

The Core Content of EMS Medicine¹

	ACGME ² and ABMS ³ Core Competencies					
	Patient Care	Medical Knowledge	Practice-based learning	Professionalism	Interpersonal Skills	System-based Practice
1.0 CLINICAL ASPECTS OF EMS MEDICINE						
1.1 TIME/LIFE-CRITICAL CONDITIONS	X	X	X			X
1.1.1 Cardiac Arrest	X	X			X	
1.1.1.1 General management and field resuscitation	X	X			X	
1.1.1.2 Transport decisions	X	X	X			X
1.1.1.3 Post-resuscitation care	X	X	X			X
1.1.1.4 Termination of resuscitation in the field	X	X				X
1.1.2 Airway Compromise/ Respiratory Failure	X	X				
1.1.2.1 Devices for securing airway	X	X				
1.1.2.2 Portable ventilator management	X	X				
1.1.2.3 Medication-assisted intubation	X	X				
1.1.2.4 Tracheotomy complications	X	X	X			
1.1.3 Hypotension and Shock	X	X				
1.1.3.1 Recognition of shock and hypotension	X	X				
1.1.3.2 Management of hypotension and shock	X	X				
1.1.4 Altered Mental Status	X	X				
1.2 INJURY	X	X				
1.2.1 Trauma	X	X				X
1.2.1.1 Care of the trapped patient	X	X				
1.2.1.2 Protocols delineating shortened scene time	X	X				X
1.2.1.3 Management and resuscitation of multi-trauma patient	X	X				X
1.2.1.4 Field trauma triage	X	X				X
1.2.1.5 Spinal motion restriction	X	X				
1.2.1.6 Management of burns	X	X				
1.2.1.7 Management of crush injuries	X	X		X	X	
1.2.1.8 Management of ocular trauma	X	X				
1.2.2 Orthopedics	X	X				
1.2.2.1 Fractures and dislocations	X	X				

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² Accreditation Council for Graduate Medical Education (ACGME)

³ American Board of Medical Specialties (ABMS)

ACGME² and ABMS³ Core Competencies

	Patient Care	Medical Knowledge	Practice-based learning	Professionalism	Interpersonal Skills	System-based Practice
1.2.2.1.1 Splinting, including use of nontraditional materials	X	X				
1.2.2.1.2 Reductions without anesthetics	X	X			X	
1.2.3 Traumatic Brain Injuries	X	X				
1.2.3.1 Management of severe head injuries	X	X	X			X
1.2.3.2 Management of concussions	X	X				
1.2.4 Assault – Domestic/Sexual/Elder Abuse/Child Abuse	X	X		X	X	X
1.2.4.1 Safety					X	X
1.2.4.2 Evidence preservation and reporting		X				X
1.2.5 Environmental	X	X				
1.2.5.1 Cold-related illnesses	X	X				
1.2.5.1.1 Hypothermia	X	X				
1.2.5.1.1.1 Diagnosis without the use of a thermometer	X	X				
1.2.5.1.2 Frostbite	X	X				
1.2.5.1.2.1 Protection of injury vs. re-warming	X	X				
1.2.5.2 Heat-related illnesses	X	X				
1.2.5.2.1 Methods to cool a patient in the field	X	X				X
1.2.5.3 High altitude injury (e.g., high altitude pulmonary edema, high altitude cerebral edema)	X	X				
1.2.5.3.1 Protection of the rescuer from high altitude injury	X	X				
1.2.5.3.2 Portable hyperbaric chamber	X	X				x
1.2.5.3.3 Field prophylaxis and treatment	X	X				
1.2.5.4 Drowning, submersion, and diving injuries	X	X	X			
1.2.5.4.1 Initial management in water	X	X				X
1.2.5.5 Lightning and electrical injuries	X	X				X
1.2.5.5.1 Reverse triage	X	X				
1.3 MEDICAL EMERGENCIES	X	X				
1.3.1 Respiratory	X	X				
1.3.1.1 Shortness of breath	X	X				
1.3.1.1.1 Determination of causes	X	X				
1.3.1.1.2 Use of capnometry and capnography waveforms in diagnosis	X	X				
1.3.1.1.3 Medical management of respiratory distress or shortness of breath	X	X				
1.3.1.2 Pneumothorax	X	X				
1.3.1.2.1 Identifying without ancillary testing	X	X				
1.3.1.2.2 Management with occlusive dressings and alternative drain devices	X	X				
1.3.2 Cardiovascular	X	X				

