

Updated Statement Regarding COVID-19 (Coronavirus)

February 7, 2022

Effective immediately, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) Board of Directors amends the CoAEMSP February 5, 2021, Updated Statement regarding COVID-19. The CoAEMSP is extending the original guidelines associated with CAAHEP Standards III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations and III.C.3. Curriculum to permit the use of alternative evaluation methods to include scenarios, case studies, and simulation as well as the adjustment of minimum competencies to satisfy the requirements of these standards for Paramedic educational programs **through December 31, 2022**. (The original dates were October 31, 2020; July 1, 2021; and December 31, 2021). This update supersedes any prior guidance by CoAEMSP.

The CoAEMSP reaffirms its support that **Paramedic educational programs may employ a broader array of approaches, including simulation, in determining competency in didactic, laboratory, clinical, field experience, and capstone field internship.**

In accordance with Standard III.B.2.a.5), the medical director and program director must ensure the entry-level competence of each graduate of the program in the cognitive, psychomotor, and affective domains and that any changes to program requirements must be documented in an Action Plan as follows:

- **Institutional Accreditor Notification.** Official notification from the institution to its institutional accreditor of the temporary relocation of on-campus and off-campus instruction or moving the learning modality from residential instruction to an online format. In emergency situations, institutions are often required by their institutional accreditor to notify them of the temporary relocation of on-campus and off-campus instruction. Emergency relocations are for unforeseeable situations such as natural disasters, fires, or other extraordinary circumstances, including COVID-19. Unlike routine relocations in which a site permanently relocates to another single site, emergency relocations temporarily move instruction to another single site or to multiple other sites. The documentation your institution provided to its accreditor, as well as to the state higher education authority (if applicable), is the documentation the CoAEMSP will request.
- **Modifications to minimum patient/skill requirements.** If modifications are made to the program's overall established minimum patient/skill requirements, documentation demonstrating (1) who was involved with the decision and (2) documentation of the change to the numbers, including (3) evidence of approval of the medical director and (4) endorsement by the advisory committee
- **Program's Action Plan to Determine Student Competency.** The program's action plan on how it will determine a student is entry-level competent even though the student had not achieved the program's established minimum patient/skill requirements. The action plan may vary by individual student based on their program lab, clinical, and capstone field internship progress to date.
- **Student's Action Plan.** When a student is deemed entry-level competent prior to achieving the program's terminal competencies, there must be documentation of the student's progression of learning and achievement, including any final evaluations.

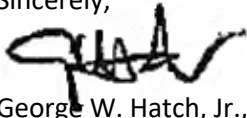
In addition, programs should align with local, state, or federal directives during the public health emergency.

The COVID-19 pandemic has changed delivery methods and learning opportunities for Paramedic educational programs. Schools are closed, and didactic instruction has moved to online delivery. Clinical and capstone field internship sites are limited due to shortages of personal protective equipment (PPE), prohibiting entry of visitors to include students, and EMS agencies restricting third riders. These changes require even greater flexibility for educational programs to employ a wide variety of approaches, including simulation, in determining competency in didactic, laboratory, clinical, field experience, and capstone field internships, especially where live patient encounters cannot be accomplished.

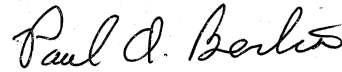
Flexibility is supported by state EMS directors as expressed to CoAEMSP by the National Association of State EMS Officials (NASEMSO), other stakeholders including directors of accredited Paramedic educational programs, and aligns with emergency orders issued by state governors which allow greater flexibility in credentialing of emergency medical services professionals during the public health crisis. This guidance also aligns with the mission of CoAEMSP to advance the quality of EMS education through accreditation. In carrying out its mission, CoAEMSP in collaboration with its sponsors and other national EMS stakeholders seeks to support high quality and safe patient care through its standards, core values of commitment, leadership, accountability, quality, and respect.

These are the times that define our profession, and all of us want you to know we remain committed here to you as you adjust to these extraordinary circumstances. It is an honor and distinct pleasure to be a member of the EMS community and to serve it. Please stay safe out there – we need you!

Sincerely,



George W. Hatch, Jr., EdD, LP
Executive Director



Paul A. Berlin, MS, NRP
Chair, Board of Directors