

MAINE COMMUNITY
PARAMEDICINE
EDUCATION STANDARDS

Maine Emergency Medical Services

Department of Public Safety

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In January of 2024, the State of Maine contracted a private consulting firm to design educational standards for community paramedicine practice within the state using a three-tiered approach which integrates three levels of licensed prehospital providers. This project was grant funded and took five months to complete, yielding a guidance document that can be used to tailor training programs for community paramedicine within the state, and serve as a basis for professional practice standards that will ultimately lead to formal recognition of statewide CP initiatives, and inform reimbursement and billing standards from government and private payors.

This document demonstrates the dedication of the State EMS Office, EMS providers within the state, and the many individuals who contributed their time, input, and knowledge to this project and to the growth of this important program to serve the residents of Maine.

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EXECUTIVE SUMMARY

Across the country, Community Paramedicine (CP) is being adopted by communities large and small to leverage the training and expertise of prehospital providers and meet the unique needs of the patients they serve. Emergency Medical Services (EMS) delivery often varies from state to state, and the challenges associated with regulating, standardizing, and codifying CP have been addressed differently in many states across the country. Complicating the issue is the distinct nature of CP, which requires specific training and often additional skills, different from traditional emergency medical curricula, including a distinct approach and application of physical examination, biopsychosocial needs assessment, coordination with primary care providers, and collaboration with public health and community resources for patient referral.

The challenges faced by patients across the state of Maine are as varied as the landscape. Larger metropolitan areas work to address the needs of impoverished communities, connecting patients experiencing mental illness to treatment, and supporting the unhoused members of the community with critical links to resources. Rural and remote communities struggle with a lack of access to care, including the availability of specialty care and outpatient services, leaving many patients without access to services such as wound care, primary care follow-up, and preventative care for chronic diseases. EMS providers across Maine have answered the call by establishing homegrown CP programs within their community, supported by grant funding from the State EMS Office. The resulting programs have resulted in a patchwork of training programs for CP providers, leading to a call from payors, regulators, and other members of the medical community to establish standards for the training and education of EMS providers functioning in this new role. Calls for training and operational standards are also coming from public and private payors to establish a foundation for reimbursement, which is critical to the continued evolution of this vital service in Maine and across the nation. Due to the rural nature of many Maine communities and the broad variation in CP services currently being provided across the state, Maine has prioritized the inclusion of providers at every level within the EMS profession, which may serve as a model for the growth of CP programs nationwide. Patients in many communities across Maine have come to rely on the CP services provided by EMS agencies, but the state must address training and education standards to ensure the sustainability of this system and avoid disruption of these critical lifelines, especially in underserved populations.

This document describes educational standards developed through a review of current statutory and regulatory guidance, academic research, and most notably, the input of EMS agency leaders and EMS physicians and CP stakeholders across the state. National standards currently do not exist, and models described in the literature are difficult to replicate within the state or are wildly

inconsistent. The success of a standardized program, using the unique three-tiered approach described in this document must reflect the unique topography, demography, and healthcare needs of the EMS agencies across the state and the citizens they serve.

This document is the result of significant stakeholder engagement, including members of the Maine EMS Community Paramedicine Committee, Community Paramedicine providers, and CP education program providers from Northern Maine Community College. The document also utilized current textbooks and online academic research, including the PubMed Database and Google Scholar, to inform the development of appropriate training curricula by institutes of higher learning, as well as Maine EMS-licensed training centers. The diversity of EMS agencies and EMS providers requires an equally diverse approach to training and education. It is the goal of the project team to provide a framework to integrate these standards to meet the needs of individual providers through high-quality didactics and clinical training while minimizing the potential operational and financial burden on agencies and individuals from excessive or redundant training requirements and maintaining a consistent focus on patient safety and quality of care. Optimizing the balance between clinical quality and training time is key to the successful implementation of this training standard across all levels of CP providers, as described below. Creating a comprehensive, flexible, and accessible CP training program will ensure continued service to communities across the state and serve as a model for the integration of three is dlevels of clinical providers in this innovative program within EMS nationwide.

PROJECT SCOPE AND METHODOLOGY

The scope of this document is to define the standards for education and training required for Emergency Medical Services (EMS) personnel providing non-emergency, non-urgent, out-of-hospital medical care for patients in the state of Maine who work within Maine’s Community Paramedicine Scope of Practice. EMS personnel working in a Community Paramedicine role have an expanded scope of practice overseen by the Maine Emergency Services Board and the Medical Direction and Practices Board (MDPB). Though these personnel may be Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), or Paramedics, the overarching term “Community Paramedicine” (CP) is used to describe the care given by all levels of personnel. This standard and the accompanying curriculum templates describe the additional education and training intended to address the expanded scope required for EMS providers to care for patients in this non-traditional prehospital environment. The figure below illustrates the interplay between EMS licensure levels and the available Community Paramedicine levels.

Table 1

Community Paramedicine Levels

	Community Paramedicine Level		
Licensure Level	Affiliate	Technician	Clinician
EMT	✓		
AEMT	✓	✓	
Paramedic	✓	✓	✓

Note. This table identifies the base EMS licensure level eligible at each Community Paramedicine level.

This document was developed through an intentional process that included the following steps: (1) statutory and regulatory research, (2) interviews with members of the Maine EMS Community Paramedicine Committee, (3) interviews with EMS agencies currently providing Community Paramedicine services, key partners and Northern Maine Community College’s Community Paramedicine program, (4) an online survey of all EMS agencies statewide, which achieved a 19% completion rate (27 responses from 142 surveys distributed), (5) document design, development, and review. The goal of this process was to ensure the resulting standards included sufficient academic rigor while addressing the unique needs of various communities and the diversity of EMS agencies and providers across the state.

