Inclusive Language Recommendations for Government Officials and the Media when discussing Emergency Medical Services (EMS) Professionals, Paramedics & EMTs, and first responders.

The use of proper inclusive language matters when talking about EMS, first responders, healthcare providers, and public safety. Often in public speeches there is mention of doctors and nurses, or firefighters and law enforcement, but there is little to no mention of EMS providers or “Paramedics & EMTs.”

Statement of Inclusive Language addressing the Inequity of EMS in Public Safety

Please urge elected officials & the media to use the correct language, recognizing “EMS providers” or "Paramedics and EMTs” who are on the front lines dealing with this pandemic. Using these terms would convey to our EMS providers that they and their work are respected, and they are not seen as the third-class citizens in our public safety and public health systems.

The use of the term “ambulance driver” should never be used to reference a crew member who may have cared for a patient and then driven to the hospital.

Correct Terminology: EMT vs. Paramedic

It is important for the media and officials to reference EMS professionals accurately:

- **Emergency Medical Technician (EMT)**: EMTs are trained with 160–200 hours of education. Their scope of practice includes bleeding control, splinting fractures, providing CPR, using an AED, and using basic airway adjuncts. EMTs play an essential role in providing basic pre-hospital care and transportation to the hospital.
- **Paramedic**: In order to become a paramedic they must complete an additional 1,800–2,000 hours of accredited, college-based education—ten times the training of an EMT-Basic. It is often said these professionals bring the emergency department to the patient’s bedside or to the roadside, providing advanced pre-hospital care. Paramedics can:
    - Interpret 12-lead electrocardiograms (ECGs) to identify possible heart attacks or perform advanced stroke assessments to identify the need for specialty stroke interventions.
    - Coordinate with hospital emergency physicians, interventional cardiology, and neurology teams.
    - Initiate IV lines to administer complex medications for cardiac and respiratory emergencies.
    - Administer pain medications for those with acute intolerable pain.
    - Perform advanced airway interventions, including intubation and sedation, manage mechanical ventilators or machines to augment blood flow. They are also trained to perform surgical airways in the most critical scenarios.
    - Manage and administer life-saving blood products, proven to reduce the risk of death in patients experiencing shock.

Some paramedics choose to advance their education with degree programs or specialize further in air-medical flight care (Flight Paramedic), ground critical care (Critical Care Paramedic), embedded tactical training to support law enforcement (Tactical Paramedic), or supporting complex populations experiencing chronic conditions (Community Paramedics). These board certified credentials are accredited through the International Board of Specialty Certifications (IBSC).

In short: EMTs provide essential, foundational pre-hospital emergency care, while Paramedics are highly trained professionals who deliver advanced, hospital-level interventions in the field. Mislabeling a Paramedic as an EMT diminishes the years of training, responsibility, and expertise they bring to communities in the pre-hospital setting.

Ready-to-Quote Statement for Media

"Accurate terminology matters when reporting on EMS professionals. An **EMT** completes 160–200 hours of training and provides essential emergency care such as CPR, bleeding control, and AED use. A **Paramedic** completes 1,800–2,000 hours of accredited training—ten times more—and provides advanced, hospital-level interventions outside the hospital, including administering medications, advanced airway management, and coordinating with specialty hospital teams. Referring to a Paramedic as an EMT diminishes their training, expertise, and professional contributions."

One-Sentence Version for Headlines

"Paramedics provide advanced, hospital-level **pre-hospital care** with 10 times the training of EMTs—please use the correct title in reporting."

Addressing the Pay Disparity and Inequity of EMS in Public Safety & Public Health Systems

Not only do government officials fail to mention EMS providers, over the last year it has been brought to light by NBC news[1] that there is a vast pay disparity between Emergency Medical Services and Law Enforcement & Firefighters. "Despite the growing burden on EMS personnel, the median earnings for EMTs or paramedics in the United States is $34,000 per year — which is a third less than firefighters' average annual pay of $50,000, and little more than half of police officers' $63,000, according to 2018 Bureau of Labor Statistics data.

According to a 2017 study[2] of EMS-related violence published in the American Journal of Public Health, "The average EMS worker is just as likely as a firefighter or a law enforcement officer to be killed on the job, and more likely to be injured."

According to a 2020 study[3] shows that in FDNY during the first eight months of 2020, the risk of occupational fatality for EMS clinicians was 14 times higher than the risk for firefighters.

EMS, during normal circumstances, are not treated as essential services by the government and it is not until times of crisis that their value and importance are realized. We encourage the investment in building strong EMS systems in their communities and to help support our EMS professionals as they have served the public for decades with little recognition, funding, or equity.

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[1] NBC News, Medical first responders say they're underpaid and overworked. Will anything change? December 30, 2019. https://www.nbcnews.com/news/us-news/medical-first-responders-say-they-re-underpaid-overworked-will-anything-n1101926

[2] Brian J. Maguire & Barbara J. O'Neill, 2017: Emergency Medical Service Personnel's Risk From Violence While Serving the Community American Journal of Public Health 107, 1770_1775, https://doi.org/10.2105/AJPH.2017.303989

[3] Maguier, B. (2020, November 19). Occupational Fatalities Among EMS Clinicians and Firefighters in the New York City Fire Department; January to August 2020. Retrieved November 19, 2020, from JEMS.com https://www.jems.com/2020/11/19/occupational-fatalities-among-ems-clinicians-and-firefighters/