Washington State Department of Health

Office of Community Health Systems

EMS and Trauma Section

EMS Training Program

and

Instructor Manual

Authority: RCW 18.71, 18.73, 70.24, 70.168

Rules Governing Emergency Medical Services: WAC 246-976

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Table of Contents

Purpose

The purpose of this manual is to provide the user with a better understanding of the EMS education process in Washington state.

Section 1 –EMS training programs- provides the requirements and standards necessary to establish and maintain EMS training programs. In addition, it provides the requirements and standards necessary to conduct initial EMS courses through a department-approved EMS training program. It also provides information students need to complete the certification process.

Section 2 –Involvement in EMS education-provides the sequence of events an EMS instructor might experience before approval as a senior EMS instructor (SEI) or lead instructor. The sequence starts with meeting the prerequisites. It continues through the completion of a course and submission of the course paperwork. It also contains information regarding renewal of SEI recognition.

Section 3 –Ongoing Training and Evaluation Program-covers Ongoing Training and Evaluation Program (OTEP) development, information regarding EMS evaluators, EMS evaluator workshops, and how a person completes an OTEP.

This manual is a living document that will be updated periodically to provide the most current and up-to-date information.

Change Log

11.13.2023

- Update Appendix A – Replace Advanced Emergency Medical Technician Clinical/Field Requirements section with updated AEMT Student Minimum Competencies (SMC). AEMT SMC full implementation required by July 1, 2024, to meet NREMT standards.
- Update Appendix D –NREMT Candidate Registration to reflect links to NREMT website

Section 1 – EMS Training Programs

I. EMS Training Program Components

The following guidelines define the minimum requirements necessary to become and to renew a Washington state EMS training program to conduct initial EMS courses for certification as identified in WAC 246-976-022.

A. To attain Department of Health (department) approval as an EMS training program, applicants must meet these requirements:

1. **Organization type**: Must be one of the following:
   a. A local EMS and trauma care council or a county office responsible for EMS training for the county. This includes county agencies established by ordinance and approved by the county medical program director (MPD) to coordinate and conduct EMS programs;
   b. A regional EMS and trauma care council providing EMS training throughout the region;
   c. An accredited institution of higher education; or
   d. A private educational business, licensed as a private vocational school.
2. **Optional organization**
   a. Initial training courses conducted for licensed EMS agencies under the oversight of a department-approved EMS training program.
   b. If the organizations listed above do not exist or are unable to provide an EMS training program, the local EMS and trauma care council may recommend to the department another entity that is able to provide training. In the absence of a local EMS council, the regional EMS and trauma care council may provide such recommendation.
      1) The recommended applicant must submit a copy of a valid vocational school license or a letter from the Workforce Training and Education Coordinating Board that the applicant is not required to license.
3. **Training program application:**
   a. Applicant must demonstrate the need for new or additional EMS training programs. Appendix C provides additional information on this requirement.
   b. Complete a Department of Health, EMS training program application on forms provided by the department indicating the levels of EMS training the program wants to conduct.
   c. Provide a description of classroom and laboratory facilities.
   d. Provide a list of training equipment and supplies on hand (or accessible) for use in the program.
   e. Course enrollment: For each level of EMS training applying for, provide a description of the course entry prerequisites, selection criteria, and the process used to screen applicants.
   f. Provide a student handbook for each level of EMS training applied for that provides:
      2) A course schedule/calendar and syllabus for students that includes class dates, reading assignments, and exam/quiz dates, updated for each course, and
      3) Training program policies, including:
         a) Minimum standards to enter training;
         b) Attendance (EMS rules do not contain a provision allowing students to miss classes when attending an EMS course).
            i. A clearly stated “make-up session” policy must be established by the training program
            ii. Students are responsible for all classes and course content and must complete make-up requirements before the course completion date.

c) Course requirements and minimum standards required for successful completion of course knowledge and skill examinations;
d) Course requirements and minimum standards required for successful completion of clinical and field internships, including a list of sites available;
e) Course requirements and minimum standards required for successful completion of other course requirements;

4) Training program expectations of students, including but not limited to:
a) Compliance with all course policies established by the training program, SEI/LI, and training physician, and
b) Meeting course eligibility requirements and additional requirements of the training program, and
c) Providing the training program with current contact information and notifying the training program when changes occur, and
d) Notification of student status, such as illness, injury, or withdrawal from the course before completion, and
e) Registration on the NREMT EdNet to create an account and submit NREMT application (and payment if not part of tuition) to test, and
f) Registration on the PearsonVUE site to schedule the cognitive examination, and
g) Completion of the cognitive examination, and
h) Informing the training program of any need for remediation, and
i) Complete identified remediation as arranged, and
j) Reapplying for, rescheduling and retesting the cognitive examination.

5) Initial certification requirements the student must meet for certification certified as identified in WAC 246-976-141.

g. Training program approval is effective on the date the department issues the certificate or letter. The training program must renew approval every five years. The approval letter provides the expiration date. The Department of Health, EMS and Trauma Section staff will approve the course on National Registry's EdNet, after the training program has entered the appropriate information.

4. **General** - An approved EMS training program must:
a. Ensure the SEI/LI has access to all necessary educational and equipment resources to present the educational program and to conduct courses following the department requirements, and to provide all components of the educational program;
b. Initial paramedic training provided by approved training programs must be accredited by a national accrediting organization approved by the department. The approved organization is the Commission on Accreditation of Educational Programs for the EMS Professional (CoAEMSP), http://www.coaemsp.org/. CoAEMSP, as a member of Commission on Accreditation of Allied Health Education Programs (CAAHEP), provides accreditation services for paramedic programs, http://www.caahep.org/;
c. With the course instructor, ensure course applicants meet the course application requirements in WAC 246-976-041;
d. Maintain clinical and field internship sites to meet course requirements, including the requirement that internship rotations on EMS vehicles must be performed as a third person, not replacing required staff on the vehicle;
1) Provide each student with a copy of the current-county specific-county medical program director field protocols for the internship in which he or she is assigned;

2) Use field internship preceptors who monitor and evaluate students in a standard and consistent manner.
3) Ensure sufficient agreements with appropriate clinical/hospital/field internship sites to accomplish all clinical objectives of the educational standards before course completion.

e. Conduct examinations over course lessons and other Washington state-required topics;
f. Provide the department, county MPD, or MPD delegate access to all course-related materials;
g. Participate in EMS and Trauma Care Council educational planning;
h. Coordinate activities with the department-approved certification examination provider, including:
1) Registering the training program;
2) Assisting students in registering with the examination provider;
3) Providing verification of cognitive knowledge and psychomotor skills for students successfully completing the EMS course; and
4) Assist students when scheduling the examination.
i. Maintain student records for a minimum of four years. (See details in Section 1.II.)
j. Monitor and evaluate the quality of instruction for the purposes of quality improvement, including course examination scores for each level taught.
k. Submit an annual report to the department that includes:
1) Annual, overall certification examination results;
2) A summary of complaints against the training program and what was done to resolve the issues; and
3) Quality improvement issues and actions taken by the training program to improve training results.

B. To attain reapproval as an EMS training program, applicants must meet the requirements of WAC 246-976-022 (3):
1. An EMS training program must be in good standing with the department and:
a. Have no violations of the statute and rules;
b. Have no pending disciplinary actions;
c. Maintain an overall pass rate of 75 percent on department-approved state certification examinations; and
d. EMS training programs conducting paramedic training must hold accreditation by a national accrediting organization approved by the department.
2. For reapplication, an EMS training program must complete:
a. The requirements in Tables A and B of WAC 246-976-022; and
b. Submit an updated EMS training program application to the department at least six months before the program expiration date.

C. Quality assurance conducted by the department, MPD, MPD designee, or MPD delegate may monitor, review, audit or evaluate EMS training programs, courses and instructors to determine compliance with statute, rule and education standards:
1. Monitoring, reviewing, audits, or evaluations, conducted concurrently, retrospectively, or proactively.
2. Monitoring, reviewing, audits, or evaluations may include but is not limited to the following:
a. Training program compliance, and
b. SEI/LI compliance, and
c. Instructor performance evaluated by students, using a standard evaluation tool adopted or developed and executed by department, and

d. Review of student performance on National Registry examinations or other course examinations, and
e. Training physician compliance, and
f. A review of clinical/field sites and documentation demonstrating student achievement of clinical objectives, and
g. Appropriateness of clinical/field sites relative to the standards/instructor guidelines, and
h. Inspection of educational equipment and training aids for suitability for the standards/instructor guidelines, and
i. EMS training program and course records compliance.

3. The department will review information obtained from evaluation and summary findings with the training program, training program director, SEI/LI, and training physician as determined by the department.
4. The department may make summaries of education program findings available to MPDs, licensed EMS services, and organizations sponsoring EMS educational programs.

D. Discipline of the EMS training program relative to non-compliance issues with educational standards:

1. The department may deny, suspend, modify, or revoke the approval of a training program when it finds:
   a. Violations of chapter 246-976 WAC;
   b. Pending disciplinary actions;
   c. Falsification of EMS course documents; or
   d. The training program failed to provide updated program information to the department.
2. The training program may request a hearing to contest department decisions for denial, suspension, modification, or revocation of training program approval in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and associated administrative codes.

II. Training Program Administration

EMS training programs and training courses approved by the department must comply with the administrative requirements described in this section of this manual. The key personnel in the training program are the training program director, the SEI/LI, and the MPD. People filling more than one of these positions are responsible for the roles of that position.

A. The training program, SEI, lead Instructor, assistant instructors, evaluators, and training physician are responsible for ensuring compliance with administrative requirements and training program policies.
B. The training program director and SEI/LI will submit a training course application in accordance with WAC 246-976-023 (covered in depth below in III).
C. The training program is the repository for official course and student records. It is required to maintain all records for a minimum of four years after the conclusion of the course.
   1. The SEI/LI is responsible for the completion and submission of required course completion documents to the department and the training program.
   2. The training program director is responsible to ensure course records are stored appropriately and the SEI/LI submits all course completion documents to the department.
   3. The training program is required to maintain the following records:
      a. A copy of the original course application submitted to the department, and
      b. A copy of the course approval issued by the department, and
      c. Documentation of student's compliance with all required prerequisites for the level of the course, and

d. A master course schedule that includes documentation of canceled, modified, or added classes with dates, times, instructor, and location changes, and
e. A class attendance record for each class that includes the date each class was held, lesson number, signatures of students attending, instructor's annotation regarding student attendance, and instructor's signature, and
f. A record of approved make-up sessions that include the date of the session, session topic(s), name of the student(s), how the content was made up, verification of the student(s) completion of the session, and the instructor(s) signature, and
g. A record of remediation conducted for any student who by written examination or skill evaluation failed to demonstrate achievement of an objective during regularly scheduled class time. Includes the objective(s) being remediated, date of session, the results of an evaluation of the objective, student(s) and instructor(s) signature, and
h. A record of each individual skill evaluation that documents the evaluation and the results of the performance for each specific psychomotor objective contained in the curriculum, the pass/fail criteria, the student's name, individual score, and date administered, and
i. A copy of each cognitive examination, quiz or evaluation (either paper or electronic format) administered during the course to include date administered, student's name, individual score, and pass/fail criteria, and
j. Copies of written agreements with those facilities used by the course for fulfillment of clinical and field internship objectives, and
k. Documentation of the training physician's approval of clinical preceptors and guest lecturers, and
l. Documentation of orientation for clinical preceptors to the clinical objectives and scope of practice of the student, and
m. Documentation that demonstrates the student's achievement of all clinical and field internship objectives, and
n. Records of each student who failed to complete the course of study and the reason.

D. The training program will submit course completion records completed by the SEI/LI to the EMS and Trauma Section.
   1. The most current versions of the standardized forms are available on the office education web page. User generated forms will not be accepted by the department with the exception of paramedic program course schedules.
   2. An "EMS Course Completion Verification" (also known as EMS Course Graduation Form) document verified by the training program should be submitted to the Department of Health, EMS and Trauma Section within 30 days of course completion via email or U.S. mail.
      a. The course pass/fail status of people is not based on successful completion of the department-approved EMS certification examination, but on:
         1) Successful completion of the course guidelines or curriculum objectives; and
         2) Documented comprehensive knowledge and skill competence as an EMS provider required by the course certification level for course completion; and
         3) Successful completion of the course cognitive and practical skill examination.
      b. Enter an "incomplete" for any student who has not yet completed the program, but who may still do so. Submit an updated "EMS Course Completion Verification" once all students have either passed or failed the program.

E. The SEI/training program will issue a certificate or letter of course completion to all students who comply with all department standards and with all policies established by the training program, and who successfully complete the educational program.

a. The course completion document issued to the student will include the following:
    1) Name of the training program, and
    1) Course location (city and state), and
    2) The department course approval number,
    3) The department-approved credential number, and
    4) The full legal name of the student, and
    5) The words "Successfully completed the following Washington State Department of Health-approved course," and
    6) Level of course (EMR, EMT, advanced EMT, paramedic), and
    7) For EMT courses, additional special skills training completed with the course (skills are listed on the EMS Course Application and Course Completion Verification Form)
    8) Date of course completion, and
    9) The words "This document does not grant Washington State Certification," and
    10) Printed name, credential number if Washington certified, and signature of the SEI/LI, or the training program director/official, and
    11) Additional text and information desired by the training program.

b. The Certificate of Course Completion must not include:
    1) Wording that would indicate or suggest the person is certified or authorized to perform/function in any EMS capacity.
    2) Any inference the person is a certified EMR, EMT, or any other certified EMS provider level.

c. Before issuing the certificate, the SEI/lead instructor must verify the student's:
    1) Comprehensive cognitive, affective and psychomotor abilities; and
    2) Successful completion of the clinical/field experience following the procedures in this document (see Appendix A).

d. For standalone supraglottic airway and intravenous therapy EMT endorsement courses the SEI/LI/training program director should send a copy of the course completion certificate to the department at the conclusion of the course when all course requirements are completed. This allows the endorsement to be added to the EMTs credential.

e. The EMS credential number needs to be added to the COC if provider is current credentialed in Washington to ensure proper alignment.

III. Initial EMS Training Course Requirements

The following standards define the requirements and guidelines necessary to conduct initial EMS training courses as contained in WAC 246-976-023.

A. Training Course Application Process:

1. The training program will use the most current EMS training course forms available from the office education web page.

a. The course schedule:
    1) Classroom (face to face) instruction of initial EMS courses – The department will accept user-generated forms if the form contains all required content identified on the state approved initial EMS training course schedule. A suitable course schedule must accompany paramedic course applications.
    2) Distributive education – The department will accept user-generated course schedules if the form contains all required content identified on the state approved initial EMS training course schedule. Classes or education topics taught in a distributive format

need to be clearly identified as such on the course schedule. A suitable course schedule must accompany paramedic course applications.

3) Hybrid education or blended education– combination of classroom, flipped classroom, or distributive education. Must be clearly identified on the course schedule.

b. The EMS Training Course Application requires:
   1) The training program director has provided printed name, signature and date, on the affirmation and training program agreement.
   2) The local EMS council review of the application to determine need, a sustainability plan consistent with the regional plan, and the council chair has provided printed name, signature, and date. [WAC 246-976-970 (2) (c.)]. (In the absence of a local EMS council, the regional EMS and trauma care council may provide such review.)
   3) A printed name and course approval recommendation signature by the county MPD, and
   4) The process of obtaining these signatures may take some time considering the availability of the people and frequency of meetings, so please plan accordingly.
   5) Submit all documentation and attachments with the application.
c. Course dates:
   1) Course dates need to include all phases of the program; didactic, clinical, field, and the internship.
   2) Start date is the first date students have access to material for courses taught in a distributive or hybrid format, or the first day of class for in-person courses.
   3) End date is the last day of class or the date it is anticipated all course phases will be completed.
d. All courses require a completed EMS course training application postmarked or received by the department at least three weeks before the course start date identified on the application, and department approval before conducting the education.
e. The department will not process applications received less than three weeks before the course starting date.
f. The department will accept only completed applications for review, and will return incomplete applications to the applicant.
g. Because of the course length and the lead time to coordinate the NREMT practical skill examinations, submit AEMT courses more than the required three weeks before the course starts. In addition, the training program director should contact the EMS and Trauma Section to schedule the NREMT-AEMT practical skills examination during the early planning stages.

2. The applicant will submit the completed application to the Department of Health, EMS and Trauma Section via U.S. mail. The Department of Health, will assign a unique number to the approved course.
   a. When/if the department approves the application, The credentialing will send a course approval letter to the training program mailing address via U.S. mail or email to the training program director. The approval letter must be retained as a required course record.
   b. Training programs must have receipt of a course approval letter to begin the course, or verification of approval from the department.
   c. The department course approval numbers must be used on all documents, certificates, records, and correspondence pertaining to the approved course, and is used for several purposes:
      1) Course tracking and course related correspondence,

2) Course identification in the credential database,
3) Verifying students with course approval and Course Completion Verification forms.

d. The training program should allow at least 21 days for department course approval after submission of an application.