ASSUMPTIONS AND PLANNING CONSIDERATIONS

This document is grounded in several crucial assumptions that were used in the development of this standard and should guide the integration of these standards into academic curriculum and state guidelines. These assumptions include:

- Each level of Community Paramedicine provider will provide services based on a physician’s order per statute and based on guidance from the Medical Direction and Practices Board.
- Formal Community Paramedicine training is currently offered by Northern Maine Community College and alternatively at a limited number of colleges and universities across the country.

While EMS educators nationwide have crafted curricula to meet the needs of emerging CP programs, a formal standard cannot be easily identified.

- Like traditional EMS initial training, the level of detail and complexity of the clinical training content is dependent upon the licensure level of the provider. For example, all EMS personnel receive training on cardiac emergencies, but Advanced EMTs and Paramedics receive more detailed training and education on cardiac pathophysiology, pharmacology, 12-lead interpretation, and treatment modalities. This standard assumes variations in content based on CP provider levels.
- EMS providers in rural and remote regions of the state have limited access to training and education, which is primarily hosted in metropolitan areas. The cost and time required to attend educational offerings for CP have a direct impact on the ability of smaller agencies to achieve CP licensure. This challenge is exacerbated by rural communities served by volunteer EMS.
- Community Paramedicine licensure provides opportunities to EMS agencies in rural and remote areas to provide more comprehensive services to their communities and improve access for their patients. Maine is unique in that it has many island communities, where improvements in access to care, chronic disease management, and non-emergent encounters can improve outcomes and reduce the burden on EMS resources due to potentially long and unnecessary transports to definitive care for non-urgent conditions that can be managed using CP protocols.
- Community Paramedicine Standards will enable Maine EMS-licensed training centers to implement adaptable and flexible training for entry-level CP providers at the Community Paramedicine Affiliate level to assist communities with the provision of basic CP services using a coordinated, multi-disciplinary approach with healthcare partners, public health, and community resource providers.
- A Paramedic who completes the educational and training standards outlined in the Community Paramedicine Clinician requirements will have met the requirements to sit for the International Board of Specialty Certification's (IBSC) Community Paramedic (CP-C) certification examination.

INTRODUCTION TO COMMUNITY PARAMEDICINE IN MAINE

The practice of Community Paramedicine within the U.S. began in the 1990s, and several EMS agencies across the nation have pioneered this innovative approach to primary care and community health through programs targeting chronic disease management, population health,

readmission avoidance, mental health access, and community resource navigation. Community Paramedicine was formally recognized in Maine in 2012 with the passage of L.D. 1837, enabling 12 Community Paramedicine pilot programs. In 2017 L.D. 1427 removed the pilot status from Maine CP programs. Although Maine was one of the first states to adopt legislation supporting Community Paramedicine, many EMS agencies across the state, particularly in rural and remote areas, including many island communities, had been performing similar services, checking in on particularly vulnerable patients within their small, tight-knit communities. The introduction of grant funding through an RFA in 2023 provided an opportunity to formalize the ongoing work of EMS agencies in caring for members of the community and expanding agencies' capability to perform these services through funding for these programs that provided critical healthcare access in many remote communities with limited access to primary or urgent care.

According to Title 16.163, Chapter 19, "Community Paramedicine means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice, and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician pursuant to 32 M.R.S. §84(4)". According to the rule, "A Maine EMS approved Community Paramedicine Provider (agency) must ensure training of its staff is in line with its proposed Community Paramedicine plan." Such language is vague and allows for significant variation between agencies, depending on the type of services provided under their approved grant programs.

Through targeted interviews with state EMS leadership, Community Paramedicine providers, physicians, and other key stakeholders, it is likely that individual agencies have adopted different standards for education based on services provided within their particular CP program, to address the unique needs of their patients. The concept of a three-tiered approach to individual licensure for Community Paramedicine providers (see Table 1).

is a unique approach to addressing the disparate programmatic and clinical needs among agencies within the state. To provide more formalized standards, Maine EMS commissioned a Community Paramedicine Standards and Curriculum Template project to develop a systematic approach to meet the diverse needs of EMS providers across the state and the communities they serve. Along with considerable effort in crafting CP Scope of Practice standards, and other ongoing initiatives, the state of Maine is working to provide a framework for training, recognition, and permanent, reliable funding for CP through the establishment of educational and training standards.

COMMUNITY PARAMEDICINE PERFORMANCE STANDARDS

As with traditional EMS training, these standards prioritize **mastery** of clinical material over a time-based approach to learning. For that reason, the Community Paramedicine education standards describe objectives and content rather than required hours of training. Curriculum developers at institutions of higher learning and educational program leadership must be provided some flexibility to develop curricula that meet these standards while continuing to align with their own higher education requirements and targeting mastery over a prescribed number of training hours on specific topics. However, mastery requires an approach to training that includes didactic instruction, hands-on skills training, and immersive experiential learning opportunities. Each of these educational programs is described below and is included in the standards within this document to detail a pathway to mastery.

Didactic Training encompasses various topics, including advanced clinical knowledge, healthcare systems, chronic disease management, patient assessment, preventive care, ethics, and legal considerations. Its primary objective is to provide aspiring Community Paramedicine candidates with the fundamental knowledge to comprehend and implement concepts in practical scenarios. This training is the cornerstone for developing practical skills and engaging in clinical practice.

