior to the end of the program.
3. Develop and distribute prerequisites for admission to, and requirements for continued participation in the course.
4. Arrange for a Physician Medical Director with emergency medical experience to supervise the medical content of the program. There must be a current resume on file detailing the EMS experience of the Medical Director as well as written acknowledgement from the Medical Director that they are willing to serve in that capacity.
5. Document appropriate and current clinical contracts and/or agreements for all required clinical rotations per licensure level and per the Maine EMS Clinical Behavioral Objectives (Appendix B).
6. Demonstrate a plan/structure to allow interactivity between students and interactivity/access between students and instructors. This interactivity and access must be reasonably concurrent within each component of the lesson plan and must include a clear policy to allow students reasonable access to the instructor outside the classroom setting.
7. Demonstrate that all course participants meet the training requirements for licensure at the level from which the course starts.

8. Provide for adequate and appropriate equipment for the program. The equipment must be available for use by the students throughout the program. Maine EMS maintains a list of required equipment for licensure programs (Appendix C).
9. Demonstrate a plan to evaluate competency for both didactic and psychomotor work.
10. Maintain the following records (through the Instructor/Coordinator):
    a. student name, address, and date of birth
    b. student attendance
    c. grades and pass/fail status of all students participating in the course, including skill evaluations
    d. documentation of field/clinical rotations
    e. instructor evaluations
    f. course syllabus and descriptions of filed/clinical rotations
    g. copies of written exams and quizzes
    h. all other written materials given to students.
11. Written description of all applicable course costs as well as a policy regarding payment schedules and refund policies.
12. Require that all students furnish proof of adequate immunizations as required by the field or clinical internship sites. Students must submit immunization records prior to the start of the program.
13. Ensure that the instructor is oriented to the course policies and procedures prior to the start of the program.
14. A statement is made available to the students prior to the course regarding the availability of college credits for this program.
15. Agree to participate in the Maine EMS approved evaluation process.
16. Submit a plan for complying with Maine EMS Clinical Behavioral Objectives that includes clinical sites/contact person, course clinical coordinator, hours per site, policies, documentation forms, and a copy of the professional liability insurance policy for the students.

Course Content

All courses must have the following material available for review by the approving agency, as well as to be distributed to the students, on the first night of class:

1. Course syllabus that includes;
    a. title of program
    b. location of program
    c. Instructor/Coordinator name and phone numbers
    d. name of Medical Director
    e. start and end dates
    f. dates, times, and content of each class along with any reading assignments and special instructions
    g. text(s) to be used

h. prerequisites for admission to, and requirements for continued participation in, the course, which includes disciplinary procedures
i. a statement detailing a policy for accommodation of students with learning and/or physical disabilities
j. attendance and make-up policy
k. withdrawal/refund policy
l. all costs and fees associated with the course, including tuition and book fees
m. grading policy – minimum passing didactic grade is 75% for BLS programs, 80% for ALS programs. Students must "pass" practical sections of the program. Clinical grading policy must be defined as well. A procedure must be in place to inform students of their academic standing throughout the program as well as any necessary remedial activities.
n. integrated psychomotor skills training (following NHTSA national standard curriculum guidelines) to reinforce didactic material
o. clinical requirements, hours, and locations
p. documents expressing the sponsor's discrimination prevention policy based upon race, color, religion, sex, national origin, citizenship, age, handicap, or veteran's status
q. class cancellation policies/procedures
r. a statement is made available to the students prior to the course regarding the availability of college credits for this program
s. a statement indicating that, upon successful completion, the students will receive a course completion certificate.

2. A Student Handbook outlining program policies may be utilized.

3. Retain a signed acknowledgement form for each student verifying receipt of the documents listed above.

Facilities

The primary classroom must be appropriate for the delivery of the program and, at minimum, must:

1. accommodate accessibility requirements of students and faculty consistent with Federal and State guidelines
2. have sufficient space for seating of all students
3. have adequate space available for practical sessions
4. have adequate interior and exterior lighting
5. have adequate climate control to provide comfortable environment for students
6. be reasonably free of interruptions
7. have appropriate safety standards in place, including fire extinguishers, smoke alarms, and evacuation plans
8. have adequate bathroom facilities in place with hot and cold running water

9. have appropriate audiovisual aids available.

Representatives of Maine EMS must have access to the course for the purpose of reviewing, monitoring, or evaluating the program. Any identified course problems that are not satisfactorily resolved will be referred to Maine EMS for review and potential action.

Exceptions to this course approval checklist must be approved by Maine EMS prior to the start of the program.

Distributed Learning

Distributed learning has been defined as *"planned learning that normally occurs in a different place from teaching and as a result requires special techniques of course design, special instructional techniques, special methods of communication by electronic and other technology, as well as special organizational and administrative arrangements"*. *(Moore, M., Kearsley, G., Distance Education: A System View. California 1996, Wadsworth Publishing Company)

If a course plans to utilize elements of distributed learning, in addition to complying with all of the previous requirements, the following criteria must also be met:

1. Student and instructor access must be deemed equivalent to a standard (single location) course. The sponsor must demonstrate a technology plan that includes regular instructor availability, reasonably equivalent student/instructor interactivity, and, if necessary, objectives for verifying student interaction.
2. The sponsor must demonstrate a technology policy. This plan should include:
    a. hardware/software requirements for the course
    b. technical support contact numbers, with hours of operations, and any additional costs related to technical support
    c. policies related to:
        i. data back-up
        ii. user privacy & data protection
        iii. student and instructor interaction
        iv. technology failure (how the program will run in the event that the distributive method is compromised)

3. The course syllabus should also clearly state:
    a. e-mail addresses to contact Instructor/Coordinator, technical support and product support
    b. phone number, hours of operation and related costs (if any) for technical support and product support
    c. instructions to access distributive learning.

Outcomes Assessment and Ongoing Evaluation

Programs must regularly assess and document outcomes to demonstrate effectiveness. This assessment includes but is not limited to:

1. course retention and attrition rates
2. state licensure or national examination pass/fail rates
3. student evaluation records
4. course/program evaluation records.

Calculation of Retention and Pass rates

The purpose of this section is to ensure uniform reporting of retention and pass rates in all EMS programs. Individual Training Center numbers will be published on the Maine EMS website for public consumption. These calculations and reporting will be done for all courses leading to licensure in the State of Maine at the level of Emergency Medical Responder, Emergency Medical Technician, and Advanced-EMT.

To limit the duplication of efforts Paramedic programs will report their COAEMSP data for Paramedic students.

Numbers will be reported in two sets. One based upon a 3 year sample and one on the most recent year.

Definitions:
Fully enrolled student – any student who does not receive 100% of their tuition back if they drop the course. *(There will be an explanation added to the website to explain about the definitions and potential for disparate reasons for withdrawal.)*

Withdrawal – Any fully enrolled student who does not remain enrolled through the completion of the course(s). It is understood that there are many reasons a student may withdrawal from a program. These may include but are not limited to financial, family, or academic reasons. Students may be offered the opportunity to reenroll in the program.

Failure – Any fully enrolled student who remains enrolled through the completion of the course(s) but does not receive a Maine EMS required grade. This grade is often higher than required by the majority of educational institutions.

Candidate – Any fully enrolled student who has completed the course(s) and is eligible for psychomotor and cognitive testing.

For EMR/EMT/AEMT the process for reporting will be as follows.

Retention rates will be calculated by taking the total of fully enrolled students and subtracting the total number of withdrawal students.

Course pass rates will be calculated by taking the total of fully enrolled students and subtracting the students who fail the course(s).