ACGME² and ABMS³ Core Competencies

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1.3.2.1 ST elevation myocardial infarction (STEMI)	X	X				
1.3.2.1.1 Utilization of electrocardiogram (ECG) in the field	X	X				X
1.3.2.1.2 Systems of care						X
1.3.2.2 Acute exacerbation of congestive heart failure (CHF)	X	X				
1.3.2.2.1 Field identification of CHF	X	X				
1.3.2.2.2 Medical management in the field	X	X				
1.3.2.3 Implantable cardiac devices	X	X				
1.3.2.3.1 Evaluation and management of malfunction	X	X				
1.3.3 Neurological	X	X				
1.3.3.1 Stroke	X	X				
1.3.3.1.1 Prehospital stroke scales	X	X				
1.3.3.1.2 Recognition of stroke mimics in the field	X	X				
1.3.3.2 Management of seizures	X	X				
1.3.4 Diabetic Emergencies	X	X				
1.3.4.1 Glucagon, oral/intravenous glucose	X	X				
1.3.4.2 Protocols for treat & release	X	X				X
1.3.4.3 Evaluation and treatment of hyperglycemia	x	x				x
1.3.5 Renal	X	X				
1.3.5.1 Hemodialysis	X	X				x
1.3.5.1.1 Use of dialysis access for resuscitation	X	X				x
1.3.5.1.2 Uncontrolled hemorrhage from shunt site	X	X				
1.3.5.1.3 Special considerations for hyperkalemia	X	X				
1.3.6 Obstetric and Gynecologic Emergencies	X	X				
1.3.6.1 Perinatal issues	X	X				
1.3.6.1.1 Control of seizures in eclampsia	X	X				
1.3.6.1.2 Placental abruption	X	X				
1.3.6.1.3 Placenta previa	X	X				
1.3.6.2 Childbirth	X	X				
1.3.6.2.1 High risk vs. normal delivery	X	X				
1.3.6.2.2 Managing home birth catastrophes	X	X				
1.3.6.2.3 Post-partum hemorrhage	X	X				
1.3.6.2.4 Breech/shoulder dystocia in the field	X	X				
1.3.6.2.5 Umbilical cord prolapse	X	X				

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1.3.6.3 Vaginal hemorrhage	X	X				
1.3.6.3.1 Packing in the field	X	X				
1.3.6.4 Ectopic pregnancy	X	X				
1.3.6.4.1 Effect of clinical diagnosis on transport decisions	X	X				X
1.3.7 Poisoning/Toxicologic Emergencies	X	X				
1.3.7.1 Clinical management of toxins	X	X				
1.3.7.1.1 Carbon monoxide	X	X				
1.3.7.1.2 Cyanide	X	X				
1.3.7.1.3 Chlorine	X	X				
1.3.7.1.4 Hydrofluoric Acid	X	X				
1.3.7.1.5 Organophosphates	X	X				
1.3.7.1.6 Mustards and other blister agents	X	X				
1.3.7.1.7 Phosgene	X	X				
1.3.7.1.8 Hydrocarbons	X	X				
1.3.7.2 Knowledge of poisons, antidotes, chemical properties of hazardous materials, effects of radiation exposure, and approach to initial decontamination	X	X				x
1.3.7.3 Caustic substance ingestion	X	X				
1.3.7.3.1 Prehospital airway management options	X	X				
1.3.7.4 Decontamination	X	X				
1.3.8 Dermatology	X	X				
1.3.8.1 Identification of lesions indicating communicable disease or biohazard						
1.3.9 Communicable Diseases	X	X				
1.3.9.1 General	X	X				
1.3.9.1.1 Knowledge of prehospital personal protective equipment (PPE)	X	X				
1.3.9.1.2 Isolation of persons with suspected infectious agents (e.g., severe acute respiratory syndrome [SARS])	X	X				X
1.3.9.2 Multi-Drug Resistant Organisms (MDROs)	X	X				
1.3.9.2.1 Protection in the field (e.g., PPE, decontamination of ambulances)	X	X				
1.3.9.3 Category A bioterrorism agents	X	X				
1.3.9.3.1 Hemorrhagic fevers	X	X				
1.3.9.3.2 Smallpox	X	X				
1.3.9.3.3 Plague	X	X				
1.3.9.4 Emerging infections	X	X				
1.3.9.4.1 Pandemic viral illnesses	X	X				