Hands-on Training is the practical aspect of CP education, involving a series of exercises and simulations. These activities allow CP candidates to apply the knowledge gained during didactic training. CP candidates will be guided through various skills such as IV therapy, wound care, patient assessment techniques, telehealth, and laboratory specimen collection in a safe and controlled environment. The hands-on training aims to develop and improve practical skills, ensuring that CP candidates can confidently and competently perform medical procedures and interventions before entering real-world settings.

Clinical Rotations in hospitals, clinics, community health centers, and patient's homes, help prepare candidates for the CP program to provide direct patient care in various pre-hospital settings. Their activities may include home visits, chronic disease management, preventive care, and scheduled, routine, non-urgent and non-emergent telehealth facilitation. During rotations, CP candidates receive mentorship and feedback from supervisors and directly interact with multi-disciplinary healthcare teams. Clinical rotations help CP candidates gain practical experience, develop clinical judgment, improve patient interaction skills, and understand the dynamics of working within a multi-disciplinary team.

Maine-licensed EMS Training Centers should be afforded the latitude to provide for virtual and hybrid educational models to maximize the availability of didactic training for rural and remote providers, while minimizing impacts to EMS agencies with limited staffing and training budgets. When feasible, hands-on skills evolutions, clinical rotations, and ride-along opportunities should

be facilitated at appropriate remote settings to optimize the delivery of educational material with partners who providers will be working with within their communities.

MAINE COMMUNITY PARAMEDICINE DESIGNATION LEVELS

Community Paramedicine providers are highly trained professionals who go above and beyond traditional emergency response to deliver healthcare services within the community. By focusing on improving patient outcomes, reducing hospital readmissions, and increasing access to healthcare, Community Paramedicine providers play a crucial role in enhancing the overall health and well-being of the community.

Community Paramedicine Affiliate (CP-A)

A Community Paramedicine Affiliate (CP-A) is a healthcare professional who holds a Maine license at or above the Emergency Medical Technician (EMT) level. The Affiliate level is an introductory-level role where Community Paramedicine providers begin integrating into community health roles. They may assist higher-level Community Paramedicine Clinicians and Technicians in supporting healthcare initiatives in the community. Affiliates conduct basic health assessments, provide health education, and support preventive care efforts. They work under the supervision of higher-level Community Paramedicine providers, medical directors, or other healthcare providers, assisting with the implementation of care plans, patient care coordination, and follow-up.

The CP-A standards focus on a high-level understanding of the home environment and the transition from emergency care to wellness, primary care, and chronic disease management. Educational activity should be primarily didactic with a final ride-along experience, which may be provided at the agency level following initial training. Training should include approximately 32 hours of in-person, virtual, or online training on the topics described in the tables below, followed by at least an eight-hour ride-along capstone experience, provided appropriate exposure to the patient care activities and the community health environment is obtained. This level of licensure allows the CP-A to function within a Community Paramedicine program, as well as participate in integrated, multi-disciplinary, community-based programs.

Community Paramedicine Technician (CP-T)

A Community Paramedicine Technician (CP-T) is a healthcare professional who holds a Maine license at or above the Advanced Emergency Medical Technician (AEMT) level. The Technician-level licensure will include all the CP-Affiliate requirements and the Technician-level roles and responsibilities. Community Paramedicine Technicians provide clinical care and manage chronic conditions in alignment with a physician's orders and according to protocols set by the Maine Emergency Medical Services Board. Community Paramedicine Technicians conduct comprehensive health screenings, monitor vital signs, and handle routine follow-ups for chronic

disease management. They also actively educate patients on disease management, medication compliance, and lifestyle modifications and participate in community health outreach programs.

The CP-T standards focus on an assessment-based approach to community health, primary care, wellness, and chronic disease management. Training consists of a minimum of 96 hours of training with educational activities that must include hands-on elements related to the various equipment, supplies, and procedures used in the outpatient or home environment. The CP-T is expected to have a more in-depth understanding of patient care plan development and implementation and should be able to function within their defined care plan and in accordance with the Maine CP scope of practice. In addition, simple procedures (as defined in the tables below) which are included in the scope of practice for CP-Ts must be included in the hands-on training and reinforced in clinical rotations and ride-along experiences. The technical and independent nature of the CP-T curriculum requires mastery of didactic and hands-on components and integration into practice during experiential rotations.

Community Paramedicine Clinician (CP-C)

A Community Paramedicine Clinician (CP-C) is a healthcare professional who holds a Maine license at the Paramedic level and who has successfully obtained the International Board of Specialty Certifications (IBSC) Certified Community Paramedic (CP-C) certification. The Community Paramedicine Clinician curriculum is an Associate degree program at approximately 1800 hours of training, through an accredited college or university system. Exceptions should be considered for Paramedics who have completed an associate or bachelor's degree program, including college-level anatomy and physiology, mathematics, pharmacology, and other requirements through an accredited college or university. Community Paramedicine Clinicians operate at the highest level, providing comprehensive care that includes advanced diagnostics, treatment, and transitional care coordination. They provide care under a physician's order, carrying out care in accordance with an approved plan of care that includes all providers linked with that patient's care. CP Clinicians lead community health initiatives, mentor lower-level Community Paramedicine providers, and collaborate extensively with multidisciplinary healthcare teams.

The CP-C standard includes substantial didactic, hands-on, and experiential learning, including clinical rotations and ride-along activities. The tables below describe the activities required to achieve licensure and prepare the student for successful completion of the IBSC CP-C examination. Curriculum and educational activities may vary based on the individual student's needs to ensure mastery and successful completion of the certification examination.