3. Training course changes:
   a. Changes in training physician, SEI/LI, or course start/end date require immediate notification to the Department of Health, EMS and Trauma Section.
      1) E-mail to hsqa.ems@doh.wa.gov. or
      2) Notification may be by telephone at 360-236-2840
   b. When any of the above changes occur, the department may require additional documentation regarding the circumstances resulting in the change.
   c. Changes in an approved course must be compliant with the EMS Education Standards Manual and approved curriculum/standards/guidelines.
   d. If the schedule is changed, submit the revised schedule.

B. Personnel Requirements: All courses approved by the department will have the corresponding personnel described in this section as necessary for the level of course conducted and number of students:

1. **Training program director**- the person in charge of the EMS training, not necessarily the SEI or lead instructor, with the following responsibilities:
   a. Serve as the primary contact for the department, and
   b. To represent the training program and provide all administrative oversight of the education program, and
   c. Ensure all educational resources necessary for teaching all course content, and an appropriate inventory of course materials and supplies are available for use by the SEI/LI, and
   d. Ensure compliance with all administrative and educational standards throughout the educational program, and
   e. Schedule and coordinate all of the educational program components, and
   f. Develop and maintain education program policies to include those outlined in Section 1.II. “Training Program Administration” above.
   g. Conduct independent student evaluations of instructors and other course personnel, and
   h. To receive and document complaints from course personnel and students, and resolve per training program policies and procedures, and
   i. Ensure the SEI/LI completes and submits required course completion documents to the department, and
   j. Ensure a course completion certificate is provided to those students the SEI/LI can verify are competent in the course cognitive, affective and psychomotor objectives and have successfully completed the clinical/field experience, and
   k. Enter all course data necessary for registration of the course with National Registry of EMTs on EdNet. (Appendix D), and
   l. Verify knowledge and skills with the NREMT for students who have successfully completed initial EMS training courses.
2. **Senior EMS instructor (SEI), and lead instructor (LI)** - SEI means a person approved by the department to be responsible for the administration, quality of instruction, and the conduct of initial emergency medical responder (EMR), emergency medical technician (EMT), and as appropriate, advanced EMT (AEMT) training courses. LI means a person approved by the department to be responsible for the administration, quality of instruction and the conduct of

department-approved special skills courses, advanced EMT (AEMT), and paramedic training courses.

a. Each course will have a designated SEI or LI who is primarily responsible for:
   1) Being knowledgeable of educational standards, curricula/ instructor guidelines, course documents and instructions, and processes associated with EMS training and certification, and
   2) Developing an end-of-course written examination for course completion or grading purposes. The department-approved EMS certification examination is not an end-of-course examination, and
   3) Developing/providing scenarios used in role play evaluation during the psychomotor examinations, and
   4) Having an attendance roster, with the date annotated, present at each class for students to sign or have instructor take attendance, and
   5) Having a course record book/file to enter and track student attendance, exam/quiz scores, etc., and
   6) Maintaining all course paperwork including student records consisting of attendance, evaluation results and determinations of competence, and
   7) Conducting the course using current Washington-approved curricula/instructor guidelines from which to develop lesson plans, teaching all objectives within the curriculum, and
   8) Using appropriate textbooks, workbooks and other course material, and
   9) Overall delivery of lecture and skill lessons, and
   10) Providing on-site instruction and supervision of other course instruction during each class; or arrange for another SEI or LI to supervise. When using other instructors, the SEI or LI need not be physically present but must be immediately available for consultation, and
   11) The review and monitoring of all assistant instructors and guest instructors to ensure compliance with the course instructor guidelines, and
   12) Orientation of all guest instructors, clinical preceptors, and field internship preceptors to the specific course objectives within their sphere, and
   13) Evaluation of assistant instructor performance and competency, and
   14) Ensuring there is a sufficient number of EMS evaluators or assistant instructors to maintain a six-to-one (6:1) student to instructor ratio for psychomotor portions of the course, and
   15) Using training equipment and training aids that are fully functional and in serviceable condition, and
   16) Properly teaching and demonstrating practical skills, and
   17) Conducting written evaluations throughout the course to ensure people are knowledgeable in all topic areas, and
   18) Conducting practical skills evaluations to determine skills competency using the skills evaluation forms approved by the department; these evaluations may occur throughout the course, and
   19) Ensuring hospital, clinical or field internships are in place, scheduled, and students have positive clinical/field internship experiences.
      a) Students are scheduled for and complete the required experiences before participating in the psychomotor examination (unless uncontrollable circumstances are identified and documented as required), and
      b) Develop or use appropriate evaluation forms, and evaluate student performance of clinical, and field internship experiences, and

c) Review and provide feedback to students on patient evaluation write-ups, and
20) Conducting organized and coordinated psychomotor examinations using only department-approved forms, and
21) Verifying documentation of student performance and competency, and
22) Ensuring a course completion certificate is provided to those students the SEI/LI can verify are competent in the course cognitive, affective and psychomotor objectives, and who have successfully completed the clinical/field experience, and
23) Orienting students, providing accurate and appropriate information about the certification examination and initial certification process, then
    a) Arrange for and/or assisting students to register for the approved Washington State Department of Health-EMS (NREMT) certification examination in a timely manner, and
    b) Assist students by informing them how to proceed with initial Washington state EMS certification, and
24) Inform students/people who upon course completion or receipt of a course completion certificate, they:
    a) **Are no longer** indemnified from liability and will not be covered when responding on emergency responses with a licensed EMS agency, unless placed back in training status by the county MPD.
    b) **Are not authorized** to provide patient care until they have completed the Washington state certification process **and** have official certification authorization from the Department of Health.
25) Inform students/people that passing the Department (NREMT) certification examination, and holding NREMT certification, **does not authorize** them to provide patient care until they have applied for and obtained official Washington state certification from the department.
26) Inform students/people of responsibilities as a Department of Health-certified EMS provider:
    a) They are authorized to perform prehospital patient care as a state certified prehospital EMS provider only when their certification is valid and only within their scope of practice:
        i) When performing in a prehospital emergency setting or during interfacility ambulance transport; and
        ii) When performing for a licensed EMS agency or an organization recognized by the department; and
        iii) Within the scope of care that is:
            (a) Included in the Washington State Amended and approved instructional guidelines/curriculum for the person's level of certification; or
            (b) Included in approved specialized training; and
            (c) Included in state-approved county MPD protocols.
    b) To become familiar with RCW 18.130 – Regulation of health professions – Uniform Disciplinary Act. This statute holds EMS providers responsible for professional conduct.
    c) As certified EMS providers, they are required to be associated with a licensed or department-approved prehospital EMS provider, and to inform the department of any changes in supervising EMS agency or personal information.
    d) Certified EMS providers are responsible to maintain education and examination

requirements for recertification. That certification is a personal property right. All providers are responsible to renew their certifications on time. Discipline can result for unlicensed practice when providing patient care with an expired certification. EMS providers are responsible to maintain records of their education.

27) Sending completed, required course completion documents to the department.

3. **Other Instructors** - must be approved by the MPD and are under supervision of the primary SEI or LI:
   a. Guest instructors- may instruct individual course lessons when knowledgeable and skilled in the topic:
      1) Must have education credentials and experience consistent with the instructional guidelines they teach, and
      2) The training physician must approve guest lecturers for all courses, and
      3) The guest lecturers may not provide more than 25 percent of the course lessons.
   b. Assistant instructors - must be a department-approved EMS evaluator; and may instruct individual course lessons when knowledgeable and skilled in the topic, and certified at or above the level of education provided.
   c. Guest and assistant instructor responsibilities are:
      1) For following the course curricula or instructional guidelines for the level of training conducted;
      2) Assisting the SEI or LI as directed, and
      3) Training of students in skill objectives, and
      4) Evaluating student performance and competency and documenting the finding.
4. **Evaluators**- MPD and department-approved EMS evaluators are under supervision of the primary SEI or LI when assisting in courses.
   a. EMS evaluators for EMR and EMT courses must have EMT, AEMT or paramedic-level certification.
   b. EMS evaluators for advanced EMT courses must have EMT, AEMT or paramedic-level certification.
   c. EMS evaluators for paramedic courses must be certified paramedics, program instructional staff (when training is provided by an accredited paramedic training program), or MPD delegated evaluators.
5. **Training physician**- Can be the county medical program director or an MPD delegated physician with oversight responsibilities for department-approved EMS education courses as described within this manual:
   a. The training physician must be oriented to the EMS students' scope of practice, and
   b. Hold a current active license issued by the department to practice medicine and surgery or osteopathic medicine or surgery in Washington, and in good standing with no restriction upon or actions taken against his or her license.
   c. Course training physician responsibilities are:
      1) Verification of student competency and completion of all course objectives through formal review, examination, or evaluation by the training physician or his or her delegate, and
      2) Approval of all guest lecturers, clinical and field preceptors, and
      3) Approval of all clinical and field internship facilities, and
      4) Through collaboration with EMS medical directors, hospital supervising physicians, and/or medical clinic supervising physicians ensure appropriate medical supervision for students participating in clinical and internship education.

6. Each initial EMS course type has instructor requirements;
   a. EMR and EMT course:
      1) Department-approved SEI, or.
      2) Department-approved SEI-candidate supervised by an approved SEI, and
      3) County medical program director approved.
   b. AEMT course:
      1) Department-approved SEI certified at the AEMT level or higher, or
      2) A paramedic, or
      3) Program instructional staff when training is provided by an accredited paramedic training program; and
      4) County medical program director approved.
   c. Paramedic course:
      1) The lead instructor for paramedic courses must have proof of clinical experience at the paramedic level or above; and
      2) Training program director, MPD delegated training physician and county medical program director approval.

C. Course Standards: The department-approved training program director, SEI/lead instructor, assistant instructors, and county MPD or MPD-delegated training physician share in the accountability to maintain education standards throughout the course.

1. Training programs and SEI/lead instructors are responsible to screen students as required by WAC 246-976-041 to confirm prospective students meet course entry requirements.
   a. An applicant must be at least 17 years of age at the beginning of the course. The department will not grant variance requests for the age requirement.
   b. Emergency medical responder and emergency medical technician applicants have no educational prerequisites.
      1) It is **recommended, not required,** that a nationally recognized CPR health care provider or professional rescue level skills be made a pre-course requirement. This prerequisite would include patient assessment, scene survey, recovery position, infection control, recognizing a heart attack, adult, child and infant CPR including 1 and 2 rescuer, mouth-to-mouth with barrier, mouth-to-mask, bag-valve mask, conscious and unconscious choking procedures and AED.
   c. AEMT: course entry requirements include current EMT certification and at least one year of experience. Certification for a year without proof of experience does not meet this requirement, and the experience should be prehospital in nature.
   d. Paramedic: course entry requirements include at least one year of experience as a certified EMT, or equivalent prehospital experience; and meet all entry requirements of the state-approved paramedic-training program. Certification for a year without proof of experience does not meet this requirement, and the experience should be prehospital in nature.
   e. The requirements in WAC 246-976-141 are not required to enter a course; however, it is common when prioritizing students to select applicants who meet these requirements before those who do not.
2.
3. Students enrolled in initial certification courses are required to, at a minimum, have a core textbook consistent with the department-approved instructor guidelines/curriculum.
4. The student to instructor ratio for psychomotor instruction will be no greater than six to one (6:1).
5. No didactic education session may exceed eight hours within a 24-hour period.

6. All instruction will meet or exceed the minimum recommended time allotted for the approved curriculum:
   a. EMR – 48 to 60 clock hours, includes the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
   b. EMT – 150 to 190 clock hours, includes the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
   c. AEMT – 150 to 250 clock hours beyond EMT requirements, includes the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
   d. Paramedic – As required by the department-approved accreditation agency and the Department of Health. Accredited programs typically range from 1,000 to 1,300 clock hours, including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material. Further prerequisites may be required to address competencies in basic health sciences (anatomy and physiology) and in basic academic skills (English and mathematics).
7. Course curriculum or instructor guidelines and core content must adhere to content approved by the department in WAC 246-976-023:
   a. The "National EMS Scope of Practice Model," "National EMS Education Standards" and the Instructor Guidelines published January 2009 (for the level of instruction), are companion documents and have been amended for use in Washington state by the department.
      1) The *National EMS Scope of Practice Model* identifies the psychomotor skills and knowledge necessary for the minimum competence of each nationally identified level of EMS provider.
      2) The Washington amended National EMS Standards define the minimal entry-level educational competencies for each level of EMS personnel as identified in the National EMS Scope of Practice Model. The less rigid standards format supports diverse implementation methods and allows content updates more frequently. The Washington amended National EMS Instructor Guidelines (IG) do not comprise a curricula, but are intended to provide guidance to instructors regarding the content that may be included within each area of the National EMS Education Standards, and to provide interim support to SEI/LIs. They are not intended to be all-inclusive, but adaptable, with the understanding that they will become outdated as research, technology, and national organization guidelines dictate changes in patient assessment and care.
      3) In implementing the Washington State Amended Standards, EMS instructors and educational programs will have the freedom to develop their own curricula or to use any of the wide variety of publishers' lesson plans and instructional resources available at each EMS educational level.

D. Educational Infrastructure to support courses:
   1. Equipment: Education programs will have access to all equipment and educational aids necessary to fulfill the needs of the instructional guidelines.
      a. See Appendix E for the recommended equipment guidelines.
      b. Provide audio, visual, and kinematic aids to support and supplement didactic instruction.
   2. Educational facilities: All classroom facilities used for EMS educational programs are required to be conducive to a learning environment to include:
      a. ADA compliant facility
      b. Environmental controls for heating, cooling, and ventilation, and
      c. Adequate space for seating and skills practice relative to the anticipated number of students and type of course:

1) Provide space sufficient for students to attend classroom sessions, take notes, and participate in classroom activities.
2) Provide space for students to participate in kinematic learning and practice activities.

d. Provide sufficient space for instructor lesson preparation.
e. Provide adequate and secure storage space for instructional materials, supplies, equipment.
f. Appropriate restroom facilities.

E. Evaluation, Examination, Remediation and Reevaluation: The Washington State Practical Skills Examination consists of the successful completion of all individual practical skill sheets and any required comprehensive end-of-course evaluations.

1. The department-approved BLS Practical Skills Evaluation Guidelines and EMR, EMT, and AEMT Practical Evaluation Skill Sheets compose the skill requirements for successfully completing the EMR and EMT course practical skill examinations. These documents are available on the EMS Training Application and Documents under the documents/forms and tools.
   a. **The SEI/LI can conduct practical skill evaluations in one of two ways:**
      1) Evaluate individual skills as required, during the course labs or evaluation lessons. Document these performances on skill sheets as you would a final course evaluation. Successful completion documents student competency for the skill. Benefits include:
         a) Determine the competency of each student in each of the individual practical skill taught within the course.
         b) Conduct remedial education and reevaluation during the course in a timely manner.
         c) Conduct the optional comprehensive end-of-course evaluation initial EMR and EMT courses to determine competency when working with a team. Conduct the optional comprehensive end-of-course evaluation initial EMR and EMT courses to determine competency when working with a team.
      2) Conduct an evaluation of all practical skills as identified in the BLS Practical Skills Evaluation Guidelines at the completion of the course
         a) If desired, complete the optional comprehensive end-of-course evaluation initial EMR and EMT courses to determine competency when working with a team.
2. AEMT and paramedic require National Registry of Emergency Medical Technicians (NREMT) practical skill certification examination with a state-approved NREMT representative administering the examination.
   a. The training program is responsible to use the NREMT Advanced Level Coordinator Handbook to coordinate and schedule the examination.
   b. The training program should use examination skill sheets developed by the NREMT during the course. The NREMT representative will provide color-coded skill sheets for the examination provided by the NREMT.
3. Authorized practical skill evaluators/examiners are:
   a. A medical program director (MPD) or MPD-delegated training or supervising physician.
   b. A department-approved SEI or a MPD and department-approved EMS evaluator, certified at the EMT level or higher, at or above the level of the person being evaluated.
   c. A qualified non-physician delegated by the MPD.
   d. Instructors credentialed through nationally recognized training programs, although not approved as an Department of Health EMS evaluator, i.e., CPR, ACLS, PHTLS, PALS, etc.,

when approved by the MPD. Evaluations of skills during these specific training courses must use the nationally recognized training program's skill evaluations sheets.

e. Guest instructors must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented, and must be approved by the MPD to instruct or evaluate EMS topics.

