Virginia High School EMS Education Program Manual

Program Overview | Course Management | Course Requirements

Virginia Department of Health
Office of Emergency Medical Services | Implementation AY 2025-26

VDH VIRGINIA DEPARTMENT OF HEALTH

Virginia OFFICE OF EMERGENCY MEDICAL SERVICES

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Adopted by the Virginia Emergency Medical Services Advisory Board on MM DD, YYYY, and enacted effective MM DD, YYYY.

Abbreviations

ACE	Division Of Accreditation, Certification & Education	**IEP**	Individualized Education Program
AEMT	Advanced Emergency Medical Technician	**NHTSA**	National Highway Traffic Safety Administration
EC	Certified Education Coordinator	**NREMT**	National Registry of EMT's
EMR	Emergency Medical Responder	**QA/QI**	Quality Assurance & Improvement
		TCPE	Terminal Competency Psychomotor Exam
EMS	Emergency Medical Services	**VDH**	Virginia Department of Health
EMT	Emergency Medical Technician	**VDOE**	Virginia Department of Education

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Program Overview

Executive Summary

The growing demand for emergency medical services, coupled with a decline in the workforce, poses significant challenges for communities in meeting the needs of their aging populations. To address this issue, the Training and Certification Committee (TCC), a sub-committee of the Virginia EMS Advisory Board introduces the Virginia High School EMS Education Program Manual offering a potential solution to strengthening existing programs and bolstering the number of emergency medical training programs in secondary educational institutions across the Commonwealth.

This document addresses but one facet of the critical nationwide issue of the increasing demand for emergency medical services (EMS) and the simultaneous decline in the EMS workforce. To mitigate this problem, the Virginia EMS Advisory Board endorsed this manual in 2024 in an attempt to standardize existing EMS programs in the high schools and to foster growth of EMS education in high schools across the Commonwealth. This initiative aims to develop a pipeline of skilled, entry-level EMS professionals thereby ensuring a sustainable and robust EMS workforce for the future.

The background of this initiative is rooted in the urgent need to enhance the EMS workforce, which is facing significant shortages. The program leverages the National EMS Education Standards (NEMSES) to ensure that high school students receive a comprehensive and standardized education. The document outlines essential requirements, including course approvals, instructor qualifications, and adherence to state regulations, ensuring the program's quality and consistency.

The first facet of the program is this guidance document itself, which provides detailed instructions and requirements for high school EMS programs. It includes administrative processes for course requirements, student selection criteria, regulatory requirements, student record management and other helpful topics. This ensures that all programs adhere to a high standard of education and that students are adequately prepared for certification.

The second and third facets fall outside the primary scope of this document. However, they are briefly addressed to ensure the reader understands what is necessary to fully realize the potential of the changes being adopted by high school EMS programs. The second and third facets fall under the purview of the Workforce Development sub-committee of the EMS Advisory Board.

The second facet focuses on recruitment strategies. The document advocates for innovative methods to attract high school students to the EMS field through modern platforms like social media, alongside traditional outreach efforts such as career days and school events. Effective and sustained recruitment of is essential to build a steady stream of interested and qualified students who can be trained as future EMS professionals.

The third facet addresses retention strategies, emphasizing the need to maintain high levels of engagement and commitment among students and professionals in the EMS field. The document highlights the importance of offering competitive compensation, career advancement opportunities, and a supportive work environment. These retention programs are crucial to ensure that trained individuals remain in the EMS profession, thereby sustaining a robust and dedicated workforce capable of meeting the community's emergency medical needs.

The Issue

Increasing demand for emergency medical services, coupled with a decline in the workforce, poses significant challenges for communities in meeting the needs of their aging populations. To address this issue, the Virginia JumpStart Pathway an initiative of the Virginia Department of Education (VDOE) introduces emergency medical programs to high school students, offering a potential solution to bolstering emergency care resources.

Emergency Medical Services (EMS) play a vital role in providing out-of-hospital medical care, responding to calls for help in cases of serious illness or injury. Beyond transporting patients to hospitals, EMS encompasses a coordinated system of response and care, involving various agencies and individuals. An effective EMS system is crucial for ensuring timely and comprehensive emergency medical care.

The field of EMS offers a rewarding career path, characterized by a commitment to patient care, teamwork, and continuous learning. EMS practitioners must possess mental resilience, physical fitness, and the ability to remain composed in high-pressure situations. Moreover, EMS serves as a gateway to other healthcare professions, offering fulfilling and impactful career opportunities.

EMS personnel are categorized into four levels of certification: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic. Due to age limitations, students in Virginia high schools are only eligible for training and certification at the EMR and EMT levels.

EMRs provide immediate lifesaving care to critical patients who access the emergency medical services system. EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive. EMRs also assist higher-level personnel at the scene of emergencies and during transport. EMRs are a vital part of the comprehensive EMS response. Under medical oversight, EMRs perform basic interventions with minimal equipment.*

EMTs provide out-of-hospital emergency medical care and transportation for critical and emergent patients who access the EMS system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life-threatening emergencies.

EMTs function as part of a comprehensive EMS response system, under medical oversight. EMTs perform interventions with the basic equipment typically found in an ambulance. EMTs are a critical link between the scene of an emergency and the health care system. *

** As defined by the National Registry of EMTs (NREMT), the National EMS Scope of Practice Model and the National EMS Education Standards.*

Background

During its Q3 FY23 meeting, the WDC discussed the current state of high school EMS programs in Virginia and posited the following question:

> **"*Are high schools an untapped resource to assist with staffing shortages and decreasing workforce numbers?*"**

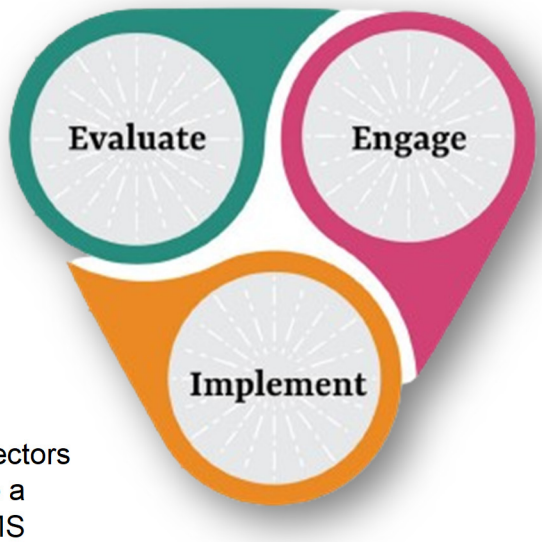
The WDC had more questions than they did answers.

1. What is the current state of EMS programming in high schools?
   a. How many programs are there?
   b. What is the overall success of those programs?
2. Is there anything the EMS Advisory Board can do to support high school EMS programs?
3. Should the Advisory Board or a sub-committee:
   a. create a white paper on how EMS programs entrance requirements for High School Administrators and Guidance Counselors?
   b. engage the Department of Education directly?
   c. engage local high school principals directly?
4. How can the EMS Advisory Board work to increase the number of high school EMS programs across the state?

The discussion resulted in a collaborative effort between the WDC and TCC. Since this topic focused almost solely on the education programs offered in high schools, TCC, recognizing the importance of this topic agreed to take the lead on the initiative. TCC requested OEMS staff facilitate an open and honest discussion with the high school directors regarding EMS programs in the high school setting.

The OEMS scheduled a daylong meeting and invited all high school EMS Program Directors to attend—the meeting was held in Q4 FY23. The Virginia Department of Education (VDOE) and the Virginia Department of Health Office of Emergency Medical Services (VDH/OEMS) met with high school EMS Program Directors. VDOE and OEMS staff engaged in an extensive discussion about high school EMS programs.

Some of the topic areas for discussion with the group were:



Program Outcomes

- Program Standardization and Outcomes
- Program Metrics
- Difficulties / Challenges Encountered
- Program Availability Statewide

At the conclusion of the meeting, the high school Program Directors requested that TCC, in collaboration with OEMS staff, develop a statewide document establishing standards for high school EMS

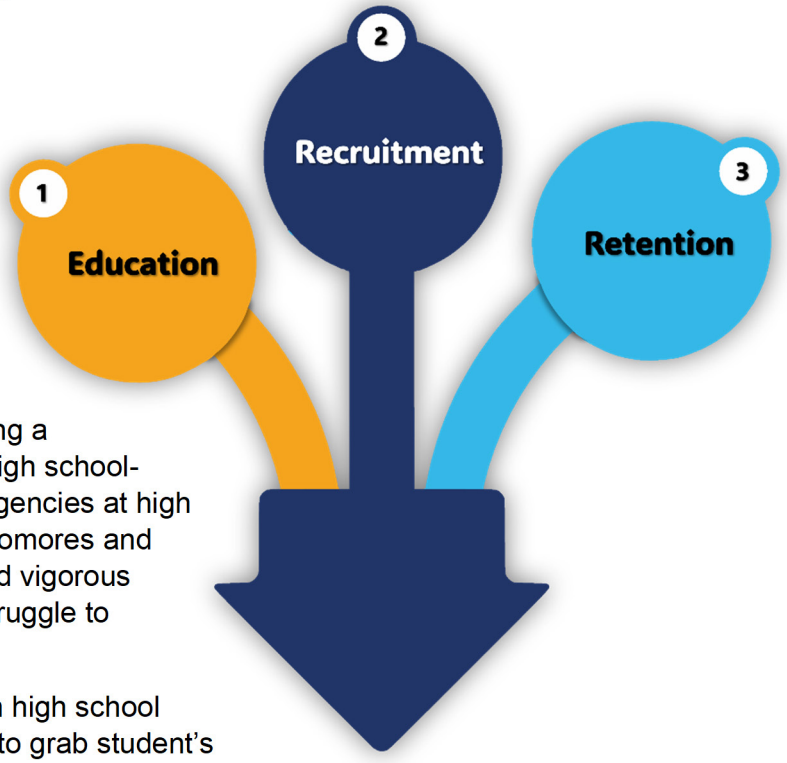
programs across the Commonwealth. The request included addressing, at a minimum, the following areas/topics:

- improving high school administrator and school counselor knowledge about high school EMS programs and OEMS regulatory requirements;
- standardizing EMT programs across the Commonwealth;
- establishing admission standards and program completion criteria;
- codifying program length and scheduling needs;
- affirming the need for a summer pre-meeting with enrolled students and their parents; and
- standardizing course operations and paperwork.