COMMUNITY PARAMEDICINE EDUCATIONAL STANDARDS

The format for the Community Paramedicine Educational Standards is based on the National Highway Transportation Safety Administration’s (NHTSA) *National Emergency Medical Services Educational Standards*, which underpins initial training for Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Paramedics. Table 2 below provides an example of the layout used in the standards to follow. A specific standard is defined in the left column, and check marks in the three columns to the right denote requirements for inclusion of that standard in the curriculum for that level of Community Paramedicine provider. As noted in the list of assumptions earlier in this document, the level of detail required regarding each standard may vary based on the level of CP provider.

<i>Maine’s Initial Community Paramedicine Standards</i>			
Community Paramedicine Levels	Community Paramedicine Affiliate (CP-A)	Community Paramedicine Technician (CP-T)	Community Paramedicine Clinician (CP-C)
1. Description of the standard, including pertinent details. Check marks in the columns to the right represent training requirements for each level of provider. Content and complexity of training may vary between provider levels, as described below.	✓	✓	✓

Table 2. Example Maine Community Paramedicine Standards Table

The section headings used to organize the standards are also based on the standards set forth in the NHTSA standards for EMS education. These terms help to categorize educational content and are utilized to sort continuing education (CE) requirements. The specific standards listed in each section should be used to organize initial training and categorize CE content to ensure alignment with the CE standard detailed within this document.

PREPARATORY & INTRODUCTION

The preparatory and introduction sections will establish the foundation of community paramedicine by ensuring adequate experience and training with required certifications and necessary qualifications to meet the initial and community paramedicine continuing education standards in the State of Maine. At completion, the candidate should be able to discuss safety, wellness, and ethics and understand how a Community Paramedicine program can be best utilized within a community. In addition to understanding the necessary components of communication and documentation of care, a candidate will also gain initial insight into communication practices with patients and other medical and non-medical professionals. A candidate will also understand the special considerations and design of Community Paramedicine within Maine compared to other programs across the nation, including legal aspects of care. Moreover, this introduction is intended to provide insight into the past, present, and future use of Community Paramedicine and the differences between Community Paramedicine and the scope of practice for each level of provider within the state.

<i>Preparatory & Introduction</i>			
	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Licensure Requirements			
1. Meet or exceed requirements within State of Maine Bureau of Emergency Medical Services Chapter 19, Section 2. Community Paramedicine Personnel Licensure Level.	✓	✓	✓
2. Possess International Board of Specialty Certifications (IBSC): CP-C certification.			✓
Introduction to Community Paramedicine			
1. Understand the expanded role of the Community Paramedicine provider and the similarities and differences amongst various program models	✓	✓	✓
2. Discuss Community Paramedicine and Mobile Integrated Healthcare state and national laws, rules, and policy documents.	✓	✓	✓

3. Review International and National Community Paramedicine programs, certification, and terminology.	✓	✓	✓
4. Understand the patient referral process, healthcare coordination and navigation, primary care, and specialty collaboration.	✓	✓	✓
5. Define patient advocacy and patient-centered care.	✓	✓	✓
6. Describe various health system models, delivery of care, and reimbursement therein.	✓	✓	✓
7. Discuss the Institute for Health Improvement (IHI) “Triple Aim” as it impacts Community Paramedicine.		✓	✓
Research			
1. Identify credible sources of relevant Community Paramedicine literature.	✓	✓	✓
2. Overview of data collection and interpretation.		✓	✓
3. Practice acquiring and interpreting relevant evidence-based literature to inform best practices.		✓	✓
4. Integrate data-driven evidence-based practice to patient care, protocols, and program implementation.			✓
Documentation			
1. Evaluate differences in documentation between 911 transport and CP visits and evaluate the differences between episodic encounters versus long-term patient encounters.	✓	✓	✓
2. Understand the appropriate handling and use of documentation and protected health information.	✓	✓	✓

3. Understand the requirements for adequate documentation for billing and reimbursement.	✓	✓	✓
Communication			
1. Practice professional communication and interaction with clients and family, and between the healthcare community.	✓	✓	✓
2. Demonstrate understanding of the therapeutic communications concept and techniques.	✓	✓	✓
3. Identify strategies to recognize and improve patient health literacy and comprehension.	✓	✓	✓
4. Introduction to motivational interviewing techniques.	✓	✓	✓
5. Identify challenges and strategies for communicating with cultural competency.	✓	✓	✓
6. Identify challenges and strategies for communicating with special populations including visually impaired, hearing impaired, dementia, intellectually disabled (ID), and developmentally disabled (DD).	✓	✓	✓
Environmental Safety			
1. Understand and implement professional, emotional, and physical boundaries with clients, patients, and family within the context of Community Paramedicine.	✓	✓	✓
2. Describe situational awareness and scene safety within the Community Paramedicine environment.	✓	✓	✓
3. Establish safety with patients and clients within the client's environment.	✓	✓	✓
4. Discuss general sanitation, personal protective equipment, safe waste disposal, and safe medication disposal practices during home visits.	✓	✓	✓
Individual Wellness			