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1.3.9.4.2 SARS	X	X				
1.3.9.5 Quarantine	X	X				
1.3.10 Behavioral Emergencies	X	X				
1.3.10.1 Managing combative patients	X	X				
1.3.10.1.1 Use of restraints (chemical vs. mechanical)	X	X				
1.3.10.2 Excited delirium	X	X				
1.3.10.3 Violence against EMS providers						
1.4 SPECIAL CLINICAL CONSIDERATIONS	X	X	X			X
1.4.1 Airway Management in Adverse Conditions	X	X	X			X
1.4.1.1 Low light	X	X	X			X
1.4.1.2 Atypical patient position	X	X	X			X
1.4.1.3 Minimal backup	X	X	X			X
1.4.1.4 Sub-optimal suction in the absence of standard equipment	X	X	X			X
1.4.2 Procedures	X	X				
1.4.2.1 Airway	X	X				
1.4.2.1.1 Opening airway with head-tilt/chin-lift method	X	X				
1.4.2.1.2 Opening airway with jaw thrust method	X	X				
1.4.2.1.3 Insertion of oropharyngeal & nasopharyngeal airways	X	X				
1.4.2.1.4 Bag-valve-mask	X	X				
1.4.2.1.5 Glottic/Supraglottic/Extraglottic airways	X	X				
1.4.2.1.6 Non-invasive positive pressure ventilation	X	X				
1.4.2.1.7 Airway intubation adjuncts	X	X				
1.4.2.1.8 Direct laryngoscopy with endotracheal intubation	X	X				
1.4.2.1.9 Nasal intubation	X	X				
1.4.2.1.10 Medication-facilitated intubation	X	X				
1.4.2.1.11 Cricothyroidotomy	X	X				
1.4.2.1.12 Control of post-tonsillectomy hemorrhage	X	X				
1.4.2.1.13 Video laryngoscopy	X	X				
1.4.2.2 Cardiovascular	X	X				
1.4.2.2.1 Placement of peripheral intravenous lines	X	X				

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1.4.2.2.2 Access or placement of central venous lines in the field	X	X				
1.4.2.2.3 Placement of intraosseous lines	X	X				
1.4.2.2.3.1 Adult	X	X				
1.4.2.2.3.2 Pediatric	X	X				
1.4.2.2.4 Prehospital administration of thrombolytics for STEMI	X	X				
1.4.2.2.5 Pericardiocentesis without ultrasound guidance or other guidance device	X	X				
1.4.2.2.6 Balloon pump management	X	X				
1.4.2.3 Trauma	X	X				
1.4.2.3.1 Needle thoracostomy	X	X				
1.4.2.3.2 Tube thoracostomy	X	X				
1.4.2.3.3 Control of life threatening hemorrhage	X	X				
1.4.2.3.4 Application of traction devices	X	X				
1.4.2.3.5 Wound care management	X	X				
1.4.2.3.6 Application of backboard as extrication device	X	X				
1.4.2.3.7 Controlled hyperventilation for management of impending brain herniation in head trauma	X	X				
1.4.2.4 Obstetrics	X	X				
1.4.2.4.1 Normal delivery of a fetus	X	X				
1.4.2.4.1.1 Challenges of prehospital deliveries	X	X				
1.4.2.4.1.2 Resource allocation with increasing number of multiple births	X	X				X
1.4.2.4.2 Management of abnormal presentations of fetus	X	X				
1.4.2.4.3 Management of post-partum hemorrhage	X	X				
1.4.2.4.4 Peri/post-mortem cesarean section	X	X				
1.4.2.5 Point of care testing	X					
1.4.2.6 Ultrasound Use in EMS	X	X				
1.4.2.6.1 Focused assessment with Sonography for Trauma (FAST) examination	X	X				
1.4.2.6.2 Line placement	X	X				
1.4.2.6.3 Cardiac activity for field termination of resuscitation	X	X				