Following the meeting while drafting this guidance document, OEMS staff recognized that simply defining expectations for high school EMS programs would not in and of itself be enough to make a difference in the acute EMS workforce shortage issues in Virginia. Even if this document had the power to add an EMS program in every school division in the Commonwealth, workforce shortages would still be an acute concern for agency leaders.

Hence, addressing the issue of EMS workforce shortages holistically necessitates a systematic methodology comprising three key facets: education, recruitment and retention. Overlooking any one of these three facets will compromise the ability to achieve the desired outcome.

The Three Facets



The initiative described in this document represents just one facet of a necessary three-faceted approach to effect the required changes in the current EMS system to achieve measurable results to help lessen the burden of the acute EMS workforce shortage for agency leaders.

The second facet concentrates on developing a focused recruitment campaign targeted at high school-aged students. Early intervention by EMS agencies at high school events, especially working with sophomores and juniors, is essential. Without a dedicated and vigorous recruitment program, EMS agencies may struggle to sustain operations.

There are various modern methods to reach high school students. Traditional methods are not likely to grab student's attention making them no longer sufficient for the agency; therefore, agencies need to expand their efforts to include advertising on platforms such as Spotify, Facebook, TikTok, Pluto, Netflix, Hulu, Sling, HBO Max, and Paramount. Additionally, engaging students by serving as psychomotor skills lab assistants in the program and participating in career days remains helpful. Expanding outreach to include these modern digital platforms ensures that recruitment efforts resonate with today's teenagers, who consume content differently than previous generations.

Targeted Online Advertising

Targeted online advertising is an essential component of modern recruitment strategies, particularly for reaching high school-aged students who are deeply integrated into the digital world. By leveraging various online platforms, EMS agencies can create highly focused campaigns that reach potential recruits where they spend their time.

1. **Social Media Platforms:**
    - **Facebook and Instagram:** Utilize demographic targeting to reach teenagers and their parents. Ads can be tailored to showcase the excitement and benefits of an EMS career, featuring engaging visuals and testimonials from current young EMS professionals.
    - **TikTok:** Develop short, dynamic videos that capture the fast-paced and rewarding nature of EMS work. Leveraging TikTok's algorithm, these videos can quickly reach a wide audience, especially among high school students.
2. **Streaming Services:**
    - **Spotify:** Create audio ads that play between songs, highlighting the impact of EMS work and the opportunities available through high school programs. These ads can be targeted based on user age and music preferences.
    - **Netflix, Hulu, Sling, HBO Max, and Paramount:** Place video advertisements that appear before or during streaming content. These ads can be crafted to tell compelling stories about EMS careers and the importance of early training, capturing the attention of young viewers.
3. **Educational and Career Websites:**
    - **LinkedIn (Student Version) and Indeed:** Post ads and articles about the benefits of starting an EMS career early. Highlight success stories and provide links to more information about high school EMS programs.
    - **YouTube:** Use pre-roll ads and sponsored content to reach students who are watching educational or career-related videos. These ads can include direct calls to action, encouraging viewers to learn more about EMS opportunities.
4. **Interactive Campaigns:**
    - **Virtual Events and Webinars:** Host live Q&A sessions with current EMS professionals, providing a platform for high school students to ask questions and gain insights into the profession.

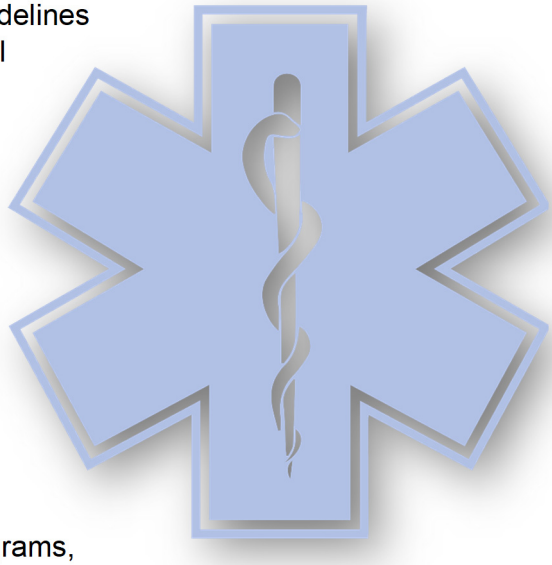
- **Online Challenges and Contests:** Engage students with challenges related to EMS skills or knowledge, offering small rewards or recognition for participation.

By integrating these targeted online advertising strategies, EMS agencies can effectively reach and engage high school students, inspiring them to consider a career in EMS.

The third facet is implementing a robust retention program. Young people today are unlikely to respond to outdated retention strategies. Effective retention programs for those under 30 might include competitive compensation, opportunities for career advancement, mentorship programs, flexible scheduling, mental health support, and a positive work environment. Additional strategies include offering professional development opportunities, recognition programs, and fostering a sense of community and purpose within the organization.

By integrating high school EMS programs with targeted recruitment and strong retention efforts, Virginia aims to create a sustainable and robust EMS workforce. Coordinated efforts across these three facets can lead to significant positive results in EMS recruitment and retention by 2028, ensuring the EMS system's resilience and capacity to meet future healthcare needs.

Purpose



The purpose of this manual is to establish comprehensive guidelines that ensure the quality and consistency of Emergency Medical Services (EMS) programs offered in high schools across the Commonwealth of Virginia. By providing a standardized framework, this document aims to support high school administrators in evaluating and implementing EMS training within their schools' curricula. The goal is to prepare students effectively for certification and careers in emergency medical services, fostering a skilled and ready workforce to meet the growing demands of the healthcare sector.

This manual is intended to be a resource for high school administrators who are either currently offering or considering the introduction of EMS education programs. It outlines the necessary steps and requirements for establishing these programs, including instructor qualifications, course approval processes, and curriculum structure. By adhering to these guidelines, schools can ensure that their programs meet the rigorous standards set forth by VDOE and the OEMS.

Before any EMS instruction can be offered, it is imperative that high school programs receive approval from the VDOE. Additionally, the OEMS Division of Accreditation, Certification & Education (ACE) must be notified of any proposed programs. This oversight ensures that all EMS training provided is of high quality and meets the necessary standards for certification by the National Registry of Emergency Medical Technicians (NREMT) and/or the OEMS. Any EMS instruction delivered by unapproved programs or educators will be deemed invalid for certification purposes, thereby emphasizing the importance of compliance with the established guidelines.

Scope

The scope of this manual encompasses all essential elements required to establish and maintain high-quality EMS education programs in Virginia high schools. By following the detailed guidelines and requirements outlined in this document, school administrators and educators can ensure that their programs meet the necessary standards for student certification and contribute effectively to developing a skilled EMS workforce. This comprehensive approach aims to enhance the quality and consistency of EMS training across the Commonwealth, ultimately benefiting both students and the broader community.

Aims

The primary aims of this manual are:

1. **Standardization:** To create a standardized framework for high school EMS education programs across Virginia, ensuring uniform quality and consistency.
2. **Preparation:** To equip students with the necessary skills and knowledge to achieve certification as Emergency Medical Responders (EMR) or Emergency Medical Technicians (EMT).
3. **Support:** To provide high school administrators with the guidance needed to effectively implement and sustain EMS programs.
4. **Compliance:** To ensure all high school EMS programs meet the regulatory standards set by the VDOE and OEMS, facilitating valid certification for students.
5. **Workforce Development:** To contribute to the development of a competent and certified EMS workforce, addressing both current and future needs within Virginia's healthcare system.

Outlined below as the comprehensive scope of work necessary for the establishment, implementation, and maintenance of high-quality EMS education programs in Virginia high schools.

1. **Program Establishment**
    - **Course Approval:** Steps and requirements for obtaining approval from the VDOE notification to the OEMS Division of Accreditation, Certification & Education (ACE).
    - **Instructor Qualifications:** Criteria for EMS educators, including the need for Virginia OEMS certified EMS Education Coordinators and appropriate VDOE teaching licenses.
    - **Course Length and Scheduling:** Guidelines on the duration and scheduling of EMS courses to ensure adequate instructional time and coverage of curriculum content.
2. **Education Standards and Instruction**
    - **Standards:** Alignment with National EMS Education Standards (NEMSES) and state standards for EMR and EMT training programs.
    - **Instructional Content:** Detailed breakdown of course content, including theoretical knowledge and practical skills necessary for EMS certification.
    - **Lab and Clinical Requirements:** Specifications for hands-on training, simulations, and clinical rotations to provide real-world EMS experience.

3. **Student Eligibility and Selection**
    - **Selection Criteria:** Guidelines for student eligibility and selection processes to ensure that participants are physically and mentally capable of meeting the demands of EMS training.
    - **Enrollment Processes:** Procedures for ensuring suitability of students, placing & enrolling students in EMS courses and managing their progression through the program.
4. **Certification and Testing**
    - **National Registry Preparation:** Preparation requirements for the National Registry of Emergency Medical Technicians (NREMT) certification exams, including timelines and testing procedures.
    - **Ongoing Assessments:** Continuous assessment methods to evaluate student performance and readiness for certification.
5. **Program Management and Documentation**
    - **Record-Keeping:** Requirements for maintaining accurate and comprehensive student records in compliance with the Virginia Public Records Act and OEMS regulations.
    - **Quality Assurance:** Processes for ensuring ongoing program quality, including periodic reviews and updates to the curriculum and instructional methods.
6. **Resources and Equipment**
    - **Equipment Standards:** List of required equipment and materials necessary for effective EMS training.
    - **Resource Allocation:** Guidance on securing and managing resources to support the EMS education program.
7. **Compliance and Oversight**
    - **Regulatory Compliance:** Ensuring all aspects of the EMS program comply with state and national regulations.
    - **Program Review:** Procedures for regular review and auditing of the program to maintain high standards and compliance with VDOE and OEMS requirements.

Limitations

While this manual provides comprehensive guidelines for establishing high school EMS programs, there are certain limitations:

1. **Resource Availability:** Successful implementation of the program is contingent upon the availability of sufficient resources, including qualified instructors, equipment, and funding.
2. **Regulatory Changes:** The guidelines are based on current VDOE and OEMS standards. Any changes in regulations or standards may necessitate updates to the manual.
3. **Local Variations:** Differences in school infrastructure, student populations, and community resources may affect the feasibility and effectiveness of the program in certain areas.

4. **Implementation Challenges:** Schools may face logistical and administrative challenges in integrating EMS programs into their existing curricula, particularly in areas with limited support or expertise in EMS education.
5. **Student Engagement:** Maintaining student interest and engagement in EMS programs may be challenging, particularly in schools with diverse educational priorities and extracurricular offerings.