1. Establish coping strategies for stress including counseling, physical fitness, drug and alcohol avoidance, and adequate personal nutrition.	✓	✓	✓
2. Identify and predict unique stressors to the Community Paramedicine environment that may differ from traditional emergency response.	✓	✓	✓
3. Understand the concept of resiliency as it pertains to Community Paramedicine practice.	✓	✓	✓
Medical & Legal & Ethics			
1. Understand strategies to mitigate legal risk in Community Paramedicine	✓	✓	✓
2. Describe patient privacy and Health Insurance Portability and Accountability Act (HIPAA) in the Community Paramedicine setting.	✓	✓	✓
3. Understand the appropriate use and disclosure of protected health information.	✓	✓	✓
4. Describe the authority and limitations of legal documents including power of attorney, living will, do not resuscitate, conservatorship, and guardianship documents.	✓	✓	✓
5. Understand the various types of patient consent in the Community Paramedicine environment.	✓	✓	✓
6. Understand mandatory reporting laws as they pertain to the Community Paramedicine provider	✓	✓	✓
7. Develop communication tactics to de-escalate situations and assist with conflict resolution.	✓	✓	✓

PUBLIC HEALTH AND COMMUNITY RESOURCES

In this section, candidates will learn how a Community Paramedicine program may further complement public health and community health initiatives. After completing this section, candidates will understand the definition of Social Determinants of

Health. This section will introduce the review process of federal, state, and local publications pertinent to public health, community health, and prevention initiatives; this will help reinforce the importance of health promotion’s impact on Community Paramedicine and establish opportunities for collaboration and outreach. Candidates will learn how to select appropriate screening tools, effectively conduct social and environmental assessments using those tools, and use the assessment findings to facilitate community resource referrals and collaboration with the community resources and the patient’s healthcare team.

<i>Public Health</i>			
	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Overview			
1. Overview of federal, state, local public health resources, and assessment tools.		✓	✓
2. Describe the roles and responsibilities of local public health departments.	✓	✓	✓
3. Identify opportunities for public health and Community Paramedicine collaboration in outreach and prevention initiatives.		✓	✓
4. Define social determinants of health and health equity and identify specific determinants using community resources and tools.	✓	✓	✓
Community Resources			
1. Understand the concept of public health in a community relative to Community Paramedicine	✓	✓	✓
2. Identify community resources to address the needs of individuals within a given locality and within specific populations	✓	✓	✓
3. Identify initiatives relevant to Community Paramedicine programs within a locality’s public health system.		✓	✓

4. Discuss the use of disease-specific public health screenings in a Community Paramedicine assessment.		✓	✓
5. Demonstrate understanding of various Social Determinants of Health screening assessments and tools.	✓	✓	✓
6. Facilitate appropriate referrals to medical and non-medical sources.	✓	✓	✓
7. Facilitate patient care coordination with community health resources	✓	✓	✓
8. Demonstrate appropriate documentation of community referrals.	✓	✓	✓
9. Identify outcome measures of community referrals.		✓	✓

PATIENT ENCOUNTERS

The patient encounter section will help further delineate the role of the Community Paramedicine provider, reinforcing the psychosocial aspects of standardized patient interaction. After completing this section, a candidate will better understand the mission and purpose of a Community Paramedicine provider, emphasizing their role in primary care as a collaborator and member of a multidisciplinary team. An emphasis will be placed on ethics and professional considerations while optimizing preventative care and improving compliance in subacute or chronic medical conditions. Providers will learn to implement an approved patient care plan with an emphasis on medication management and collaboration with the client and healthcare team while respecting the client’s autonomy. This section will call attention to a referral process while seeking to improve a client’s health literacy and their ability to navigate a healthcare system while increasing compliance and autonomy in their environment and circumstances. Moreover, this section will emphasize various communication techniques in providing care including compassion, empathy, and cultural sensitivity while considering a client’s beliefs, values, and preferences; this will ensure comprehensive and personalized care.

<i>Patient Encounters</i>			
	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Establishing Care			
1. Understand methods of locating, accessing, and reviewing patient records to obtain applicable past medical history including prescribed medications for inventory and reconciliation.	✓	✓	✓
2. Create a plan of care in collaboration with multi-disciplinary team, appropriate to scope of practice	✓	✓	✓
3. Follow a plan of care in collaboration with multi-disciplinary team, appropriate to scope of practice	✓	✓	✓
4. Review components of post-hospitalization discharge instructions.	✓	✓	✓
5. Understand the process of multi-disciplinary care coordination and the process to initiate multi-disciplinary patient care meetings.	✓	✓	✓
Physical Assessments			
1. Understand and practice components of a patient assessment, including anthropometric measurements.	✓	✓	✓
2. Describe the differences between patient assessment in the emergency environment and the outpatient or home environment, including disease-focused components.	✓	✓	✓
3. Review basic appearance and assessment of ports, central venous catheters, surgical drains, lines, ostomies, and implanted devices.	✓	✓	✓
Psychosocial Assessments			

1. Review teach-back methods to increase comprehension and health literacy	✓	✓	✓
2. Practice motivational interviewing techniques.	✓	✓	✓
3. Use pertinent screening tools to assess a patient's psychosocial risks and needs (i.e. food insecurity, fall risk, home safety, transportation, mental health, substance use, etc.)	✓	✓	✓
4. Discuss methods and tactics to encourage behavior modification	✓	✓	✓
Elements of a Standardized Visit			
1. Understand the elements of the initial comprehensive visit, including diagnostic testing, physical exam, and disease-specific history.	✓	✓	✓
2. Understand the role of the Community Paramedicine provider in following existing plans of care.	✓	✓	✓
3. Understand the role of the Community Paramedicine provider in monitoring treatments.	✓	✓	✓
4. Understand medication inventory and organization.	✓	✓	✓
5. Develop a process to ensure patient compliance with medication regimen	✓	✓	✓
6. Understand the process to assess activities of daily living limitations	✓	✓	✓
7. Perform nutrition assessment and malnutrition screening.	✓	✓	✓
8. Demonstrate appropriate documentation of a scheduled visit.	✓	✓	✓
9. Understand methods to access telehealth	✓	✓	✓