4. Role play is individual and/or team practical skills performance evaluations from written scenarios. Use this method for the comprehensive end of course evaluation.
   a. The SEI's is responsible to develop role-play scenarios for evaluations. During the scenario development, skill combinations are encouraged, i.e., the exam coordinator, for the trauma evaluation, could combine oxygen, splinting, PASG stabilization and immobilization. For the medical evaluation, introduce pharmacology elements to include indications, contraindications, dosages, and side effects.
5. Remediation and Reevaluation:
   a. Provide remedial education and reevaluation, within reason, to people who have failed to demonstrate competency.
   b. Document the deficiency and provide remediation before the student receives education beyond the point of deficiency within that module.
   c. The SEI/lead instructor must document remediation and reevaluation sessions.
   d. The SEI/lead instructor, training program director, training physician, or MPD should counsel people regarding further involvement in the course or EMS field when remediation fails.

F. Complete clinical/field experience requirements within the course before end-of-course knowledge and practical skills examinations. See specific requirements listed in Appendix A.
   1. Clinical/field rotations, including hospital experience identified in approved standards/instructor guidelines appropriate to the training.
      a. The training program, training program director, and, SEI/lead instructor are responsible to arrange and develop agreements for the students to have the opportunity to complete clinical and field internship rotations.
      b. The inability of a training program to complete these requirements constitutes an incomplete course.
      c. The training program director/SEI/LI must contact the Department of Health, EMS and Trauma Section if questions arise regarding these requirements or if the program cannot meet the requirements.
   2. Clinical facilities: All clinical facilities are required to be compatible with and appropriate for the instructional guidelines for the EMS level training conducted.
      a. The MPD or MPD-delegated training physician must approve clinical facilities for all advanced EMT and paramedic courses.

G. Requirements and guidelines necessary to complete the department-approved cognitive certification exam as contained in WAC 246-976-022 and -141.
   1. Examination registration procedures and process:
      a. The training program director must have registered the course on the nremt.org website.
      b. Appendix D contains detailed information for course registration, student application and scheduling a certification examination.
      c. The SEI/LI should encourage students to complete the approved department certification examination as soon as possible after course completion.
      d. The SEI/LI should assist students in applying to take the examination and scheduling the examination if requested.

2. Examination eligibility:
    a. A person is eligible to take the Department of Health-EMS certification examination upon successful completion of an approved EMS course. (See IV below.)
    b. Agency association is not required to take the exam.
3. Examination results:
    a. Successful completion of an initial course is valid for two years. After two years, people desiring certification must complete another entire course.
    b. Applicants will have three attempts within 12 months of course completion to pass the examination.
        1) In the event the applicant is unsuccessful passing the cognitive examination, the NREMT will provide feedback on performance. The applicant may apply to retest 15 days after the latest examination.
        2) After three unsuccessful attempts, the applicant may:
            a) Retake the initial EMS training course, or
            b) Within 12 months of the third unsuccessful attempt, complete department-approved refresher training, identified below, covering airway, medical, pediatric, and trauma topics, and pass the department-approved certification examination.
                i) EMR - Not applicable - Must repeat EMR course.
                ii) EMT- 24 hours.
                iii) AEMT- 36 hours - pharmacology review must be included in the refresher training.
                iv) Paramedic- 48 hours - pharmacology review must be included in the refresher training.
    c. In cases where applicants do not yet meet all certification requirements, a passing score is valid for 12 months.

IV. Applying for EMS Certification after Course Completion

A. People who have successfully completed an initial Washington state-approved EMS course must meet the requirements provided in WAC 246-976-141 and complete the initial certification application.
1. Pre-course screening process and explanation of requirements:
    a. The training program should screen course applicants to ensure they will meet and can document the requirements for certification, including completion of the initial EMS certification application packet.
    b. The training program should include the initial EMS certification requirements, identified in WAC 246-976-141, in the course student handbook provided at the beginning of the course.
2. Certification application process and procedures:
    a. SEI/LIs should assist students in completing the initial EMS certification application if requested. This may be done before course completion as the application has two parts:
    1) The first part (initial EMS certification application) is the student's information that can be sent in to begin the process, and
    2) The second part (EMS supervisor/medical program director signature form) is for the student's EMS agency or organization to verify association and for the MPD's recommendation for certification.
    b. The training program through the SEI/LI must provide a course completion certificate or letter containing the information identified in Section 1.II.E., in this document.

3. Certification application requirements: An applicant must submit to the department:
    a. A completed, department-provided, initial EMS certification application.
        1) Do not alter the initial EMS certification application in any way.
        2) Read the application in its entirety and follow all directions.
        3) The local EMS office may forward the application packet to the department on the applicant's behalf after the MPD has signed it.
    b. Proof of meeting the requirements identified below:
        1) Applicant must provide proof of successful EMS course completion from a department-approved EMS training program. For paramedic applicants, this proof must be from a training program accredited by a department-approved national accrediting organization.
        2) Provide proof of a passing score on the department-approved certification examination for the level of certification.
        3) High school diploma or GED: Required for EMT, AEMT and paramedic only.
        4) Provide proof of identity - state or federal photo ID (military ID, driver's license, passport).
        5) Provide proof of age - at least 18 years of age. The department will not grant variances to the age requirement.
        6) Provide proof of EMS agency association - active membership, paid or volunteer with:
            a) Licensed aid or ambulance service;
            b) Law enforcement agency;
            c) Business with organized industrial safety team;
            d) Senior EMS instructors or training coordinators, supervised by a department-approved EMS training program, who are unable to be associated with approved agencies above.
    c. Background check - required. A fingerprint card and FBI background check may be required.
4. Certification Issuance by the department
    a. People who successfully complete an EMS course and received a letter/certificate of course completion are not authorized to provide patient care until they:
        1) Have completed the Washington state certification process, and
        2) The Department of Health has issued an official EMS certification.
    b. People who successfully complete an EMS course, passed the department-EMS certification examination (NREMT), and have received certification from the NREMT are not authorized to provide patient care until they have completed the Washington state certification process and have official certification from the Department of Health.
    c. If people have questions, SEIs/LIs should encourage them to contact the Department of Health Customer Service Office at 360-236-4700.

B. The following standards define the requirements and guidelines necessary to conduct EMS specialized training courses as contained in WAC 246-976-024.
   1. MPDs may submit a proposal to conduct pilot training programs to determine the need for skills, techniques, or equipment that are not included in standard course curricula/instructional guidelines. A pilot program allows the MPD to conduct field research to determine whether:
      a. The training is effective;
      b. The student can master the knowledge and skills required ;
      c. The EMS providers can provide competent patient care following training.
   2. To request approval of a pilot training program, the MPD must submit a proposal that includes the following information to the department for review:
      a. A needs statement describing what the proposed pilot will address;
      b. The level of certified EMS provider who will participate in the pilot training;
      c. The length of the pilot project;
      d. The method by which the pilot project will be evaluated;
      e. Course curriculum/lesson plans;
      f. Type of instructional personnel required to conduct the pilot training;
      g. Course prerequisites;
      h. Criteria for successful course completion, including student evaluations and/or examinations; and
      i. Prehospital patient care protocols for use in the pilot program.
   3. The department will:
      a. Review the request and training plan;
      b. Consult with the prehospital technical advisory committee to determine the need for, and the benefits of, the requested training throughout the state.
      c. Based on recommendation of the prehospital TAC, approve or deny the request for the pilot program.
   4. The MPD must report the results of the pilot training to the department and to the prehospital TAC.
      a. The department and the prehospital TAC will review the results of the pilot training project to determine whether to implement the new training statewide.
      b. If approved for statewide use, the department will adopt it as specialized training and notify all county MPDs to advise if the skill is required.

Section 2 – Involvement in EMS Education

I. How Do I Get There?

Information regarding the SEI qualification process is available on the department website

A. After obtaining experience in the EMS field, some people want to become involved in EMS education, some with the intention of eventually becoming an SEI.
   1. People begin by assisting SEIs during an EMT course.
      a. With the completion of an EMS evaluator workshop (with MPD and department approval), course assistants can provide fair and objective evaluations of students' practical skills.
      b. As assistants become more knowledgeable in topic content, and when approved by the MPD, they may begin instructing portions of a course under the supervision of the SEI.
      c. As an assistant becomes fully knowledgeable of EMT topics, some desire to teach CME or OTEP classes. Some seek SEI approval as their instructional abilities increase.
   2. CME or OTEP classes do not require instruction by an SEI.
      a. The instruction of CME and OTEP training does not indicate need to begin the SEI qualification process.
      b. The additional instructional experience will provide a solid base for further instructor training, before seeking SEI approval.
   3. Prerequisites to begin the SEI qualification process:
      a. People must send the department, an application and proof of the meeting the following prerequisites:
         1) Current Washington state EMT or higher EMS level certification with at least:
            a) Three years minimum prehospital experience; and
            b) One recertification; and
         2) Completing an MPD-approved EMS evaluator workshop, and approved by the MPD and department as an EMS evaluator as identified in WAC 246-976-163.
         3) Current recognition as a CPR instructor for health care providers by the American Heart Association (AHA), the American Red Cross (ARC), National Safety Council (NAC), or other nationally recognized organization with equivalent standards approved by the department.
         4) Successful completion of an instructor training course by the U.S. Department of Transportation (DOT), National Highway Traffic Safety Administration, an instructor training course from an accredited institution of higher education, or an equivalent instructor course approved by the department. Recognized courses are listed on the SEI web page.
         5) Successful completion of an examination developed and administered by the department, on current EMS training and certification statutes, WAC and the Uniform Disciplinary Act (UDA). Information regarding the required examination is available on the office SEI web page.
      b. The specific courses approved by the department as acceptable adult instructional methodology courses are listed on the SEI web page.
   4. When the person meets these prerequisites, submit an SEI candidate application and all documentation to the department.
   5. When the person meets the prerequisites, the department will issue an Initial Recognition Application Procedures (IRAP) packet.
      a. The packet contains the instructor objectives the SEI candidate must complete to become an approved SEI.
      b. The packet includes instructions to complete the process, and an application.

c. The application must be submitted when the objectives have been completed, following the instructions, to become approved as an SEI.

B. Completion by the IRAP by the senior EMS instructor candidate

1. The SEI qualification process is performance-based. This process is one in which the criteria for qualification is individual performance on a series of objectives that must be successfully completed.
   a. The SEI candidate must complete the objectives identified in the IRAP within an EMT course. Some of the objectives will be administrative; however, most will be instructional in nature.
   b. SEI-Evaluator (An SEI-Evaluator or SEI-E is not an instructor approval level, but a way to identify a currently approved SEI performing the evaluation.) must evaluate each instructional objective. When all the objectives are completed, submit the objectives signoff sheet and all evaluations.
2. Following receipt of the MPDs recommendation, send all documentation and a SEI application to the Department of Health.
3. The department will review the documents and upon approval, issue the SEI candidate a recognition card, and the Renewal Application Procedures (RAP). The RAP contains the objectives the new SEI must complete over the next three years for continued recognition.

C. Once approved as a SEI/lead Instructor, it is necessary to remain current in EMS knowledge and the performance of psychomotor skills. It is also necessary to remain current in the instruction and evaluation of psychomotor skills. It is important to properly instruct and accurately evaluate psychomotor skills, as is the ability to convey that knowledge to others.

II. How Do I Stay There?

Information regarding the SEI qualification process is available on the department website.

A. SEI renewal requirements and renewal process:

1. SEI renewal applicants must send the department proof of meeting the following prerequisites:
   a. Current or previous recognition as a Washington state SEI,
   b. Current Washington state EMT or higher EMS level certification.
   c. Current recognition as a CPR instructor for health care providers by the American Heart Association (AHA), the American Red Cross (ARC) ARC, National Safety Council (NAC), or other nationally recognized organization with equivalent standards approved by the department,
   d. Successful completion of an examination developed and administered by the department on current EMS training and certification statutes, WAC and the UDA,
   e. Attendance at an SEI workshop, which may be fulfilled by any combination of the following:
      1) State or national updates in standards or the review of current statute and rules that affect EMS personnel and training, or
      2) NAEMSE workshop, or
      3) SEI workshop as approved by department
2. When all the objectives are completed, submit the SEI application, the completed RAP, and required documentation to the department.
3. The department will review the documents and upon approval, issue the SEI candidate a recognition card, and the Renewal Application Procedures (RAP). The RAP contains the objectives the new SEI must complete over the next three years for continued recognition.

B. What EMS instructors should know

1. Revised Code of Washington (RCW) – also known as statutes

a. Although numerous statutes pertain to the EMS and Trauma System that EMS educators should be familiar with, the statutes listed below are of particular importance because one identifies the Department of Health duties and the other identifies the process for getting a variance from the requirements involving EMS training.

18.73.081 **Duties of secretary--Minimum requirements to be prescribed**
18.73.101 **Variance from requirements**

b. In addition, it is necessary to be familiar with RCW 18.130, the Uniform Disciplinary Act (UDA). This statute consists of laws governing the licensure and discipline procedures for health and health-related professionals and businesses.
c. The EMS statutes webpage provides all current EMS and Trauma-related statutes.

2. Washington Administrative Code (WAC) – Also known as rules
   a. All people involved in EMS training and evaluation should be familiar with the following EMS rules pertaining to EMS training and certification:

Training

246-976-022 **Training Program**
246-976-023 **Training Course Requirements**
246-976-031 **Senior EMS Instructor (SEI)**
246-976-032 **SEI Renewal**
246-976-033 **Denial, suspension, modification or revocation of SEI recognition**
246-976-041 **To Apply For Training**

Certification

246-976-141 **To obtain Initial EMS provider certification**
246-976-142 **To obtain reciprocal (out-of-state) EMS certification**
246-976-143 **To obtain EMS certification by challenging the educational requirements**
246-976-144 **EMS certification**
246-976-161 **General education requirements for EMS provider recertification**
246-976-162 **The CME method of recertification**
246-976-163 **The OTEP method of recertification**
246-976-171 **Recertification, reversion, reissuance and reinstatement of certification**
246-976-182 **Authorized care – scope of practice**
246-976-191 **Disciplinary actions**

   b. All current EMS and trauma related rules are available on the office rules web page.

C. What to Teach (Instructor Guidelines/ Curricula and where to find it)
   1. Washington State Required Course curriculum or instructor guidelines and core content must adhere to content approved by the department in WAC 246-976-023:
      a. The "National EMS Scope of Practice Model," "National EMS Education Standards" and the Instructor Guidelines published January 2009 (for the level of instruction), are companion documents and have been amended by the department for use in Washington state.
         1) The *National EMS Scope of Practice Model* identifies the psychomotor skills and knowledge necessary for the minimum competence of each nationally identified level of EMS provider.
         2) The Washington amended National EMS Standards define the minimal entry-level educational competencies for each level of EMS personnel as identified in the National

EMS Scope of Practice Model. A less rigid standards format supports diverse implementation methods and a more frequent update of content.

3) The Washington Approved Skills and Procedures for Certified EMS providers and amended National EMS Instructor Guidelines (IG), do not comprise a curricula, but are intended to provide guidance to instructors regarding the content that may be included within each area of the National EMS Education Standards, and to provide interim support to SEI/LIs. IGs, not intended to be all-inclusive; with the understanding, they would become outdated as research, technology, and national organization guidelines dictate changes in patient assessment and care.

2. All SEIs/lead EMS instructors, and other instructors must be knowledgeable of and comply with the National Instructor Guidelines, amended and approved by Washington State Department of Health.
3. In implementing the Washington State Amended Standards, EMS instructors and educational programs will have the freedom to develop their own curricula, or to use any of the wide variety of publishers' lesson plans and instructional resources that are available at each EMS educational level.
4. The use of the approved standards and guidelines is required for any course they are going to conduct, whether it is an initial course, CME or OTEP. WAC 246-976-023 references the instructor guidelines as the approved standard; therefore, are an extension of WAC and become the standard of care. Being knowledgeable includes:
   a. Reading or reviewing the EMS Standards and instructor guidelines; being familiar with all sections, including all instructional lessons, additional required topics, and all appendices.
   b. Knowing where to find course forms, and other course requirements, i.e.:
      1) Clinical and field requirements,
      2) Practical evaluation skill sheets,
      3) Requirements for course completion certificates, and
      4) Other course-related concerns.
   c. Initial course curricula/instructor guidelines are available on the office publications web page.
5. Other State Required Curricula/Instructor Guidelines
   a. Multicultural health appropriate to the level of EMS training; and
   b. "The "Infectious Disease Prevention for EMS Providers"; a course that meets the four-hour requirement of chapter 70.24 RCW. The required instructional material for EMS is the "Infectious Disease Prevention for EMS providers." It is available on the website at https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSEducationandTraining/EMSTrainingApplicationsAndDocuments.
   c. This instruction must be incorporated into the EMS course consistent with the instructor guidelines for the EMS level being taught, and
   d. Other MPD-required training consistent with MPD protocols.
6. Additional Curricula/Instructor Guidelines
   a. Curricula/instructor guidelines for special skills, wilderness EMS, etc., may be found on the department website at:

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSEducationandTraining/EMSTrainingApplicationsAndDocuments

III. Denial, Suspension, Modification or Revocation of SEI Recognition

Information regarding this process is available in WAC 246-976-033.