NREMT/State Psychomotor Exam pass rates will be calculated for all candidates for the First full attempt. This number will be calculated in aggregate for the State by Maine EMS

NREMT Cognitive Exam pass rates will be calculated for the First Third and 6th attempts with the total number still eligible to retest.

Retention and pass rates will be calculated for a calendar year of January 1 to December 31st. These numbers will be reported annually with the Annual Report due between March 1st and 31st of each year.

Appendix B - Maine EMS Clinical Behavioral Objectives

Maine EMS has adopted the National EMS Education Standards, released in 2009 as the minimum standard for all EMS courses offered in the State of Maine. A training center must demonstrate that all clinical behavioral objectives for their courses meet or exceed the National EMS Educational Standards. The National EMS Education Standards are available at www.ems.gov/EducationStandards.htm

Clinical Behavior/Judgment Standards are located on pages 51-55 and outline the goals of clinical education. Pages 56-60 outline the Educational Infrastructure, which include minimum standards for performance in field and clinical activities.

A training center will need to develop a clinical education program from these standards for each level of education. Each new clinical education program or changes to the clinical education program will be submitted to Maine EMS with the annual report.

Definitions:
The following are Maine EMS interpretations:

- **Patient assessment documentation:** When documenting a patient assessment in a field or clinical setting, the student must document the following:
    - Patient's age and sex
    - Chief complaint
    - History of present illness and/or mechanism of injury
    - Signs & symptoms
    - Medications & allergies
    - Pertinent medical history
    - Physical exam findings & vital signs
    - Field impression
    - Treatments rendered to the patient

The EMR, EMT, AEMT or Paramedic student should be successful in a combination of assessments, medication administrations, airway managements, and recognized EMS procedures through live patients, high definition simulations, low fidelity simulations, and cadaver labs in all age brackets.

The majority of clinical experiences should be emphasized with live patients, realistic simulation labs, or both. High definition simulation, including but not limited to SIM Man, Meti Man, etc., is highly recommended but optional. Low fidelity simulation includes traditional simulation heads, such as Laredal, etc.

EMR, EMT, AEMT & Paramedic students should have exposure to diverse environments in accordance with the National EMS Education Standards. These environments should include laboratory, out-of-hospital, and/or hospital settings that will

ensure that students will achieve the clinical education standards established by the Training Center.

Emergency Medical Technician (EMT)
Maine EMS requires that EMT clinical documentation be completed with the Maine EMS Run Reporting System (http://www.memsrr.org). The training center will need to establish accounts for each user. Contact Maine EMS for additional resources & questions.

Approved: 2/6/2013
Implementation by: September 1, 2013

Appendix C – Maine EMS Training Center Equipment List

BLS Equipment List - General Notes

All materials listed here are based on the U.S. Department of Transportation (DOT) First Responder National Standard Curriculum (NSC), the U.S. DOT EMT-Basic NSC, Maine EMS educational standards for initial licensure programs, refresher programs, specialized programs & objectives, and current protocols.

This appendix lists all minimal equipment required for a BLS program to maintain on a per student basis. This list does not preclude a licensed training program from adding equipment or training requirements to their individual programs.

Guidelines for all equipment:

- All products should be non-latex if available. The licensed training program should make students aware when latex based equipment is used.
- The licensed training program must have the equipment available to students in one of the following three methods:
    - Owned and maintained by the licensed training program.
    - Signed agreement (written contract) between the licensed training program and equipment provider indicating that equipment will be made available upon specified dates in the course.
    - Maintained by the student for use at the licensed training program course.
- The licensed training program will maintain and budget for the maintenance and replacement of equipment.
- The licensed training program will maintain a supply of batteries, power supplies, and other manufacturer recommended parts for equipment that requires it.
- The licensed training program will maintain various sizes of permanent & disposable equipment.
- The licensed training program will maintain cleaning & disinfecting products for all equipment as recommended by the manufacturer.

Patient Assessment

General Patient Assessment 1 unit : 1 student

Equipment to be included:

- Stethoscope
- Time keeping device
- Recording materials
- Dull-point object
- Soft-point object

- Fluid mask
- Eye protection
- N95 mask
- MEMSRR training database access
- Exposure control forms

General Patient Assessment 1 unit : 4 students

Equipment to be included:

- Blood pressure cuff, adult
- Pen light
- Trauma shears
- Examination gloves, small (1 box)
- Examination gloves, medium (1 box)
- Examination gloves, large (1 box)
- Examination gloves, X-large (1 box)

Blood Glucose Monitor 1 unit : 6 students

Equipment to be included:

- Antiseptic site prep pad (6)
- Sterile gauze (6)
- Adhesive bandage (6)
- Lancet (6)
- Test strip sample (6)
- Calibration strip
- Test solution or strip
- Puncture resistant sharp container

Airway Management

Adult Airway Simulator 1 simulator : 6 students

Capabilities: Airway maneuvers, oropharyngeal & nasopharyngeal airway placement, ventilation with chest rise, supplemental oxygen via nasal cannula & non-rebreather mask.

Equipment to be included:

- Mannequin airway lubricant
- Full set of oropharyngeal airways (40, 60, 80, 90, 100 & 110 mm)
- Full set of nasopharyngeal airways (20, 22, 24, 26, 28 & 30 fr)
- Adult non-rebreather mask
- Adult nasal cannula
- Adult BVM (750mL+) with oxygen reservoir & tubing
- Adult face masks
- Adult pocket mask
- Suction unit*

- Oxygen cylinder, valve seal, regulator & flow meter
- Stethoscope
- Oxygen saturation monitor

Pediatric Airway Simulator 1 simulator : 6 students

Capabilities: Airway maneuvers, nasopharyngeal airway placement, ventilation with chest rise, supplemental oxygen via nasal cannula & non-rebreather mask.
Equipment to be included:

- Mannequin airway lubricant
- Full set of oropharyngeal airways (40, 60, 80, 90, 100 & 110 mm)
- Full set of nasopharyngeal airways (20, 22, 24, 26, 28 & 30 fr)
- Tongue depressor
- Pediatric non-rebreather mask
- Pediatric nasal cannula
- Pediatric BVM (250-500mL) with oxygen reservoir & tubing
- Infant & pediatric face masks
- Suction unit*
- Oxygen cylinder, valve seal, regulator & tubing
- Stethoscope (pediatric)
- Oxygen saturation monitor

***Suction Unit 1 unit : 1 airway mannequin**

Capabilities: The program must maintain a fully functional suction unit of each of the following types:

- Battery or electric powered
- Manual powered

Equipment to be included:

- Suction canister
- Suction tubing
- Hard suction catheter
- Soft suction catheter
- Simulated sterile water or saline (250mL)

Medication Administration

Simulated Medications 1 unit : 6 students

Capabilities: Simulated medications or medication trainers
Equipment to be included:

- Simulated medication
  - Metered dose inhaler
  - Oral medication
    - Simulated low dose aspirin & container
  - Buccal medication
    - Simulated glucose paste
  - Sublingual medication

        - Simulated nitroglycerine tablets & container
    - Suspension medication
    - Injected medication
        - Simulated auto-injector
- Medical alert tag
- Medication delivery systems
    - Metered dose inhaler spacer
    - Medicine cup

Traumatic Emergencies

Splinting Pack 1 pack : 6 students

Capabilities: Equipment to splint the following injuries: dislocated joints, fractured long bones, traction splinting of femur and pelvic splinting.
Equipment to be included:

- Towels (4)
- Flat sheet (1)
- Pillow (2)
- Pillow case (2)
- Commercially available pelvic binder
- Rigid splint set
    - 12 – 18 " splint (2)
    - 20 – 30 " splint (2)
    - 32 – 48" splint (2)
- Formable splint
    - SAM splint or equivalent
    - Pneumatic splint set
    - Vacuum splint set
- Traction splint
    - Unipolar
    - Bipolar
- Cold pack (60
- MAST / PASG, adult
- Roller gauze, 2 – 3" (12)
- Roller gauze, 4 – 6 " (12)
- Triangular bandages (18)
- Tape 1"
- Tape 2"

