

## CoAEMSP Updated Statement Regarding COVID-19 (Coronavirus)

The health and safety of the patients, our educators, students, and volunteers is our top priority, therefore, the CoAEMSP has:

- Postponed all on-site evaluations scheduled through April 30, 2020;
- Suspended the coordination of future site visits until further notice;
- Extended the deadline for Annual Reports to June 30, 2020;

extended the deadline for all Self-Study Reports due April 1, May 1, or June 1 until July 1; and

Waived late fees for unpaid accounts as of March 15, 2020.

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) has been closely monitoring the impact of the coronavirus (COVID-19) on Paramedic educational programs and their institutions. It is recognized that institutions are preparing or enacting action plans to keep students, faculty, and staff safe; that programs are considering alternative methods for delivery of didactic courses; and that clinical and capstone field internship sites are enacting plans and processes that might impact clinical and capstone field internship education. The CoAEMSP recognizes that programs may need to employ different approaches and strategies that may be influenced by individual institutional policies and procedures, local, state and federal regulations, and possible variations in the spread of COVID-19. The CoAEMSP is providing the following guidance to programs in order to remain compliant with the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* during this difficult time. We fully recognize that this is an evolving situation so additional guidelines will be provided, as deemed appropriate.

## **Didactic Courses – Temporary Changes to Mode of Instruction**

If disruption in didactic courses occurs, the CoAEMSP appreciates that programs need the flexibility to quickly respond. Therefore, the CoAEMSP is providing broad approval to programs to use on-line technologies to accommodate students on a temporary basis, without going through the standard CoAEMSP substantive change process. This temporary approval will sunset when the CoAEMSP determines it is reasonable and appropriate to do so in light of the COVID-19 crisis. At that time, programs will be notified of the requirement to follow the CoAEMSP's policy and resume formal notifications to the CoAEMSP of any substantive changes. No information is required at this time.

## **Clinical and Capstone Field Internship**

The CoAEMSP expects programs to maintain compliance with the CAAHEP *Standards*. In particular, Standard III.C.2. Curriculum delineates CAAHEP's expectations for the program to set and require minimum numbers of patient/skill contacts. In addition, Standard IV.A.2. delineates expectations that the program must track and document that each student successfully meets each of the program established minimum patient/skill requirements for patient age-range, chief complaint, and interventions. Finally, Standard III.B.2.a.5) delineates that the medical director ensures the competence of each graduate of the program in the cognitive, psychomotor, and affective domains. All programs are expected to follow their own policies regarding the number of required patient/skill contacts, as approved by their Medical Director and endorsed by their advisory committee (communities of interest).

Should capstone field internship education be unavailable or discontinued, programs will need to find ways to make up that time, which might involve a delay of graduation. If there are changes required to the minimum numbers of patient/skill contacts or capstone team leads, then documentation is required of (1) both the review and approval by (2) both the program director and medical director, and (3) both review and endorsement by the advisory committee.

For students who have demonstrated entry-level competency but have ***not*** achieved the minimum number of team leads previously set by the program, the program director, in consultation with the medical director, ***may*** consider the student complete and graduate the student. Since students might reach entry-level competency at different points, this could result in variations in the number of team leads during the capstone field internship phase.

Alternate learning experiences may include, but are not limited to, simulations or written assignments, but please note that *these are not acceptable substitutions for capstone field internship team leads*.

The CAAHEP *Standards* do not identify a specific number of procedures. Program policies related to establishing entry-level competency are expected to be followed. Each program has previously determined its minimum number of required patient contacts/skills in concert with its program director, medical director, and advisory committee. If the program requires a specific number of procedures before the student is evaluated it ***may*** be reasonable to defer the specific number during this public health crisis and to determine whether the student is ready for a competency evaluation based on the skills the student has developed. The program's capstone field preceptors may be best prepared to determine this since they work with the students in the capstone field internship phase on a regular basis. Programs ***must*** continue to ensure that students demonstrate entry-level competency in all three learning domains prior to graduation.