

# THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

P. O. Box 29233, 1395 EAST DUBLIN-GRANVILLE RD. • COLUMBUS, OHIO 43229 • (614) 833-4424

January 20, 1975

## BOARD OF DIRECTORS

*Chairman*  
J. D. FARRINGTON, M.D.  
Minocqua, Wisconsin

*Vice-Chairman*  
DAVID B. HELL, JR. - N.A.M.S.A.  
Elmhurst, Illinois

*Treasurer*  
JOSEPH L. MCCracken - N.F.D.A.  
Pana, Illinois

JAMES B. FENSON - I.R.F.A.A.  
Greensboro, North Carolina

OSCAR P. HANFORD, JR., M.D.  
St. Louis, Missouri

GEORGE T. HENSEL - A.A. of A.  
Rochester, New York

KENNETH F. KIMBALL, M.D.  
Kearney, Nebraska

FERRIS E. LUCAS - N.S.A.  
Washington, D.C.

ALLEN W. HULETT, Chief  
I.A.F.C., Elk Grove Village, Illinois

NORMAN DARWICK - I.A.C.P.  
Washington, D.C.

ROGER D. WIGT, M.D.  
Rochester, Minnesota

Mr. John Naughton, Secretary  
Committee on Health Manpower  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

Dear Mr. Naughton:

The enclosed guidelines are submitted with the recommendation that the "Emergency Medical Technician - Paramedic" be identified as a bonafide emerging health occupation.

This recommendation is submitted by the National Registry of Emergency Medical Technicians, whose board of directors consists of the following national organizations:

## REG. ENT DIRECTORS

EDWARD BARRY - Private  
Lincoln, Illinois

LAWRENCE D. BLITZER - Volunteer  
Martinsville, New Jersey

DENNIS E. CASTELL - Municipal  
Fallbrook, California

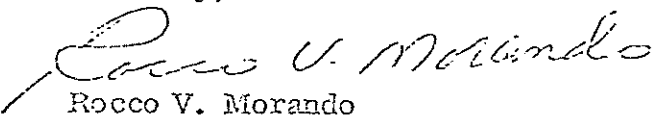
Ambulance Association of America  
International Association of Chief's of Police  
International Association of Fire Chiefs  
International Rescue and First Aid Association  
National Ambulance and Medical Services Association  
National Funeral Director's Association  
National Sheriff's Association

## ADMINISTRATIVE STAFF

*Executive Director*  
Rocco V. Morando

We respectfully solicit your earliest approval so that a national meeting may be convened for the definition and description of educational goals, methodology, and characteristics of the contributing health professions; in order that training institutions can be inspected and approved in accordance with other AMA approved health occupations.

Sincerely,

  
Rocco V. Morando  
Executive Director

RVM/cp

cc: Drs. J. D. Farrington, E. L. Nagel, K. F. Kimball  
Messrs. J. Sturgeon, R. E. Motley

GUIDELINES FOR THE DEVELOPMENT OF A NEW HEALTH OCCUPATION

EMT - PARAMEDIC

(EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC)

# GUIDELINES FOR THE DEVELOPMENT OF A NEW HEALTH OCCUPATION

## EMT - PARAMEDIC

### (EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC)

#### I. SCOPE OF DUTIES

A. The job description of an EMT-Paramedic as prepared by the National Registry of Emergency Medical Technicians:

1. To prepare the EMT-Paramedic to recognize, identify and initiate (under direction) maneuvers to support life in whatever situation life may be threatened.
2. To obtain proficient skills in vital sign determination, IV and drug therapy, suctioning techniques, oxygen therapy, airway maintenance, cardiac monitoring techniques and defibrillation/cardioversion techniques.
3. To obtain proficient skills and recognition, identification and communication of the patient's clinical status to the base physician.
4. To obtain knowledge that will enable the EMT-Paramedic to appreciate and identify early signs and symptoms of potential lifethreatening situations.