General Requirements

School divisions and Education Coordinators (EC) are required to stay up to date on changes in regulations, policies, and standards from oversight organizations. The following are minimum requirements regarding information that must be reviewed on the first day of class:

- Instructors must meet the VDOE and OEMS requirements when announcing the course (see Instructor/Coordinator Selection).
- CTE administrators must complete a New Program Application with VDOE and have it approved before beginning any program.
- Courses must be approved by OEMS prior to the course start date.
- Courses must meet OEMS requirements; third-party programs without approval are not acceptable.
- Virginia endorsed EMS Physician must be approved by OEMS.
- Courses must meet course length per the Career and Technical Education Reporting System (CTERS) Manual requirements.
- Course competencies must be completed from those listed CTERS CTE Resource Center website, student competency records must be maintained per VDOE and OEMS regulations.

Course Length

The VDOE requires that EMT courses offered by local public school divisions at the secondary level to follow course length requirements per the CTERS Manual. Courses should ensure instructor contact in a didactic and psychomotor skills setting taught in a minimum of two-hour blocks by a VDOE licensed EMT Instructor with a current Virginia EC certification.

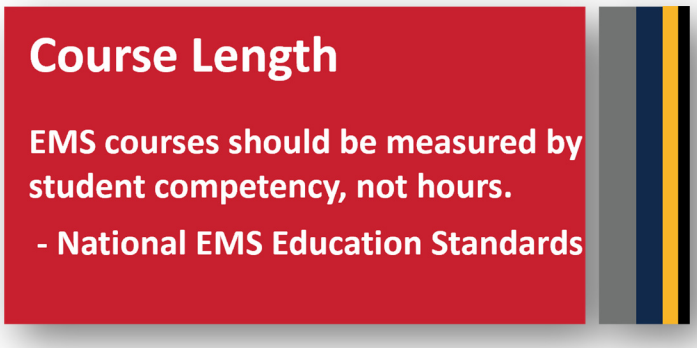
The EC and Virginia endorsed EMS Physician shall provide sufficient instruction and lab time, covering all required areas in the National EMS Education Standards (NEMSES) and must ensure the EMR/EMT student candidate is competent and possesses the necessary knowledge, psychomotor skills, and clinical experience necessary to perform as an entry-level EMR or EMT.

Such preparation should make the candidate successful at the cognitive and psychomotor exams required to obtain certification. Ultimately, according to the NEMSES, EMS courses are based on student competency, not a minimum number of hours. However, as these programs are being offered in a formal secondary school setting, there are minimum hours set by VDOE which must be met.

RECRUITMENT

The ratio for psychomotor labs must be no greater than a 6:1 student-to-instructor ratio in a direct lab setting (12VAC5-31-1447). Students may rotate from the classroom to the lab to meet the 6:1 ratio guideline; however, this will increase the time required to complete the course of study if additional instructors are not available.

The defined course length will allow for enough content exposure to fulfill the didactic, psychomotor, and affective requirements for the level taught.



Scheduling of Blocks

- The EMR course length requirement is 2 semesters in a traditional schedule (or the equivalent in a block schedule) for 1 Carnegie unit of credit. See Table 1.
- The EMT course must be double blocked (consecutive course periods) with a course length requirement of 2 semesters in a traditional schedule (or the equivalent in a block schedule) for 2 Carnegie units of credit. See Table 1.

Instructional Minutes

The breakdown of minimum instructional minutes, hours of instruction and basic course content, see the chart below. To better understand the differences in expectations that exist between an EMR and an EMT, please refer to the 2021 National EMS Education Standards (NEMSES) found at www.ems.gov.

Table 1

Level	Minimum Instructional Minutes	Instructional Hours	Course Includes
EMR	7,965	~ 133 hours	This course should include CPR training/certification, an introduction to anatomy and physiology and Basic Life Support (BLS) components as defined in the 2021 NEMSES.
EMT	15,930	~ 266 hours	Specified hours are to ensure student/educator contact in didactic and lab settings and consideration for enough hours to complete the EMT Competency Portfolio. Course includes CPR, anatomy and physiology and Basic Life Support (BLS) components as defined in the 2021 NEMSES.

The course length must account for the requirements of other school activities (such as assemblies, field trips, and mandatory testing), which may necessitate additional hours to complete. The didactic and psychomotor skills must be conducted in person.

The student-to-educator ratio during these labs should not exceed 6 students per educator member. However, if there are insufficient educators available, this may also extend the duration of the course.

Educator/Faculty Requirements

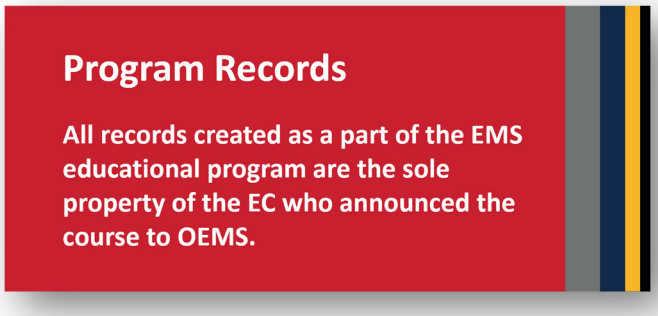
A Virginia OEMS certified EMS Education Coordinator (EC) must teach all high school EMR/EMT courses. All EMS courses must be approved by the OEMS through the Virginia EMS Portal. Each class/period must be registered separately. Verification of attendance and the recording of the students' final disposition must be posted by the course end date.

Program Records

By EMS Regulation [*12VAC5-31-1435. Student records for certification courses]*, all records created as a part of the EMS educational program are the sole property of the EC who announced the course to OEMS.

At a minimum, the EC shall maintain student records in accordance with the Virginia Public Records Act (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia) from the end date of the program. Please see the full regulation for more information.

The EC is required by OEMS regulation and policy to maintain a certain minimum set of program records for the entirety of their life, regardless of requirements of the Virginia Public Records Act.



National Registry Testing

At the EMT level, educators should plan instructional time to allow students to fulfill the NREMT certification exam requirements before the conclusion of the school year. If necessary, high school students may undergo testing during the summer and obtain certification upon completing the academic year. Students have a two-year window from the date they are marked as "Passed" to fulfill the NREMT certification requirements for state certification.

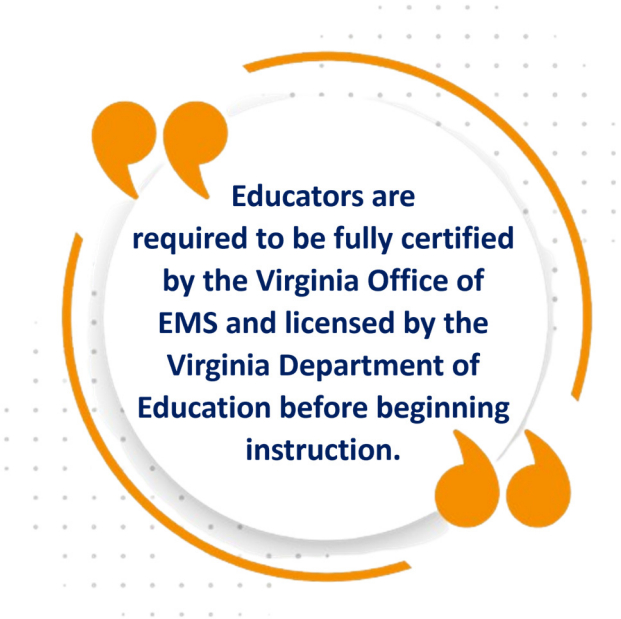
For EMT students unable to complete psychomotor skills portfolio requirements or the required clinical rides, a summer "internship" option may be provided by the school district. It is the joint responsibility of the educator and the school administration to ensure that all requirements established by the VDOE pertaining to course duration, attendance, and instructional minutes are met.

Course Management

Educator Criteria

A High School EMS Educator must possess credentials from both the VDOE and the OEMS.

- **Office of EMS Requirements**
  - an EMS Education Coordinator certification issued by the OEMS.
  - Current Virginia certification at, or above, the level of the class that is being taught.
- **Virginia Department of Education Requirements**
  - Current VDOE teaching license.



Educators are required to be fully certified by the OEMS before beginning instruction. The course content must be delivered by an OEMS credentialed Education Coordinator.

Guest lecturers and supplemental educators are welcome on occasions. OEMS will not accept for certification purposes, courses that are not taught by Virginia credentialed educators. The EC must ensure that guest lectures are cognizant of current practices and appropriate field experience are fundamental to effective high school instruction.

Courses taught by an **uncredentialed educator** will result in denial of course completion with the OEMS and students will be deemed ineligible to sit for the National Registry certification exam or receive a Virginia EMS Certification.

Virginia Endorsed EMS Physician

All EMS courses must be conducted under the supervision of an Virginia endorsed EMS Physician who is licensed as a physician (M.D. or D.O.) by the Virginia Board of Medicine, endorsed by the OEMS as an as an EMS physician and possesses experience in emergency medicine. Schools and/or divisions are required to uphold agreements with the Virginia endorsed EMS Physician.

"The physician medical director should have authority over the medical content related to patient care for all courses in the EMS education program."

-- ACEP White Paper

A copy of the signed agreement should be provided to the lead EC for the course and made available to OEMS upon request. A sample job description for a Virginia endorsed EMS Physician in a high school EMS program can be found in Appendix D.

Establishing and maintaining a robust EMS training program hinges significantly on the consistent and steadfast involvement of a Virginia endorsed EMS Physician. Their expertise and guidance are instrumental in shaping the quality and effectiveness of the training provided.

Regrettably, the level of engagement with one of the most critical roles in our industry—the Virginia endorsed EMS Physician—often falls short of what is needed. This deficiency in engagement not only undermines the potential excellence of EMS training programs but also risks compromising the standards of care provided in emergency situations.

It is imperative that efforts be made to elevate the involvement and commitment of Virginia endorsed EMS Physicians, as their leadership is indispensable in ensuring the continued advancement and success of EMS training initiatives. By fostering stronger connections and partnerships with Virginia endorsed EMS Physicians, training programs can tap into invaluable resources and expertise, thereby enhancing the overall quality and impact of EMS education.