Dressing & Bandaging Pack 1 pack : 6 students

Capabilities: The dressing and bandaging pack must contain all equipment necessary to dress and bandage all wounds at all locations on the human body.
Equipment to be included:

- Towels (4)
- Dressings (large quantities)
    - Sterile gauze
    - Non-sterile gauze
    - Occlusive dressing
    - Non-adherent dressing
    - Dry burn dressing
    - Large abdominal dressing
    - Small abdominal dressing
    - Adhesive bandages
- Tape
    - ½”
    - 1”
    - 2”
    - Paper
    - Cloth
    - Hypoallergenic
- Roller gauze, 2 – 3” (12)
- Roller gauze, 4 – 6” (12)
- Triangular bandages (18)
- Commercially available tourniquet
- Commercially available clotting dressing
- Antibacterial ointment
- Irrigating fluid, 1000 mL
- Eye wash

Long Board, Adult 1 unit: 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.

Equipment to be included:

- Rigid collar, no-neck (or equivalent)
- Rigid collar, short (or equivalent)
- Rigid collar, regular (or equivalent)
- Rigid collar, tall (or equivalent)
- Cervical immobilization device with head blocks and securing devices
- Body securing straps (5) or a spider strap type device
- Vest type immobilization device
- Towels (4)
- Tape 2”
- Helmet
    - Open faced, closed faced, and athletic (must have one of each for the course)

Long Board, Pediatric 1 unit : 6 students

Capabilities: Able to carry 100 lbs. with all manufacturers recommended parts in

place and operational.
Equipment to be included:

- Rigid collar, pediatric (or equivalent)
- Rigid collar, infant (or equivalent)
- Cervical immobilization device with head blocks and securing devices
- Body securing straps (5) or a spider strap type device
- Vest type immobilization device
- Towels (4)
- Tape 2”
- Blankets, light-weight (4)

Medical Emergencies

Cardiac Management 1 unit : 6 students

Capabilities: Mannequins capable of simulating chest compressions and ventilations as indicated for CPR. The AED trainer must be capable of adult and pediatric defibrillations.
Equipment to be included:

- Cardiopulmonary resuscitation mannequin, adult (2)
- Cardiopulmonary resuscitation mannequin, child (2)
- Cardiopulmonary resuscitation mannequin, infant (2)
- Automated external defibrillator trainer
- Automated external defibrillator pads, adult (2)
- Automated external defibrillator pads, pediatric
- Trauma shears
- Disposable razors
- Alcohol preps
- Full set of oropharyngeal airways (40, 60, 80, 90, 100, & 110 mm) (2)
- Adult BVM (750 mL+) with oxygen reservoir & tubing (2)
- Adult BVM (250-500 mL) with oxygen reservoir & tubing (2)
- Adult, pediatric & infant face masks
- Adult pocket mask

Environmental Emergency Management 1 unit : 6 students

Capabilities: Equipment used to simulate the active warming of a patient with hypothermia, and cooling of a patient with a heat emergency.
Equipment to be included:

- Heat packs (12)
- Cold packs (12)
- Towels (4)
- Face cloths (8)
- Reflective blanket
- Blanket, heavy-weight

- 5 gallon bucket
- Trauma shears

OB/GYN Emergency Management 1 unit : 6 students

Capabilities: materials contained in a commercially available obstetric kit.
Equipment to be included:

- Commercially available obstetric delivery kit
  - Antiseptic towelettes (2)
  - Disposable plastic apron
  - Pair sterile exam gloves (2)
  - Plastic lined under pad
  - Disposable towels (2)
  - Sterile OB pad
  - Sterile gauze sponges (2)
  - Sterile disposable bulb aspirator
  - Umbilical cord scissors or scalpel
  - Sterile umbilical clamps (2)
  - Infant bunting blanket
  - Plastic bag & ties for placenta
  - Large over drape

Behavioral Emergency Management 1 unit : 6 students

Capabilities: Equipment used to simulate the management of a patient requiring restraint for safety.
Equipment to be included:

- Soft restraint devices
- Towels (4)
- Tape 2”
- Blanket, heavy-weight
- Blanket, light-weight
- Flat sheet

EMS Operations

Ambulance 1 unit : course

Capabilities: Type I, II, or III ambulance that is operational and functional as a transport ambulance.
Equipment to be included:

- Maine EMS required equipment for a BLS Ground Transporting Ambulance
- Ambulance stretcher

Ambulance Stretcher 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Pillow
- Pillow case
- Fitted sheet
- Flat sheet
- Face cloth
- Towel
- Blanket, heavy-weight
- Blanker, light-weight

Child Car Seat 1 unit : 6 students

Capabilities: A standard child's car seat with all parts and attachments in working order by manufacturer's recommendation.
Equipment to be included:

- Rigid collar, pediatric (or equivalent)
- Rigid collar, infant (or equivalent)
- Towels (4)
- Tape 2"

Scoop-type Stretcher 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Body securing straps (5) or a spider strap type device
- Towels (4)
- Flat sheet
- Blanket, light-weight

Reeves-type Stretcher 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Flat sheet
- Blanket, light-weight

Stair-chair 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Flat sheet
- Blanket, light-weight

Demonstration Material

These are items that must be available for limited use, demonstration and reference purpose.
Equipment to be included;

- Anatomy models, all body systems
- Drug guide
- Examination gloves, X-small (1 box)
- Examination gloves, 2X-large (1 box)
- Blood pressure cuff, pediatric
- Blood pressure cuff, large adult
- Blood pressure cuff, thigh
- NIBP monitor
- Tympanic thermometer
- Oral thermometer
- Rectal thermometer
- Fluid resistant body & arm covering
- Fluid resistant head covering
- Fluid resistant leg covering
- Fluid resistant foot coverings
- Biohazard bags (1 roll)
- Biohazard labels (1 roll)
- Slide board
- Stokes stretcher
- Mass casualty triage tags (24)
- Traffic vest with current standard reflective stripes and features
- Emergency Response Guidebook (1 book:6 students)
- Computer with internet access
- Fax machine
- 2-way radio (2)
- Cellular telephone

ALS Equipment List – General Notes

All materials listed here are based on the U.S. DOT EMT-Intermediate NSC, Paramedic NSC, Maine EMS educational standards for initial licensure programs, refresher programs, specialized programs & objectives, and current protocols.

This appendix lists all minimal equipment required for an ALS program to maintain on a per student basis. This list does not preclude a licensed training

program from adding equipment or training requirements to their individual programs.

Guidelines for all equipment:

- All products should be non-latex if available. The licensed training program should make students aware when latex based equipment is used.
- The licensed training program must have the equipment available to students in one of the following three methods:
  - Owned and maintained by the licensed training program.
  - Signed agreement (written contract) between the licensed training program and equipment provider indicating that equipment will be made available upon specific dates in the course.
  - Maintained by the student for use at the licensed training program course.
- The licensed training program will maintain and budget for the maintenance and replacement of equipment.
- The licensed training program will maintain a supply of batteries, power supplies, and other manufacturer recommended parts for equipment that requires it.
- The licensed training program will maintain various sizes of permanent & disposable equipment.
- The licensed training program will maintain cleaning & disinfecting products for all equipment as recommended by the manufacturer.