A. The department may deny, suspend, modify or revoke an SEI's recognition when it finds:

1. A violation of Chapter 18.130 RCW, the Uniform Disciplinary Act has been committed.
2. A failure to:
   a. Maintain EMS certification;
   b. Update the following personal information with the department as changes occur:
      1. Name;
      2. Address;
      3. Home and work phone numbers.
   c. Maintain knowledge of current EMS training and certification statutes, WAC and the UDA;
   d. Comply with requirements in WAC 246-976-031(1);
   e. Participate in the instructor candidate evaluation process in an objective and professional manner, without cost to the individual being reviewed or evaluated;
   f. Complete all forms and maintain records in accordance with WAC;
   g. Demonstrate all skills and procedures based on current standards;
   h. Follow the requirements of the Americans with Disabilities Act (ADA);
   i. Maintain security of all Washington State Department of Health examination materials.

B. The candidate or SEI may request a hearing to contest department decisions with regard to denial, suspension, modification or revocation of SEI recognition in accordance with the Administrative Procedure Act (APA) (Chapter 34.05 RCW) and associated Washington Administrative Code.

Section 3 – Ongoing Training & Evaluation Program

I. OTEP Development

A. "Ongoing Training and Evaluation Program (OTEP)" is a program of education for EMS personnel, approved by the MPD and the Department of Health to meet the education requirements and core topic content for recertification. OTEP includes cognitive, affective and psychomotor evaluations following completion of each topic presentation to determine student competence of topic content. OTEP training and evaluation sessions must be conducted at least quarterly to be considered ongoing.

B. This section provides the guidelines to develop an OTEP that meets minimum state standards and provides information to assist in the continual improvement of existing training programs.

1. EMS agency Involvement- If an EMS agency decides to conduct an "OTEP" it must:
   a. Have currently certified EMS providers
   b. Have county MPD and department-approved EMS evaluators and Instructors
   c. Develop a training program following educational requirements for the recertification of EMS personnel, using topic content identified below.
   d. Complete the ongoing evaluation and training application, DOH Form 530-010
   e. Obtain "OTEP" approval from county MPD and the department
2. Instructor and evaluator personnel
   a. Evaluators must be Department of Health-approved EMS evaluator, or another authorized evaluator (see II below).
   b. Instructors must be a Department of Health-approved EMS evaluator and approved by the county MPD to instruct and evaluate EMS topics, or another authorized instructor (see II below).
3. Participation in an approved OTEP requires current EMS certification.
4. Medical program director (MPD) responsibilities- MPDs or their designated delegate(s) are responsible for approval of OTEP for EMS provider recertification, OTEP instructors and EMS evaluators
   a. Recommendation of recertification of EMS providers to the department
5. The OTEP Requirements and Development- webpage provides information and resources to assist OTEP development.
   a. OTEP programs must meet annual and certification period educational requirements using:
      1) Cognitive, affective and psychomotor objectives found in instructor guidelines or curricula identified in WAC 246-976-023, for the level of certification being taught in the following core content areas:
         a) Airway /ventilation (including intensive airway management training for personnel with advanced airway (ET) qualifications to determine competency), and
         b) Cardiovascular, and
         c) Medical emergencies/behavioral, and
         d) Trauma, and
         e) Obstetrics, and
         f) Pediatrics, and
         g) Operations, and
         h) EMS personnel with IV therapy qualifications require Intensive IV therapy training to determine competency.
      2) The current national standards published for CPR, foreign body airway obstruction (FBAO), defibrillation and patient care appropriate to the level of certification.

3) Includes education and updates on county medical program director (MPD) protocols, Regional Patient Care Procedures, and County Operating Procedures.
4) Training updates in standards as identified by the Department. This material is available on the Emergency Medical Services Systems website.

b. OTEP programs must evaluate student cognitive, affective and psychomotor competence following the completion of each topic presentation, for the level of certification evaluated
1) MPD- and department-approved evaluators must record psychomotor skill evaluations on skill evaluation forms from nationally recognized training programs, or on department-approved forms for skills found in the curricula/instructor guidelines identified in WAC 246-976-023, for the level of certification being evaluated.
2) The MPD can authorize the development of a skill evaluation form, and approve it for use, if a course skill objective does not have a skill evaluation form provided.

c. The county MPD and the Department of Health must approve OTEP educational content.
d. An OTEP may incorporate nationally recognized training programs for the core content areas identified in 5.a. above.
e. An OTEP may include skill maintenance requirements for ALS (paramedics) and AEMT (advanced EMT) personnel as part of the plan as identified in WAC 246-976-163, Table B.

6. Other considerations:
a. Remedial training - If an EMS provider is unable to demonstrate knowledge and skill competency, he or she may receive remedial training as determined by the MPD.
b. Any EMS provider changing from the OTEP method to the CME method must meet all requirements of the CME method including the written and practical skills certification examinations identified in WAC 246-976-171.

7. OTEP quality improvement:
a. The key to a successful OTEP is periodic assessment of instructors and EMS evaluators. The following are several suggested approaches to establish an in-house quality assessment (QA) program in training and evaluation:
1) Conduct peer evaluations of CME instructors and EMS evaluators. Sample "peer review forms" are available from the department upon request.
2) Whenever possible involve the MPD or delegate in training or evaluation sessions.
3) OTEP coordinators must periodically survey EMS personnel about the strengths and weaknesses of the OTEP, and suggestions for improvement.

8. National Registry of Emergency Medical Technicians (NREMT) Recertification Requirements:
a. Many people in Washington state maintain NREMT credentials exclusively or in addition to Washington state EMS credentials. Education requirements obtained to meet Washington's standards may be used to meet NREMT recertification requirements when:
1) Educational topic content and course time requirements meet the NREMT topic and time requirements.
2) The courses obtained have been properly documented and provided to the NREMT by the required due date.
3) For additional information, please refer to the NREMT website at: http://www.nremt.org/nremt/about/brochuresRecertification.asp.

9. OTEP reapproval:
a. Substantive changes to the approved OTEP require documented approval from the county MPD and the department.
b. OTEP applications are available on the department OTEP page.

II. OTEP EMS Evaluators and Instructors

A. An agency conducting an OTEP will need instructor/evaluator personnel.

B. During an OTEP, EMS personnel must complete and demonstrate competency in skills contained in the Washington state-approved instructor guidelines/curricula (for the certification level taught) and other approved topic content.

1. EMS evaluators evaluate practical skills and determine the competency of each individual on each skill covered during the OTEP.
   a. EMS evaluators must:
      1) Be currently certified at the EMT level or higher, which has completed at least one certification cycle.
      2) Complete an MPD-approved EMS evaluator workshop that teaches the methods and techniques of consistent and objective practical skills evaluation using skill evaluation forms identified by the Department of Health.
      3) Complete the EMS Evaluator Application, DOH Form 530-012.
         a) EMS Evaluator Applications are available on the office education webpage.
      4) Be approved by the county medical program director and the Department of Health.
      5) Evaluate practical skills for people at or below the evaluator's level of certification.
   b. Other authorized evaluators:
      1) A medical program director (MPD) or MPD delegated training or supervising physician.
      2) A qualified non-physician delegated by the MPD.
      3) Instructors credentialed through nationally recognized training programs, although not approved as an EMS evaluator, i.e., CPR, ACLS, PHTLS, PALS, etc., when approved by the MPD. Evaluations of skills must use the nationally recognized training course skill evaluations sheets.
      4) Guest instructor, when used, must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the MPD to instruct or evaluate EMS topics. An SEI (initial EMT or emergency medical responder classes), lead instructor (for initial AEMT or paramedic courses) or EMS evaluator (for OTEP classes) should be present during the guest lecturer's presentation.
2. EMS instructors fulfill both an instructor role and an EMS evaluator role in an OTEP.
   a. OTEP instructors:
      1) Must be certified at the EMT level or higher, which has completed at least one certification cycle.
      2) Require MPD and department to provide approval as an EMS evaluator.
      3) Require MPD to provide approval to instruct EMS educational and skill topics.
      4) Instruct and evaluate OTEP didactic topics.
      5) Instruct and evaluate practical skills to determine the competency of each person on each knowledge and skill objective covered during the OTEP
3. Guest instructor, when used, must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented, and must be approved by the MPD to instruct or evaluate EMS topics. An SEI (initial EMT or emergency medical responder classes), lead instructor (for initial AEMT or paramedic courses) or EMS evaluator (for OTEP classes) should be present during the guest lecturer's presentation.

III. EMS Evaluator Workshops

A. The purpose of evaluator workshops is to teach methods and techniques to enable people to provide reliable, objective practical skill evaluations while properly using evaluation skill forms identified by the Department of Health.

1. Instructor requirements to conduct EMS evaluator workshops:
   a. A senior EMS instructor;
   b. A person experienced in instruction, demonstration and evaluation of EMS practical skills approved by the medical program director.
   c. EMS evaluator workshop instructors must submit a course roster to the department to document successful completion of the course. EMS evaluator workshop rosters are available on the office education webpage.
2. Workshop completion requirements:
   a. Evaluator course participants must successfully complete all course objectives.
   b. As many evaluations as possible should be accomplished during the EMS evaluator workshop.
      4. EMS evaluators will evaluate only those practical skills (on other people) for which they have completed a successful evaluation.

IV. EMS Evaluator Performance Maintenance

A.EMS evaluators need to participate in skills evaluations periodically to maintain proficiency in the techniques and methods of evaluation.

B.EMS evaluators must be competent in both the performance of, and the proper methods to evaluate, each individual practical skill, before evaluating another person performing the same skill.

1. EMS evaluators should maintain skills and knowledge by attending periodic evaluator or instructor updates.
2. Workshops provide an opportunity to add to the practical skills an evaluator is able to evaluate if not completed during the initial EMS evaluator workshop. As many of these evaluations as possible should be accomplished during a periodic instructor or evaluator update.
   a. Performing skill evaluations as an EMS evaluator does not meet the requirement to be competent in any skill for recertification purposes.
      1) Each EMS evaluator must perform each skill, be evaluated by another EMS evaluator, and be determined successful in the performance of each skill to meet competency requirements for recertification.
      2) Evaluators must participate in evaluations quarterly based on the topic(s) covered during that quarter, WAC 246-976-163.

V. Completing the OTEP Method of Recertification

A. To complete the OTEP method you must:

1. Document completion of an MPD- and department-approved OTEP that includes requirements indicated in WAC 246-976-161, and that meets the education and skill requirements specified in WAC 246-976-163:
   a. Table A: to include cognitive, affective and psychomotor evaluations, appropriate to your level of certification.
2. Complete and document the skills maintenance requirements inWAC 246-976-163, Table B, appropriate to your level of certification.
3. Complete the Department of Health recertification/renewal requirements identified in WAC 246-976-171 and certification requirements identified in WAC 246-976-141.

B. Changing recertification methods:

1. EMS providers may elect to meet education requirements for recertification through the CME method identified in WAC 246-976-161 and WAC 246-976-162 Table A and B, and
2. Successfully completing the Washington state written examination and practical skills examination as identified in WAC 246-976-171.

EMS and Trauma Section Contact Information

Address questions regarding the information in this document to the EMS and Trauma Section by the following methods:

U.S. Mail – Office of Emergency Medical Services and Trauma System
EMS and Trauma Section
P.O. Box 47853
Olympia, Washington 98504-7853

Email: HSQA.EMS@doh.wa.gov
Phone: 360-236-2840
Fax: 360-236-2830

Appendices

Appendix A – Clinical and Field Experience Requirements

General

In addition to the hours of instruction and practical skills evaluations, initial EMS courses require the completion of patient care procedures and interactions in an EMS agency or clinical setting. Training programs schedule internships/rotations through clinical and field settings through agreements with EMS agencies, hospitals, clinics or physician offices. The training program or training program director must establish appropriate relationships with various clinical sites to ensure students receive:

- Adequate supervision/preceptorship, and
- Adequate contact with patients, and.
- Supervisor or preceptor documented student performance reports.

To ensure students are aware of activities that occur in their clinical/field experience, all students enrolled in an initial certification course will receive an orientation to the national EMS scope of practice, relative to the course level they are attending. They should receive this no later than the second classroom session. Each educational level assumes mastery of previously stated competencies. Each person must demonstrate each competency within his or her scope of practice and for patients of all ages.

- Emergency medical responder
  The primary focus of the emergency medical responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This person possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher-level personnel at the scene and during transport. Emergency medical responders function as part of a comprehensive EMS response, under medical oversight. Emergency medical responders perform basic interventions with minimal equipment.
- Emergency medical technician
  The primary focus of the emergency medical technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This person possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency medical technicians function as part of a comprehensive EMS response, under medical oversight. Emergency medical technicians perform interventions with the basic equipment typically found on an ambulance. The emergency medical technician is a link from the scene to the emergency health care system.
- Advanced emergency medical technician
  The primary focus of the advanced emergency medical technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This person possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced emergency medical technicians function as part of a comprehensive EMS response, under medical oversight. Advanced emergency medical technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The advanced emergency medical technician is a link from the scene to the emergency health care system.

- Paramedic
  The paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This person possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The paramedic is a link from the scene into the health care system.

1. Students will demonstrate competency in the corresponding didactic/laboratory course objectives before clinical/field rotations related to that objective.

2. Students must complete clinical/field experience requirements before taking the Comprehensive End of Course Evaluation or the NREMT final practical examination. Training programs approved to conduct AEMT and PM training courses must make written notification to the department, EMS Training Section, at least two weeks before the test day, for any student not meeting this requirement due to uncontrollable circumstances. The student must still complete the requirements before receiving a course completion certificate.

3. Field supervisor/preceptor(s) must evaluate students in a third-person environment, not staffed or assigned as the regular on-duty EMS provider.

4. The training program must establish a feedback system to ensure that students have acted safely and professionally during their clinical/field rotations.

5. Students must receive a written report of their performance by their clinical/field supervisor/preceptor. The training program should provide students appropriate report forms to take to their clinical/field rotations for completion by the clinical/field supervisor/preceptor. When the forms are completed, the clinical/field supervisor/preceptor returns the forms to the SEI/LI/clinical coordinator.

6. Remediation-Students reported as having difficulty must receive remediation and redirection. The student must repeat the clinical/field experiences until deemed competent within the goals established by the accrediting organization, training program, and county medical program director. In situations where student remediation is unsuccessful, the SEI/lead instructor and the training program director, training physician, or MPD should counsel people regarding further involvement in the course or EMS field.

Clinical/Field Experience Resources

Clinical/field requirements will consist of resources established only by written agreement or contract.

Training programs conducting **EMR, EMT and AEMT** courses may use any combination of the following resource list to meet clinical/field requirements identified below for EMR, EMT or AEMT training.

- Clinical Experience Resources
  - Intensive care unit
  - Coronary care unit
  - Emergency department
  - OB-GYN
  - Recovery room
  - Nursing home
  - Clinics
  - Doctor's office
  - Other departments or clinical facilities approved by the MPD
- Field experience resources
  - Ambulance or aid vehicle runs involving the care of sick or injured patients.
  - Be approved by the training program director, training physician, SEI, and MPD.

Training programs conducting **paramedic** courses must use clinical/field resources identified by the training program, that are consistent with program accreditation, to meet clinical/field requirements identified below for paramedic training.

Student Expectations (should be included in the course student handbook)

At a minimum:
Each student should be neat, clean, and well-groomed; and physically fit enough to perform the minimal entry-level job requirements while in clinical/field experience rotations. Counsel students who fail to exhibit good hygiene habits while the program is in session to provide them an opportunity to correct the habits.

Students will arrive on time and stay until the end of the scheduled rotation. The SEI/LI/clinical coordinator must clear any changes to the scheduled rotation before the change, and will notify the clinical/field site in a timely manner.

Students should bring all equipment necessary to perform at the clinical/field site, to include at a minimum:

- Equipment: pen penlight, scissors, stethoscope
- Clothing: change of clothes if uniform becomes contaminated, coat, gloves, hat as necessary.
- Paperwork: clinical/field rotation student evaluations forms, any other forms deemed necessary by training program.
- Other: EMS textbook/protocols to study during 'downtime'.

Emergency Medical Responder Clinical/Field Requirements

The student must participate in and document five patient interaction/clinical contacts in the clinical/field setting. If clinical/field settings are not available, and if approved by the MPD, the student may conduct these on patients using standardized patient scenarios.