Program Oversight

The OEMS is responsible for reviewing and evaluating the quality assurance and performance of education programs and educators. It shall conduct quality assurance assessments, including but not limited to site visits, audits, and investigations, to ensure the delivery of quality education and compliance with established education standards and curriculum. Failure to meet educational, professional, or ethical standards may result in corrective action being taken against the education program or educator. Any variations or exceptions to OEMS policy require advanced written approval from the OEMS.

The VDOE defers to the OEMS for the regulation, quality assurance, and program compliance of EMS education programs. In partnership with the VDOE, the OEMS may share quality assurance data/findings related to EMS programs. Additionally, all disciplinary actions taken against a high school EMS program will be disclosed to the Department of Education.

Student Selection Criteria

Considering the demanding nature of emergency medicine and the potential stresses inherent in the field, it is crucial for both students and parents to have a clear understanding of the course requirements. All students participating in an EMS course must be at least 16 years old by the course scheduled end date as announced to the OEMS. For students under 18 at the beginning of the course, a signed TR-07 - Informed Parental Consent for BLS Students form must be submitted to the program prior to the course start date.

Additionally, students enrolled in the EMT course should anticipate--regard as probable, expect or predict—completing clinical training, which may involve exposure to physical and mental stressors beyond the typical high school experience. These clinical rotations may necessitate after-school, overnight, or weekend hours for completion.

To be eligible for enrollment and certification in a high school EMS course in Virginia, applicants to the OEMS must:

1. Be proficient in reading, writing, and speaking the English language.
    a. The National Registry administers examinations in English only. The National Registry provides accommodations for English language learners or individuals with limited English proficiency if they have documented disabilities, as required by the ADA.
    b. If a student is a non-native English speaker and has had English as a Second Language classes, the student must have a World-Class Instructional Design and Assessment (WIDA) score of 4 in order to meet the be admitted to the program and meet the requirements of the Virginia Functional Position Description. See:
    c. https://wida.wisc.edu/
    d. Interpretive Guide for Score Reports Grades K-12
2. Meet the following criteria:
    a. a 2.0 cumulative GPA prior to entering the EMR or EMT program.
    b. meet all the course requirements as set out by the Program Director and the OEMS and have a GPA meeting the following requirements in the course in order to qualify for and be approved to sit for the National Registry certification exam.
        i. EMR - maintained a 2.0 GPA during the EMR course—didactic, psychomotor and affective domains.
        ii. EMT - maintained a 3.0 GPA during the EMT course—didactic, psychomotor and affective domains—to participate in the clinical/field component of the program.
        i. It is encouraged, but not required that students have exposure to the following courses:
            1. Anatomy & Physiology | Medical Terminology | Introduction to Health & Medical Sciences | Health & Medical Sciences Exploratory | Health Assisting Careers
3. Be 16 years-of-age on the start date of the course as announced to OEMS-- 12VAC5-31-1503.

Policy Regarding Enrollment of 15 years in an EMT Course

The following section outlines an OEMS administrative policy change which has been in effect since January 1, 2024 pertaining to 15-year-olds being allowed to enroll in an EMT course.

Student Age

All students enrolled in a Basic Life Support (BLS) EMS course shall be at least 16 years of age by the end date of the course as announced to OEMS. Students 15 years of age must apply for a variance from the OEMS **BEFORE** the OEMS approved EMS program start date as announced to the OEMS in order to be considered for eligibility to enroll in the course.

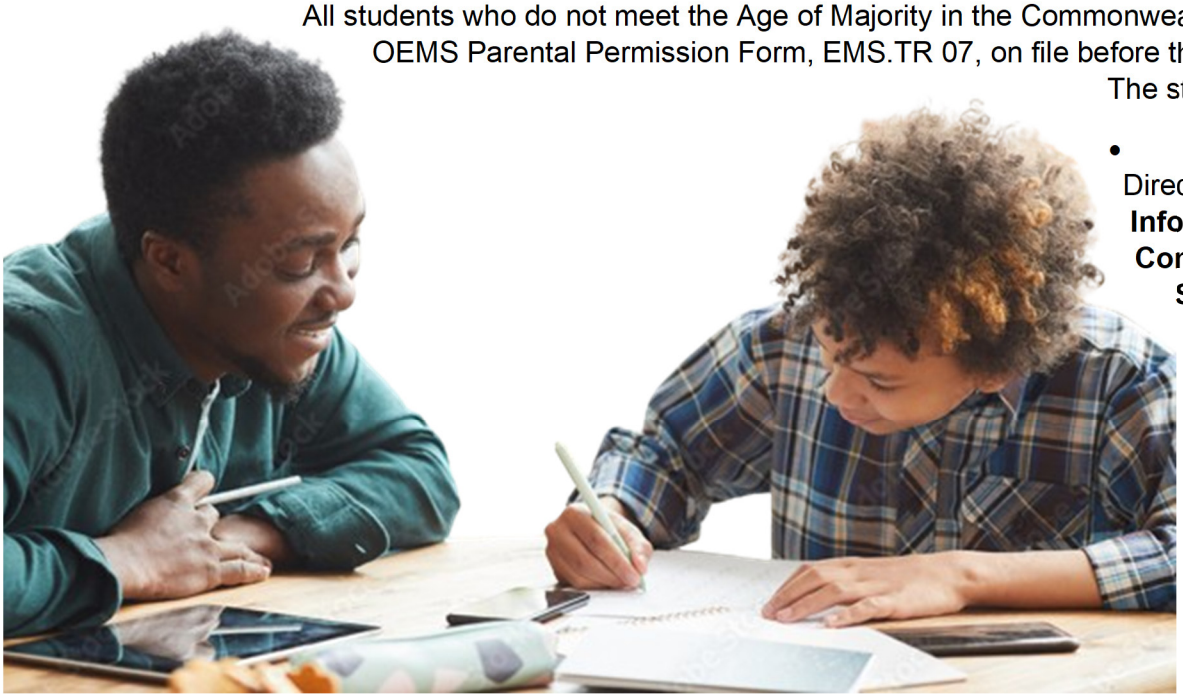
Variance Process for Students Under 16

The variance process for 15-year-olds must be started as soon as the student expresses interest in the course as the process will at a minimum take thirty days to complete once submitted to the OEMS.

1. **Step: 1** -- The Education Coordinator (EC) must announce the course in which the student is planning to enroll to the OEMS and have it approved by OEMS to permit the variance to begin.
2. **Step: 2** -- The EC must provide the student/s [those under 16 years of age] with the PIN number for the course and require the student promptly submit their OEMS enrollment application. The enrollment process for students under the age of 16 will occur **BEFORE** the main cohort enrolls due to the variance approval process.
3. **Step: 3** -- The EC must contact the Division Director, Accreditation, Certification & Education after the enrollment application has been submitted to request that OEMS accept the enrollment in order for an EMS number to be assigned to the student.
4. **Step: 4** -- The student must complete a variance (exception) request at the following link using the EMS number which was assigned to them.
    a. https://vdhems.vdh.virginia.gov/emsapps/f?p=LCR:EXCEPTION
5. Letters of support must be received from:
    a. the high school EMS Program Director,
    b. at least one parent or legal guardian, and
    c. a school representative (e.g. a principal, school counselor, etc.)
    d. All letters must be as soon as possible to oems-appsupport@vdh.virginia.gov with a SUBJECT that reads: "**High School Variance – Under 16 – [student name]**"
6. Minimally, the variance process can take as long as 30-days for a decision to be rendered.
7. The variance must be approved prior to the start date of the course as announced to the OEMS.

Per standard OEMS policy, students, regardless of age, shall meet all BLS student requirements as specified in the OEMS Regulations. These will be reviewed with students and verified on the first day of the course.

All students who do not meet the Age of Majority in the Commonwealth shall have a signed OEMS Parental Permission Form, EMS.TR 07, on file before the start of the course. The student must:



- provide the Program Director with a **TR-07 - Informed Parental Consent for BLS Students** form—TR-07—with the signature of a parent or guardian, verifying approval for enrollment in the course.
- have no physical or mental impairment that

would render the student unable to perform all practical skills required for the level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments, and treatments without the need of an assistant.

- possess an unexpired state-issued license/ID, valid passport, or federal visa as of the start date of the course as announced to the OEMS.
- have an arrest/conviction record—juvenile or adult—that has not been cleared by the OEMS Division of Regulation & Compliance.
- maintain a professional appearance in line with local EMS expectations and according to the local school district policy.
- not be under the influence of any drugs or intoxicating substances that impair the ability to provide patient care or operate a motor vehicle while in class or the clinical setting, while on duty, when responding to, or assisting in the care of a patient.

Additional Criteria to Consider

Some key considerations for high school administrators and school counselors when selecting students for EMS course enrollment:

Academic Performance

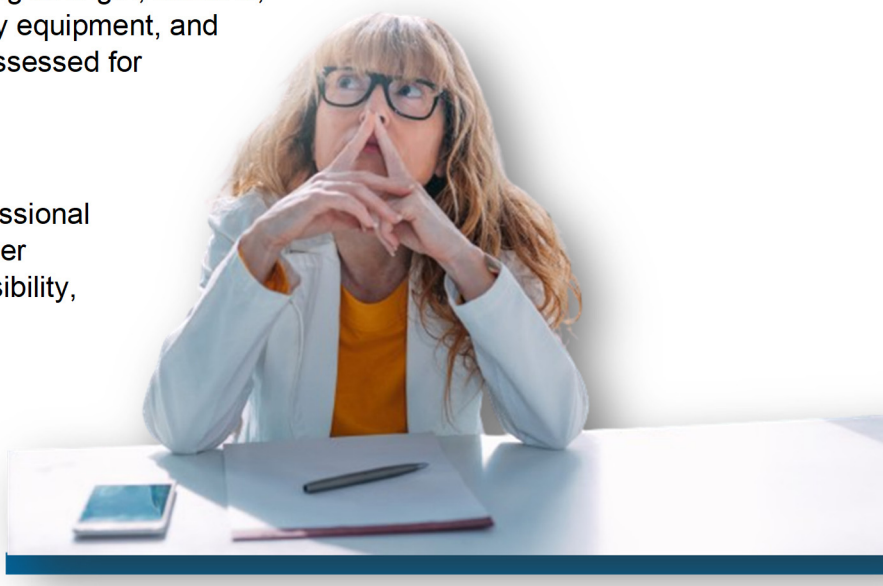
Students should have a strong academic record, particularly in sciences like biology, anatomy, and physiology. Proficient reading, writing, and math skills are essential for success in EMS coursework. Minimum GPA requirements help identify prepared students.

