



National Registry of EMTs
Continued Competency Program
(NREMT Recertification Requirements)

Pilot—Version 2

North Dakota

Issue date: 5/10/2013

The Four Principles of Continued Competency

- Professional Standing (having an unrestricted license to practice)
- Cognitive Competency (having the knowledge required for the position)
- Practice Performance (having the skills required for the position)
- Life-long Learning (on-going, self-motivated pursuit of knowledge)

National Registry Continued Competency Hour Requirements

Provider Level	National Requirements (NCCR)	Local Requirements (LCCR)	Individual Requirements (ICCR)	Total Hours*
Emergency Medical Technician	20	10	10	40
Advanced EMT	25	12.5	12.5	50
Paramedic	30	15	15	60

* 33% of the total hours may be obtained through distributive learning (EMR = 5hrs; EMT = 13; AEMT = 16.5; Paramedic = 20)



Important Notice:

**THIS PILOT IS LIMITED TO EMS PROVIDERS AFFILIATED WITH
NORTH DAKOTA EMS AGENCIES ONLY**

The Three Components of National Registry Continued Competency Program

1) NATIONAL Continued Competency Requirements (NCCR)

National Continued Competency Requirements are determined by the NREMT Board of Directors based upon widespread input from EMS researchers, EMS physician and EMS provider stakeholders. The NCCR comprises 50% of the overall requirements necessary to recertify. Topics in the NCCR are chosen among the following: evidence-based medicine, any changes in the National EMS Scope of Practice Model, science-related position papers that affect EMS patient care, topics which cover patient care tasks that have low frequency yet high criticality, and articles which improve knowledge to deliver patient care. The NREMT will provide the educational materials for this component to the EMS community as part of their mission - to protect the public.

2) LOCAL Continued Competency Requirements (LCCR)

Local Continued Competency Requirements are developed and delivered at the local EMS level. LCCR represents 25% of the necessary requirements for all provider levels. The LCCR topics are chosen by local authorities (or State EMS Office, if applicable). These topics may include changes in local protocols, tasks which require remediation based upon a quality assurance system, and/or topics noted to be of importance based upon run data reported to the National EMS Information Systems from the local level. These topics are locally chosen and will likely be different for every EMS system in the nation.

3) INDIVIDUAL Continued Competency Requirements (ICCR)

Individual Continued Competency Requirements represent 25% of the needed education. For the Individual's first ICCR, they may select any EMS related education. For following recertifications, NREMTs will identify what these requirements are based upon outcomes of a self-assessment guide (offered at no additional fee) on the NREMT website as part of the recertification submission process. The assessment guide will help providers assess their knowledge and remediate any identified deficiencies (over four core content areas). The specific assessment guide results are provided only to the individual EMS provider; de-identified, aggregate data will be provided to Training Officers and **no actions** will be taken to restrict practice or certification of providers who need remediation. If no deficiencies are indicated, the EMS provider may select any EMS-related education for their ICCR component.

NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
<p>Airway, Respiration & Ventilation: 4 hours</p> <p>Ventilation: 3 hours</p> <ul style="list-style-type: none"> • Minute ventilation • Effect on cardiac output • Assisted Ventilation <ul style="list-style-type: none"> ◊ Assessment/when to vent ◊ Respiratory failure– recognition, etc. ◊ Adjuncts <ul style="list-style-type: none"> ◊ ATV ◊ Positioning (adult & pediatric) ◊ Suctioning <p>Oxygenation: 1 hour</p>	<p>Airway, Respiration & Ventilation: 4 hours</p> <p>Ventilation: 2 hours</p> <ul style="list-style-type: none"> • Assessment/when to vent • Respiratory failure-recognition, etc. • Positioning (adult & pediatric) • Suctioning • Minute Ventilation <ul style="list-style-type: none"> ◊ Effect on cardiac return <p>Capnography: 1 hour (in-line, side stream, perfusing & non.)</p> <p>Advanced Airway Management: 1 hour (adult & pediatric)</p> <ul style="list-style-type: none"> • Intubation vs supraglottic airway devices (adult only)
<p>Cardiovascular: 6 hours</p> <p>Post-resuscitation Care: 0.5 hour</p> <ul style="list-style-type: none"> • Recognition of ROSC • Induced hypothermia <p>Stroke: 1 hour</p> <ul style="list-style-type: none"> • Assessment (Stroke scale) • Oxygen administration • Time of onset (duration) • Transport destination <p>Cardiac Arrest: 0.5 hour</p> <ul style="list-style-type: none"> • Ventricular Assist Devices (VAD) <p>Cardiac Rate Disturbance (Ped): 1 hour</p> <ul style="list-style-type: none"> • Tachycardia • Bradycardia • Irregular pulse 	<p>Cardiovascular: 10 hours</p> <p>Post-resuscitation Care: 2 hours</p> <ul style="list-style-type: none"> • Recognition of ROSC • Hemodynamics • Oxygenation • Induced hypothermia <p>Ventricular Assist Devices: 0.5 hour</p> <p>Stroke: 1.5 hours</p> <ul style="list-style-type: none"> • Assessment • Oxygen administration • Time of onset (duration) • Transport destination • Fibrinolytics (checklist) <p>Cardiac Arrest: 2 hours</p> <ul style="list-style-type: none"> • Optimal chest compressions <ul style="list-style-type: none"> ◊ Depth, rate, recoil & pause ◊ Mechanical CPR devices • Airway issues with cardiac arrest <ul style="list-style-type: none"> ◊ Halting CPR to intubate ◊ Hyperventilation ◊ Supraglottic vs ET vs BVM

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Emergency Medical Technician	Paramedic
<p>Cardiovascular—continued</p> <p>Pediatric Cardiac Arrest: 2 hours</p> <ul style="list-style-type: none"> • Two-thumb encircling technique • Ventilation/Compression ratios <ul style="list-style-type: none"> ◊ One and two operator ◊ AED <p>Chest Pain from Cardiovascular Cause (Adult): 1 hour</p> <ul style="list-style-type: none"> • Nitroglycerin administration • ASA administration • Oxygen administration • Transportation destination 	<p>Cardiovascular—continued</p> <p>Cardiac Arrest (cont.)</p> <ul style="list-style-type: none"> • Chain of Survival • Termination Decisions (Adult & Pediatric) Criteria <ul style="list-style-type: none"> ◊ NAEMSP/AHA Position • ETCO₂ changes during arrest and ROSC <p>Congestive Heart Failure: 0.5 hour</p> <ul style="list-style-type: none"> • Recognition • Treatment <p>Pediatric Cardiac Arrest: 2.5 hours</p> <ul style="list-style-type: none"> • Optimal chest compressions • Techniques • Ventilation/Compression ratios <ul style="list-style-type: none"> ◊ One and two operator • (eg.) HOCM • Comotio cordis • Long QT • AHA Channelopathy <p>ACS: 1 hour</p> <ul style="list-style-type: none"> • 12 Lead Review • STEMI imposters • Oxygen administration • Transportation destination (systems of care)
<p>Trauma: 2 hours</p> <p>CNS Injury: 0.5 hour</p> <ul style="list-style-type: none"> • Concussion <p>Tourniquets: 0.5 hour</p> <p>Field Triage: 1 hour</p> <ul style="list-style-type: none"> • CDC Trauma Triage • MCI (MUCC/SALT) 	<p>Trauma: 4 hours</p> <p>CNS Injury: 2 hours</p> <ul style="list-style-type: none"> • Concussion • ETCO₂ monitoring <p>Tourniquets: 0.5 hour</p> <p>Field Triage: 1 hour</p> <ul style="list-style-type: none"> • CDC Trauma Triage • MCI (MUCC/SALT) <p>Fluid Resuscitation: 0.5 hour</p>

NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
<p>Medical: 6 hours</p> <p>Special Healthcare Needs: 1 hour</p> <ul style="list-style-type: none"> • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment <ul style="list-style-type: none"> ◊ (Feeding tubes, VP shunts, etc.) ◊ Cognitive issues <p>OB Emergency: 1 hour</p> <ul style="list-style-type: none"> • Suctioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord <p>Psychiatric Emergencies: 1.5 hours</p> <ul style="list-style-type: none"> • Patient restraint • Excited delirium • Depression/suicide • Toxicological Emergencies <ul style="list-style-type: none"> ◊ Synthetic stimulants ◊ THC (natural/synthetic) <p>Endocrine: 1 hour</p> <ul style="list-style-type: none"> • Medication pumps • Glucometer awareness • Diabetes • Metabolic syndrome <p>Immunological Diseases: 1 hour</p> <ul style="list-style-type: none"> • Allergic reaction • Anaphylaxis <p>Communicable Diseases: 0.5 hour</p> <ul style="list-style-type: none"> • Hygiene (handwashing, etc.) • Vaccines (CDC recommendations) • MRSA/Influenza • Public health—pandemics, reporting, etc. 	<p>Medical: 7 hours</p> <p>Special Healthcare Needs: 2 hours</p> <ul style="list-style-type: none"> • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment <ul style="list-style-type: none"> ◊ (Feeding tubes, VP shunts, etc.) ◊ Cognitive issues <p>OB Emergency: 1 hour</p> <ul style="list-style-type: none"> • Suctioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord <p>Communicable Diseases: 1 hour</p> <ul style="list-style-type: none"> • Hygiene (handwashing, etc.) • Vaccines (CDC recommendations) • MRSA/Influenza <ul style="list-style-type: none"> ◊ Public health—pandemics, reporting, etc. ◊ Appropriate precautions • SIRS vs sepsis vs septic shock <ul style="list-style-type: none"> ◊ Fluid resuscitation <p>Medication Delivery: 1 hour</p> <ul style="list-style-type: none"> • IM vs SC (e.g., epi) • Atomized/Nasal <p>Pain Management: 1 hour</p> <ul style="list-style-type: none"> • NAEMSP pain management • AAP pediatric pain management <p>Psychiatric Emergencies: 1 hour</p> <ul style="list-style-type: none"> • Patient restraint • Excited delirium • Depression/suicide • Toxicological emergencies

NREMT Continued Competency Program

Emergency Medical Technician	Paramedic
<p>Operations: 2 hours</p> <p>At-Risk Populations: 0.5 hour</p> <ul style="list-style-type: none"> • Human trafficking (see DHS presentation) • Pediatric • Geriatric • Economically disadvantaged • Domestic violence <p>Pediatric Transport (NHTSA): 0.5 hour</p> <p>Affective Characteristics: 0.5 hour</p> <ul style="list-style-type: none"> • Professionalism • Cultural competency • Changing demographics <p>Role of Research: 0.5 hour</p>	<p>Operations: 5 hours</p> <p>At-Risk Populations: 1 hour</p> <ul style="list-style-type: none"> • Human trafficking (see DHS presentation) • Pediatric • Geriatric • Economically disadvantaged • Domestic violence <p>Pediatric Transport (NHTSA): 0.5 hour</p> <p>Culture of Safety: 0.5 hour</p> <ul style="list-style-type: none"> • Adverse event reporting • Medication safety <p>Affective Characteristics 1 hour</p> <ul style="list-style-type: none"> • Professionalism • Cultural competency <ul style="list-style-type: none"> ◊ Changing demographics <p>Crew Resource Management: 1 hour</p> <p>Role of Research: 1 hour</p>

SPECIAL NOTICE TO

North Dakota Advanced EMTs

To document your continued competency during the Beta period,
you must complete the Emergency Medical Technician
National Continued Competency Requirements
PLUS an additional 5 hours of ALS EMS education to meet
your NCCR requirement of 25 hours in addition to your LCCR and ICCR
Requirements for a **Total of 50 hours**.

Continued Competency Pilot Resources

- Your EMS Instructor / Coordinator
- National Registry of EMTs

Lisa Bragg — ND Pilot Support Team
(614) 888-4484, ext. 143
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The National Registry of EMTs wishes to thank YOU and the North Dakota Department of Health, Emergency Medical Services and Trauma for supporting this pilot project.

You are helping change the future of recertification for the Nation.