A patient interaction/clinical contact require the completion of an assessment, and the recording of the patient history and assessment information, and must be recorded on an electronic or written prehospital patient care report; i.e., Washington State Medical Incident Report (MIR), just as if interacting with this patient in a field setting. The prehospital patient care report is then be reviewed by the SEI to ensure competent documentation practices in accordance with the minimum data set.

Emergency Medical Technician Clinical/Field Requirements

Students should observe emergency department operations for a time sufficient to gain an appreciation for the continuum of care.

Students must successfully complete 10 hours of patient care observation in any combination of the clinical/field resources listed above.

The student must participate in and document 10 patient interaction/clinical contacts. Five of these are required in the clinical/field setting, and when approved by the MPD, the other five may be on patients using standardized patient scenarios if clinical/field settings are not available.

A patient interaction/clinical contact requires the completion of an assessment. The patient history and assessment information must be recorded on an electronic or written prehospital patient care report; i.e., Washington State Medical Incident Report (MIR), just as if interacting with this patient in a field setting. The prehospital patient care report is then reviewed by the SEI to ensure competent documentation practices in accordance with the minimum data set.

Advanced Emergency Medical Technician Student Minimum Competencies (SMC)

The Washington Advanced Emergency Medical Technician (AEMT) student minimum competencies (SMC) is adapted from the National Association of State Emergency Medical Services Officials (NASEMSO) AEMT Student Minimum Competency Model Guideline (June 2023) and replaces Advanced Emergency Medical Technician Clinical/Field Requirements on page 37, of DOH 530-126 EMS Training Program and Instructor Manual - Washington State Department of Health.

This document was designed to build upon and harmonize with the National EMS Scope of Practice Model and current Washington Approved Skills and Procedures for Certified EMS Providers (Doh 530-173) to maximize efficiency, consistency of instructional quality, and student competence. The WA AEMT SMC describes the minimum expectations for student formative experiences and minimum expectations by which the program ensures entry-level competency for WA AEMT students. Students must meet requirements in this document to complete the examination and certification process following the completion of an AEMT course.

Formative experience is defined as an activity in which the student's performance is assessed to provide feedback during the educational experience and to expose the student to the variety of patients and conditions seen by a practicing AEMT.

Reasonable evidence of competency is defined as the performance expectation by which the educational program can attest that the student has amassed a portfolio of demonstrated performance of skills and abilities necessary for safe and effective care. The standards for reasonable evidence of competency are built on the concept that competent performance must be demonstrated over time in a variety of conditions. A single evaluation of skills performance by the educational institution cannot provide sufficient evidence of competency.

The tracking system for demonstration of skills and experiences during training should track each of the four (4) dimensions for the educational activity that assesses skills and abilities:

- Description of the assessed skill or ability
- Age or developmental category of the patient
- Pathophysiology or type of patient presentation
- Environment of the evaluation: laboratory setting, simulated patient encounter, or live patient encounter

Age

Patients of different ages are presented with distinct anatomies, physiologies, and disease processes. Students must have exposure to patients of various ages to build both competence and confidence. As a result of these differences and learner needs, the guideline includes distinctive age considerations for assessment and management. The educational institution must assess student ability to provide safe and effective care for a variety of ages of patients.

Because of the distinct anatomies, physiologies, developmental milestones, and disease processes for different age groups, there is educational value in exposure to live patients among different age groups. The full presentation of the assessment for patients with or without injury or disease is difficult to fully simulate. This difficulty is particularly pronounced for students that have had limited previous exposure to patients in different age groups. Recognizing this difficulty, exposure to live patients—even those without disease or injury—is better than simulated experiences and must be a strong goal. Alternative areas to provide exposure, such as primary care healthcare settings, childcare environments, and long-term care, can provide important context that is valuable while learning to differentiate abnormal presentations from normal ones.

The pediatric community has also recommended consideration that developmental differences among pediatric patients present difficulties. Recognizing challenges in accessibility to a wide variety of ages for AEMT educational programs, recommendations for subgroups of pediatric patients based on development have not been provided. If accessible, the AEMT educational program may want to consider tracking exposure in the following developmental categories:

- Neonate (birth to 30 days)
- Infant (1 month to 12 months)
- Toddler (1 to 2 years)
- Preschool (3 to 5 years)
- School aged/Pre-adolescent (6 to 12 years)
- Adolescent (13 to 18 years)

Each patient encounter or simulation should only have one age designation. If a simulation involves multiple patients, the competency should be assessed for each patient.

Table 1: Ages

STUDENT MINIMUM COMPETENCY (SMC)	EXPOSURE IN LABORATORY, HOSPITAL/CLINICAL AND FIELD EXPERIENCE, AND CAPSTONE FIELD INTERNSHIP
Total simulated and live patient exposures during the laboratory, clinical/hospital, and field phase of the AEMT course	50 minimum exposures
Pediatric patients with pathologies or complaints *(Birth to 18 years of age)*	10% (5 exposures)
Adult *(19 to 65 years of age)*	30%–60% (15–30 exposures)
Geriatric *(Older than 65 years of age)*	30%–60% (15–30 exposures)
SUM OF THE THREE AGE GROUPS	**100%** **(50 EXPOSURES)**

Pathology/Complaint (Conditions)

Competent assessment and management of an emergency requires distinct approaches depending on the patient's condition. The educational institution must assess student ability to provide safe and effective care for a variety of patient conditions through the use of formative and summative evaluations.

Prior to assessing student performance of management of emergency conditions, the student should have received education and have clear expectations for performance on the following:

- General patient assessment
- General history taking
- Family and patient communications
- Crew Resource Management (CRM) and team performance expectations
- Assessment and actions to ensure provider safety (including standard and personal protective equipment (PPE)

AEMT educational programs should progress from formative exposures that provide the opportunity to learn and build competency with an emphasis on feedback that supports learning to summative verifications that focus on verification that the student can demonstrate effective performance with minimal to no coaching or guidance.

A single performance is rarely, if ever, a valid assessment of competency. AEMT educational programs should ideally verify competency as reliable performance in multiple situations over time as a valid assessment of competency rather than a single skill examination.

Formative exposure in laboratory, hospital/clinical, or field experiences can be used to assist in the development of curriculum as well as clinical and simulation sequences. Peer evaluation may augment, but should not replace evaluation by a supervisor, preceptor, examiner, or instructor.

Competency Evaluation in Hospital/Clinical or Field Experience or Capstone Field Internship and Simulation in Designated Cases are the recommended minimum acceptable requirements for program evaluation of student minimum competency.

The program must document that the student met the standards for program completion for each patient's age, condition, and intervention.

Table 1: Pathology/Complaint (Conditions)

Live exposure vs simulation. Live exposure is preferred. For **bolded** topics simulation permissible, based on competency determined by the Program Director and Medical Director. For non-bolded topics live exposure to be completed in clinical and field time.

STUDENT MINIMUM COMPETENCY BY PATHOLOGY OR COMPLAINT	EXPOSURE IN LABORATORY, CLINICAL/HOSPITAL, OR FIELD EXPERIENCE/CAPSTONE FIELD INTERNSHIP*
Trauma	10%–15% (5–8 exposures)
Psychiatric/Behavioral	10%–15% (5–8 exposures)
Uncomplicated and Complicated Obstetric delivery**	5% (3 exposures)
Distressed neonate	5% (3 exposures)
Cardiac pathologies or complaints *(For example, ACS, cardiac chest pain)*	10%–15% (5–8 exposures)
Cardiac arrest as Team Lead	5%–10% (5–8 exposures)
Medical neurological pathologies or complaints ***(For example, TIA, CVA, syncope, or altered loc presentation)***	10%–15% (5–8 exposures)
Respiratory pathologies or complaints ***(For example, distress, failure, arrest, asthma)***	10%–15% (5–8 exposures)
Other medical conditions or complaints***	10%–15% (5–8 exposures)
SUM OF THE PATHOLOGIES/COMPLAINTS	**100% (50 EXPOSURES)**

* Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance. Percentages are based on the 50 minimum exposures (live and simulated).

** Should include normal and complicated obstetric deliveries such as breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage

*** For example, gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders, or complaints (hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison, Cushing), overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat

Skills

The educational institution must assess student ability to provide safe and effective performance of skills. The student should successfully be able to consistently perform a listed skill for a variety of conditions and patient ages. Each patient encounter or simulation may contain several skills, but each skill is assessed individually.

Formative skill instruction experiences should be conducted to learn motor skills prior to clinical or field experiences. Development of curriculum, hospital/clinical, and simulation sequences should support the progression of learning from introduction to simulation as a learning experience, to verification of competency. Peer evaluation may augment, but should not replace evaluation by a supervisor, preceptor, examiner, or instructor.

Sufficient documentation of skill acquisition and competency over time is desired. Programs may track success rates over time through several mechanisms. Unsuccessful performance must be documented for these skills to compute the percentage of successful performance.

TABLE 3: SKILLS

RECOMMENDED MOTOR SKILLS ASSESSED AND SUCCESS	REQUIRED NUMBERS
Venous blood sampling	4*
Establishing intravenous access **	10 Patient, 10 in lab
Establishing intraosseous access	2*
Administering IV bolus medication **	16 total 8 Patient 8 in lab* *** 3 of patient AEMT Specific
Administering IM injection	
Intranasal medication	
Intraosseous medication	
Performing PPV with BVM	10*
Performing endotracheal suctioning	2*
Inserting supraglottic airway **	10*
End-tidal CO2 monitoring and interpretation of waveform capnography **	10*
Defibrillation: Automated and Semi-automated	2*
Performing chest compressions	2*

* Simulation permitted for skills with asterisk

** Competency assessed on patients during the Laboratory, Clinical or Field Experience, or Capstone Field Internship. Must report success rate.

*** Must complete minimum of 3 AEMT specific medications as listed in Table 4.

Table 4. AEMT Specific Medications and Route

Albuterol SVN	Dextrose 50% IV	Glucagon IM, IV
Diphenhydramine IM, IV, PO (If in local protocol)	Epinephrine 1:10,000 IV (If in local protocol)	Nitroglycerine SL
Dextrose 10% IV	Epinephrine 1:1,000 IM	Narcan IM, IV
Dextrose 25% IV		Ondansetron IV, IM, PO

Field experience and Capstone

TABLE 5: Field Experience / Capstone Field Internship

FIELD EXPERIENCE	CAPSTONE FIELD INTERNSHIP
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER *or* TEAM MEMBER	Successfully manages the scene, performs patient assessments, and directs medical care and transport as TEAM LEADER with minimal to no assistance
10% – 20% (5 - 10 exposures) *	10% – 20% (5 - 10 exposures) *

* Percentages are based on the 50 minimum exposures

EMT Skills

The following skills are psychomotor skills for which prior EMT certification provides reasonable evidence of competency. Programs must verify competency for these skills due to quick degradation or incomplete acquisition of the skills.

- Administering oxygen by face masks
- Administering oxygen by nasal cannula
- Applying a cervical collar
- Applying a tourniquet/hemorrhage control
- Applying an occlusive dressing to an open wound to the thorax
- Cardiac monitoring: 12-lead ECG acquisition and transmission / Telemetric monitoring devices and transmission of clinical data, including video data
- CPAP
- Defibrillation: Automated and Semi-automated
- Dressing and bandaging a soft tissue injury
- Eye irrigation
- Inserting NPA
- Inserting OPA
- Lifting and transferring a patient to the stretcher
- Mechanical patient restraint
- Medication administration (routes Aerosolized/Nebulized, Inhaled, Intramuscular, auto-injector, Intranasal, premeasured, Sublingual/mucosal, Oral)
- Performing a comprehensive physical assessment (Vital signs, Pulse oximetry, Blood glucose monitoring)
- Performing complicated/uncomplicated delivery
- Performing CPR: adult, neonate, pediatric
- Performing FBAO: adult, infant
- Performing oral suctioning
- Performing spine motion restriction
- Splinting a suspected joint injury
- Splinting a suspected long bone injury
- Stabilizing an impaled object
- Ventilating a neonate, pediatric, and adult patient with a BVM

Paramedic Clinical/Field Requirements

Paramedic students must complete the clinical/field internships/rotations within 18 months of completing the didactic portion of the course.

At a minimum, students must successfully complete the following objectives in the clinical/field internships/rotations, on actual patients, and in accordance with the training program accrediting agencies' guidance. Items in **bold text** are essentials; completion is required. Items in normal text are minimum standards to achieve the essentials. Minimum standards are not the only way to achieve the essentials. The basis for this is survey data from paramedic training program directors, expert opinion, including input from representatives of Washington's accredited paramedic training programs, and the EMS Education Workgroup.

- **Ages exposure**
  - **The student must demonstrate the ability to perform a competent and comprehensive assessment on pediatric, adult, and geriatric patients to the satisfaction of the training physician.**
- **Resuscitative pharmacology**
  - **The student must demonstrate competency in safe administration of medications to the satisfaction of the training physician.**
  - The student must demonstrate the ability to manage the pharmacology of resuscitation and understand the risks of emergency medications, including those appropriate for cardiac arrest to the satisfaction of the training physician.
- **Psychomotor skills**
  - **The student must demonstrate competency to perform endotracheal intubation to the satisfaction of the training physician.**
    - The student should safely, and while performing all steps of each procedure, successfully intubate at least 20 live patients.
  - **The student must demonstrate competency to gain venous access safely and to the satisfaction of the training physician.**
    - The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients, and must demonstrate competency to the satisfaction of the training physician. (This excludes cannulation for the sole purpose of blood draws.)
  - **The student must demonstrate the ability to ventilate a patient effectively.**
    - While performing all steps of each procedure, the student should effectively demonstrate competency to the satisfaction of the training physician.
  - **The student must demonstrate the ability to perform a comprehensive assessment of obstetric patients to the satisfaction of the training physician. (Observation time of "live" births is desirable.)**
  - **The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients to the satisfaction of the training physician.**
  - **The student must demonstrate competency to the satisfaction of the training physician in the ability to establish a central line safely and effectively. (Upon paramedic certification, must have county MPD approval.)**
  - **The student must demonstrate the ability to perform a competent and comprehensive assessment on patients who present with medical, trauma, or cardiac related complaints to the satisfaction of the training physician.**

Field Internship Requirements

The student field intern must demonstrate the ability to assess and manage a minimum of 130 patients, and to document the patient care provided.

- A paramedic, proficient as a preceptor and must evaluate the intern in a third person environment.
- Interns must not staff or be assigned as the regular on-duty EMS provider.
- Interns must successfully complete specific patient contacts according to the specific pathologies identified below:

Pathologies

A. Cardiac:

The student must demonstrate the ability to perform a comprehensive assessment on **15 cardiac patients**, who must include a sufficient number of critical cardiac patients to the satisfaction of the training physician. *(**5** as the lead medic on patients suffering a cardiac arrest.)*

B. Trauma:

*The student must demonstrate the ability to perform a comprehensive assessment on **25 injured patients** to the satisfaction of the training physician. (**5** as the lead medic.)*

C. Medical:

*The student must demonstrate the ability to perform a comprehensive assessment on **20 medical patients** to the satisfaction of the training physician. (**5** as lead medic.)*

Notes:

Appendix B - Strategies For Successful EMT Programs

National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

Identifying Educational Strategies of Successful EMT-Basic Programs Jonathan R. Studnek, MS, NREMT-P; Gregg S. Margolis, PhD, NREMT-P; Antonio R. Fernandez, BS, NREMT-P; Joseph Mistovich, M.Ed., NREMT-P

Poster presentation at the Prehospital Care Research Forum at the annual symposium of the National Association of EMS Physicians
January 2007

Introduction: First time pass rates on the EMT-Basic national certification examination is used by many as a benchmark for success of EMS educational programs. Some EMS education programs consistently achieve high success rates, while others struggle. This project develops a list of specific educational strategies used by those who attain consistent success.

Methods: A seven-step nominal group technique (NGT) was used to determine if strategies that lead to a successful EMT-Basic educational program could be identified. For the purposes of this study, educational success is defined as the graduates first time pass rate on EMT-Basic national certification examination. Therefore, NREMT data from 2002-2005 was analyzed in order to identify consistently high performing EMT- Basic educational programs. Focus group participants were the Training Program Directors of educational institutions where at least 40 students took the national certification exam each of the last four years and at least 80 percent of their graduates passed the exam in three out of the four years. Participants were convened and using the NGT asked to answer the following question: "What are specific strategies that lead to a successful EMT-Basic educational program?"

Results: Ten out of the 12 EMS educational programs meeting the eligibility requirements participated. After completing the seven step NGT process, 12 strategies were identified as leading to a successful EMT-Basic educational program (see Table 1).