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1.4.3 Pain Assessment and Management in the Field	X	X				
1.4.4 Flight Physiology	X	X				
1.4.4.1 Effect of altitude on patient management	X	X	X			X
1.4.4.2 Effect of altitude on the healthcare provider		X	X			X
1.4.5 Pediatrics	X	X				
1.4.5.1 Controversies over airway management	X	X				
1.4.5.2 Pediatric trauma	X	X				X
1.4.5.3 Specialized equipment	X	X				
1.4.5.4 Unique issues related to consent	X	X		X	X	X
1.4.5.5 Maltreatment	X	X		X	X	
1.4.5.6 Brief resolved unexplained event (BRUE)	X	X				
1.4.5.7 Seizure mimics	X	X				
1.4.5.8 Special needs children	X	X				
1.4.5.8.1 Technology dependent	X	X				
1.4.6 Geriatrics	X	X				
1.4.6.1 Geriatric trauma	X	X				
1.4.6.2 Polypharmacy	X	X	X			X
1.4.6.3 Maltreatment	X				X	X
1.4.7 Bariatric Issues	X	X			X	
1.4.7.1 Equipment					X	X
1.4.7.2 Procedure challenges	X	X				
1.4.8 End-of-Life Issues	X	X		X	X	X
1.4.8.1 Hospice	X			X	X	X
1.4.8.2 DNR/DNI/Advanced Directives/Physician Orders for Life Sustaining Treatment (POLST)	X			X	X	X
1.4.9 Social Issues				X	X	X
1.4.9.1 Isolation syndrome				X	X	X
1.4.9.2 Family centered care				X	X	X
1.4.9.3 Management of bystanders while caring for patient				X	X	X
1.4 SPECIAL CONSIDERATIONS FOR EVALUATION, TREATMENT, TRANSPORT, AND DESTINATIONS	X	X	X			X
1.5.1 Time-Life Critical Conditions	X	X	X			X
1.5.2 Special Patient Populations		X	X		X	X

ACGME² and ABMS³ Core Competencies

	Patient Care	Medical Knowledge	Practice-based Learning	Professionalism	Interpersonal Skills	System-based Practice
2.0 MEDICAL OVERSIGHT OF EMS						
2.1 MEDICAL OVERSIGHT	X	X	X	X	X	X
2.1.1 Medical Oversight of EMS Systems	X	X	X	X	X	X
2.1.1.1 Direct medical oversight	X	X		X	X	X
2.1.1.1.1 Provision of direct patient care	X	X				
2.1.1.1.2 Physician directed care via radio or phone	X	X		X	X	X
2.1.1.1.3 Physician directed care in person	X	X		X	X	X
2.1.1.1.4 Telemedicine	X				X	X
2.1.1.2 Indirect medical oversight	X	X	X	X	X	X
2.1.1.2.1 Evidence guided development of medical care protocols	X	X	X		X	X
2.1.1.2.2 Quality improvement programs	X	X	X		X	X
2.1.1.2.3 Determination of medical necessity in the field	X	X	X		X	X
2.1.1.3 Assessment of provider competence and fitness for duty	X			X	X	X
2.1.2 Legal Issues	X			X	X	X
2.1.2.1 Definition of a patient	X			X	X	X
2.1.2.2 Mandatory reporting issues	X	X		X	X	X
2.1.2.3 Determination and/or pronouncement of death	X	X		X	X	X
2.1.2.4 Capacity to refuse care	X	X		X	X	X
2.1.2.4.1 Understand the elements of informed consent and informed refusal	X	X	X	X	X	
2.1.2.4.2 Understand the difference between capacity and competence	X	X	X	X	X	
2.1.2.5 Federal regulations impacting EMS						X
2.2 EMS SYSTEMS	X	X			X	X
2.2.1 Public Safety Answering Points			X	X	X	X
2.2.1.1 Pre-arrival instructions	X	X		X	X	
2.2.1.2 Dispatch	X	X	X	X	X	X
2.2.1.2.1 Use of lights and sirens	X		X	X	X	X
2.2.1.2.2 Prioritization of response (e.g., determining local needs based on local resources)	X	X	X	X	X	X
2.2.1.2.3 Tiered-response			X			X
2.2.2 Design of System Components						X
2.2.2.1 Response and transport vehicles						X
2.2.2.2 EMS provider levels						X
2.2.2.3 Service delivery models						X
2.2.2.4 Equipment design and supply issues						X
2.2.3 Delivery Systems with Special Considerations						X

