

Texas EMS Education Programs and COVID-19

Updated – July 29, 2020

The COVID-19 pandemic has changed delivery methods and learning opportunities for emergency medical services (EMS) educational programs. Schools are closed, and didactic instruction has moved to online delivery. Most clinical internship sites are restricted, prohibiting entry of visitors including students as well as some field internship opportunities with EMS Providers. These changes require even greater flexibility for EMS educational programs to employ a wide variety of approaches in determining competency in didactic, laboratory, clinical, field experience, and field internship settings.

The Department of State Health Services (DSHS) understands that EMS education institutions, program directors, medical directors, faculty, and State EMS Providers are working diligently to find ways to continue the EMS education of students during this extraordinary time. DSHS, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions, the National Registry of Emergency Medical Technicians, and members of the Governor’s EMS Trauma Advisory Council Education Committee continue to research alternative pathways to assure excellence in education while maintaining compliance with EMS education standards and flexibility in credentialing of EMS professionals during the public health crisis.

Texas EMS Educational Programs may employ a broader array of approaches to determine competency., Until further notice, DSHS will permit the use of alternative evaluation methods to include scenarios, case studies and simulation in conjunction with the required clinical/field internships, as well as the adjustment of minimum competencies to satisfy the requirements of standards for Texas EMS educational programs.

The EMS Education Program medical director and program director **OR** course coordinator **MUST** ensure the entry-level competence of each graduate of the program in the cognitive and psychomotor domains. Any

changes to program requirements must be documented in an Action Plan as follows and made available immediately to DSHS staff upon request:

- **Modifications to Minimum Patient/Skill Requirements.** If modifications are made to the program's overall established minimum patient/skill requirements, documentation shall include:
 - Who was involved with the modification decision
 - Documentation of the change to the numbers, including
 - Evidence of approval of the program medical director and
 - Endorsement by the advisory committee.
- Approved substitutions for required Clinical (Hospital) Internships. Until further notice, any of the following may be used towards completing your students' requirements as long EMS Coordinator AND program Medical Director can still attest to the students' competency:
 - Use EMS Field (Ambulance) Internships exclusively
 - Reduce the number of Clinical/Field Internship hours
 - Use alternate healthcare sites such as doctor's office, rehab facilities, free-standing ER, etc.
 - **Note: DSHS will not support the waiver of the requirement of Clinical/Field internships.**
- **Program's Action Plan to Determine Student Competency.** The program's action plan will explain how it determines that a student is entry-level competent. The action plan may vary by individual student based on their program lab, clinical, and field internship progress.
- **Student's Individual Action Plan.** When a student is deemed entry-level competent, there must be documentation of the student's progression of learning and achievement, including any final evaluations.
- **Program end date changes.** If the end date for the program changes, continue to complete the online Notification/Change form as you would normally do.

By working together, we can ensure the quality of emergency care the residents of Texas expect in these challenging times!

EMS & Trauma Systems



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