Table 1: Educational Strategies
Accept students who are highly motivated to succeed
Ensure institutional support
Administer multiple assessments
Develop standardized lesson plans
Have a passing standard that is above the minimum competency level.
Hire qualified/certified instructors
Maintain effective communication between didactic, practical and field instructors
Maintain instructional consistency
Provide clearly defined objectives
Provide immediate feedback for written and practical evaluations to students
Require prerequisites
Teach test-taking skills

Conclusion: A group of EMS educators selected based on past educational success were able to generate a list of strategies that may help other EMT-Basic educational programs achieve similar success. This list represents ideas that other educators may use in order to increase their success. Future studies should be conducted to determine the impact these strategies have on program success.

EMS Educator's Steps in Conducting a Successful Course

This is a general checklist of activities to accomplish before, during, and after an EMS course.

+ 120 days/4 months out

__ Course publicized in college/agency catalog/website.
__ Arrange any prerequisite courses that will be required.
__ Ensure the college bookstore orders the correct and current student materials.
__ Ensure classroom/lab rooms are scheduled.
__ Ensure clinical/field experience sites contracts are established/renewed.
__ Screen applicant application packets.
__ Schedule screening exam dates.
__ Administer screening exams.
__ Schedule interviews date(s) with interview panel members and set a location.
__ Notify applicants of interview appointment date/time/location/expectations of interview.
__ Interview applicants, then score and choose students plus alternates.
__ Notify applicants of interview panel decisions.
__ Send letter of instruction/welcome letter to students with any information needed before first day of class, to include immunizations needed, etc.
__ Do or get copy of background check on students.

120 days/4 months out

Review +120 days out list and accomplish anything left undone.

90 days/3 months out

Review +120 days out list and accomplish anything left undone.
__ Secure SEI/lead instructor, evaluators, guest instructors, lab assistants' commitment.
__ Make out course schedule.
__ Make instructor, evaluator, etc. assignments.
__ Submit course application and schedule through MPD to Washington State Department of Health.
__ Inventory supplies and equipment on hand.
__ Order any needed supplies and equipment.

60 days/2 months out

Review +120 days out list and accomplish anything left undone.
Review 90 days out list and accomplish anything left undone.
__ Send in any other sub-course applications (i.e. ACLS, AMLS, PHTLS, PALS).
__ Establish written policies and collect contents for student handbook.
__ Make out reading assignments list for handbook.
__ Send student handbook contents to the printer for assembly.
__ Contact clinical/field rotation sites to set date(s) for preceptor/supervisor orientation.
__ Visit clinical/field rotation sites to deliver preceptor/supervisor orientation.
__ Review schedule and verify commitment with SEI/LI, evaluators, guest instructors, lab assistants.
__ Have a course faculty team meeting to ensure all are on the same page (i.e. if a student goes to one instructor and says "Yeah, but that other instructor said something different!" there is a plan to do a check-back with that instructor to ensure semantics are not an issue).

__ Send lesson plans, instructor resources, PowerPoint presentations to respective instructor.
__ Check on supply and equipment orders to ensure they came in.
__ Check on sources for lab "patients."
__ Send any course materials to printer (outlines, handouts, skill sheets, clinical/field forms, etc.).

30 days/1 month out

Review +120 days out list and accomplish anything left undone.
Review 90 days out list and accomplish anything left undone.
Review 60 days out list and accomplish anything left undone.
__ Contact clinical/field rotation sites to set date(s) for rotations.
__ Review student handbooks to ensure everything is there and add anything that is not.
__ Make out quizzes and exams, and do item analysis to cross-reference in course materials.
__ Contact lab "patients" to commit to dates/times, and ensure they know roles.
__ Test all course mannequins and equipment to ensure everything is intact/functional.
__ Review for accuracy any course material sent to printer.
__ Register course on NREMT website.
__ Send second letter of instruction/welcome letter to students with any updated information needed before first day of class, to include immunizations needed, course instructor contacts, etc.
__ Reconfirm classroom/lab rooms are scheduled.
__ Reconfirm any other sub-course applications (i.e. ACLS, AMLS, PHTLS, PALS), receipt of course approval.
__ Reconfirm all supplies/equipment that were ordered have arrived.
__ O^2 tanks full?
__ Check that all computer/AV equipment is operable.
__ Make a grade book or rosters to take attendance each day.
__ Make a grade book or spreadsheet, etc. to record all quiz/test scores.
__ Make file folder(s) for each student's quizzes, tests, clinical/field rotation forms, skill sheets, etc. (Six-part folders work great for this)

14 days/2 weeks out

__ Review +120 days out list and accomplish anything left undone.
__ Review 90 days out list and accomplish anything left undone.
__ Review 60 days out list and accomplish anything left undone.
__ Review 30 days out list and accomplish anything left undone.
__ Ensure receipt of course approval from Washington State Department of Health.
__ Review schedule and verify commitment with SEI/LI, evaluators, guest instructors, lab assistants.
__ Notify Washington State Department of Health if there are any start/end, SEI/LI changes to the course.

7 days/1 week out

__ Review +120 days out list and accomplish anything left undone.
__ Review 90 days out list and accomplish anything left undone.
__ Review 60 days out list and accomplish anything left undone.
__ Review 30 days out list and accomplish anything left undone.
__ Review 14 days out list and accomplish anything left undone.
__ Confirm lab "patients" to commit to dates/times, and ensure they know roles and what to wear, etc.
__ Get classroom/lab room keys if not done already.

__ Coffee pot/supplies and water on hand for breaks?
__ Post policies, procedures, L&I, OSHA, WISHA, etc. to classroom bulletin board.

1 day out

__ Review +120 days out list and accomplish anything left undone.
__ Review 90 days out list and accomplish anything left undone.
__ Review 60 days out list and accomplish anything left undone.
__ Review 30 days out list and accomplish anything left undone.
__ Review 14 days out list and accomplish anything left undone.
__ Review 7 days out list and accomplish anything left undone.
__ Do a walk-through of the next day.
__ Put first-day handouts/student handbooks in the classroom ready to go.
__ Ensure you have all check-in checklists, etc. in the classroom.
__ Ensure you have a grade book/rosters ready to take attendance each day.
__ Ensure you have a spreadsheet, etc. to record all quiz/test scores.
__ Confirm clinical/field rotation sites date(s) for rotations.

First day of class

__ Dress as a role model for your students to emulate as a professional.
__ Arrive at classroom at least an hour before class start time to ensure there are no surprises.
__ Do you need to post directional signs to help your students find your classroom?
__ Start class on time as this will set the tone for on-time expectations.
__ Take roll/ have students sign in on roster for the day.
__ Collect any documents that were to be turned in on day 1 or have not been turned in yet, record of immunizations, CPR card, EMS certification card, etc.
__ Counsel any student who arrived on day 1 unprepared; this sets the tone for expectations to be met.
__ Hand out the student handbooks and go over the contents.
__ Go over training course policies and have the students read and sign the "Expectations of Students" agreement, then collect these, make copies, and give the copies back to the students to place back in their handbooks.
__ Have student fill out an emergency contact form.
__ Make a copy of driver's license, etc. for student's file folder.
__ Make sure you are available after class to answer any student's question/concern.
__ Make sure you have all supplies/equipment, LPs, PowerPoint, etc. ready for the next day.

During Course Activities

__ Confirm clinical/field rotations, schedule/reschedule as necessary.
__ Collect and review every clinical/field rotation evaluation and PCR.
__ Verify each student's completion of each clinical/field contact/rotation.
__ File clinical/field forms into the student's file folder.
__ File every quiz/test/skill evaluation sheet into student's file folder.
__ Update course grade book/spreadsheet at least weekly regarding quiz/test scores, skills completed, clinical/field requirements met, attendance, etc.
__ Counsel student(s) who do not pass cognitive (<80 percent) /psychomotor tests; remediate and reevaluate these students and file all documentation.

__ Counsel students on a module/quarterly basis regarding their status in the course. Make a schedule of these so students know they are expected whether they are doing well or struggling.
__ Conduct regular student evaluations of the course –instructor, assistants, labs to get their input on what might assist them to improve the course.
__ Assign workbook/homework for every class to ensure they are reading ahead.
__ Administer surprise quizzes (pass is 80 percent) occasionally to ensure students are doing their reading assignments ahead of the class lecture. (Can use for extra credit points to reward them for reading)
__ Look over their workbooks/homework and provide input back to them immediately.
__ Ensure students are using on-line assets to practice quizzes/tests in preparation of taking the NREMT computer exam.
__ Conduct scheduled quizzes (pass is 80 percent) on a frequent / regular basis to evaluate their cognitive retention.
__ Conduct scheduled skill labs on a frequent / regular basis to ensure the students have plenty of time to hone their psychomotor skills.
__ Contact and confirm lab assistants and "patients" throughout the course.
__ **Contact the Washington State Department of Health six to eight weeks** before the desired examination date for **AEMT and PM courses**. Then, when a date has been confirmed, schedule the examination with the **NREMT four to six weeks** before the examination
__ Confirm with the Washington State Department of Health **one month before the** NREMT skill test date.
__ Contact and confirm evaluators for end-of-course/NREMT skills exams.
__ Submit course completion rosters and card fees to appropriate sponsor for ACLS/PHTLS, etc. classes as they are conducted.

≥14 days/2 weeks out from end of course

__ Ensure/assist students to create an account on the NREMT website, create an application to test.
__ Go over students' file folders to ensure all course completion requirements are progressing satisfactorily.
__ Confirm with the Washington State Department of Health AEMT/PM NREMT skill test date and logistics.
__ Confirm end-of-course/NREMT skills test evaluators, 'EMS helpers' and patients.
__ If any AEMT/PM student has not completed clinical/field requirements, notify Washington State Department of Health and get decision regarding NREMT skills test.
__ Contact and confirm evaluators for end-of-course/NREMT skills exams.

Last week of course

__ Ensure/assist any leftover students to create an account on the NREMT website, create an application to test.
__ Go over students' file folders to ensure all course completion requirements are progressing satisfactorily.
__ Complete course completion certificates/letters to have ready for students who pass.
__ Copy course completion certificates/letters to have ready to put into students' files who pass.

Last day(s) of course

__ Conduct final student evaluations of the course –instructors, assistants, guest instructors, labs, to get their input to improve the course conduct in the future.

__ For the students who pass and finish all clinical/field requirements, ensure/assist each goes onto NREMT website and pays for test.
__ For students who pass and finish all clinical/field requirements, have the training program director go onto NREMT website to annotate their passing the course and skills evaluation.
__ Ensure all students who did not pass have a date for counseling/remediation/reevaluation.
__ Ensure all students who have not completed clinical/field requirements are counseled and have a plan to complete requirements.

Days after course completion

__ Send course completion roster through MPD to Washington State Department of Health.
__ Assist students with scheduling their NREMT exam.
__ Assist all students who have remaining requirements to accomplish them.
__ Assist students who ask for guidance regarding Washington state certification.
__ Close out student file folders and ensure training program gets them to file (for four years).
__ Send letters of appreciation to clinical/field site preceptors.
__ Inventory supplies/equipment.
__ Return any borrowed supplies/equipment.
__ Send any equipment in for repair that needs it, or order replacement as needed.

To increase the likelihood of success, SEIs/LIs should provide students information regarding the NREMT exam, www.nremt.org :

• As of January 1, 2007, the NREMT changed its written exam formatting to a computer-based testing (CBT) method. Exams are no longer delivered via a paper test and completed with a pencil. All testing is performed at a computer work station. PearsonVUE testing centers all over the United States administer these tests.

•You do not need to be an experienced computer user or be able to type to take the computer-based exam. The computer testing system has been designed so that it can be used by those with even minimal computer experience and typing skills. A tutorial is available to each candidate at the testing center before taking the examination.

• The CBT the NREMT is now using is called computer-adaptive testing (CAT) and each exam is tailored specifically to the individual EMT candidate. This testing method is considered state of the art and uses a theory called item response theory (IRT). IRT is a statistical way to measure a person's ability based on the fact that the probability of a person answering a question correctly is directly related to his or her ability and the difficulty level of the question. Combining CAT with IRT should make NREMT exams more precise, fair and accurate. What does that mean? Basically each item (question) is given a weighted point value. This value is based on the difficulty of the question. A harder question has a higher point value. An easier question has a lower value.

• NREMT test questions are created by a committee of 10 to 20 EMS experts who must all agree that the question is in line with the most current practice analysis study. These EMS experts make sure there is only one "best" or "correct" answer and that "each incorrect answer has some level of plausibility." Additionally, each question and answer must be easily found in common textbooks used in teaching EMS classes.

• New CAT NREMT tests will deliver questions one at a time to the candidate and will not be randomly chosen. They are rated along the same ability scale as the candidate is exhibiting proficiency. The first questions on the exam are generally just below the passing standard. If a question is asked that is below the candidate’s level of ability, the probability is high for the candidate to answer the question correctly. If a question asked is above a candidate's level of ability, he or she has a high probability of missing it. If the candidate answers the question correctly, then a slightly more difficult question will be delivered next. As the difficulty of the questions increases, eventually the candidate will start to miss questions. The questions then become slightly easier and the candidate will begin to answer correctly again. At this point in the exam the application algorithm calculates an ability estimate for this candidate and begins delivering questions that are slightly harder and slightly easier than the candidate's ability. As the CAT exam progresses, the ability estimate gets more and more precise as the pattern of right to wrong answers stabilizes around the client’s true ability. The exam will end at the point when there is a 95 percent certainty that the candidate's true ability is above or below the passing standard.

• CAT and IRT match the question difficulty to the candidate's perceived level of ability. This limits the number of questions delivered as well as increases accurateness.

• You can’t skip a question and come back to it later. The nature of the CAT exam requires that you answer each question individually before any additional questions are delivered.

• Take your time and read each item carefully. The exam is constructed so most people will have plenty of time to finish. Most successful candidates spend about 30 to 60 seconds per item reading each question carefully and thinking it through. Fewer than 1 percent of the candidates are unable to finish the exam. Your risk of misreading a question is far greater than your risk of running out of time.

• Look out for words such as except, always, never, most appropriate and other qualifiers – anything that puts limits on the potential answer.

• Read the whole question thoroughly at least a couple of times and formulate the answer in your head, before you look at the answer choices. If you look at the answer choices before understanding the question completely, you can be led to choose an incorrect answer.

• There are four potential answers. Two of them can usually be eliminated right away after reading the question. Now you just have two others to decide from.

• Do not complicate the scenario or situation. Do not bring elements into the questions that are not there. This will cause you to overlook the basics, which are probably what the question is testing for.

• Don't get frustrated. Because of the adaptive nature of the exam, everyone will think his or her test is difficult.
The CAT algorithm is adjusting the test to your maximum ability level, so you may think that all the items are difficult. Focus on one question at a time, do your best on that item, and move on.

• Ideally you should know everything that was covered in the EMS course materials. There are no secret methods or insight than can replace proper test preparation, but some things are common. The tests are heavy in the basics. Know the current American Heart Association guidelines for CPR (for health care professionals) and ECC (emergency cardiovascular care), plus ACLS for paramedics. You will be tested on this material at the level of the exam you are taking. Know the course modules: i.e. Airway, Ventilation and Oxygenation; Trauma; Cardiology; Medical; Pediatrics, and Operations. Most textbooks are up to date and written to a similar standard; however, no one source completely prepares you for the exam. You are encouraged to consult multiple references, especially in areas in which you are having difficulty.

• A large portion of the exam is related to operations. Many students overlook this. Since September 2001, a great effort has been made to incorporate more education about NIMS and ICS with regard to EMS. Understand how these systems work and how they apply to a mass casualty, and you will be a step ahead of other candidates.

•The NREMT exam is not specifically based upon the textbook you used in your class. The exam is based upon the NREMT practice analysis done every five years. The exam questions are written to fall within the DOT, National Education Standards and Instructional Guidelines; and the EMS textbooks give you their interpretation of those standards.

• Remember, although the NREMT exam looks at a minimum requirement to pass, nobody can pass without a broad base of knowledge.

• Take advantage of EMR/EMT/AEMT/paramedic practice exams that are available on websites related to your textbook or a variety of other websites. Check with your instructor regarding credible websites. Many sites have detailed score tracking and exam review features that let you see your strong and weak areas while you continue to take exams and improve.

• Tips to think about before the test day are:
  - Eat a well-balanced diet and include B vitamin foods such as bananas, oatmeal, raisins.
  - Drink plenty of water the day before your test.
  - Get plenty of rest.
  - Don't cram. Relax or sleep instead of cramming.
  - Don't consume a lot of coffee or sugar before the exam. It will only make your anxiety worse.
  - Study over a period of weeks before your test. Maybe even skip the night before the exam.

• Know exactly where the test center is and arrive early to eliminate the stress of being late. Remember you have to be signed up for the test. You cannot just walk in and take it. Bring your photo ID and a couple of pencils. Scrap paper will be provided for you and it must be turned in with your exam.

