



**Missouri Department of Health and Senior Services**

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**Randall W. Williams, M.D., FACOG**  
Director



**Michael L. Parson**  
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**To:** All Missouri EMS Training Entities providing training for EMT, AEMT, Paramedic and Continued Education

**From:** Missouri Department of Health and Senior Services, Bureau of Emergency Medical Services

**Date:** April 10, 2020

**Re:** CoAEMSP Updated Statement on COVID-19 and Missouri EMT Program Update

The purpose of this memo is to provide guidance and clarification to all Missouri EMS Training Entities providing training for EMT, AEMT, and Paramedic Education in regards to the CoAEMSP updated statement on COVID-19 dated April 5, 2020.

Per 19 CSR 30-40.331(2)(J), Training entities accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and/or the Committee on Accreditation for EMS Professions (CoAEMSP) shall be considered to be compliant with the rules for training entities that conduct EMT-Paramedic programs. However, please read the statement and FAQ’s provided by CoAEMSP very carefully, as it outlines details that many have been missing.

**Simulation and other evaluative methods for team leads**

**Paramedic Students**

**These guidelines are not intended for a student who has never performed as a paramedic student on an advanced life support unit in the prehospital environment.** This is intended for students who have already completed a portion of the capstone field internship successfully and competently; however, are unable to fulfill the total number of required team leads.

Programs have the flexibility to substitute simulation, case studies, scenarios and other remote delivery methods of evaluating capstone internship competency for team leads. If you believe that substituting an alternative evaluation method for team leads is what is needed to be done, you need to have documentation demonstrating (1) who was involved with the decision and (2) evidence of approval of your medical director and (3) endorsement by the advisory committee. The requirement is for the program director and the medical director to be able to sign off on the capstone field internship that your students are competent entry-level Paramedics.

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Two hundred fifty (250) hours of clinical experience in a clinical setting with a Missouri licensed ambulance service and two hundred fifty (250) hours of clinical hours in a health care facility is still the requirement for paramedic students (19 CSR 30-40.331(2)(L) 1 and 3).

Paramedic students cannot be the second person on a crew and shall be clearly identified by name and student status using nameplate, uniform, or other apparent means to distinguish them from other personnel. Additionally, clinical rotations shall be conducted while off-duty in association with an Advanced Life Support ambulance service which demonstrates medical accountability and employs preceptors who meet the training entity requirements (19 CSR 30-40.331(2)(H) 4 and 5).

Any proposed modifications to simulation and other evaluative methods must be submitted to the Bureau of EMS for approval. Please submit documentation demonstrating (1) who was involved with the decision and (2) evidence of approval of your medical director and (3) endorsement by the advisory committee

The first time your graduate is delivering advanced life support emergency care as a paramedic, should not be as a newly licensed/ certified paramedic. During simulation and alternative evaluation methods, the affective (emotional) component is not fully present, as students know it is not life or death during this type of evaluation. There is always room for error. No matter how realistic the evaluation method is, there is always some error and doubts when it comes to the re-creation of real-life scenarios and case studies.

## **EMT Students**

It is acceptable for EMT students to use simulation to serve as providing a minimum of five patient contacts in a clinical setting, as outlined in 19 CSR 30-40 331(3)(G)2. Programs have the flexibility to substitute simulation, case studies, scenarios and other remote delivery methods of evaluating competency for EMT students. If you believe that substituting an alternative evaluation method for EMT students is what is needed to be done, you need to have documentation demonstrating (1) who was involved with the decision and (2) evidence of approval of your medical director. The requirement is for the program director and the medical director to be able to sign off on the patient contacts that your students are competent entry-level EMTs.

Any proposed modifications to simulation and other evaluative methods must be submitted to the Bureau of EMS for approval. Please submit documentation demonstrating (1) who was involved with the decision and (2) evidence of approval of your medical director.

Sam Vance, MHA, LP  
Chief, Bureau of Emergency Medical Services  
Missouri Department of Health and Senior Services

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