10. Understand the process to contact medical control for consultation	✓	✓	✓
Interventions			
1. Understand sample collection techniques, handling, timing, and specimen transportation.	✓	✓	✓
2. Interpret metabolic function via laboratory tests, metabolic panels, urine/stool samples, and Blood glucose monitoring		✓	✓
3. Understand appropriate blood sample collection and laboratory values		✓	✓
4. Understand appropriate swab collection methods and indications.	✓	✓	✓
5. Understand appropriate stool and urine specimen collection methods and indications		✓	✓

PHARMACOLOGY

It is presumed that Community Paramedicine providers have a fundamental knowledge of pharmacology in acute emergencies. However, this section will enable a candidate to better understand the basics of medications commonly used for chronic diseases, including an understanding of maintenance medications and medications used to begin treatment of acute exacerbation of these chronic illnesses according to the Maine Community Paramedicine Scope of Practice. In addition to a review of the purposes and pharmacology of medications for these acute medical conditions, a candidate will better understand how to administer various medications, access long-term medication ports, and administer infusions. A candidate should develop the ability to educate a patient, client, or caregiver, and assist with medication administration within the parameters of their scope of practice and local protocols. Community Paramedicine Affiliates and Technicians will utilize the Maine EMS 911 formulary. Community Paramedicine clinicians and paramedic Technicians will utilize the Community Paramedicine Formulary (see Table 3).

Table 3

Formulary usage by level

	Community Paramedicine Licensure		
Licensure Level	CP-A	CP-T	CP-C
EMT	911 Formulary		
AEMT	911 Formulary	911 Formulary	
Paramedic	911 Formulary	911/ CP Formulary	911/ CP Formulary

Note. This table identifies which formulary a CP provider should utilize.

<i>Pharmacology</i>			
	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Pharmacology Introduction			
1. Review commonly prescribed medications for acute and chronic medical conditions and appropriate references for medication reconciliation.	✓	✓	✓
2. Review Community Paramedicine pharmacology within the Maine scope of practice. This should address either the Maine EMS 911 formulary or CP formulary depending on level of practice.		✓	✓
3. Review indications for the administration of acute, chronic, and maintenance medications as it pertains to Maine Community Paramedicine scope of practice.		✓	✓

Medication Administration and Management			
1. Understand the basics of accessing and using central venous catheter			✓
2. Practice the concept of sterile technique for central venous catheter access			✓
3. Observing for adverse reactions following medication or vaccine administration		✓	✓
4. Understand and practice vaccine administration	✓	✓	✓
5. Practice patient education and dispensing of naloxone	✓	✓	✓
6. Practice the elements of infusion therapy.		✓	✓
7. Understand proper medication disposal, transport, and handling.	✓	✓	✓
8. Practice the appropriate use and management of medical equipment including medication pumps, nebulizers, needles, syringes per scope of practice.	✓	✓	✓

CLINICAL ASSESSMENT

As a previously experienced EMS provider, a candidate should have a fundamental understanding of body systems, specifically the cardiovascular, respiratory, nervous, and endocrine systems. This section will further expand on that understanding by discussing the adverse effects of chronic disease processes which may increase the likelihood of developing certain acute illnesses within at-risk populations. While it will advance knowledge of various acute disease processes, it will also increase insight into subacute, and chronic disease processes with a focus on pathophysiology, medication management, increasing patient health literacy and insight, and will explore strategies for management. Moreover, this section should help increase the overall understanding of clinical assessments, in addition to understanding post-surgical care, post-discharge needs, and post-stroke care to help patients transition to independence.

<i>Clinical Assessment</i>			
	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Overview			
1. Understand the differences in management of acute disease processes versus chronic or subacute disease processes.	✓	✓	✓
Acute Disease Management			
1. Respiratory: Review the pathophysiology, medication management, patient education, monitoring of acute respiratory conditions, and strategies for medication management.	✓	✓	✓
2. Cardiovascular: Review the pathophysiology, medication management, patient education, monitoring of acute cardiovascular conditions, and strategies for medication management.	✓	✓	✓
3. Neurologic: Review the pathophysiology, medication management, patient education, monitoring of acute neurologic conditions, and strategies for medication management.	✓	✓	✓
Subacute Disease Management			
1. Understand the pathophysiology of subacute conditions including post-surgical needs, post-discharge needs, post-stroke care.	✓	✓	✓
2. Understand the steps to transition a patient to gaining independence from a Community Paramedicine program.	✓	✓	✓
Chronic Disease Management			
1. Understand appropriate assessment, standard treatment, and pathophysiology of common chronic medical conditions.	✓	✓	✓

2. Understand the appropriate assessment, standard treatment, pathophysiology and progression of dementia and mental health disorders, including screening, testing, resources, and documentation.	✓	✓	✓
3. Understand the progression of end-of-life care, understand how to implement and maintain goals of care, and understand process in coordinating with palliative or hospice medicine.	✓	✓	✓

SKILLS

At the completion of this section, Community Paramedicine providers should possess a more diverse and advanced skill set that empowers providers to deliver comprehensive healthcare services within the community. This section focuses on increasing the development of skills and abilities outside of the typical skill set of the traditional EMS provider. It will increase clinical assessment in acute care by delving into chronic disease management, focusing on compliance and preventive care, and subacute management focusing on recovery and management of a particular illness or injury. With strong communication skills, candidates will increase their knowledge in these areas to educate and counsel patients on health management, and actively assist patients in maintaining compliance, while helping to promote public health. Candidates will practice collaborating with multi-disciplinary teams to ensure highly coordinated care.