• When you go to take the test, dress in multiple layers so that you can shed what you do not need and still be comfortable. Temperatures of testing centers can vary a great deal throughout the day, especially if it is a rarely used room or building.

• Go to the restroom before the test. You are allowed to go during the exam, but you may not want to break your train of thought during the test.

• NREMT test results are available within 24 to 48 hours on the NREMT website. Check your exam results by logging back into your account on the NREMT website.

• If you do not pass the exam, you may retake it after 15 days. This period is to provide you with time to study. Do not try to retake it without going over areas you were deficient in.

Appendix C - How to demonstrate need for a new EMS Training Program

Demonstrating Need for New or Additional EMS Training Programs:

Need for EMS provider education is guided, in part, by the number of people that are able to become associated with a Department of Health-licensed or approved prehospital EMS agency. The Regional EMS and Trauma Care (EMSTC) plans identify need for additional or future EMS education. New or additional training programs who train in excess of an EMS region's training needs creates a surplus of non-eligible people requesting certification. The goal should be to generate sufficient EMT candidates to meet projected staffing increases as well as replacing providers lost through attrition.

The applicant must assess the EMS education needs before applying to become an EMS training program. Determine the area of interest and review the Regional EMS and Trauma Care Plan. Become aware of the training needs of the local and regional systems. Work closely with the local and regional EMSTC councils to identify the need for another program. With the information collected, you may justify the need for a new or additional EMS training program.

Five-Year Sustainability Plan – The document "EMS Training Program and Instructor Manual" DOH 530-126, provides the requirements and responsibilities of the EMS Training Program and instructors. It is a great resource to use when developing this plan.

Sustainability is the ability to maintain the resources needed for a quality education program. Resources such as teaching facilities, equipment and clinical experience are important pieces of a quality education program. The applicant should clearly demonstrate a commitment to provide these resources throughout the five-year recognition period. This demonstrates a program's ability to provide students a quality driven educational environment.

EMS training programs should have the financial resources to administer quality education, which includes but is not limited to the following:

1. Proper facilities, equipment, supplies and educational materials.
2. Medical supervision, instructors and evaluators.
3. For EMR and EMT courses, the availability of a senior EMS instructor (SEI) EMS evaluators to meet the needs of the program with a plan to groom new SEIs and evaluators as program needs change.
4. For AEMT and paramedic courses, other qualified instructors evaluators.
5. In some cases, sufficient program support staff.

Clinical/field contracts or agreements: Must be in place and maintained to provide clinical/field experience. Similarly, training and development of preceptors to mentor and evaluate the experiences promote a student-focused approach to education.

Quality improvement: A program of continuous quality improvement to evaluate educational and instructional staff. This includes:

- Education for clinical/field sites and preceptors with standard evaluation tools for consistent evaluations of the students.
- Conduct knowledge and skill evaluations throughout the course to determine student retention and progress. Make changes as needed.

- Solicit student feedback about course instructors and content through blinded student surveys.

Course and Student Records: Record retention of all program, course and student records is a minimum of four years.

EMS System Participation: Participating in EMS and Trauma Care Council educational planning is one of the requirements for EMS training program approval. Developing an advisory board containing students may be something the EMS training program wishes to consider as well.

Appendix D –NREMT Candidate Registration

For current NREMT registration process refer to the NREMT (www.NREMT.org)

Emergency Medical Responder (EMR)
Emergency Medical Responder | National Registry of Emergency Medical Technicians (nremt.org)

Emergency Medical Technicians (EMT)
Emergency Medical Technicians (EMT) | National Registry of Emergency Medical Technicians (nremt.org)

Advanced Emergency Medical Technicians (AEMT)
Advanced Emergency Medical Technicians | National Registry of Emergency Medical Technicians (nremt.org)

Paramedics (PM)
National Registered Paramedics | National Registry of Emergency Medical Technicians (nremt.org)

APPENDIX E - Recommended EMS Course Equipment

The following list of equipment and supplies are recommendations and guidelines for items to have on hand for the courses identified. Training programs may add items to this list as technology and practice change.

All references to medications are for training purposes and not actual medications.

If you are teaching EMT intravenous (IV) endorsement courses. You will need to have appropriate IV supplies marked under A.

The R means the item is for EMR courses.

The E means the item is for EMT courses.

The A means the item is for Advanced EMT courses.

The P means the item is for Paramedic courses.

R – an EMR course item **E** - an EMT course item **A** - an AEMT course item **P** - a paramedic course item.

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
ADHESIVE TAPE SURG 1"	Silk tape, non-porous, Dermicel	R, E, A, P	8 rolls	12 rolls			
ADHESIVE TAPE SURG 2"	Silk tape, non-porous, Dermicel	R, E, A, P	8 rolls	12 rolls			
AED, Trainer w/accessories	Automatic External Defibrillator	R, E, A, P	1 @	3 @			
AIRWAY PHARYN ORAL, 00	J-tube, oral airway, infant	R, E, A, P	4 @	4 @			
AIRWAY PHARYN ORAL, 0	J-tube, oral airway, child	R, E, A, P	4 @	4 @			
AIRWAY PHARYN ORAL, 1	J-tube, oral airway, child	R, E, A, P	4 @	4 @			
AIRWAY PHARYN ORAL,80mm	J-tube, oral airway, small adult	R, E, A, P	4 @	4 @			
AIRWAY PHARYN ORAL,90mm	J-tube, oral airway, medium adult	R, E, A, P	4 @	4 @			
AIRWAY PHARYN ORAL,100mm	J-tube, oral airway, large adult	R, E, A, P	4 @	4 @			
AIRWAY PHARYN NASAL, 6mm or 28 Fr	nasal airway, nasal trumpet, small	R, E, A, P	4 @	4 @			
AIRWAY PHARYN NASAL, 7mm or 30 Fr	nasal airway, nasal trumpet, med	R, E, A, P	4 @	4 @			
AIRWAY PHARYN NASAL, 8mm or 32 Fr	nasal airway, nasal trumpet, large	R, E, A, P	4 @	4 @			
ALBUTEROL INH AER17GM	inhaler (real medication)	R, E, A, P	1 @	1 @			
ALBUTEROL INH AER17GM	inhaler (fake training aid)	R, E, A, P	1 @	4 @			
ALBUTEROL 0.5 in 2.5 cc saline, Nebulizer	medication for demo	E, A, P	1 @	1 @			
ASPIRIN	medication for demo	R, E, A, P	1 @	1 @			
ATROPINE 1 mg, INJ	medication for demo	E, A, P	1 @	1 @			
BACKBOARD, Adult, long	plastic spine board, long	R, E, A, P	4 @	4 @			
BACKBOARD, Pediatric	Pedi-board	R, E, A, P	1 @	2 @			
BANDAGE, ADHESIVE .75X3" 300S	Band-Aid	R, E, A, P	8 A 50 P	8 A 50 P			
BANDAGE GAUZE Elastic 5YD X 4.5 "	Roller gauze, Kling, Kerlix, large	R, E, A, P	8 @	8 @			
BANDAGE GAUZE Elastic 5YD X 3 "	Roller gauze, Kling, Kerlix, small	R, E, A, P	8 @	8 @			
BANDAGE, Triangular	Cravat, sling	R, E, A, P	24 @	40 @			
BANDAGE GAUZE 4-1/2" 100S	4x4s sponges, sterile	R, E, A, P	4 Bx @	4 Bx @			
BANDAGE GAUZE 2-1/2" 100S	2x2s sponges, sterile	R, E, A, P	4 Bx @	4 Bx @			
BANDAGE Tagederm/Venoguard	OpSites	A,P	1 Bx	2 Bx			
BLANKET	for backboard & splint padding	R, E, A, P	4 @	8 @			
BURN SHEET, STERILE		R, E, A, P	1 @	4 @			
CANNULA, NASAL, OXYGEN	nasal cannula, adult	R, E, A, P	4 @	4 @			
CARSEAT (Infant) Booster Seat (Child)		R, E, A, P	1 @	1 @			
CATHETER & NDL 20 GA, 50	Jelco, IV catheter	A,P	1 box	1 box			
CATHETER & NDL 18 GA, 50	Jelco, IV catheter	A,P	1 box	1 box			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
CATHETER & NDL 16 GA, 50	Jelco, IV catheter	A,P	1 box	1 box			
CATHETER & NDL 14 GA	Jelco, IV catheter	A,P	1 box	1 box			
CATHETER & NDL 12 GA	Jelco, IV catheter	A,P	1 box	1 box			
CATHETER & NDL 14GA, x 3”	For chest decompression, ARS	P	1 @	6 @			
CERVICAL IMMOBILIZATION DEVICE	CID, Headbeds, Head blocks	R, E, A, P	4 sets	4 sets			
CHARCOAL ACTIVATED	medication	E, A, P	1 @	4 @			
CHEST SEAL, Open wound	Asherman, HyFin, etc.	E, A, P	1@	4 @			
CHILDBIRTH KIT	OB delivery kit	R, E, A, P	1 @	1 @			
COMBITUBE, DOUBLE LUMEN kit	ETC	E, A, P	1 @	1 @			
CPAP or BiPAP machine		E, A, P	1 @	1 @			
DEMAND VALVE, FROPV		E, A, P	1 @	4 @			
DEPRESSOR TONGUE	Tongue blade	R, E, A, P	4 @	16 @			
DEXTROSE, 50%	Medication for demo, bristojet	A,P	1 @	1 @			
DRESSINGS, Trauma	Various sizes	R, E, A, P	4 @	16 @			
EKG RHYTHM GENERATOR		A, P	1 @	2 @			
END-TIDAL CO2 DETECTOR	Colormetric, adult & pediatric	A,P	1@	4 @			
END-TIDAL CO2 CAPNOGRAPHYDEVICE	Handheld or on monitor	A,P	1 @	1 @			
EPINEPHRINE AUTO-INJ	medication, Epi-pens, auto-injector	R, E, A, P	1 @	1 @			
EPINEPHRINE AUTO-INJ	trainer	R, E, A, P	6 @	6 @			
EPINEPHRINE 1:10,000 preload	medication for demo, bristojet	P	1 @	1 @			
EPINEPHRINE 1:1000 vial	medication for demo	E, A, P	1 @	1 @			
ESOPHAGEAL DETECTOR DEVICE		A,P	1 @	1 @			
FLASHLIGHT ROUND	Disposable flashlight, penlight	R, E, A, P	4 @	12 @			
FORCEPS TRACH TUBE Adult	McGill Forceps	A,P	4 @	4 @			
GAUZE 18X3" 12S VASELINE	occlusive	E, A, P	4 @	8 @			
GLOVE EXAM X-LARGE	non-sterile	R, E, A, P	2 boxes	4 boxes			
GLOVE EXAM LARGE	non-sterile	R, E, A, P	2 boxes	4 boxes			
GLOVE PT EXAM MED	non-sterile	R, E, A, P	2 boxes	4 boxes			
GLOVE PT EXAM SMALL	non-sterile	R, E, A, P	2 boxes	4 boxes			
GLUCOMETER w/test strips & lancets	Accu-Check	R, E, A, P	1 @	2 @			
GLUCAGON, INJ	medication for demo	A,P	1 @	1 @			
GLUCOSE, ORAL	tube of glucose paste	R, E, A, P	1 @	4 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
GOGGLES/FACESHIELDS	eye protection, PPE, eye shields	R, E, A, P	4 @	4 @			
GOWNS, Infectious Disease		R, E, A, P	4 @	4 @			
HELMETS (motorcycle, football, etc.) (med & LG)	for removal practice	R, E, A, P	1 @	2 @			
HEMOSTATIC AGENTS	HemCon, Combat Gauze	R, E, A, P	2 @	6 @			
HEP-LOCK/SALINE LOCK		A,P	12 @	24 @			
INTRAVENOUS INJ SE T TUBING	10 drop IV tubing	A,P	2 @	2@			
INTRAVENOUS INJ SE T TUBING	15/20 drop IV tubing	A,P	48@	72@			
INTRAVENOUS INJ SE T TUBING	60 drop IV tubing	A,P	48@	72@			
INTRAVENOUS INJ SE T TUBING	Blood Administration	A,P	2 @	2@			
INTRAVENOUS INJ SE T TUBING	Buretrol	A,P	2 @	12@			
IV ARMS	Practice arm for starting IVs	A,P	2 @	4 @			
IV PUMP w/specific tubing &cartridges		P	1 @	1 @			
KED, Kendrick Extrication Device	Extrication vest	R, E, A, P	2 @	4@			
LARYNGEAL MASK AIRWAY	LMA	P	2 @	2 @			
LARYNGOSCOPE HANDLE		P	4 @	4 @			
LARYNGOSCOPE, video assisted	Glidescope or AirTraq	P	1 @	1 @			
laryngoscope handle batteries	Size appropriate for handle/device	P	2 per handle	8 per handle			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 1	P	1 @	4 @			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 2	P	1 @	4 @			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 3	P	4 @	4 @			
LARYNGOSCOPE BLADES, MacIntosh	Curved blade, size 4	P	4 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 1	P	1 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 2	P	1 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 3	P	4 @	4 @			
LARYNGOSCOPE BLADES, Miller	Straight blade, size 4	P	4 @	4 @			
laryngoscope blade bulbs	spare bulbs	P	1 per blade	2 per blade			
LENGTH BASED MEASURING DEVICE	Such as Broselow Tape	P	1 @	4 @			
LENGTH BASED MEASURING KIT	Awy/Meds kit related to LBMD	P	0	0			
LIDOCAINE, 10%, INJ	medication for demo, bristojet	P	1 @	1 @			
LUBRICANT, SILICON, Awy Mannequin	can of spray	A,P	1 @	2 @			
LUBRICANT SURG 4 OZ (packets or tube)	KY jelly	E, A, P	4 @	4 @			
MANNEQUIN, INTUBATION, ADULT	Airway Mannequin	R, E, A, P	2 @	4 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
MANNEQUIN, INTUBATION, CHILD	Airway Mannequin	R, E, A, P	1 @	1 @			
MANNEQUIN, INTUBATION, INFANT	Airway Mannequin	R, E, A, P	1 @	1 @			
MANNEQUIN, INTUBATION, DIFFICULT, ADULT	Airway Mannequin	A,P	1 @	1 @			
MANNEQUIN, IO	Infant, and Adult simulation	A,P	1 @	1 @			
MANNEQUIN, INFANT CPR/AED		R, E, A, P	1 @	1 @			
MANNEQUIN, CHILD CPR /AED		R, E, A, P	1 @	1 @			
MANNEQUIN, ADULT CPR/AED		R, E, A, P	1 @	2 @			
MANNEQUIN, CENTRAL LINE	Or other training aids	P	1 @	1 @			
MANNEQUIN, CHEST DECOMPRESSION	Or other training aids	P	1 @	1 @			
MANNEQUIN, CHILDBIRTH	OB mannequin	R, E, A, P	1 @	1 @			
MANNEQUIN, SIMULATOR, Adult	Sim- Man	P	0	1 @			
MANNEQUIN, SIMULATOR, Pediatric	Sim-Child	P	0	1 @			
MASK, OXYGEN NON-REBREATHER -ADULT		R, E, A, P	4 @	12 @			
MANNEQUIN, SURGICAL AIRWAY	Or other training aids	P	1 @	1 @			
MASK, OXYGEN NON-REBREATHER -CHILD		R, E, A, P	4 @	12 @			
MECONIUM ASPIRATOR		P	1@	4 @			
MEDICATIONS, various, Simulated training, for labs NO CONTROLLED SUBSTANCES	Vials, ampoules, bristojets,	A,P	1 @ variety	6 @ variety			
MONITOR, CARDIAC w/accessories		E, A,P	1@	4 @			
MOULAGE KIT		R, E, A, P	1 @	1 @			
NALOXONE (Narcan), INJ	Medication for demo, ampoule	A,P	1 @	1 @			
NALOXONE (Narcan), Intranasal	Medication for demo, nasal atomizer	R, E, A, P	1 @	1 @			
Nasal atomizer		R, E, A, P	1 @	1 @			
NEEDLE HYPO 18GA	Hypodermic needle	E, A, P	1 box of 100	1 box of 100			
NEEDLE HYPO 22GA	Hypodermic needle	E, A, P	1 box of 100	1 box of 100			
NEEDLE, IO kit w/extra needles	EZIO, FAST	A,P	1 @	2 @			
NITROGLYCERIN TAB, 100S	Medication	E, A, P	1 @	1 @			
OXYGEN USP, E Size TANK	O2 tank	R, E, A, P	4 @	4 @			
PACKS, Hot		R, E, A, P	4 @	16 @			
PACKS, Cold		R, E, A, P	4 @	16 @			
PAD,ALCOHOL, PREP 200S	Alcohol pad	R, E, A, P	1 box	1 box			
PAD POV-IOD IMPREG100	Betadine pad,	A,P	1 box	1 box			
PILLOW		R, E, A, P	1 @	2 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
POCKET FACE MASK		R, E, A, P	4 @	6@			
PRESSURE INFUSER DEVICE	For IO	A,P	1 @	4 @			
PULSE OXIMETER		R, E, A, P	1 @	1 @			
REGULATOR, PRESSURE,GAS	O2 Regulator,	R, E, A, P	4 @	4 @			
RESTRAINT, Patient	Commercial	R, E, A, P	1 @	1 @			
RESUSCITATOR HAND OPR	BVM, Adult	R, E, A, P	4 @	4 @			
RESUSCITATOR HAND OPR	BVM, Child	R, E, A, P	1 @	1 @			
RESUSCITATOR HAND OPR	BVM, Infant	R, E, A, P	1 @	1 @			
RINGER'S INJ 1000ML	IV fluid	A,P	4	4			
SCALPELS	For surgical crich	P	4 @	8 @			
SCISSORS, BANDAGE	Bandage scissors	R, E, A, P	4 @	6 @			
SHARPS CONTAINER	SHARPS container	R, E, A, P	2 @	2 @			
SHOULDER PADS, football, other sports	For removal practice	R, E, A, P	1 set	1 set			
SMALL VOLUME NEBULIZER		E, A, P	4 @	4 @			
SODIUM BICARBONATE INJ, 50 mEq	Medication for demo, bristojet	A,P	1 @	6 @			
SODIUM CHL INJ 1000ML	IV fluid	A,P	8	72			
SODIUM CHL INJ 5cc	Ampules	A,P	12 @	48 @			
SPHYGMOMANOMETER	BP cuff	R, E, A, P	4 @	8 @			
SPLINT, Cardboard, Large (Long)		R, E, A, P	1 @	6 @			
SPLINT, Cardboard, Medium		R, E, A, P	1 @	6 @			
SPLINT, Cardboard, Short		R, E, A, P	1 @	6 @			
SPLINT, PELVIC	Can be commercial or sheet	R, E, A, P	1@	2 @			
SPLINT, TRACTION	HARE, Sager	R, E, A, P	1 @	4 @			
SPLINT, UNIVERSAL 36X 4.5"	Sam Splint	R, E, A, P	4 @	8 @			
SPLINT, VACUUM		R, E, A, P	1 set	1 set			
STERILE WATER 1000ml	For irrigation	R, E, A, P	1 @	4 @			
STETHOSCOPE ADULT SZ		R, E, A, P	4 @	8 @			
STETHOSCOPE , Teaching	Double ear set	R, E, A, P	1	1			
STOPCOCK, 3-way		A,P	12 @	24 @			
STRAP, PATIENT SECURING	Litter, canvas, spider straps, loop/buckle	R, E, A, P	20 @ /4sets	20 @/6 sets			
STRECHER, SCOOP	Scoop Clam	R, E, A, P	1 @	1 @			
STRETCHER, WHEELED	Ambulance cot, gurney	R, E, A, P	0 @	1 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
STYLET, TRACHEAL TUBE, Adult 14 Fr	ET Tube Stylet	P	2 @	4 @			
STYLET, TRACHEAL TUBE, Pediatric	ET Tube Stylet	P	2 @	4 @			
SUCTION, HAND HELD	V-Vac	R, E, A, P	2 @	4 @			
SUCTION, MACHINE	Portable, rechargeable	R, E, A, P	2 @	2 @			
SUCTION TUBING, 8 FR	Suction catheter	R, E, A, P	2 @	6 @			
SUCTION TUBING, 14 FR	Suction catheter	R, E, A, P	2 @	6 @			
SUCTION TUBING, 18 FR	Suction catheter	R, E, A, P	2 @	6 @			
SUCTION TUBING, Yankauer		R, E, A, P	2 @	6 @			
SUPPORT CERVICAL Adjustable	C-collar, multi-size in one, adult	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size Regular (unless Adj.)	C-collar, stiff-neck	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size Short (unless Adj.)	C-collar, stiff-neck	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size No-neck(unless Adj.)	C-collar, stiff-neck	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size Pediatric	C-collar, stiff-neck	R, E, A, P	1 @	2 @			
SUPPORT CERVICAL, size Infant	C-collar, stiff-neck	R, E, A, P	1 @	2 @			
SUPRAGLOTTIC AIRWAY	King LT, etc.	E, A,P	1@size	1@size			
SYRINGE, BULB 3 OZ		R, E, A, P	1 @	1 @			
SYRINGE, HYPO 1CC		E, A, P	1 box of 100	1 box of 100			
SYRINGE, HYPO 3CC		A,P	1 box of 100	1 box of 100			
SYRINGE, HYPO 5CC		A,P	1 box of 100	1 box of 100			
SYRINGE, HYPO 10 cc		A,P	1 box of 100	1 box of 100			
THERMOMETER, electronic	Digital, thermoscan,	R, E, A, P	1 @	1 @			
TONSIL TIP, rigid suction tip		R, E, A, P	2 @	4 @			
TOURNIQUET ADULT 14X1"	For IV starts	A,P	6 @	24 @			
TOURNIQUET	C.A.T. / SWATE	R, E, A, P	1@	6 @			
TOWELS, Bath size	For splint padding, etc.	R, E, A, P	2 @	8 @			
TRIAGE RIBBON	G,Y,R,B	R, E, A, P	1@	1 @			
TRIAGE TAGS		R, E, A, P	2 @	12 @			
TUBING, OXYGEN, Connecting		R, E, A, P	4 @	4 @			
TUBE SECURING DEVICE	ET Tube/ SGA holder	E, A, P	2 @	6 @			
TUBE TRACH , 2.5 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 3.0 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 5.0 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
TUBE TRACH , 6.5 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 7.0 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 7.5 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
VENTILATOR, TRANSPORT	Portable	P	1 @	1 @			
V-VAC CATHETERS		R, E, A, P	4 @	4 @			
V-VAC ADAPTER TIPS		R, E, A, P	4 @	4 @			
WRENCH, Oxygen	O2 Key	R, E, A, P	4 @	6 @			
YOKE-ADAPTER	Must go with O2 Regulator 1 for 1	R, E, A, P	4 @	6 @			
Miscellaneous							
SKELETON *(optional)*		R, E, A, P	0 @	1 @			
ANATOMICAL CHARTS *(optional)*		R, E, A, P	0 @	1 @			
PORTABLE RADIOS *(optional)*		R, E, A, P	0 @	2 @			
OXYGEN Bag		R, E, A, P	4 @	6 @			
Medical Bag		R, E, A, P	4 @	6 @			
TRAUMA Bag		R, E, A, P	4 @	6 @			
Audio/Visual, Office Supplies, etc.							
Clothes, OLD/USED (Medium & Large sizes)	Used for moulage scenarios	R, E, A, P	2@ size	8 @ size			
BINDER CLIPS (Tiny, Small, Med, Large sizes)		"	1 box @ size	1 box @ size			
BOARD, DRY ERASE		"	1 @	1 @			
BOARD, markers	Multi-color set	"	1 @	1 @			
BOARD, eraser		"	1 @	1 @			
CLIPBOARDS		"	6@	6 @			
COMPUTER	Lap Top or PC for lite-box & admin	"	2 @	2 @			
ENVELOPES	9 X 12"	"	30 @	30 @			
FOLDER, MANILA		"	50 @	50 @			
FOLDER, 6-part		"	1 @	1 @			
HIGHLIGHTERS	Set of multi-color	"	1 @	3@			
Audio/Visual, Office Supplies, etc. continued							
INDEX CARDS	3 X 5"	"	1 pkg	2 pkg			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
MULTI-MEDIA PROJECTOR	Box-lite, Light-pro	"	1 @	1 @			
NOTE PAPER PAD	8 1/2 X 11 "	"	6 @	6 @			
OVERHEAD PROJECTOR		"	0 @	1 @			
PAPER, BOND	White for copier & printer	"	1 box	1 box			
PAPER CLIPS		"	1 box	1 box			
PENCIL, LEAD #2		"	24 @	48 @			
PEN, BALLPOINT		"	24 @	48 @			
POST-IT PADS (small, medium large sizes)		"	1 pkg @ size	1 pkg @ size			
PRINTER, for computer		"	1 @	1 @			
PRINTER, ink cartridge		"	1 @	2 @			
RULER		"	1 @	1 @			
SCISSORS, OFFICE		"	1 @	1 @			
SCREEN, PROJECTION		"	1 @	1 @			
SHARPENER, PENCIL	Electric or battery powered	"	1 @	1 @			
SHREDDER, PORTABLE	For shredding documents w/ SSN	"	1 @	1 @			
STAPLE REMOVER		"	1 @	1 @			
STAPLER w/ staples		"	1 @	1 @			
TAPE, PACKING TAPE, 2 "		"	1 roll	1 roll			
TAPE, SCOTCH TRANSPARENT		"	2 rolls	2 rolls			
THUMBDRIVE		"	1 @	1 @			
THREE- HOLE PUNCH		"	1 @	1 @			
TWO-HOLE PUNCH		"	1 @	1 @			
TV		"	1 @	1@			
VCR/DVD PLAYER		"	1 @	1 @			
EXTENSION CORD, 50 ft.		"	1 @	1 @			
SURGE PROTECTOR	For computers	"	2 @	2 @			
POWER STRIP	Multiple outlet	"	2 @	2 @			
BOOKS, CDs, etc.							
Emergency Medical Responder – Student	Textbook or digital equivalent	EMR	1 @ student & SEI	24 @			
Emergency Medical Responder – Student	Workbook or digital equivalent	EMR	1 @ student & SEI	24 @			
Emergency Medical Responder -Instructor	Resource book &/ or CD or digital equivalent	EMR	1 per instructor				