Patient Assessment

General Patient Assessment 1 unit : 1 student

Equipment to be included:

- Stethoscope
- Time keeping device
- Recording materials
- Dull-point object
- Soft-point object
- Fluid mask
- Eye protection
- N95 mask
- MEMSRR training database access
- Exposure control forms

General Patient Assessment 1 unit : 4 students

Equipment to be included:

- Blood pressure cuff, adult
- Pen light
- Trauma shears
- Examination gloves, small (1 box)

- Examination gloves, medium (1 box)
- Examination gloves, large (1 box)
- Examination gloves, X-large (1 box)
- Commercially available length/weight based resuscitation device

Blood Glucose Monitor 1 unit : 6 students

Equipment to be included:

- Antiseptic site prep pad (6)
- Sterile gauze (6)
- Adhesive bandage (6)
- Lancet (6)
- Test strip sample (6)
- Calibration strip
- Test solution or strip
- Puncture resistant sharp container

Cardiac Monitor/Defibrillator 1 unit : 6 students

Capabilities: A standard cardiac monitor with all parts and functions in accordance with manufacturer recommendations. The monitor must be capable of the following functions:

- Continuous monitoring
- 12-lead monitoring
- Synchronized cardioversion
- Defibrillation
- Transcutaneous pacing

Equipment to be included:

- Rhythm generator capable of producing the following rhythms:
    - Normal sinus
    - Sinus bradycardia
    - Sinus tachycardia
    - Sinus arrhythmia
    - Sinus arrest
    - Atrial tachycardia
    - Re-entrant tachycardia
    - Multi-focal tachycardia
    - Atrial flutter
    - Atrial fibrillation
    - Atrial flutter or atrial fibrillation with junctional rhythm
    - Atrial flutter or atrial fibrillation with pre-excitation syndromes
    - First degree AV block
    - Second degree AV block
        - Type I
        - Type II
    - Third degree AV block
    - Junctional escape rhythm

  - Accelerated junctional rhythm
  - Junctional tachycardia
  - Idioventricular rhythm / Ventricular escape
  - Accelerated idioventricular rhythm
  - Ventricular tachycardia
    - Monomorphic
    - Polymorphic
    - Torsades de pointes
  - Ventricular fibrillation
  - Ventricular standstill
  - Asystole
  - Ectopic events
    - Premature atrial complex (PAC)
    - Premature junctional complex (PJC)
    - Premature ventricular complex (PVC)
    - R on T
    - Couplets
    - Multi-formed
    - Frequent uniform
    - bigeminy
  - Abnormalities in the complex
    - Right bundle branch block (RBBB)
    - Left bundle branch block (LBBB)
    - ST segment elevation
    - ST segment depression
    - Pathological Q-wave
  - Myocardial infarction in 12-lead
    - Inferior
    - Anterior
    - Septal
    - Lateral wall
- Defib/Pacing pads, adult (2)
- Defib/Pacing pads, pediatric (2)
- ECG leads (12)
- Disposable razor
- Trauma shears

Airway Management

Adult Airway Simulator **1 simulator : 6 students**

Capabilities: Airways maneuvers, oropharyngeal & nasopharyngeal airway placement, ventilation with chest rise, supplemental oxygen via various adult sized mask devices, orotracheal intubation, nasotracheal intubation, periglottic airway placement, transglottic airway placement.
Equipment to be included:

- Mannequin airway lubricant
- Full set of oropharyngeal airways (40, 60, 80, 90, 100 & 110 mm)
- Full set of nasopharyngeal airways (20, 22, 24, 26, 28 & 30 fr)
- Adult non-rebreather mask
- Adult partial rebreather mask
- Adult simple mask
- Adult venture mask
- Adult nasal cannula
- Adult BVM (750 mL+) with oxygen reservoir & tubing
- Adult face masks
- Adult pocket mask
- Suction unit*
- Oxygen cylinder, valve seal, regulator & flow meter
- Stethoscope
- Oxygen saturation monitor
- Colorimetric end-tidal carbon dioxide detector
- Intubation kit*
- 16+ Fr gastric tube
- 50 mL syringe
- Laryngeal mask airway – sizes 1, 2, 3, 4 & 5
- Combitube airway
- PtL type airway
- King type airway
- CPAP device

Pediatric Airway Simulator 1 simulator : 6 students

Capabilities: Airway maneuvers, oropharyngeal & nasopharyngeal airway placement, ventilation with chest rise, supplemental oxygen via various adult sized mask devices, orotracheal intubation, nasotracheal intubation, periglottic airway placement, transglottic airway placement. Must simulate an airway of a patient less than or equal to 2 years of age.

Equipment to be included:

- Mannequin airway lubricant
- Full set of oropharyngeal airways (40, 60, 80, 90, 100 & 110 mm)
- Full set of nasopharyngeal airways (20, 22, 24, 26, 28 & 30 fr)
- Tongue depressor
- Pediatric non-rebreather mask
- Pediatric nasal cannula
- Pediatric BVM (250-500 mL+) with oxygen reservoir & tubing
- Pediatric face masks
- Suction unit*
- Oxygen cylinder, valve seal, regulator & flow meter
- Stethoscope
- Oxygen saturation monitor

- Intubation kit*
- Waveform capnography detector
- 8-10 Fr gastric tube
- 20 mL syringe
- Laryngeal mask airway – sizes 1, 2, 3, 4 & 5

Neonate/Infant Airway Simulator 1 simulator : 6 students

Capabilities: Airway maneuvers, oropharyngeal & nasopharyngeal airway placement, ventilation with chest rise, supplemental oxygen via various adult sized mask devices, orotracheal intubation, nasotracheal intubation, periglottic airway placement, transglottic airway placement. Must simulate an airway of a patient less than 6 months of age.

Equipment to be included:

- Mannequin airway lubricant
- Full set of oropharyngeal airways (40, 60, 80, 90, 100 & 110 mm)
- Full set of nasopharyngeal airways (20, 22, 24, 26, 28 & 30 fr)
- Tongue depressor
- Neonate/infant simple mask
- Neonate/infant nasal cannula
- Neonate/infant BVM (250 mL or less) with oxygen reservoir & tubing
- Neonate/infant face masks
- Suction unit*
- Bulb syringe
- Meconium aspirator
- Oxygen cylinder, valve seal, regulator & flow meter
- Stethoscope
- Oxygen saturation monitor
- Intubation kit*
- Waveform capnography detector
- 5-8 Fr gastric tube
- 20 mL syringe

Cricothyrotomy Simulator 1 simulator : 6 students

Capabilities: Palpable airway anatomy with simulated skin layer and cricothyroid membrane layer.

Equipment to be included:

- Commercially available tracheostomy kit
- Sterile gloves
- Tracheostomy tube, size 6.0 mm
- Endotracheal tube, size 6.0 mm
- Angiocatheter, 14g, 2” (2 each)
- 10 mL syringe (2 each)
- Angiocath to BVM adaptor
- Sterile gauze

- Forceps, straight
- Forceps, curved
- Simulated surgical site preparation antiseptic
- Stethoscope
- Suction unit

Chest Decompression Simulator 1 simulator : 6 students

Capabilities: Palpable chest anatomy with simulated skin layer. Simulator should be capable of simulating ventilations.

Equipment to be included:

- Commercially available chest decompression kit
- Sterile gloves
- Angiocatheter, 14g, minimum 3" (2 each)
- Angiocatheter, 18g, minimum 1 ½" (2 each)
- 10 mL syringe (2 each)
- Sterile gauze
- 2-way or flutter valve device
- Occlusive chest seal
- Simulated surgical site preparation antiseptic
- Stethoscope

***Suction Unit 1 unit : 1 airway mannequin**

Capabilities: The program must maintain a fully functional suction unit of each of the following types:

- Battery or electric powered
- Manual powered

Equipment to be included:

- Suction canister
- Suction tubing
- Hard suction catheter
- Soft suction catheter
- Simulated sterile water or saline (250 mL)

***Intubation kit 1 kit : 1 airway simulator**

Capabilities: Assist in the performance of orotracheal, nasotracheal & various blind insertion methods identified by Maine EMS to facilitate intubation.