<i>Skills</i>			
	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Pharmacology			
1. Understand the appropriate administration of oral, buccal, intramuscular, intranasal, and topical medications.	✓	✓	✓
2. Understand appropriate administration of intravenous medications.		✓	✓

Immunizations			
1. Demonstrate the administration of vaccines per Maine guidelines	✓	✓	✓
Services & Specialized Skills Per Need and Protocol			
1. Understand and practice post-surgical assessment and care.	✓	✓	✓
2. Appropriately administer and interpret peak flow meter testing	✓	✓	✓
3. Perform wound care monitoring, wound healing progress, perform basic dressing changes, wet to dry dressing changes	✓	✓	✓
4. Perform complex wound care	✓		✓
5. Monitor cellulitis treatment and perform diabetic foot assessments.	✓	✓	✓
6. Understand and perform incentive spirometry.	✓	✓	✓
7. Practice accessing and de-accessing ports, central venous catheters, and percutaneous lines.	✓		✓
8. Understand and perform basic bladder scan using portable ultrasound	✓		✓
9. Perform indwelling urinary catheter care (placement and removal not included in the scope of practice)	✓		✓
10. Perform suture and staple removal	✓		✓
11. Perform feeding tube care (placement and removal not included in scope of practice)	✓		✓
12. Perform ostomy care	✓	✓	✓

Medical Devices			
1. Understand and operate basic wound care devices	✓	✓	✓
2. Understand the appropriate use and operation of basic home medical equipment, including continuous positive airway pressure (CPAP) device, home nebulizer, wound care devices, and glucometers within the scope of practice.	✓	✓	✓
3. Understand implanted devices, including left ventricular assist devices (LVAD), percutaneous endoscopic gastrostomy (PEG) tube, and automated implantable cardioverter-defibrillator (AICD).	✓	✓	✓

SPECIAL TOPICS

The in-depth knowledge and skills that a Community Paramedicine provider will possess tend to target the general adult population; however, this section will introduce candidates to patient populations that may require specialized knowledge and skills with a multi-disciplinary team approach to enhance communication, assessment, psychosocial needs, and resource referrals. This section is designed to increase comfort with high-risk populations such as obstetric patients, neonates, pediatrics, geriatrics, and patients with developmental or intellectual disability. This section is also intended to increase awareness and expertise in managing and providing referral resources to patients with mental health or substance use disorders. At completion, this section should prepare Community Paramedicine candidates to practice all patient care, regardless of the client, with professionalism, empathy, thoroughness, and sensitivity.

<i>Special Patient Populations</i>			
	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Gynecology & Obstetrics			

1. Understand the normal process of gestation and anticipate routine gynecologic care	✓	✓	✓
2. Define high-risk pregnancy factors and assessment tools	✓	✓	✓
3. Understand prevention strategies and resource support in pregnancy	✓	✓	✓
Neonates & Pediatrics			
1. Understand and perform age-appropriate growth, nutritional, and hydration assessments	✓	✓	✓
2. Perform standardized safe sleeping, children’s home safety evaluation and parental or caregiver education.	✓	✓	✓
3. Evaluating psychosocial needs in the home of a newborn infant	✓	✓	✓
4. Review the identification, documentation, and appropriate reporting of suspected abuse and neglect.	✓	✓	✓
Geriatrics			
1. Understand and perform standardized activities of daily living screening and determine appropriate referrals	✓	✓	✓
2. Understand and perform standardized home safety assessments and determine appropriate referrals	✓	✓	✓
3. Understand and perform fall risk and mobility assessments and determine appropriate referrals	✓	✓	✓
4. Understand and perform delirium and dementia screenings and determine appropriate referrals	✓	✓	✓

5. Identify psychosocial issues and resources unique to geriatric populations (i.e. isolation, food insecurity, mental health, elder abuse and neglect, self-neglect, etc.)	✓	✓	✓
6. Review the identification, documentation, and appropriate reporting of suspected abuse and neglect.	✓	✓	✓
7. Review legal, medical, and financial aspects of home care, home health, assisted living facilities, nursing home, memory care referrals.		✓	✓
Patients with Intellectual or Developmental Disability			
1. Identify communication strategies for individuals with intellectual or developmental disability.	✓	✓	✓
2. Identify psychosocial issues and resources unique to intellectual or developmentally disabled populations, including isolation, food insecurity, mental health, abuse and neglect, or self-neglect.	✓	✓	✓
3. Review legal, medical, and financial requirements for case management, supported group living, individualized psychosocial rehabilitation, etc.		✓	✓
4. Review the identification, documentation, and appropriate reporting of suspected abuse and neglect.	✓	✓	✓
Substance Use			
1. Review motivational interviewing techniques specific to substance use assessments	✓	✓	✓
2. Understand and perform standardized substance use disorder screening and determine appropriate referrals	✓	✓	✓
3. Monitoring of initiated treatment for alcohol, opiate, and tobacco use disorders		✓	✓

4. Review the legal, medical, and financial requirements for out-patient treatment, in-patient treatment, substance use counseling, Medication-Assisted Treatment, etc.	✓	✓	✓
5. Discuss harm reduction strategies and resources	✓	✓	✓
Mental Health			
1. Define common psychiatric disorders and treatment modalities	✓	✓	✓
2. Identify psychiatric emergencies, de-escalation techniques, and involuntary treatment criteria per Maine State statute.	✓	✓	✓
3. Identify state and local psychiatric crisis resources and response capabilities	✓	✓	✓
4. Understand and perform standardized behavioral health screenings and determine appropriate referrals	✓	✓	✓
5. Review legal, medical, and financial requirements for out-patient treatment, in-patient treatment, counseling services, medications	✓	✓	✓

CONTINUING EDUCATION PLAN

The purpose of continuing education is to ensure continued competency, enhance knowledge, and show growth as a Community Paramedicine provider. Whether the provider is functioning as a Community Paramedicine Affiliate, Technician, or Clinician; continuing education is an essential component in maintaining credibility and clinical competence.