ACGME² and ABMS³ Core Competencies

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2.2.3.1	Urban EMS						X
2.2.3.2	Rural EMS						X
2.2.3.3	Wilderness EMS						X
2.2.3.4	Volunteer EMS						X
2.2.3.5	Inter-facility transport						X
2.2.3.6	Military EMS						X
2.2.3.7	Air medical						X
2.2.3.8	International EMS						X
2.3	EMS PERSONNEL						X
2.3.1	Scope of Practice Models						X
2.3.1.1	State vs. national						X
2.3.1.2	Levels of providers						X
2.3.1.3	Field capabilities						X
2.3.2	Education			X			X
2.3.2.1	Theories of adult learning			X			X
2.3.2.2	Education delivery models			X			X
2.3.2.3	Provider training programs			X			X
2.3.2.3.1	Initial education			X			X
2.3.2.3.2	Continuing education			X			X
2.3.2.4	Accreditation of training programs			X			X
2.3.2.5	Remediation and work force re-entry			X			X
2.3.3	EMS Provider Health and Wellness	X	X		X	X	X
2.3.3.1	Occupational culture of safety	X	X		X	X	X
2.3.3.1.1	Occupational health	X	X		X	X	X
2.3.3.1.2	Knowledge of regulations and standards (e.g., National Fire Protection Association [NFPA] 1582, Ryan White Act, Occupational Safety and Health Administration [OSHA] requirements)			X			X
2.3.3.1.3	Emergency incident rehabilitation	X		X	X	X	X
2.3.3.1.4	Awareness of ergonomic factors			X			X
2.3.3.1.5	Disordered sleep and work schedule				X	X	X
2.3.3.1.6	Prevention and intervention for psychologically stressful events				X	X	X
2.3.3.1.7	Emergency vehicle operations	X		X	X		X
2.3.3.2	Exposure to communicable disease	X	X	X	X	X	X
2.3.3.2.1	Standard PPE precautions	X	X				

ACGME² and ABMS³ Core Competencies

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2.3.3.2.2	Appropriate use of PPE for various infectious agents (contact vs. droplet vs. airborne precautions)	X	X				
2.3.3.2.3	Body substance exposure	X	X				
2.3.3.2.3.1	Knowledge of Centers for Disease Control and Prevention (CDC) guidelines for human immunodeficiency virus (HIV) and other blood-borne pathogens	X	X	X			
2.3.3.2.3.2	Medical director liaison role between hospital and EMS agency	X	X				
2.3.3.2.4	Post-exposure prophylaxis and testing	X	X				
2.4 SYSTEM MANAGEMENT					X	X	X
2.4.1 System Finance							X
2.4.1.1	Allocation of resources						X
2.4.2 Legislation and Government							X
2.4.2.1	Working with government and public health agencies					X	X
2.4.2.2	Knowledge of state EMS laws						X
2.4.2.3	Understanding of healthcare law			X			X
2.4.3 Public Health			X	X			X
2.4.3.1	Specialty hospital designations and transport of patient		X	X			X
2.4.3.2	Field triage issues		X	X			X
2.4.3.3	Public access to defibrillation (PAD)		X	X			X
2.4.3.4	Issues of hospital diversion and bypass		X	X			X
2.4.3.5	Integration of EMS with community public resources and social services	X		X			X
2.4.4 System Status Management			X				X
2.4.4.1	Response times	X		X			X
2.4.5 Service Delivery Models							X
2.4.6 Patient Safety		X	X				X
2.4.7 Ethics in EMS		X			X	X	
2.4.8 Use of Alternative Destinations		X	X				X
3.0 QUALITY MANAGEMENT AND RESEARCH							
3.1 QUALITY IMPROVEMENT PRINCIPLES AND PROGRAMS				X			X
3.1.1	Data Collection, Management, and Analysis			X			X
3.1.2	Quality Improvement Programs			X			X
3.1.3	Evidence-based Practice			X			X
3.2 RESEARCH				X			X

