

- Administration
- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services**
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio Investigative Unit
- Ohio State Highway Patrol



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## Ohio Curricula Gap Analysis

This document reflects changes to the knowledge and skill components of the Ohio EMS curricula adopted and approved by the EMS Board. The Ohio approved curricula were based on the National Standard Curricula (NSC) but have been revised to address the National EMS Education Standards adopted by the EMS Board and the Ohio scopes of practice approved in rule by the EMS Board.

### **First Responder to Emergency Medical Responder Minimum 48 hours (no change)**

- Preparatory
  - Research – extremely limited but new to this level
  - EMS System Communication – addition of fundamental information about transferring patient care to incoming EMTs
  - Therapeutic Communications – fundamental information about improving communication with a patient
- Pathophysiology
  - Simple knowledge of the pathophysiology of shock and respiration compromise to respond to life threats
- Medical Terminology
  - Use of simple and anatomical terms
- Pharmacology
  - Emergency Medications – chemical antidote auto-injector only
- Patient Assessment
  - Primary Assessment - new terminology that more closely mimics other health care professionals
- Medicine
  - Neurology – discuss causes, assessment and management of stroke patient
  - Cardiology – deeper discussion on chest pain and heart attack
  - Toxicology – discussion on use of chemical antidote auto-injector
- Special Patient Populations
  - Geriatric- recognize and manage life threats based on assessment finding for geriatric patient
- EMS Operations
  - Vehicle Extrication – knowledge of operational roles and responsibilities
  - Incident Management – references the IMS and FEMA requirements
  - Mass Casualty Incidents Due to Terrorism/Disaster - knowledge of operational roles and responsibilities
- Practical Skill
  - Perform eye irrigation

### **EMT-Basic to Emergency Medical Technician (EMT) Minimum 150 hours**

- Preparatory
  - Research –limited information on evidence-based decision making
  - Therapeutic Communications – more detailed information about improving communication with a patient
- Anatomy and Physiology
  - More in-depth knowledge of anatomy, body functions and human systems
- Pathophysiology
  - Fundamental knowledge of disease process and how it affects the body
  - Focus on pathophysiology of shock, respiration and perfusion dysfunction to patient assessment and management
- Pharmacology
  - Emergency Medications – more in-depth knowledge of names, mechanism of action, indication, contraindications, complications
- Airway Management, Respiration, Oxygenation

- Remove endotracheal intubation content
- Patient Assessment
  - Primary Assessment - new terminology that more closely mimics other health care professionals
  - Secondary assessment – more thorough than previous curriculum
  - Monitoring devices added
- Shock and Resuscitation
  - Content moved from trauma per National EMS Standards; emphasize shock occurs in contexts other than trauma
- Special Patient Populations
  - Geriatric- recognize and manage life threats based on assessment finding for geriatric patient
- EMS Operations (Same as EMR level, but new to Ohio curriculum)
  - Incident Management – references the IMS and FEMA requirements
  - Mass Casualty Incidents Due to Terrorism/Disaster - knowledge of operational roles and responsibilities
- EMT Curriculum Skills
  - Use of Venturi masks
  - Use of partial rebreather masks
  - Use of oxygen humidifiers
  - Removal of endotracheal intubation skill
- EMT Clinical Skill Set Competency
  - 10 Patient Assessments
  - Emergency Department rotation and Prehospital patient contacts

**EMT-Intermediate to Advanced EMT**

**Minimum 200 hours**

- Preparatory
  - Research –limited information on evidence-based decision making
  - Therapeutic Communications – more detailed information about improving communication with a patient
  - Workforce Safety and Wellness - Fundamental knowledge of bariatric issues
- Anatomy and Physiology
  - More in-depth knowledge of airway, respiratory and circulatory systems
- Pathophysiology
  - Comprehensive knowledge of pathophysiology of shock, respiration and perfusion dysfunction to patient assessment and management
- Pharmacology
- Airway Management, Respiration, Oxygenation
  - Application level knowledge of anatomy and physiology, respiration and artificial ventilation
- Patient Assessment
  - Primary Assessment - new terminology that more closely mimics other health care professionals
  - Secondary assessment – more thorough than previous curriculum
- Shock and Resuscitation
  - Content moved from trauma per National EMS Standards; emphasize shock occurs in contexts other than trauma
- Trauma
  - More detail on brain anatomy
- Special Patient Populations
  - Pediatrics – application level knowledge of growth, development, aging and assessment
  - Geriatric- application level knowledge based on assessment finding for geriatric patient
- EMS Operations (Same as EMT level, but new to Ohio curriculum)
  - Incident Management – references the IMS and FEMA requirements
  - Mass Casualty Incidents Due to Terrorism/Disaster - knowledge of operational roles and responsibilities
- Advanced EMT Curriculum Skills
  - Insertion of esophageal-tracheal multi-lumen airways – no requirement for apnea
  - Use of Automated Transport Ventilators

**Paramedic Curriculum**

**Minimum 900 hours - 500 hours didactic/lab, 400 hours clinical plus minimum skill set competency**

**Anatomy and Physiology prerequisite**

- Preparatory
  - Research –section focused on evidence-based decision making

- Therapeutic Communications – increased depth of cultural competence issues
- Workforce Safety and Wellness – focus on stress management issues as opposed to CISM
- Anatomy and Physiology
  - More in-depth knowledge of cardiovascular, respiratory and neurological systems
- Pathophysiology
  - Comprehensive knowledge of biologic and physical manifestations of diseases
  - Comprehensive and complex understanding of cardiovascular, respiratory and neurological systems
- Pharmacology
  - Medication Administration – comprehensive knowledge of thrombolytics
- Airway Management, Respiration, Oxygenation
  - Greater emphasis on ventilation and respirations
  - Emphasis on the importance of artificial ventilation.
- Patient Assessment
  - Primary Assessment - new terminology that more closely mimics other health care professionals
- Medicine
  - New terminology; ACLS update
- Trauma
  - Increased emphasis on pathophysiology
  - Knowledge of monitoring and management of a chest tube
  - More detailed discussion concerning pregnancy, pediatric, elderly, cognitively impaired
- Special Patient Populations
  - Pregnant patient – added section on hyperemesis gravidarum
  - Pediatrics – more detailed discussion of growth, development, aging and assessment
  - Geriatric- added section on Herpes zoster
  - Patients with Special Challenges – added section on bariatrics
- Paramedic Curriculum Skills
  - Chest tube monitoring
  - Airway obstruction removal by direct laryngoscopy
  - Use positive end-expiratory pressure (PEEP)
  - Blood chemistry analysis (point of care testing)
  - Thrombolytics initiation
  - Maintenance of blood administration
  - Use of Morgan® Lens
- Paramedic Clinical Skill Set Competency
  - Patient Assessment by age and chief complaint
    - 50 adults, 30 geriatric, 10 pediatric
    - 15 chest complaints, 15 shortness of breath, 15 abdominal pain, 15 altered mental status
  - Medication Administration – 15
  - Intubation – 3
  - EKG Interpretation – 30
  - Intravenous initiation/maintenance – 30
  - ALS Ambulance Run - 50