Equipment to be included:

- Large laryngoscope handle
- Small laryngoscope handle
- Macintosh blades – sizes 1, 2, 3 & 4
- Miller blades – sizes 0, 1, 2, 3 & 4
- Endotracheal tubes – sizes 2.5 to 9.0mm (2 of each)
- Endotracheal stylets (to fit tube sizes 2.5 to 9.0mm)
- Magill forceps, large
- Magill forceps, small

- 10 mL syringe (2)
- Nasotracheal intubation facilitation device
- Colorimetric end-tidal carbon dioxide detector
- Gum elastic bougie or equivalent device
- Lighted stylet or equivalent device
- Tube securing device, adult
- Tube securing device, pediatric
- Tape 1”

Medication Administration

Intravenous Access Simulator 1 simulator : 6 students

Capabilities: A simulator capable of representing human vascular anatomy and able to provide feedback as to success or failure of cannulation access. All equipment will include adaptors for needleless to needled systems as required.

Equipment to be included:

- Antiseptic site prep pad (60)
- Tourniquet (6)
- Adhesive bandages (60)
- Sterile gauze (60)
- Angiocatheter (60)
    - 24g Angiocatheter
    - 22g Angiocatheter
    - 20g Angiocatheter
    - 18g Angiocatheter
    - 16g Angiocatheter
    - 14g Angiocatheter
- Extension set (60)
- Simulated saline flush (6)
- IV Infusion set (24)
    - Macrodrip
    - Microdrip
    - Secondary infusion set
    - Volume control infusion set
- IV Infusion fluid (24)
    - Simulated normal saline
    - Simulated lactated ringers
    - Simulated D_5W
    - Simulated 50 mL bag

    - Simulated 100 mL bag
    - Simulated 250 mL bag
    - Simulated 500 mL bag
    - Simulated 1000 mL bag
- Vacutainer draw needle, or equivalent (6)
- Vacutainer catheter adaptor, or equivalent (6)
- Vacutainer blood tube holder, or equivalent (6)
- Vacutainer blood tube, or equivalent (24)
- Tape ½"
- Tape 1"
- IV site cover (60)
- Puncture resistant sharp container

Intraosseous Access Simulator 1 simulator : 6 students

Capabilities: A simulator capable of representing human anatomy of the tibia & humeral head and able to provide feedback as to success or failure of cannulation access. All equipment will include adaptors for needleless to needled systems as required.

Equipment to be included:

- Antiseptic site prep pad (12)
- Tibial access simulator, adult
- Tibial access simulator, pediatric
- Humeral head access simulator, adult
- EZ-IO drive
- EZ-IO needle, adult
- EZ-Io needle pediatric
- EZ-IO needle, bariatric
- EZ-IO extension set (2)
- EZ-IO wrist band
- Intraosseous needle (Jamshidi or equivalent) (2)
- 20 mL syringe
- 10 mL syringe
- 3-way stop cock
- Extension set (12)
- Simulated saline flush (6)
- IV Infusion set (12)
    - Macrodrip
    - Volume control infusion set
- IV Infusion fluid (12)
    - Simulated normal saline
    - Simulated lactated ringers
    - Simulated D_5W
    - Simulated 50 mL bag

    - Simulated 100 mL bag
    - Simulated 250 mL bag
    - Simulated 500 mL bag
    - Simulated 1000 mL bag
- Tape ½”
- Tape 1”
- Roller gauze 2 – 4” (3)
- Puncture resistant sharp container

Simulated Medications 1 unit : 6 students

Capabilities: Simulated medications or medication trainers.
Equipment to be included:

- Drug Guide
- Simulated medication
    - Metered dose inhaler
    - Aerosol / Nebulized medication
    - Atomized medication
    - Oral medication
        - Simulated low dose aspirin & container
    - Buccal medication
        - Simulated glucose paste
    - Eye drop medication
    - Ear drop medication
    - Nasal medication
    - Rectal medication
    - Transdermal medication
    - Sublingual medication
        - Simulated nitroglycerine tablets/spray & container
    - Suspension medication
    - Injected medication
        - Simulated auto-injector
        - Simulated ampule (24)
        - Simulated vial (12)
            - Single dose
            - Multi-dose vial
        - Simulated reconstitution vial (6)
        - Simulated prefilled syringe (24)
- Medical alert tag or equivalent
- Medication delivery systems
    - Metered dose inhaler spacer
    - Nasal atomizer
    - Small volume nebulizer (6)
    - Medicine cup
    - Medicine dropper
    - Teaspoon
    - Oral syringe

- Nipple
- Syringe (60)
  - 1 mL syringe
  - 3 mL syringe
  - 5 mL syringe
  - 10 mL syringe
  - 20 mL syringe
  - 30-50 mL syringe
  - 50-100 mL syringe
- Needle (60)
  - 18g – 20g
  - 21g – 23g
  - 24g – 25g
  - 26g – 29g
  - ½" length
  - 1" length
  - 1 ½ " length
  - 2" length
  - Straight
  - Butterfly-type
  - Blunt cannula
- Filter needle (2)
- Simulated injection site

Traumatic Emergencies

Splinting Pack **1 pack : 6 students**

Capabilities: Equipment to splint the following injuries: dislocated joints, fractured long bones, traction splinting of femur and pelvic splinting.
Equipment to be included:

- Towels (4)
- Flat sheet
- Pillows (2)
- Pillow cases (2)
- Commercially available pelvic binder
- Rigid splint set
  - 12-18" splint (2)
  - 20-30" splint (2)
  - 32-48" splint (2)
- Formable splint
  - SAM splint or equivalent
  - Pneumatic splint set
  - Vacuum splint set
- Traction splint

  - Unipolar
  - Bipolar
- Cold packs (6)
- MAST / PASG, adult
- Roller gauze 2-3” 912)
- Roller gauze 4-6” 912)
- Triangular bandages (18)
- Tape 1”
- Tape 2”

Dressing & Bandaging Pack 1 pack : 6 students

Capabilities: The dressing and bandaging pack must contain all equipment necessary to dress and bandage all wounds at all locations on the human body.
Equipment to be included:

- Towels (4)
- Dressings (large quantities)
  - Sterile gauze
  - Non-sterile gauze
  - Occlusive dressing
  - Non-adherent dressing
  - Dry burn dressing
  - Large abdominal dressing
  - Small abdominal dressing
  - Adhesive bandages
- Tape (6)
  - ½”
  - 1”
  - 2”
  - Paper
  - Cloth
  - Hypoallergenic
- Roller gauze 2-3” (12)
- Roller gauze 4-6” (12)
- Triangular bandages (18)
- Commercially available tourniquet
- Commercially available clotting dressing
- Antibacterial ointment
- Irrigating fluid, 1000 mL
- Eye wash

Long Board, Adult 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Rigid collar, no-neck (or equivalent)
- Rigid collar, short (or equivalent)
- Rigid collar, regular (or equivalent)
- Rigid collar, tall (or equivalent)
- Cervical immobilization device with head blocks and securing devices
- Body securing straps (5) or a spider strap type device
- Vest type immobilization device
- Towels (4)
- Tape 2”
- Helmet
    - Open face, closed faced and athletic. Must have one of each for the course.

Long Board, Pediatric 1 unit : 6 students

Capabilities: Able to carry 100 lbs. with all manufacturers recommended parts in place and operational.

