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To: The CAAS Standards Committee

The National Association of Emergency Medical Technicians appreciates the opportunity to comment on the proposed revisions to the CAAS Standards as outlined in the draft 4.0 document. As part of the ANSI standards review process, we understand that we can only comment on the sections that were discussed/revised following the first comment period. NAEMT supports the accreditation process for ambulance services, and the concept of these standards as the “Gold Standard,” versus minimum standards. We are cognizant of the ever-changing challenges ambulance services face, especially with the continuing pandemic. It is important that changes made during a time of system stress are based on data and not on assumptions. We appreciate the committee’s hard work on this document and ask that they consider the following:

*201.04 Staffing- Appropriate levels of trained staff will be assigned to requests for service. 201.04.01 Staffing Requirements The minimum acceptable staffing standard for BLS patient care is one certified Emergency Medical Responder and one certified Emergency Medical Technician only if allowed for by state rules and regulations. The patient must be attended to by the EMT during transport. Otherwise, two licensed EMT’s are required. With input and approval from the Medical Director, the agency shall have established staffing certification and qualification requirements for each additional level of service provided (BLS, ALS, IFT, SCT) Documentation: Provide a written policy or document(s) clearly detailing the minimum staffing requirements for each level of service provided by the agency. Provide examples of the regular staffing review process.*

**NAEMT Response: We do not support the minimum staffing standard as proposed in 201.04.01. We believe that CAAS should not change the EMT/EMT staffing minimum included in version 3.0. The proposed language would potentially create different staffing levels for CAAS Accredited Agencies depending on what is allowed by law in their State. There is no data currently available that supports the proposed minimum staffing. We do support a process where 201.04.01 could have the option of a temporary staffing adjustment due to extenuating circumstances in an emergency if allowed by law.**

*104.02.07 Implicit Bias The agency shall have a program to raise awareness of implicit bias in healthcare. The program will include, at a minimum: - An understanding of how unconscious associations can derive from both healthcare provider and/or patient - The impacts these unconscious associations can have on the effective provision of healthcare - Education programs that raise awareness in an effort to mitigate negative impacts in the provision of healthcare. - Initial and ongoing awareness training based upon employee and patient encounter feedback Documentation: Provide a description and evidence of the agency's implicit bias awareness program. Provide examples of any printed or electronic materials/resources used. Provide evidence of initial and ongoing educational effort.*

**NAEMT Response: NAEMT believes that the EMS workforce should reflect the demographics of the communities in which it serves. National and state EMS associations have a responsibility to promote diversity and inclusion within the EMS profession. NAEMT actively collaborates with other national EMS organizations and EMS agency and education leaders to promote a diverse and inclusive EMS workforce and encourages individuals from underrepresented communities to attend EMS education. programs.**

The concern with the wording in the proposed section 104.02.07 is that research from the NIH shows that set programs are not effective. <https://diversity.nih.gov/sociocultural-factors/implicit-bias#:~:text=What%20is%20implicit%20bias%3F,retaining%20a%20diverse%20scientific%20workforce.> We propose the wording be changed so it does not require a set program but rather a commitment with overall operations and policies that help to monitor and mitigate implicit bias where it may be present.

*301.01.03 Response Time Standards*

**NAEMT Response: Evolving changes in EMS systems on the use of lights and sirens, treating in place, and nurse triage systems are impacting response time standards, and in some cases making them irrelevant. We propose more clarification in this section recognizing these changes and clarifying that a “response” is not defined by an ambulance and crew arriving.**

We appreciate the opportunity to comment on the proposed changes and ask that the committee take these suggestions into consideration with the final revision of the 4.0 standards.

Sincerely,



Bruce Evans, MPA, CFO, NRP, SPO  
President, NAEMT