Emotional Maturity

EMS involves high-stress situations and exposure to traumatic incidents. School counselors should evaluate a student's emotional maturity, ability to remain calm under pressure, and capacity for coping with the psychological demands of emergency response work.

Physical Ability

EMS duties can be physically taxing, requiring strength, stamina, and mobility to safely move/lift patients, carry equipment, and perform interventions. Students should be assessed for adequate physical conditioning.



Professional Behavior

The affective domain of demonstrating professional conduct is critical. Counselors should consider disciplinary records and evidence of responsibility, integrity, and ethical behavior.

Career Ambitions

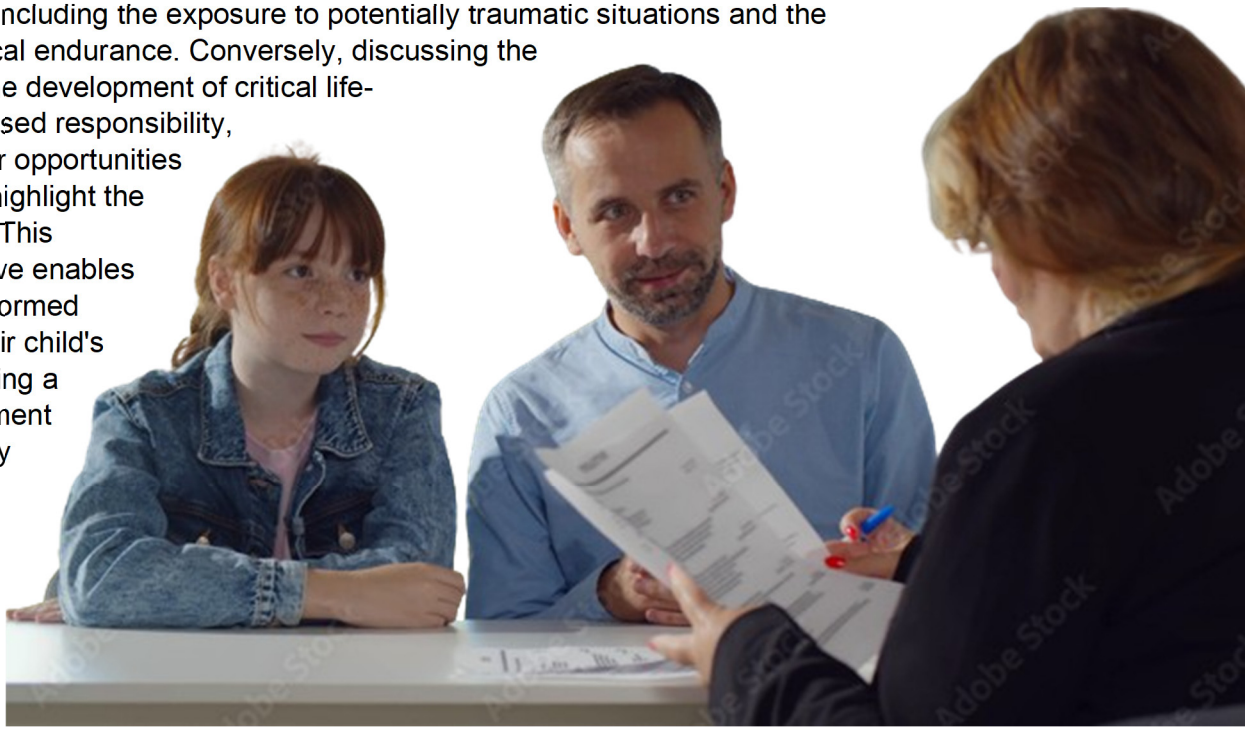
Preference should be given to students with a genuine interest in pursuing EMS as a career path versus just filling an elective requirement.

By carefully vetting applicants across academic, physical, behavioral, and career goals, administrators and school counselors can select students positioned for success in demanding EMS training programs. This balanced approach helps identify those truly prepared to meet the cognitive and non-cognitive competencies required.

Program Meeting with Parents

Engaging with the parents of high school students during the summer to discuss the specifics of an Emergency Medical Services (EMS) program is crucial for multiple reasons. Firstly, it allows program directors to clearly outline the course structure, expectations, and commitments involved in an Emergency Medical Technician (EMT) course. This is especially important for 16-year-old students, who may be encountering such rigorous academic and practical demands for the first time. By providing detailed information on the curriculum, training hours, and assessment methods, directors can help parents understand the intensity and dedication required, ensuring their children are adequately prepared and supported.

Furthermore, these meetings are essential to communicate the risks and rewards associated with EMT training for young students. Parents need to be fully aware of the physical and emotional challenges their children may face, including the exposure to potentially traumatic situations and the necessity for physical endurance. Conversely, discussing the rewards, such as the development of critical life-saving skills, increased responsibility, and potential career opportunities in healthcare, can highlight the long-term benefits. This balanced perspective enables parents to make informed decisions about their child's participation, fostering a supportive environment that can significantly enhance the student's success and well-being in the program.



Program personnel may contact VDOE and OEMS as frequently as needed for assistance.

Physical Requirements & Academic Accommodations

The OEMS and the VDOE recognize the rights of every student to have access to quality learning opportunities. As possible, qualified students should be allowed to enroll in the EMS pathway. However, it is to be understood that enrollment does not necessarily qualify a student for certification.

Students with disabilities who are admitted to the program shall have an individualized education program (IEP). The EMS course instructor/coordinator must meet with the case manager to develop the IEP. IEPs and 504 plans must meet all BLS student requirements as specified in the Virginia EMS Regulations (12VAC5-31-1503). It is important to note that simply because a student has accommodation plan within an educational program, does not automatically translate to those accommodations being applied to an EMS program and testing.

Virginia Office of EMS Accommodations

Any prospective student who does not meet OEMS requirements—excepting age as noted above—may submit for a variance/exemption to the Virginia OEMS, Division of Regulation and Compliance. Please note that these variances/exemptions only apply to coursework and program-based psychomotor testing.

Students requiring accommodations on the cognitive exam shall request these during the candidate application with the NREMT. Educators are encouraged to start this process at the beginning of the course so appropriate decisions can be made early.

Each course has an enrollment limitation determined by available resources, be that staffing or equipment, up to a maximum of 30 students (12VAC5-31-1447). Additionally, some Virginia school divisions open their school year in August and others open in September; therefore, the start date EMS courses throughout the Commonwealth may vary.

It is the intent of the Commonwealth of Virginia to ensure the inclusion of all students with disabilities in their chosen educational programs. However, it is important to note that Virginia EMS Regulations, policies, and national certification requirements supersede local policies, 504 Plans and IEPs (504 Plans and IEP) promulgated by the VDOE regarding the National Registry certification examination policies.

Virginia Department of Education Individualized Education Program

For VDOE requirements, please see the VDOE Special Education website.

Local School Division Accommodations

For local requirements, please see your local division website.

National Certification Examination Accommodations

National certification exams are exclusively administered by the NREMT (NREMT—www.nremt.org). In Virginia, the Code of Virginia (COV) and EMS Regulations mandate that certification in Virginia will be issued only with a valid National Registry certification.

The COV and EMS Regulations can be accessed on the Virginia Legislative Information System (LIS) webpage by clicking on a chapter number in the left-hand column. Virginia EMS Regulations are outlined in Title 12 Chapter 31.

Students are strongly advised to submit accommodation requests to the NREMT promptly after notification to the program (TR-15B). The NREMT's review and approval process for accommodation requests typically range from 30 to 90 days.

In most instances, accommodations provided by the NREMT will not align with the 504 Plans and IEPs issued by local school divisions. Therefore, no school administrator or personnel should guarantee a student's ability to take the national certification exam. The NREMT has full authority over all accommodations and certification examination requirements, which cannot be altered, modified, or eliminated.

Virginia Certification Process

Individuals applying for EMS certification in Virginia must meet the following:

- Successful completion of a state-approved EMS course that meets or exceeds the NEMSES.
- Candidates must have completed a course and possess an unexpired BLS CPR card.
- Candidates must have completed the Terminal Competency Psychomotor Exam (TCPE) developed and administered by the EMS program.
- Successful completion of the appropriate NREMT certification exam.
    - Cognitive certification exams are administered by Pearson Vue on behalf of NREMT.

Helpful Notes

- All students must be enrolled with OEMS within 30 days of the start date of the EMS education program.
- Student attendance must be verified and final dispositions recorded before the course end date.
    - Students must attend 85% of the program length as announced to the OEMS by the Program Director.
- Students are discouraged from using school or division email addresses. They should use personal email addresses, whenever possible when creating EMS Portal profiles.

Credentialing

Successful completion of a state approved EMT course occurs once EC has verified the attendance and marked the final disposition of the students as passed as in the Virginia EMS Portal. Once a student is marked as having passed the course in both the Virginia EMS Portal and with the NREMT, the student will be eligible to sit for the NREMT cognitive exam. After passing the cognitive exam and earning NREMT certification, the student will automatically be certified through reciprocity in Virginia. A Virgina certification card will be issued to the student.

Dual Enrollment with Virginia Community College System (VCCS)

It is recommended that each school division with an EMS program establish a dual enrollment or articulation agreement with a local community college. These agreements allow students to obtain college-level credit for successful completion of the courses. Several programs in the Commonwealth are currently operating under this system, with positive outcomes for both the institutions and the students. School divisions are encouraged to reach out to their local Virginia Community College System (VCCS) EMS program for more information.

Accreditation

Accreditation of high school EMS programs is available through the OEMS. Accreditation allows for EMS programs to have greater autonomy while meeting more stringent requirements.

Educators and programs seeking accreditation show a dedication to EMS education and national standards. School divisions interested in BLS Program Accreditation and accredited programs can reference the Virginia OEMS website for additional information.

Administrative Agencies

The Virginia Office of EMS is committed to providing appropriate assistance to high schools and divisions offering EMR and EMT programs. As a matter of both best practice and remaining compliant with HIPAA and FERPA guidelines, OEMS personnel will only communicate with the designated Education Coordinator and appropriate school division personnel.

All communications to the OEMS office from parents or students will be referred to the educator, school or division level.

Virginia Department of Health
Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, Virginia 23059
(804) 888-9100

Virginia Department of Education
Office of Career, Technical, and Adult Education
P.O. Box 2120
Richmond, Virginia 23218-2120
(804) 371-2121

Course Requirements

Education Standards

The EMS course must align with the NEMSES and adhere to the National EMS Scope of Pract

Course Levels

- Emergency Medical Technician I
- Emergency Medical Technician II
- Emergency Medical Technician III

Educators must ensure the appropriate National EMS Scope of Practice Model procedures and components are included in the program. School divisions may not remove any OEMS/VDOE competencies.