Equipment to be included:

- Rigid collar, pediatric (or equivalent)
- Rigid collar, infant (or equivalent)
- Cervical immobilization device with head blocks and securing devices
- Body securing straps (5) or a spider strap type device
- Vest type immobilization device
- Towels (4)
- Tape 2”
- Blankets, light-weight (4)

Medical Emergencies

Cardiac Management 1 unit : 6 students

Capabilities: Mannequins capable of simulating chest compressions and ventilations as indicated for CPR. The AED trainer must be capable of adult & pediatric defibrillations.

Equipment to be included:

- Cardiopulmonary resuscitation mannequin, adult (2)
- Cardiopulmonary resuscitation mannequin, child (2)
- Cardiopulmonary resuscitation mannequin, infant (2)
- Automated external defibrillator trainer
- Automated external defibrillator pads, adult (2)
- Automated external defibrillator pads, pediatric
- Trauma shears
- Disposable razor

- Alcohol preps (6)
- Full set of oropharyngeal airways (40, 60, 80, 90, 100, & 110 mm) (2)
- Adult BVM (750 mL+) with oxygen reservoir & tubing (2)
- Adult BVM (250-500 mL) with oxygen reservoir & tubing (2)
- Adult, child & infant face masks
- Adult pocket mask

Environmental Emergency Management 1 unit : 6 students

Capabilities: Equipment used to simulate the active warming of a patient with hypothermia, and cooling of a patient with a heat emergency.
Equipment to be included:

- Heat packs (12)
- Cold packs (12)
- Towels (4)
- Face cloths (8)
- Reflective blanket
- Blanket, heavy-weight
- 5 gallon bucket
- Trauma shears

OB/GYN Emergency Management 1 unit : 6 students

Capabilities: Materials contained in a commercially available obstetric kit.
Equipment to be included:

- Commercially available obstetric delivery kit
    - Antiseptic towelettes (2)
    - Disposable plastic apron
    - Pair sterile exam gloves (2)
    - Plastic lined under pad
    - Disposable towels (2)
    - Sterile OB pad
    - Sterile gauze sponges (2)
    - Sterile disposable bulb aspirator
    - Umbilical cord scissors or scalpel
    - Sterile umbilical clamps (2)
    - Infant bunting blanket
    - Plastic bag & ties for placenta
    - Large over drape

Behavioral Emergency management 1 unit : 6 students

Capabilities: Equipment used to simulate the management of a patient requiring restraint for safety.
Equipment to be included:

- Soft restraint devices
- Towels (4)
- Tape 2”

- Blanket, heavy-weight
- Blanket, light-weight
- Flat sheet

EMS Operations

Ambulance 1 unit : course

Capabilities: Type I, II, or III ambulance that is operational and functional as a transport ambulance.
Equipment to be included:

- Maine EMS required equipment for an ALS Ground (Paramedic) Transporting Ambulance
- Ambulance stretcher

Ambulance Stretcher 1 unit : 6 students

Capabilities: able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Pillow
- Pillow case
- Fitted sheet
- Flat sheet
- Face cloth
- Towel
- Blanket, heavy-weight
- Blanker, light-weight

Child Car Seat 1 unit : 6 students

Capabilities: A standard child's car seat with all parts and attachments in working order by manufacturer's recommendation.
Equipment to be included:

- Rigid collar, pediatric (or equivalent)
- Rigid collar, infant (or equivalent)
- Towels (4)
- Tape 2'

Scoop-type Stretcher 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Body securing straps (5) or a spider strap type device

- Towels (4)
- Flat sheet
- Blankets, light-weight

Reeves-type Stretcher 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Flat sheet
- Blanket, light-weight

Stair-chair 1 unit : 6 students

Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
Equipment to be included:

- Flat sheet
- Blanket, light-weight

Demonstration Material

These are items that must be available for limited use, demonstration & reference purpose.
Equipment to be included:

- Anatomy models, all body systems
- Examination gloves, X-small (1 box)
- Examination gloves, 2X-large (1 box)
- Blood pressure cuff, pediatric
- Blood pressure cuff, large adult
- Blood pressure cuff, thigh
- NIBP monitor
- Tympanic thermometer
- Oral thermometer
- Rectal thermometer
- Fluid resistant body & arm covering
- Fluid resistant head covering
- Fluid resistant leg covering
- Fluid resistant foot coverings
- Biohazard bags (1 roll)
- Biohazard labels 91 roll)
- Automatic transport ventilator
- Flow restricted, oxygen powered ventilation device
- Commercially available length/weight based resuscitation device
- Slide board

- Stokes stretcher
- Mass casualty triage tags (24)
- Traffic vest with current standard reflective stripes and features
- Emergency Response Guidebook (1 book : 6 students)
- Computer with internet access
- Fax machine
- 2-way radio (2)
- Cellular telephone

Appendix D – Sample Forms

Maine EMS Training Standards Manual

Application Examples and Interpretive Guidelines for

Standards and Criteria

The purpose of this document is to assist leaders in writing their self assessment document. The document lists a series of questions that leaders should address as part of the self study. Consistent with the Commission for Accreditation of Allied Health Programs, no thresholds have been recommended. Instead, the purpose of the self study is for program leaders to identify program deficiencies using the self study process. For additional information, applicants will find additional information and samples on the CoAEMSP web site (www.coaemsp.org/). **Note that this document is not exclusive or exhaustive. Alternative supportive data may be used to demonstrate adherence or compliance with established standards.**

Standard	Questions to consider and address	Documents that help support outcome
1. Philosophy and objectives of the program shall be developed by the faculty and program leaders and shall be clearly stated in writing.	• State the program's goals and objectives, and describe how these goals and objectives are responsive to demonstrate the needs of the communities of interest. • Describe how the goals are used in program planning and implementation. • Describe the communities of interest served by the program, and list ways the program meets their needs. • State the mission and vision of the sponsoring agency.	• Results of advisory committee meeting minutes, faculty meeting minutes, copy of student handbooks • Graduate survey results • Copies of sponsoring agency supporting documents.
2. Sponsoring agency:	• Describe the sponsoring agency, and demonstrate that it meets approval requirements.	• Documents showing accreditation status, statement of experience in educating adults, etc.

Standard	Questions to consider and address	Documents that help support outcome
	• Advisory committees are involved in decision making for program changes and represent appropriately the communities of interest.	• Advisory committee development and membership, with minutes
3. Resources: The program must be sufficient to ensure the achievement of the program's goals and outcomes.	• Use a resource assessment matrix (www.coaemsp.org) to demonstrate adequate : 1. Faculty 2. Medical director 3. Support personnel 4. Facilities 5. Lab equipment and supplies 6. Financial resources 7. Clinical resources 8. Physician input 9. Library, AV, computer, etc	• Budgets, copies or lists of purchases, photos of labs, etc • Inventory lists • Facility descriptions consistent with the licensure approval document • Student opinion surveys • Faculty opinion surveys • Clinical Site surveys • Resumes for all faculty and leadership
4. Curriculum and academic policy are developed to meet the program's goals and objectives.	• Describe how the curriculum presents appropriate content to prepare students. • Describe how clinical, lab, and field externships are integrated into the program • Describe the student evaluation process • Describe how student progress is assured. • Describe application, admission, retention, and dismissal processes. • Describe the validity and reliability of the major summative evaluations utilized by the program • Compile clinical totals, and how students demonstrate they meet the requirements for entry level practice • Discuss clinical affiliation process.	• Curriculum sheets, copies of syllabi, copies of objective and subjective exams, evaluation forms, etc. • Copies of student handbooks for rules and program processes • Copies of written assignments, tests, and other student work • Employer surveys/ graduate surveys • Admission criteria • Charts of retention and attrition, as well as national/state pass rates
5. Outcomes Assessment:	• Demonstrate that program decisions are based on sound data	• Analysis of data charts for retention, completion, pass rates, etc. Charts should be