5. To recognize major and lifethreatening cardiac arrhythmias.
6. To become proficient in handling all equipment and instrumentation safely and effectively.
7. To perform C.P.R. with skill and confidence.
8. To develop an attitude supportive of others in lifethreatening situations.
9. To develop attitudes of teamwork in care of injured (team consisting of the EMT-Paramedic, physician and local rescue agency).
10. To develop the skills to safely, accurately, and independently follow the directions of base physician.

## II. NEED

The Committee on Emergency Medical Services of the National Academy of Sciences/National Research Council now considers definitive life support at the scene of any emergency as a necessary community service and strongly urges that health professions and concerned public and private agencies support its immediate adoption as an appropriate national goal.

Definitive life support at the scene must include, in addition to basic emergency care, the following additional techniques and services:

1. Diagnostic electrocardiography
2. Physiological assessment and monitoring
3. Endotracheal intubation
4. Intravenous fluid and resuscitative drug therapy
5. Defibrillation
6. The use of medical communications equipment

These skills must only be applied by properly trained personnel, including Emergency Medical Technicians operating under responsible physician supervision. The capabilities of such Emergency Medical Technicians should be determined by performance standards and they should be certified by the National Registry of Emergency Medical Technicians.

Proficiency levels of advanced life support must be established in the curricula of recognized training programs to include the knowledge, skills, and techniques necessary to accomplish the aforementioned goal.

Training programs for Emergency Medical Technicians must also include a professionally acceptable stratification of competence levels to include the technology of basic and advanced life support.

All Emergency Medical Technicians and others providing such services must be periodically reexamined or recertified for their proficiency and competence in emergency life support.

(See appendix "A")

### III. EDUCATION AND TEACHING

Training programs now extent throughout the United States are variously based in universities (medical schools), junior colleges, hospitals, and state educational systems. The variation in didactic and laboratory (clinical) hours varies from 200/480 to 400/1,000.

Committees formed by the National Registry of Emergency Medical Technicians, the AMA Commission on Emergency Medical Services, the NAS/NRC Committee on Emergency Medical Services, and the Department of Transportation (Highway Safety) have combined to produce recommendations as to a single curricula.

There is general agreement, at the present time, that the training characteristics must stress clinical aspects (field experience) and not just academic attainments. Training must be modular in concept and must relate to the Emergency Medical Technician's local system.

Physician involvement in the training process is essential. Continuing education is important and teachers of Emergency Medical Technicians should be evaluated and certified just as the EMTs are. (See appendices "B" and "C".)

### IV. BACKGROUND REQUIREMENTS

Applicants must be a graduate of a standard four year high school (GED diploma accepted). EMT-Paramedic implies previous certification

by the National Registry of Emergency Medical Technicians as an Emergency Medical Technician, at the basic level. The candidate must be recommended by a physician with direct knowledge of the candidate's ability and then successfully complete the course and be certified by the National Registry of Emergency Medical Technicians.

Emergency Medical Technician-Paramedics must pass screening tests provided locally and approved by areawide Emergency Medical Service Councils in any or all of the following areas:

1. Physical examination (strength and agility)
2. Intelligence testing
3. Personality inventories
4. Emotional stability tests
5. Aptitude
6. Social
7. Driver examination (defensive and emergency)

#### V. EMPLOYMENT

Based upon the following assumptions and formula, a minimum of 50,640 Emergency Medical Technician - Paramedics will be needed to insure national coverage:

1. The paramedic unit will supplement the existing emergency ambulance service.
2. One ambulance run per day is generated per 10,000 population.

3. Approximately 40% of all ambulance runs may require the application of sophisticated paramedical procedures.
4. One paramedic unit per 50,000 population, in densely populated areas, one unit per 25,000 population in rural or suburban areas.
5. Three Emergency Medical Technician - Paramedics per operational unit. (Requiring 12 EMT-Paramedics to maintain continuous coverage 24 hours per day, 7 days per week.)