At the outset of each course, educators are required to upload a current course schedule/syllabus the OEMS website. This syllabus must contain date, time and topics to be covered.

Upon fulfilling the course requirements, students must proceed to apply to the National Registry to complete their certification examination. Educators play a crucial role in assisting EMS students through the certification process. It's important to note that the OEMS covers the cost of the first attempt at the National Registry certification exam.

There are many EMT textbooks available, written to different reading levels. It is important that the textbook to be used in the course be the most current edition available and of a reading level comparable with the student's education. Educator should strive to use textbooks that meet or exceed the standards established by the NEMSES.

Domains

Producing truly competent, job-ready EMS personnel requires comprehensive assessment and evaluation across three critical learning domains: cognitive, psychomotor, and affective. Robust evaluation strategies covering all three domains are imperative to ensure graduates demonstrate mastery of the complete set of knowledge, skills, and behaviors required for entry-level EMS practice.

Cognitive Domain

The cognitive domain encompasses the theoretical foundations and academic knowledge EMS providers must possess. Evaluations in this domain measure a student's grasp of medical terminology, anatomy, pathophysiology, pharmacology, and clinical protocols through written exams, scenario responses, research projects and other assessments that probe conceptual understanding.

Psychomotor Domain

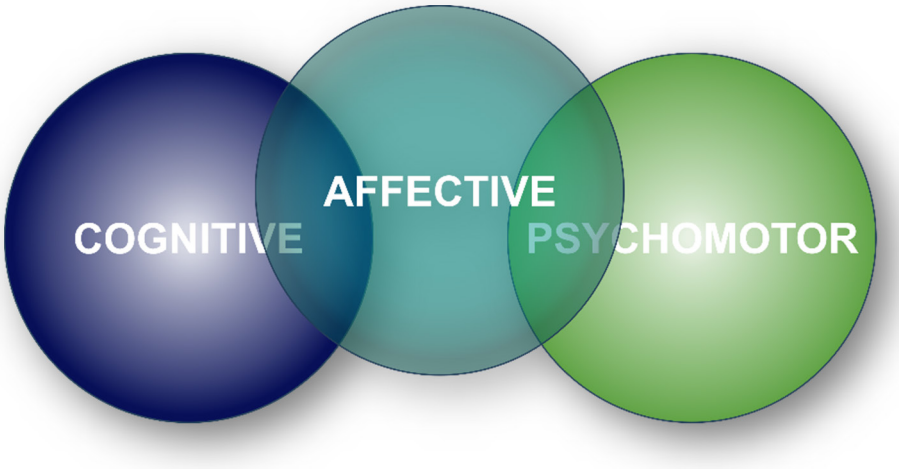
The psychomotor domain focuses on the technical skills and procedures EMS personnel must be able to proficiently execute. Hands-on skill evaluations assess competence in areas such as patient assessment, airway management, cardiac care, trauma management, obstetric care, and medication administration. Students

must prove they can properly perform interventions in a timely, safe manner adhering to standards of practice.

Affective Domain

The affective domain centers on the professional behaviors, decision-making abilities, and emotional intelligence required of EMS providers. Assessments in this domain evaluate qualities like integrity, empathy, team collaboration, stress management, problem-solving, and ethical conduct. Students must demonstrate the situational awareness and judgment vital for rapidly evaluating scenes and making appropriate care decisions.

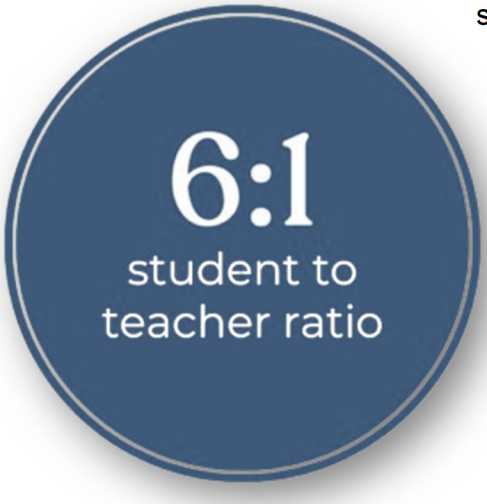
Robust summative evaluations through criterion-referenced methods are necessary to quantifiably confirm each student has achieved competency across all three domains prior to entering the workforce. Evaluation cannot be limited to just one area - cognitive exams alone are insufficient to validate readiness for EMS practice. Comprehensive final assessments measuring knowledge, skills, and behaviors are imperative.



Diligent recordkeeping of student progress and performance data across all three learning domains is also crucial. Detailed evaluations provide documentation of each individual's educational achievements and verifies completion of all training requirements. Proper documentation allows programs to validate outcomes and confirm all graduates possess the full qualifications for entry-level EMS professionals before earning certification.

Course Length

The VDOE requires that EMT courses offered by local public school divisions at the secondary level have a course length per the CTERS Manual (36 weeks).



Courses should ensure student/instructor contact in a didactic and lab setting taught in a minimum of two-hour blocks by a Virginia certified EC.

The EC and Virginia endorsed EMS Physician shall provide sufficient instruction and lab time, covering all required areas in NEMSES and should ensure the student EMR/EMT candidate is competent and possesses the necessary knowledge, skills, and clinical experience necessary to perform as an entry-level EMR or EMT. Such preparation should prepare the candidate to be successful at the cognitive and psychomotor exams required to obtain certification. Ultimately, Virginia EMS courses are based on student competency, not a minimum number of hours.

The ratio for psychomotor labs must be no greater than a 6:1 student-to-instructor ratio in a direct lab setting (12VAC5-31-1447). Students may rotate from the classroom to the lab to meet the 6:1 ratio guideline; however, this will increase the time required to complete the course of study if additional instructors are not available.

Terminal Competency Psychomotor Exam

Once the EMT program has determined that all students are entry-level competent, the Education Coordinator shall conduct a TCPE that will allow the Program Director and Virginia endorsed EMS Physician to validate entry-level psychomotor competency. It shall be conducted through competency based critical thinking scenarios as approved by the program's Virginia endorsed EMS Physician.

Whenever possible, your students should be evaluated by other ECs that were not part of the program, or had very little involvement, in order to ensure an objective evaluation.

The program must:

-
- confirm that all students perform and demonstrate entry-level competence in all required skills being evaluated.
- guarantee those marked as successfully completing the didactic portion of an EMS training program have attained basic theoretical and scientific knowledge reflective of state-of-the-art patient care.

Minimum Requirements for Terminal Competency Psychomotor Exam

Each testing station must have:

- **Equipment** – Requisite equipment for selected scenario, decoy equipment is encouraged.
- **An Evaluator** – this individual is responsible *for completing the Virginia Terminal Psychomotor Scenario Evaluation* for each candidate.
- **A patient** – a moulaged, if necessary patient actor
- **A Professional Partner** – an individual who is an EMT. This individual can perform any tasks needed by the testing candidate

Equipment Requirements

The OEMS does not endorse or recommend any specific publisher or equipment provider. Education Coordinators (or programs) are expected to maintain the necessary equipment required to adequately educate students and allow for appropriate skills training. As a result, the OEMS does not publish a required minimum equipment list.

Minimum recommended equipment standards have been set by the Virginia OEMS to facilitate the practical lab sections of the course. A minimum number of equipment sets (2:1 student-to-equipment set ratio) should be available for each student group while maintaining a 6:1 student-to-instructor ratio in the lab setting. The minimum equipment recommendations are available on the Virginia OEMS website.

OEMS has prepared an interactive spreadsheet that will ensure sufficient equipment is available for classes of differing sizes. By placing the number of students in the specified section of the spreadsheet, the number of sets of equipment is automatically calculated. This chart is available on the Virginia OEMS website.

It is recommended that courses are conducted in classrooms where the minimum amount of equipment for didactic and laboratory activities is available. It is strongly recommended that there be adequate secure space for equipment with locking cabinets. All student records must comply with the VDOE and Virginia OEMS requirements. The EC and school administration should assure adequate access to records and develop a process by which the EC may keep copies they need separately.

A common equipment list can be found in Appendix C of this document.

Clinical & Field Requirements

Students enrolled in an EMT course will be required to complete clinical training rotations and may be exposed to physical and mental stresses above those experienced in a typical school setting. These rotations may require after-school or weekend hours to complete.

Field/Clinical Requirements

To ensure that high school EMT students are well versed in best practices and field operations, students are required to complete 10 patient contacts. Five of these contacts must be live patients and five (5) can be on programmed patients or suitable manikins.