Standard	Questions to consider and address	Documents that help support outcome
Demonstrate knowledge of a program's strengths and weaknesses, and identify an annual program improvement plan to assure goals and objectives can be met.	• Describe outcomes that are measured and assessed • List exit point completion rates, graduate satisfaction, employer satisfaction, state or national licensure pass rates, etc. • List the program's strengths and limitations • Describe the process for systematic program evaluation (how do you improve your program) • Describe how faculty and other communities of interest are involved in this process	trended over a period of time, and compared to established thresholds • Copies of fair practices policies • Copies of program and faculty evaluations • Copies of affiliations and agreements

MEMS Report of Current Status

"What should be included in an Annual Report"

The annual report (Report of Current Status) issued to notify Maine EMS of major program changes, and to allow program s to make program improvements based on real, current, and accurate data. Typically, data is trended over a period of 3-5 years. (www.coaemsp.org)

1. Program updates: What's new, changed, or different? Why was it changed?
2. Personnel: Any updates or deletions in personnel
3. Enrollment and retention: Describe enrollment, retention, and attrition over the past year. Trend these over a period of the previous 5 years, or however many years may be available.
4. Outcomes: Summarize the outcomes your program is tracking, including pass rates, attrition, student opinion surveys, etc. List areas that will need to be addressed.
5. Surveys: what surveys were completed, and summarize the results
6. Communities of interest: Summarize results of meetings and decisions made by the communities of interest, including advisory groups, clinical sites/ affiliations, etc.
7. Program resource changes.

Additionally, provide a copy of the program improvement plan for those areas identified by program leaders as deficiencies. Programs may show the above using a standard matrix (see next page).

Sample Program Report Matrix

(www.coaemsp.org)

(An example is provided)

Outcome	Purpose	Measurement System	Date and process of measurement	Results/ analysis	Action Plan
National Registry Pass Rates	To assess quality of student preparation for national licensure Basic EMT Exam	First time pass rates compared to national averages- Goal: 80% of students will pass the national registry exam on first attempt.	June, annually Comparison to NREMT pass rate average of 68%	2007- 22/30 = 73% 2006- 15/20= 75% 2005- 28/29= 97% 2004- 30/30- 100% 2003- 22/22= 100% After the change to CBT, our program saw significant decrease in first time pass rates. Though still slightly above national average, we still do not meet our established threshold of 80%	• Review admission criteria to assure students meet admission guidelines • Strengthen test taking skills r/t to CBT testing by beginning computerized classroom testing

Appendix E – Fees and Honoraria

A. Program Review Site Visit:

Application cost is $250.00. The applicant will pay the site visitors a $500.00 honorarium and cover the related expenses for the site visitors using the Maine State Per Diem rates. BLS reviews will require 2 team members. ALS reviews will require 3 team members.

B. Technical Assistance Site Visit:

The applicant will pay the site visitors a $500.00 honorarium and cover the related expenses for the site visitors using the Maine State Per Diem rates.

Appendix F – References

Commission of accreditation of EMS Programs (2008) Available: http://www.coaemsp.org/aboutaccreditation.htm

Maine State Board of Nursing (2006). Site Visit rules (Chap. 7)

Montana Advanced Life Support Education Program Application Manual (2004). Montana Department of Labor and Industry

Montana Basic Life Support Education Program Application Manual (2004). Montana Department of Labor and Industry.

NEASC/ CIHE Accreditation Manual (2008)

North Carolina Department of Health and Human Service- EMS program Approval (2007). Available: http://www.dhhs.state.nc.us/dhsr/EMS/pdf/credguid.pdf

Oregon Department of Education. (2008) Standards for the Accreditation of Emergency Medical Technology Education and Training Programs. Available: http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_049.html

Paramedic TRIPP Instructor resources (2007). Available: http://www.med.nyu.edu/pediatrics/emergency/cpem/trippals/02ACCRED.PDF

State of Idaho EMS Bureau (2007). Training Standards Manual.

Virginia Office of EMS Department of health (2007). Application for EMS Programs.

Washington State Department of Health (2007) SEI qualification Process. Available: http://www.doh.wa.gov/hsqa/emstrauma/seiproc.htm and http://www.doh.wa.gov/hsqa/emstrauma/download/emsinstmanual.pdf and http://www.doh.wa.gov/hsqa/emstrauma/download/530-014a.pdf

TCAP
Appendix G

Maine EMS

Instructor Coordinator Program Guidelines

Approved by the MEMS Education Committee on November 13, 2013.
Forwarded to Board: December 4,2013

Summary of Instructor Course Recommendations
September 14, 2009
Revised January 15, 2010
Revised May 15th, 2011
Revised December 9, 2013

*Maine EMS has identified standards for courses that lead to licensure for Instructor Coordinators

A. The course must:
    a. Address components of the 2002 National Guidelines for Education EMS Instructors related to the secondary instructor
    b. Have a secure, reliable written exam
    c. Examination results must be available to Maine EMS
B. Courses that currently meet this criteria
    a. National Association of EMS Educators Instructor 1 course
    b. Proboard certified Fire Instructor 1 & 2
C. Individuals with alternative training may take a test in lieu of taking one of the previously mentioned courses
    a. The exam currently identified for this purpose is the National EMS Educator Certification

Training Centers are expected to develop clear policies to address the following

A. Instructor standards & qualifications for:
    a. Primary Instructor roles
    b. Secondary Instructor roles
B. Evaluation of instructors, by student and the Training Center supervisors
C. Professional development of instructors

***This standard removes the requirement for an Instructor Coordinator candidate to complete student teaching prior to becoming licensed.**

Appendix H:

Continuing Education

Program Guidelines

Revised May 31, 2011

Maine EMS Board approved October 5th, 2011

HOW TO SPONSOR A CONTINUING EDUCATION PROGRAM

A. Approval of Continuing Education Programs

1. All programs must have prior approval before the program is conducted, except as described in Section B below.

2. The instructor or sponsoring agency must apply for continuing education hours on a Maine EMS approved form. This form and supporting documentation must be submitted to the Training Center* prior to the course taking place. Submitting the form and supporting documentation less than seven (7) days prior to the program will not allow paperwork to be returned to the course sponsor prior to the course, but the course sponsor is still responsible for maintaining accurate records and the course roster

3. Applications for CEH approval must include:

    a. Completed CEH Approval Request form.

    b. Program description including program outline with sufficient description to justify the categories and hours requested.

    c. Program evaluation form, unless you are using the standard Training Center evaluation form.

    d. Instructor qualifications

4. The completed application shall be submitted to the Training Center for approval.

5. If approved, the sponsor will receive a CEH approval number and/or the actual CEH attendance certificate. If course sponsors are providing their own certificates, the CEH approval number must appear on it.

6. If the program is not approved, the sponsor will receive the returned application with reasons for denial.

B. Retroactive approval of Continuing Education Programs

1. Routine retroactive approval of CEH applications will not be granted for the same instructor, sponsor, or service.
2. In order to be considered for approval, retroactive CEH applications must be submitted to the Training Center where the program was held within

6 months of completion and must include an explanation for the retroactive application.

3. Retroactive applications will be reviewed on a case-by-case basis and either approved or denied based upon the explanation for the retroactive application.
4. If approved, the Training Center will issue a CEH approval number. It will be the sponsor's responsibility to issue a program certificate with the appropriate CEH approval number displayed on it.
5. If denied, the Training Center will return the application to the sponsor with the reason for denial. A sponsor may appeal the regional decision as outlined in Section I.