U.S. Population  
(211 million - 1974 estimate) = 4,220 Paramedic Units (minimum)  
50,000 Population  
(maximum coverage per unit)

4,220 Units X 12 EMT-Paramedics per Unit = 50,640 EMT-Paramedics

## VI. PROFESSIONAL CERTIFICATION

- A. The National Registry of Emergency Medical Technicians has gained considerable experience in the examination and certification of EMTs at the basic level. To accommodate the great number of basic EMT graduates, the Registry permitted the scheduling and administration of examinations at the local level upon completion of training in cooperation with the physicians involved in the Emergency Medical Technician training.



The initial examinations for registration and certification as an Emergency Medical Technician - Paramedic will be conducted on a regional or area basis. Realizing that fewer numbers will be involved, examinations will be scheduled at fewer centers, thereby minimizing the logistics of scheduling and maximizing the credibility.

Requirements for certification by the National Registry of Emergency Medical Technicians will include:

1. Prior national registration at the basic level.
2. Graduate of a standard four year high school (GED diploma accepted).
3. Graduate of an approved Emergency Medical Technician - Paramedic training program.
4. Recommendation by a physician having direct knowledge of the candidate.
5. Successful completion of the National Registry's written and practical examinations.

#### B. REREGISTRATION (RECERTIFICATION)

Biennial reregistration will be awarded based upon the Emergency Medical Technician-Paramedic's completion of the prescribed continuing education requirements.

Fulfillment of continuing education requirements will include, but not be limited to, refresher training, in-service training, seminars, workshops,

etc., plus an evaluation of the registrants activity by the sponsoring physician.

### C. PROFESSIONAL RECOGNITION

National Registry examinations will be taken by all paramedics to insure geographic and professional recognition, thereby permitting horizontal mobility and the prerequisites for potential vertical mobility.

(See appendix "D")



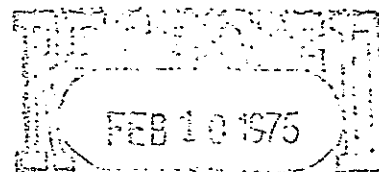
# AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

DIVISION OF  
MEDICAL PRACTICE

DEPARTMENT OF  
HEALTH MANPOWER

JOHN J. NAUGHTON  
Program Director  
Emerging Health Manpower  
(751-6388)



THE NATIONAL ASSOCIATION OF  
EMERGENCY MEDICAL  
TECHNICIANS

February 7, 1975

Mr. Rocco V. Morando,  
Executive Director  
National Registry of Emergency  
Medical Technicians  
P.O. Box 29233  
1395 East Dublin - Granville Rd.  
Columbus, Ohio 43229

Dear Mr. Morando:

We received your application for recognition/accreditation of emergency medical technology as a health care occupation and you did a fine job of assembling the data in compliance with our guidelines.

In reviewing the request there are a few areas that require additional information. We thought it would be better to work these out with you now rather than submit the application directly to the Committee on Emerging Health Manpower and risk the very real possibility of having it returned, thereby encountering a lengthy delay.

Section II, (3) of the AMA guidelines asks for a reasonable projection of the number of new personnel that could be employed in ten years. In section V of your guidelines you show a need for 50,640 Emergency Medical Technicians - Paramedics to insure national coverage, based on the current population. We would also like to have an approximate projection of the need in numbers of technicians for the occupation ten years hence.

A statement requesting information on an appropriate compensation range appears in section IV, A, of the AMA guidelines and in paragraph B we ask for an estimate of the number of people completing EMT training annually.

Finally, we would like to know if the EMT paramedics' skills would be confined solely to functioning as members of teams on ambulances or other emergency vehicles, or would these personnel also be employed in hospital emergency rooms?

In responding it is not necessary to revise the guidelines you submitted, Mr. Morando. You can just reply in letter form and I will use it as an addendum to your guidelines.