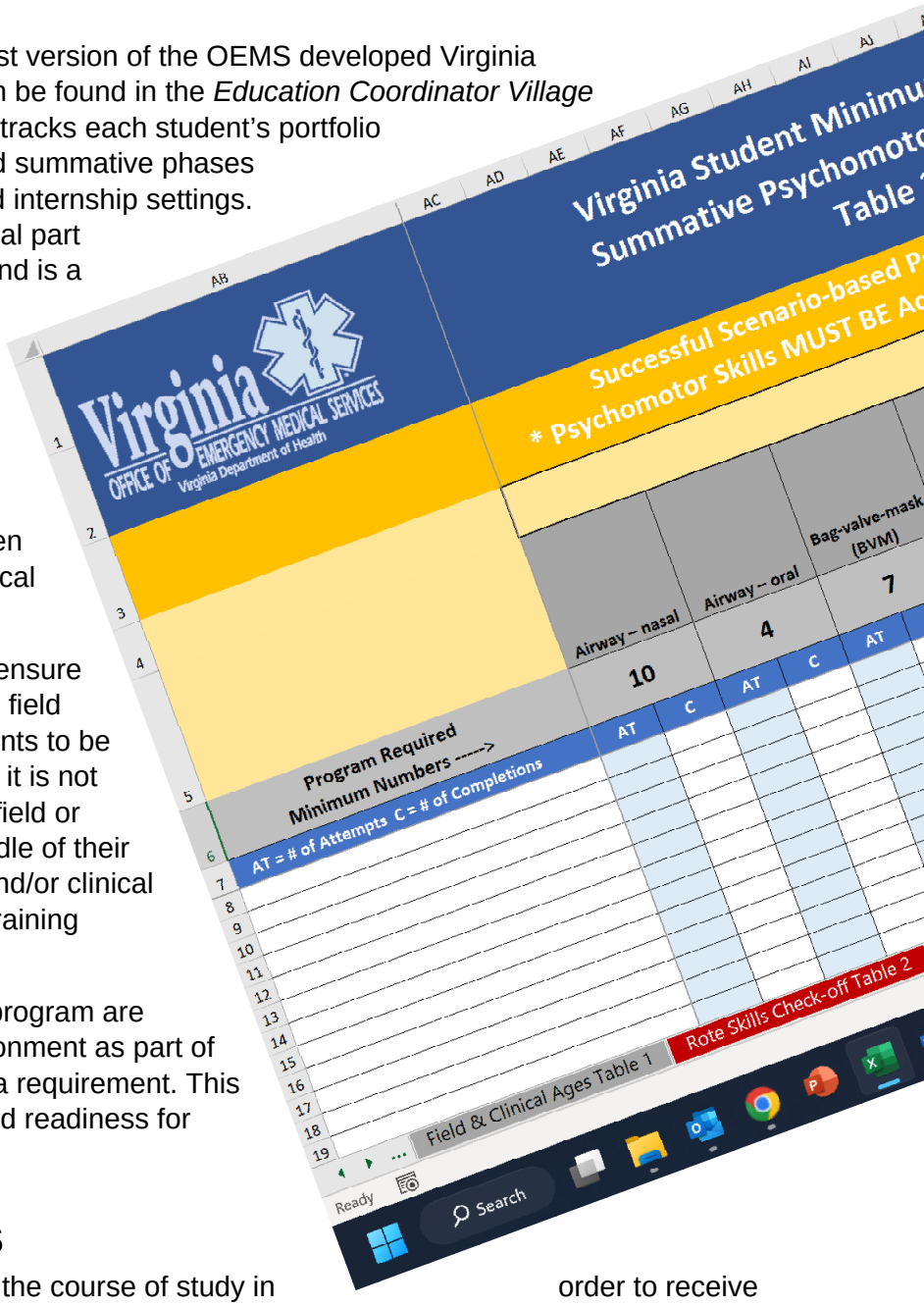
To ensure that prospective students and parents are informed and understand the nature of this course, an information packet outlining the course requirements should be given to each prospective student/parent for review before enrollment.

The information packet should include, at a minimum:

1. Letter from the school
2. Letter from the course instructor/coordinator
3. Parental notification form from the course instructor/coordinator
4. Parental approval form from the school
5. First Class Paperwork which includes:
    a. Prerequisites for EMS Training (TR.35)
    b. Functional Position Description for the BLS Provider (TR.14B)
    c. Course Expectations for Successful Completion (TR.16)
    d. BLS Certification Testing (TR.11B)
    e. Virginia Accommodation Policy (TR.15A)
    f. National Registry of Emergency Medical Technicians (NREMT) Accommodation Policy (TR.15B)
6. Student Permission Form (TR.07)
7. Immunization requirements and checklist
8. Hepatitis-B non-participation form
9. Course syllabus
10. Checklist of required forms needing signature
11. Mature content permission form

The Educational Standards for the EMR/EMT program outline the completion of a psychomotor skills portfolio, which must meet or exceed the minimum standards established by the OEMS. This portfolio comprises essential skills that each EMR/EMT student must demonstrate competency in to successfully complete their EMR/EMT program.

Psychomotor tracking is completed on latest version of the OEMS developed Virginia Student Minimum Competencies which can be found in the *Education Coordinator Village* on the OEMS Moodle Site. This document tracks each student's portfolio progress throughout both the formative and summative phases of education, encompassing laboratory and internship settings. The completed portfolio becomes an integral part of the student's permanent education file and is a prerequisite for pursuing NREMT EMT certification and a Virginia certification.



The Education Program is responsible for arranging a minimum of 10 supervised patient contacts in the field or clinical setting. This arrangement must be documented in a written agreement between the education program and the field or clinical site(s).

Furthermore, an Education Program must ensure that any student participating in supervised field training has met the educational requirements to be in the field or clinical setting. For example, it is not appropriate for a student to be performing field or clinical shifts at the beginning or in the middle of their didactic and psychomotor training. Field and/or clinical time must be conducted at the end of the training program (course).

Additionally, students enrolled in an EMR program are encouraged to gain exposure to field environment as part of the course curriculum, however this is not a requirement. This exposure enhances their understanding and readiness for future EMS roles and responsibilities.

Testing Requirements

Testing requirements for the completion of the course of study in order to receive district credit are established by the educational program in consultation with the program's Virginia endorsed EMS Physician. Written and psychomotor exams should be administered at the end of each module and a comprehensive written and psychomotor exam shall be administered at the end of the program. The comprehensive terminal written, and psychomotor exams are considered high-stakes exams. These exams serve as objective, criterion-referenced assessments to validate student readiness before advancing to clinical stages or entering professional practice.

It is critically important that students do not initiate the certification examination process until they have completed all course requirements and passed the comprehensive written and psychomotor exams. Only after officially graduating the program are students eligible to sit for the NREMT certification exam.

All program documentation and exam data and produced by the program which confirms satisfaction of certification prerequisites must be compiled by the program and becomes the property of the Education Coordinator who announced the program to the OEMS, the facility or entity where the program was conducted.

The EC responsible for the program—the EC who announced the course to the OEMS)—has the exclusive authority to mark students as “pass” in the Virginia EMS Portal making the student eligible to sit for the national exam. Likewise, the Education Coordinator has the exclusive authority to mark students as “fail” in the Virginia EMS Portal making the student ineligible to sit for the national exam. OEMS ECs shall not be forced to pass or fail a student on the orders of another individual.

EMR and EMT students that expect to receive a Virginia certification must successfully complete and pass the National Registry computer-adaptive cognitive exam.

Credentialing

Successful completion of a state approved EMT course occurs once EC has verified the attendance and marked the final disposition of the students as passed as in the Virginia EMS Portal. Once a student is marked as having passed the course in both the Virginia EMS Portal and with the NREMT, the student will be eligible to sit for the NREMT cognitive exam. After passing the cognitive exam and earning NREMT certification, the student will automatically be certified through reciprocity in Virginia. A Virgina certification card will be issued to the EMS provider.

Acknowledgements

The following individuals were instrumental in the development of Virginia's High School EMS Education Program Guide. Our thanks for being gracious and dedicating time to this essential document.

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High School Educator

Caroline Leone
School Administrator

Courtney Merridew
School Administrator

Jeffrey Reynolds
High School Educator

Crystal Stokes
Virginia Department of Education

Appendix A

Sample Letter from Administration

(To be placed on school letterhead)

Dear Parent of Students Enrolled in the EMS Course:

Your son/daughter (insert student's name here) is interested in enrolling in the EMR/EMT course at (insert school name here). As with many courses dealing with emergency medical services, there are certain risks associated with participation in this course. Enclosed you will find information concerning the curriculum and numerous documents that require your signature. Please review the materials with your child and sign your name, where appropriate. Please be aware that students enrolled in the EMR/EMT course will be required to show proof of current immunizations. Any and all costs incurred for the immunizations are the sole responsibility of the student or their parents.

The EMR/EMT course is challenging both physically and mentally. Regular attendance is required for your student to succeed. Equally important is that your student comes to class prepared. Please discuss these requirements with your child to ensure they are prepared to undertake the responsibility of fulfilling the requirements necessary for successful course completion.

All students must have a signed TR-07 - Informed Parental Consent for BLS Students form on file with the program director before the start date of the course. Students enrolled in this course will be required to complete clinical training and will be exposed to physical and mental stress above that which is normally experienced in the school setting. These rotations may require after-school and/or weekend hours to complete.

Should you need assistance or have questions, place contact (insert point of contact here).

Sincerely,

(Your signature block here)

NOTE:

- *Consider including costs and any other course information that is appropriate to properly inform the student and the parents*
- *To be eligible for certification, students will be required to disclose Personal and Private Information (PPI), such as date of birth, address, and social security number.*
- *The actual form should be reviewed by the school's legal counsel*

Sample EC Notification Letter to Parents

(To be placed on school letterhead)

Dear Parent/Legal Guardian,

Your student has enrolled in the EMR/EMT program at (insert school name here). (Insert instructor name here) will serve as the coordinator of the course. If you have any problems or concerns about the program at any time, I would encourage you to contact (insert your instructor name here).

You should be aware that emergency response work is an inherently dangerous activity. Although the individual safety of response personnel is paramount and occupies a considerable portion of our training effort, there are risks, specifically: accidents, traumatic injury, exposure to communicable disease, and emotional stress. It is strongly encouraged to pay close attention to your child's behavior during the semester and to note any negative indications of stress to the instructional staff.

If we can provide further information, answer any questions, or be of any benefit to you or your child, please do not hesitate to contact me.

Sincerely,

(Your signature block here)

Please sign this document and have your student return it to (insert your Instructor name here). I acknowledge that I have received this document with my child.