To minimize the complexity of renewal of Community Paramedicine licensure for both the provider and Maine EMS, continuing education activities should be organized using the content areas described in this standard.

To satisfy the continuing education requirement for renewal of Community Paramedicine licensure, the individual provider and/or their sponsoring agency must ensure that the training meets the following criteria: (1) it is unique Community Paramedicine content, (2) it meets the minimum requirement for continuing education hours based on the Community Paramedicine provider level, and (3) it is approved by CAPCE or is provided by a Maine EMS-licensed Training Center that is approved to provide Community Paramedicine content.

Maine EMS may require that an individual provider seeking renewal of Community Paramedicine licensure be currently employed at an agency providing Community Paramedicine services and actively participate in a program providing services to the community. Additional hands-on skills, ride-along experiences, or psychomotor testing may be required for renewal (based on provider level) for individuals who have not functioned in a Community Paramedicine role during the two-year licensure cycle.

UNIQUE COMMUNITY PARAMEDICINE CONTENT

The continuing education plan must ensure the completion of the appropriate training and education that highlights the unique activities of the Community Paramedicine provider, distinct from the traditional CE required for competence in care delivery in the emergent environment. As such, Community Paramedicine CE must be ***in addition to*** CE required to maintain initial licensure. It should be appropriate for Community Paramedicine activities and fall within the standards framework using the topics described in the table below.

CONTINUING EDUCATION HOURS

Like EMS licensure requirements, the Community Paramedicine provider must complete a specific number of continuing education contact hours during the ***two-year*** licensure cycle. The state of Maine recognizes the National Registry of Emergency Medical Technicians (NREMT) standard for relicensure of EMS licensure. The NREMT requires contact hours equal to

approximately 20-25% of the timeframe of initial licensure for EMT and AEMT levels of licensure. Most states require a similar number of hours for re-licensure. Using that figure as a guide, the proposed continuing education hours required for each level of community paramedicine provider is contained in the table below.

<i>Continuing Education</i>			
Community Paramedicine Provider Level	Affiliate (CP-A)	Technician (CP-T)	Clinician (CP-C)
Hourly Training Requirement	12 hours every 2 years	24 hours every 2 years	50 hours every 2 years
Required Topic Areas			
<i>Professional Practice & Ethical & Legal Considerations</i>	2 hours	2 hours	2 hours
<i>Maine Mandated Reporter Training</i>	1-2 hours	1-2 hours	1-2 hours
<i>Community-Based Needs Assessment</i>	1 hour	1 hour	1 hour
<i>Multi-disciplinary Collaboration</i>	2 hours	4 hours	8 hours
<i>Patient & Family Centered Care</i>	2 hours	4 hours	8 hours
<i>Preventative Healthcare & Patient Education</i>	2 hours	4 hours	8 hours
<i>Community Paramedicine provider Wellness & Safety</i>	1 hour	1 hour	1 hour
Optional Topic Areas			
<i>Patient Care Visits & Patient Assessment</i>	No Additional Hours of CEH in Optional Topic Areas	Eight Additional Hours of CEH in Optional Topic Areas	Twenty Additional Hours of CEH in Optional Topic Areas
<i>Community & Population Health</i>			
<i>Cultural Competency & Transcultural Care</i>			
<i>Social Determinates of Health</i>			
<i>Care Plans & Goals of Care</i>			
<i>Vulnerable Populations</i>			
<i>Mental Health</i>			
<i>Hospice & Palliative Care</i>			
<i>Lab & Pharmacology Updates</i>			
<i>Equipment & Technology Updates</i>			

In compliance with IBSC, a Community Paramedicine Clinician must have 100 (one-hundred) accredited continuing education hours every four years to qualify for re-licensure as a Community Paramedicine Clinician, or successfully retake the certifying exam. The Maine Community Paramedicine re-licensure occurs every two years, meaning that CP-C providers must complete

a minimum of 50 hours every two years, ensuring that all requirements for IBSC CP-C renewal are met every four years to maintain certification. Recertification hours should be placed in categories including community-based needs, multi-disciplinary collaboration, patient-centric care, wellness and safety, ethical and legal considerations, preventative care, and patient and client education.

While the IBSC recommends that continuing education hours for the CP-C be completed through an accredited institute of higher learning, including seminars, college courses, presentations, and independent study, a blend of virtual, hybrid, and in-person presentations should be used to ensure completion of high-quality training that meets the requirements described in this standard. A focus on statewide Community Paramedicine updates, leading practices among EMS providers within the state, and state/national conferences should be encouraged.

REFERENCES AND RESOURCES

Academic and peer-reviewed resources listed below are publicly available and were reviewed and considered during development of the Maine Community Paramedicine Education Standards document. They are provided below for reference and additional detail.

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