C. Standards for Continuing Education Program Approval

1. Program Content

    a. Topics to be taught for CEH credit must be linked to or reference a specific component of the NHTSA Education Standards for EMS.
        a. NHTSA Education Standards : http://ems.gov/portal/site/ems/menuitem.5149822b03938f65a8de25f076ac8789/?vgnextoid=409589ff3091f110VgnVCM1000002fd17898RCRD
        b. See Table 1

    b. A program outline must be provided as part of the application.

2. Program Instructor must be qualified to teach the topics outlined.

3. Program Completion

    a. The sponsor must make known to the participants the program requirements necessary to receive CEH credit.

    b. The sponsor must issue certificates to participants satisfying program requirements.

4. Attendance Certificates

    a. The certificate issued must show; the participant’s name, the program title, date, location, approver agency and CEH approval number.

5. Attendance Rosters

a. The sponsor will submit a final attendance roster for the program to the Training Center within 7 days of program completion. Failure to comply may lead to loss of future CEH approvals.

b. The roster must include the following information:

i Program title

ii Program location

iii Program sponsor

iv Date of program

v CEH approval number and number of hours

vi Instructor name and signature

vii Participants legibly printed name and signature. If signatures are not obtained the Instructor must verify attendance of those listed on the roster.

viii Participants Maine EMS license number, if licensed

c. The Training Center must submit the (original) completed roster to Maine EMS, and maintain a copy of the roster in their files.

6. Other Requirements

a. The program must be open to all EMS providers unless otherwise specifically approved by the approver.

b. The sponsor must provide the participants the opportunity to comment in writing on the program.

c. These evaluations must be submitted to Training Center with the attendance roster.

D. Loss of Attendance Certificate

1. If a participant loses or misplaces their certificate, they must contact the Training Center that approved the course for a duplicate, for which there may be a charge.

E. Continued Approval

1. Applications for programs which have been approved for continuing education within the previous 12 months can be approved without further review unless there have been substantive changes in content or faculty.

F. Continuing Education by Alternative Methods

1. Maine EMS or authorized Training Centers may grant CEH credit for programs offered through professional journals and media created for unsupervised continuing education, and other alternative methods approved by Maine EMS.

    a. Initial CEH credit shall be received from the sponsoring entity, e.g. Emergency Medical Update, JEMS, etc. in compliance with their CEH procedure.

    b. The participant will submit the certificate received from the sponsoring entity along with the program outline to Maine EMS office or Training Center for assignment of Maine EMS CEH categories.

G. Out-of-State Continuing Education

1. All Out-of-State continuing education must be reviewed and approved by Maine EMS.

2. Applications for Out-of-State CEH credit must follow the procedure described in Sections A & B.

H. Standardized Continuing Education Programs

1. Maine EMS will review for standardized approval all programs based on a curricula which are provided in a format designed for delivery by different instructors each of whom have satisfied specific program instructor requirements. Examples of such programs include: PHTLS, ACLS, AMLS, PEPP, AVOC, etc.

2. A complete package of program material must be submitted to Maine EMS for review. If approved, the program will be added to the Maine EMS list of standardized CEHs, and appropriate CEH hours will be assigned.

3. Programs will be reviewed once a year for substantive changes in content or faculty, and CEH's will be reassigned as necessary.

4. A student who completes a standardized CEH program described above must submit a copy of the course certificate at the time of relicensure in order to receive CEH credit for the course.

I. Psychomotor Evaluations
   1. CEH can be granted as follows
      a. Emergency Responder Examinations and/or EMT = 1 hour BLS Topics and 1 hour IC to be utilized once per licensure period
      b. Advanced EMT/Intermediate and or Paramedic = 1 hour ALS Topics and 1 hour IC to be utilized once per licensure period
      c. Certificate will be issued by the MEMS evaluator on the day of the exam

J. Request for Waiver

   1. Waiver requests to these guidelines may be made to Maine EMS and will be evaluated by considering a number of factors including, but not limited to, the following:

      a. Whether the person seeking the waiver took reasonable steps to ascertain the guideline and comply with it;

      b. Whether the person seeking the waiver was given inaccurate information by an agent or employee of a Maine EMS Regional office, Training Center or Maine EMS.

      c. Whether the person seeking the waiver, or any other individual or group, would be significantly injured or harmed if the guideline were not waived;

      d. Whether waiver of the guideline in the particular case would establish a precedent that would unduly hinder Maine EMS, a Regional Office or Training Center in the administration of the CEH system.

   2. A waiver will be granted by Maine EMS only under extraordinary circumstances.

*For purposes of this document "Training Center" means a Maine EMS authorized training center.

TABLE 1

The following gives a definition of acceptable content for each category under the 2013 Rules update.

Preparatory & EMS Operations

- **EMS Systems, Communications, Emergency Medical Dispatching, Ethics, Medical Legal, Documentation, Injury Prevention, Body Substance Isolation & Universal Precautions, Blood borne Pathogens, Public Health, Rescue Operations, Hazardous Materials, Weapons of Mass Destruction, Ambulance Operations, Crime Scene Awareness, Sexual harassment, workplace safety**

Airway, Breathing & Cardiac

- **Airway Management, Shock & Resuscitation, ACLS, CPR, ECG Interpretation, 12-Lead, Respiratory & Cardiac Emergencies, related anatomy & physiology, pathophysiology, pharmacology, and medication administration.**

Patient Assessment

- **Scene size-up, Primary assessment, History Taking, Physical examination, Secondary assessment.**

Medical

- **Medical patient assessment methods, Neurology, Stroke, Seizure, Headache, Syncope, Diabetes, Endocrinology, Gastroenterology, Renal & Urology, Infectious Disease, Behavioral & Psychiatric, Hematology, Non-Traumatic Pain, related anatomy & physiology, pathophysiology, pharmacology, and medication administration.**

Trauma

- **Traumatic patient assessment methods, Kinematics, Soft-Tissue, Burns, Head, Facial, Neck & Spine, Thoracic, Abdominal, Musculoskeletal, Environmental, related anatomy & physiology, pathophysiology, pharmacology, and medication administration.**

Obstetrics & Pediatrics

- **Obstetrics, Gynecology, Neonatology, Pediatrics, related anatomy & physiology, pathophysiology, pharmacology, and medication administration.**

Instructor Coordinator

- **Instructor Roles and responsibilities, Classroom & Program Administrative issues, Educational Legal issues, Teaching resources, Educational Research, Goals and objectives, Lesson plans, Evaluation techniques, Student Motivation, Ethics, Learning Environment, Learning Styles, Domains of Learning, Presentation Skills, Facilitation techniques, Communication, Feedback, Teaching psychomotor skills, Affective Domain, Remediation, Teaching critical thinking skills, Discipline, and Culture**

BLS Skills

Airway adjuncts, Positive Pressure Ventilation, Suctioning, Supplemental oxygen devices, Bleeding control & burn care, AED, CPR/FBAO, Patient assessment, Cervical collar placement, Helmet & safety equipment removal, Seated spinal immobilization, Supine spinal immobilization, Spinal rule-out protocol, Splinting, Traction splinting, Blood glucose monitoring, Patient movement techniques & devices, Medication administration (Oral, Sublingual, MDI, Auto-injector)

ALS Skills

ECG lead placement, Manual defibrillation, Synchronized cardioversion, Transcutaneous pacing, Endotracheal intubation, Blind insertion airway, CPAP, Surgical airway management, Chest decompression, End-Tidal Carbon Dioxide Monitoring, NG/OG Tubes, IV access, IO access, PIFT and other medical devices, Medication Administration (IV/IO push, IV/IO infusion, IM/SQ, Nebulized, Nasal, Transdermal)

Further Continuing Education

- **THIS IS NOT A CATEGORY! This represents additional training to be received by the provider in the aforementioned categories.**