Sincerely,



John J. Naughton

JJN/rmp

cc: John Sturgeon

THE  
NATIONAL REGISTRY  
OF  
EMERGENCY MEDICAL TECHNICIANS

P. O. Box 29233, 1395 EAST DUBLIN-CRANVILLE RD. • COLUMBUS, OHIO 43229 • (614) 883-4484

February 24, 1975

BOARD OF DIRECTORS

*Chairman*  
J. D. FARRINGTON, M.D.  
Minocqua, Wisconsin

*Vice-Chairman*  
DAVID B. HILL, Jr. - N.A.M.S.A.  
Elmhurst, Illinois

*Treasurer*  
JOSEPH L. MCCracken - N.F.D.A.  
Pana, Illinois

JAMES B. FENSON - I.R.F.A.A.  
Greensboro, North Carolina

OSCAR P. HAMPTON, Jr., M.D.  
St. Louis, Missouri

GEORGE T. HETTEL - A.A. of A.  
Rochester, New York

KENNETH F. KINGALL, M.D.  
Kearney, Nebraska

FERRIS E. LUCAS - N.S.A.  
Washington, D.C.

ALLEN W. HULETT, Chief  
I.R.C., Elk Grove Village, Illinois  
MAN DARWICK - I.A.C.P.  
Washington, D.C.

ROGER D. WHITE, M.D.  
Rochester, Minnesota

REG. EMT DIRECTORS

EDWARD BARRY - Private  
Lincoln, Illinois

LAWRENCE D. BURTON - Volunteer  
Martinsville, New Jersey

DENNIS E. CASTZEL - Municipal  
Fallbrook, California

ADMINISTRATIVE STAFF

*Executive Director*  
ROCCO V. MORANDO

Mr. John J. Naughton, Secretary  
Department of Health Manpower  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

Dear Mr. Naughton:

In reference to your recent letter, I am listing the required additional information for your review and approval.

Section II (3) As stated in my previous correspondence, and based on the current population of 211 million, 50,640 EMT-Paramedics are needed to insure minimal national coverage. Projecting a population increase of 23 million by 1985, and utilizing the same formula, an additional 5,520 EMT-Paramedics will be needed in ten years to assure adequate national coverage, or a total of 56,160 EMT-Paramedics by 1985.

Section IV A The current diversity of emergency ambulance operations reflects a significant disparity relative to compensation.

The current picture is as follows:

Volunteer Services - Little or no compensation  
Private Services - From the minimal allowed to an assumed livable income  
Municipal Services - Starting annual salaries from \$8,000 to \$9,000

Recognizing the increased demands of training and attainment of skills for a select group, it is anticipated that minimal salaries may begin at \$8,400 for full time EMT-Paramedics (per current economic standards).

Section IV B Training programs will be conducted in medical and educational institutions having the necessary available clinical facilities. It is estimated that these institutions combined will initially produce 10,000 EMT-Paramedics annually.

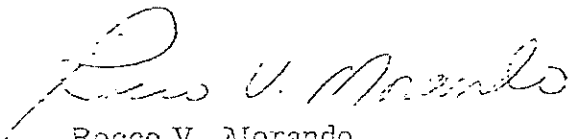
EMT-Paramedics are currently employed within the emergency ambulance services however, a number are "moon-lighting" within hospitals and industrial dispensaries.

Although the thrust is directed toward the development of a highly skilled individual for the emergency ambulance services, we can foresee the skills of the EMT-Paramedic being utilized within the hospital emergency department, coronary care unit, and possibly the intensive care unit. Utilization of the EMT-Paramedic within the hospital will be based on local needs and options, and not to replace existing trained allied health personnel.

Thank you for your consideration and assistance in identifying the EMT-Paramedic as a bonafide emerging health occupation.

Your earliest approval is respectfully solicited.

Sincerely,

  
Rocco V. Morando  
Executive Director

RVM/cp