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3.2.1 Informed Consent (e.g., Use of FDA "Final Rule" and Exception from Informed Consent)			X			X
3.2.2 Fundamental Knowledge of Biostatistics and Epidemiology			X			X
3.2.3 EMS Research Design			X			X
4.0 SPECIAL OPERATIONS						
4.1 MASS CASUALTY MANAGEMENT	X		X			X
4.1.1 Incident Command System (ICS)	X				X	X
4.1.1.1 Integration of medical operations					X	X
4.1.1.2 Local, state, federal assets					X	X
4.1.1.3 Regional resource allocation and management					X	X
4.1.1.4 Role of emergency management agencies					X	X
4.1.2 Triage	X	X				X
4.1.3 Patient Care in Mass Casualty Events/Scene Management	X	X		X	X	X
4.1.3.1 On-site treatment	X	X		X	X	X
4.1.3.2 Transport modes						X
4.1.3.3 Destination						X
4.2 CHEMICAL/BIOLOGICAL/RADIOLOGICAL/NUCLEAR/EXPLOSIVE (CBRNE)	X	X	X			X
4.2.1 Toxic Exposure/Poisoning/Hazardous Materials (HAZMAT)	X	X	X	X	X	X
4.2.1.1 Indications for HAZMAT team/antidotes	X	X				X
4.2.1.2 Field identification of toxins/hazardous materials	X	X				X
4.2.1.3 Field/provider/patient decontamination	X	X				X
4.2.1.4 Care of the contaminated patient while wearing PPE	X	X				X
4.2.1.5 Knowledge of various levels of PPE			X			X
4.2.1.6 Knowledge of poisons, antidotes, chemical properties of hazardous materials, radiation and effects of exposure	X	X				
4.2.2 Explosive Incidents						X
4.2.2.1 Improvised Explosive Devices (IEDs) and terrorist activity						X
4.2.2.2 Community risk assessment						X
4.2.2.3 Integration with search and rescue						X
4.2.3 Weapons of Mass Destruction and Related Injury						X
4.2.3.1 Secondary devices and scene safety						X
4.3 MASS GATHERING	X	X				X

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4.3.1 Planning and Operations			X			X
4.3.1.1 Medical risk assessment			X			X
4.3.2 Personnel Needs	X	X				X
4.3.2.1 Care teams	X	X				X
4.3.2.2 Physician placement	X	X				X
4.3.3 Training and Drills			X			X
4.3.4 Design of Temporary Treatment Facilities						X
4.3.4.1 Level of care						X
4.3.4.2 Ingress/egress						X
4.3.5 Equipment						X
4.3.6 Communications				X	X	
4.4 DISASTER MANAGEMENT	X	X				X
4.4.1 National Incident Management System (NIMS) & National Response Framework						X
4.4.1.1 NIMS 100,200, 700, 800						X
4.4.2 Catastrophic Events						X
4.4.2.1 State and federal criteria for disaster declaration						X
4.4.2.2 State emergency mutual aid compacts						X
4.4.3 Health and Medical Resources						X
4.4.3.1 National Disaster Medical System (NDMS)						X
4.4.3.2 Specialized teams						X
4.4.3.3 Non-governmental agencies						X
4.4.3.4 Regional medical response corps						X
4.4.3.5 State and federal assets						X
4.4.4 Special Response Considerations						X
4.4.4.1 Allocation of scene resources			X			X
4.4.4.2 Provider credentialing issues				X		X
4.4.4.3 Modified standards of care			X		X	X
4.5 EMS SPECIAL OPERATIONS	X	X				X
4.5.1 Tactical	X	X				X
4.5.1.1 Initial responder approach to hostile environment	X	X				X
4.5.1.2 Care in a hostile environment	X	X				X
4.5.1.2.1 Bleeding control	X	X				
4.5.1.3 Operational considerations for provider & casualty	X	X				X

ACGME² and ABMS³ Core Competencies

	Patient Care	Medical Knowledge	Practice-based learning	Professionalism	Interpersonal Skills	System-based Practice
4.5.2 Technical Rescue	X	X				
4.5.2.1 Confined space care (OSHA definition)	X	X				
4.5.2.2 Extrication	X	X				
4.5.3 Wilderness EMS Systems	X					X
4.5.3.1 Management of traumatic and medical disorders in a wilderness environment	X	X				
4.5.3.2 Evacuation/non-traditional transport	X	X				
4.5.3.3 Multi-agency response coordination						X
4.5.3.4 Knowledge of survival skills in remote/wilderness environments						X
4.5.4 Mobile Integrated Healthcare/Community Paramedicine						X
4.5.4.1 Personnel education						X
4.5.4.2 Medical oversight						X
4.5.4.3 Integration with healthcare systems						X