_____ _____

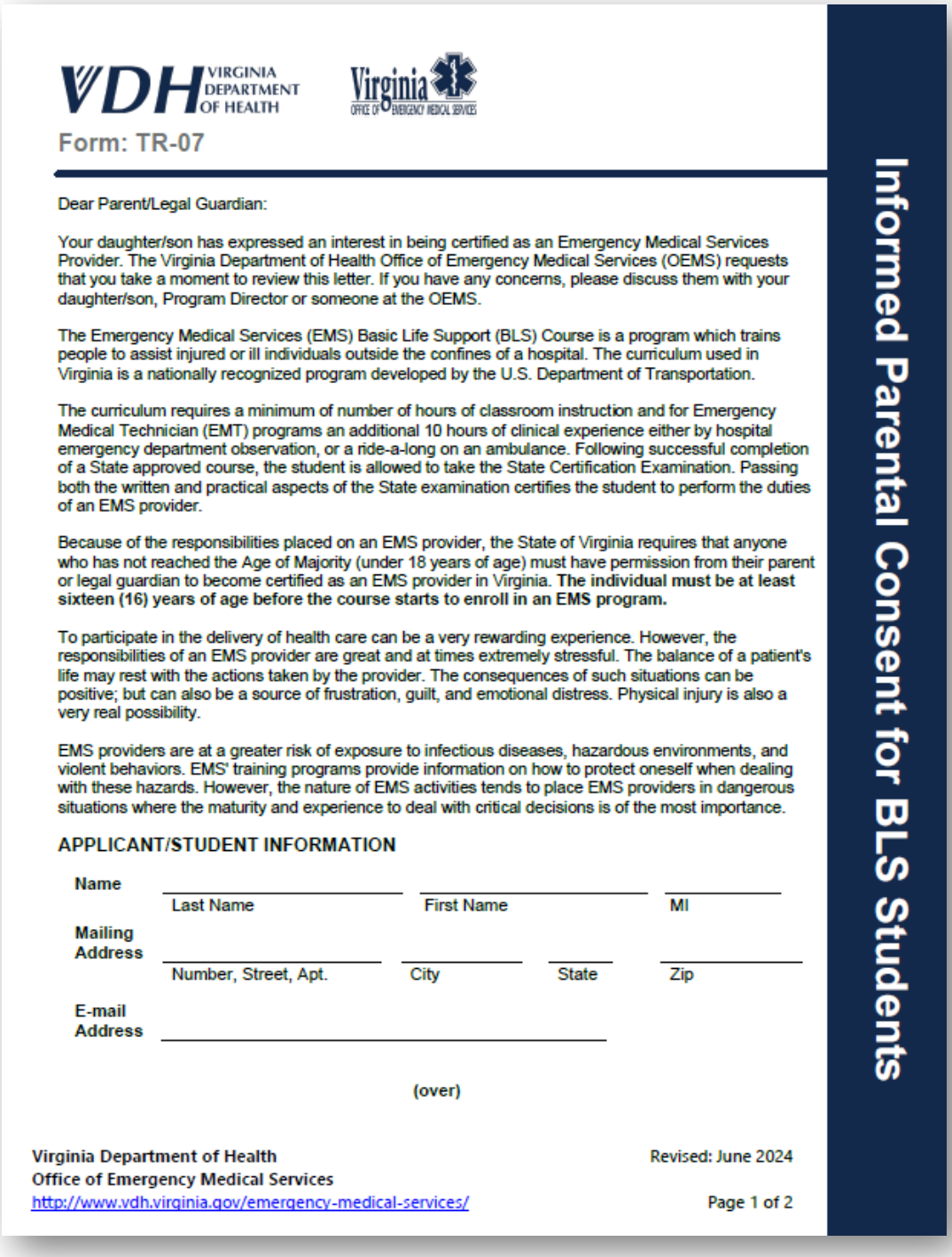
Signature of Student/Date Signature of Parent/Legal Guardian/Date

NOTE:

- *Consider including costs and any other course information that is appropriate to properly inform the student and the parents*
- *To be eligible for certification, students will be required to disclose Personal and Private Information (PPI), such as date of birth, address, and social security number.*
- *The actual form should be reviewed by the school's legal counsel*

Informed Parental Consent for BLS Students

Insert Virginia Office of EMS form TR-07 – Informed Parental Consent for BLS Students here.



VDH VIRGINIA DEPARTMENT OF HEALTH

Virginia OFFICE OF EMERGENCY MEDICAL SERVICES

Form: TR-07

Informed Parental Consent for BLS Students

Dear Parent/Legal Guardian:

Your daughter/son has expressed an interest in being certified as an Emergency Medical Services Provider. The Virginia Department of Health Office of Emergency Medical Services (OEMS) requests that you take a moment to review this letter. If you have any concerns, please discuss them with your daughter/son, Program Director or someone at the OEMS.

The Emergency Medical Services (EMS) Basic Life Support (BLS) Course is a program which trains people to assist injured or ill individuals outside the confines of a hospital. The curriculum used in Virginia is a nationally recognized program developed by the U.S. Department of Transportation.

The curriculum requires a minimum of number of hours of classroom instruction and for Emergency Medical Technician (EMT) programs an additional 10 hours of clinical experience either by hospital emergency department observation, or a ride-a-long on an ambulance. Following successful completion of a State approved course, the student is allowed to take the State Certification Examination. Passing both the written and practical aspects of the State examination certifies the student to perform the duties of an EMS provider.

Because of the responsibilities placed on an EMS provider, the State of Virginia requires that anyone who has not reached the Age of Majority (under 18 years of age) must have permission from their parent or legal guardian to become certified as an EMS provider in Virginia. **The individual must be at least sixteen (16) years of age before the course starts to enroll in an EMS program.**

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility.

EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. EMS' training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tends to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the most importance.

APPLICANT/STUDENT INFORMATION

Name _____ (Last Name) _____ (First Name) _____ (MI)

Mailing Address _____ (Number, Street, Apt.) _____ (City) _____ (State) _____ (Zip)

E-mail Address _____

(over)

Virginia Department of Health
Office of Emergency Medical Services
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Appendix B

References

National Association of EMS Educators. (2024, June 9). *National Association of EMS Educators*. Retrieved from National Association of EMS Educators: https://naemse.org/

National Highway Traffic Safety Administration. (2024, June 9). *ems.gov.* Retrieved from National Emergency Medical Services Education Standards: https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf

National Highway Traffic Safety Administration. (2024, June 1). *ems.gov.* Retrieved from The National EMS Scope of Practice Model: https://www.ems.gov/about-the-office-of-ems/

National Registry of Emergency Medical Technicians. (2024, June 9). *National Registry of Emergency Medical Technicians*. Retrieved from National Registry of Emergency Medical Technicians: https://www.nremt.org/

Virginia Department of Education. (2024, June 8). *CTE Resource Center*. Retrieved from Virginia Department of Education CTE Resource Cente: https://www.cteresource.org/

Virginia Office of Emergency Medical Services. (2024, June). *Virginia Office of Emergency Medical Services*. Retrieved Junr 9, 2024, from Virginia Office of Emergency Medical Services: https://www.vdh.virginia.gov/emergency-medical-services/

Appendix C

Common Equipment List

The following equipment list is the recommended minimum for an EMS class size of 12 or fewer students based on simulation labs. For a class size of 13-24, two sets of equipment are the recommended minimum. The equipment does not need to be owned by the school or instructor but should be available for student use.

Patient Assessment/Management – Trauma

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

Patient Assessment/Management – Medical

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Watch with second hand
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

Bag-Valve-Mask Ventilation of an Apneic Adult Patient and Oxygen Administration by Non-rebreather Mask

- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikin (adult)
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator
- One oxygen cylinder must be fully pressurized with air or oxygen in order to test oxygen administration by a non-rebreather mask. A second empty oxygen cylinder may be used to test the BVM ventilation of an apneic adult patient.
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult)

Selection of nasopharyngeal airways (adult)
- Suction device (electric or manual) with rigid catheter and appropriate suction tubing
- Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir, etc. for an adult)
- Stethoscope
- Tongue blade

Cardiac Arrest Management/AED

- Examination gloves
- Mouth-to-barrier device (disposable)
- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies

Spinal Immobilization (Supine Patient)

- Examination gloves
- Long spine immobilization device (longboard, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (6-8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)
- Tape

Spinal Immobilization (Seated Patient)

- Examination gloves
- Half-spine immobilization device* (wooden or plastic)
- Vest-type immobilization device*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling®, Kerlix®, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

Bleeding Control/Shock Management

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling®, Kerlix®, etc.

Long Bone Immobilization

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

Joint Immobilization

- Examination gloves
- Cravats (6) to be used as a sling and swathe

Appendix D

Sample Virginia endorsed EMS Physician Job Description

INTRODUCTION

As in any field of endeavor, the education process is essential to the success of the provision of Emergency Medical Services (EMS). Given that prehospital care is provided under the auspices and licenses of physicians, physicians must be actively involved in the education process for all levels of EMS providers.

ROLE OF THE EMS PHYSICIAN

The Virginia endorsed EMS Physician should have authority over the medical content related to patient care for all courses in the EMS education program. Local needs, the level of instruction, and the course requirements should dictate the job description and memorandum of understanding.

QUALIFICATIONS

1. Licensed to practice medicine (M.D. or D.O.) by the Virginia Board of Medical Examiners is required.
2. Should possess familiarity with the design and operation of EMS systems.
3. Should possess some education or experience in EMS education and methodology.
4. Should possess some knowledge of EMS laws and regulations.
5. Preferable to have education or experience in out-of-hospital emergency care.
6. Preferable to have education or experience in trauma, mass casualty, or disaster medicine.
7. Preferable to have active participation in the emergency management of acutely ill and injured patients.
8. Preferable to have Board certification in emergency medicine.

RESPONSIBILITIES

To optimize physician medical direction of EMS education programs, Virginia endorsed EMS Physicians should, at a minimum, do the following.

1. Serve as patient advocates by demanding the highest quality education for students.
2. Assure the appropriateness of initial qualifications of applicants for positions in the EMS education programs.
3. Assure the appropriateness and qualifications of faculty delivering medical instruction.
4. Review and approve all patient care practices being taught to students.
5. Review and attest to the quality of medical instruction, student evaluation methods, and supervision delivered by the faculty.
6. Serve as a resource and liaison for instructors related to the medical field, best practices, and professional standards.
7. Promote the growth of the EMS profession by encouraging student and program participation.
8. Maintain liaisons with the medical community, especially with facilities and agencies providing clinical instruction for students.

9. Maintain communication with Virginia endorsed EMS Physicians of local EMS agencies.
10. Maintain clinical, administrative, and education knowledge appropriate for an EMS education program.
11. When appropriate, seek feedback from program graduates and their employers.
12. Address courses regarding the function of an Virginia endorsed EMS Physician and the importance of quality EMS programs.

AUTHORITY

A written MOU, agreement, or contract defining the job description and authority of the Virginia endorsed EMS Physician should be established. Unless otherwise defined or limited by state or local requirements, the Virginia endorsed EMS Physician for EMS education programs should have full authority over all clinical and patient care aspects of the program including, but not limited to the following.

1. Determine the appropriate medical care content of courses provided and assure that the content meets or exceeds any national standard curricula.
2. Set or approve minimum education and ethical standards for potential students.
3. Assure the competency of personnel who provide instruction in patient care.
4. Assure the adequacy of cognitive knowledge evaluations.
5. Assure the adequacy of clinical and field internship experiences and evaluations.
6. Have access to all relevant records necessary to evaluate student competency and fitness for patient care activities.
7. Maintain the authority to remove a student from a course for appropriate cause, related to adequate knowledge, clinical ability, or suitability using an appropriate review and appeals mechanisms.
8. Recommend certification and recertification of students to the appropriate certifying agencies.

PROGRAM OBLIGATIONS

The EMS education program has the obligation to provide the Virginia endorsed EMS Physician with the resources and authority commensurate with the responsibilities outlined above.

NOTE: This job description is not fully inclusive of the needs of a high school-based EMS program and may be modified to better serve the local needs of the school and community.

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