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
Emergency Medical Technician – Student	Textbook or digital equivalent	EMT	1 @ student & SEI	24 @			
Emergency Medical Technician – Student	Workbook or digital equivalent	EMT	1 @ student & SEI	24 @			
Emergency Medical Technician -Instructor	Resource book &/ or CD or digital equivalent	EMT	1 per instructor				
Advanced E M T – Student	Textbook or digital equivalent	AEMT	1 @ student & SEI	24 @			
Advanced E M T – Student	Workbook or digital equivalent	AEMT	1 @ student & SEI	24 @			
Advanced E M T -Instructor	Resource book &/or CD or digital equivalent	AEMT	1 per instructor				
Paramedic – Student	Textbook or digital equivalent	PM	1 @ student & SEI/LI	24 @			
Paramedic – Student	Workbook or digital equivalent	PM	1 @ student & SEI/LI	24 @			
Paramedic - Instructor	Resource book or CD or digital equivalent	PM	1 per instructor				
Handbook for Emergency Cardiovascular Care	AHA-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
ACLS- Provider Manual	AHA-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
ACLS Instructor Package	AHA-current edition, resources or equivalent.	PM	1 per instructor				
PALS- Provider Manual	AHA-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
PALS- Instructor Package	AHA-current edition resources or equivalent.	PM	1 per instructor				
PHTLS- Provider Manual	NAEMT-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
PHTLS-Instructor CD	NAEMT-current edition, resources or equivalent.	PM	1 per instructor				
AMLS- Provider Manual	NAEMT-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
AMLS- Instructor Manual w/CD	NAEMT-current edition, resources or equivalent.	P	1 per instructor				
PHYSICIANS DESK REFERENCE	PDR	R, E, A, P	1 @	1 @			

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Glossary - Definitions Used In This Manual

1. Advanced EMT instructor: An advanced EMT recognized by the department as an SEI, or a paramedic, or paramedic program instructional staff while training at an accredited paramedic-training program and approved by the county medical program director (MPD).
2. Agency: means an aid or ambulance service licensed by the secretary of health to provide prehospital care or interfacility ambulance transport.
3. Approved Course: An initial EMS training course application, reviewed and approved by the department as meeting state requirements.
4. Approved Educational Standards: Department-amended and approved National DET documents, consisting of National EMS Scope of Practice Model, Educational Standards and Instructor Guidelines, and other curricula.
5. Assistant instructor: A person approved by the MPD and department as an EMS evaluator to teach CME and OTEP, and assists instructors when SEIs teach initial EMS courses.
6. Certification: means the secretary recognizes that a person has proof of meeting predetermined qualifications, and authorizes the person to perform certain procedures. A credential issued by the department to a person for a specified period indicating minimum standards of proficiency have been met for a Department of Health EMS certification level.
7. Certification Examination: A department-approved test or tests to ensure entry-level knowledge and skills meet a corresponding to the level of certification.
8. Certified EMS Personnel: People who possess a valid Department of Health-issued EMS certification.
9. Classroom Education Facility: The physical location used to conduct the didactic education required for the course.
10. Clinical Education: The course component in which students learn and apply learned standards of care in a clinical environment.
11. Clinical Education Site: An appropriate location and environment, which provides supervised clinical education and evaluation to meet the instructor guidelines of the approved education course.
12. Clinical Evaluation: The evaluation of (a) clinical skill(s) in an MPD or delegate designated setting.
13. CoAEMSP: Committee on the Accreditation of Educational Programs for EMS Professions
14. Continuing Education: Prepared education sessions related to the instructor guidelines of the initial education course, or that are a logical progression of those guidelines.
15. Course Approval Number: A unique number assigned by the department for each approved initial training course.

16. Department or Department of Health: means the Washington State Department of Health, or Secretary-Washington State Department of Health, or Office of Community Health Systems-EMS and Trauma Division.
17. Didactic Education: Instructional sessions consisting of guidelines identified in the Approved Educational Standards for the certification level taught.
18. Distributive Learning: An educational model that allows instructor, students, and content to be located in different, non-centralized locations allowing instruction and learning independent of time and place.
19. EdNet: The National Registry of EMTs web-based educational network at http://www.nremt.org
20. EMS evaluator: A person who has completed an evaluator workshop and has been approved by the county medical program director (MPD) and the Department of Health (department) to evaluate practical skills during an initial course, Continuing Medical Education (CME) or an Ongoing Training and Education Program (OTEP).
21. Emergency Medical Services and Trauma Care Steering Committee: Advises the department regarding emergency medical services and trauma care needs throughout the state.
22. Field Internship: The “hands on” practical application of skills and knowledge, within an approved course, where a qualified preceptor mentors and evaluates the student performing actual EMS patient care in the field
23. Field Internship Site: Locations where students perform the objectives learned in the classroom on actual EMS patients. Field internship sites must be appropriate to meet the scope of the educational program.
24. Field Performance Evaluation: The concurrent or retrospective evaluation by the training physician or designee of skills performed in the field setting.
25. Guest instructor is a person knowledgeable and skilled in a specific EMS topic, and when approved by the MPD, instructs and evaluates EMS course topics. An example of this would be a basic life support instructor trainer recognized by the American Heart Association (AHA) or American Red Cross (ARC) to instruct the CPR portion of an EMT course. Guest instructors are not required to be SEIs or lead instructors.
26. Health Care Provider: A person certified or licensed by the department.
27. Initial Training Course: department-approved training course that, when completed successfully, meets the educational requirements for student eligibility to qualify for access to a certification examination.
28. Lead instructor (LI): A person approved by the department to be responsible for the administration, quality of instruction and the conduct of advanced EMT (AEMT), and paramedic training courses. The lead instructor must meet the instructor requirements and be approved by the MPD.

29. Medical Program Director (MPD): means a person who meets the requirements of chapters 18.71 and 18.73 RCW and is certified by the secretary. The MPD is responsible for both the supervision of training and medical control of EMS providers. He or she is a physician who has been certified by the department to supervise EMS personnel in a county, group of counties, or specified area of Washington state, and is responsible for all EMS education and training in that area.
30. National Registry of Emergency Medical Technicians (NREMT): An independent, non-governmental, not-for-profit registration organization, which prepares validated examinations for the states' use in evaluating candidates for certification and recertification. The NREMT provides successful applicants a certification of meeting the minimum knowledge and skill requirements.
31. Ongoing Training and Education Program (OTEP): means a continuous (ongoing, not occasional) program of prehospital EMS education for EMS personnel after completion of initial training. The MPD and the department approve an OTEP. An OTEP must meet the EMS education requirements and core topic content required for recertification. The OTEP method includes evaluations of the knowledge and skills covered in the topic content following each topic presentation. A planned educational program designed to meet all continuing education needs for recertification of an EMS agency's individual personnel.
32. Patient Contact: Assessment and/or treatment provided to a patient by an EMS student when supervised in a clinical or field internship setting by a preceptor.
33. Pearson Vue: Privately operated test centers under contract by the National Registry of EMTs to provide computer testing for the Emergency Medical Responder, EMT, Advanced EMT and Paramedic.
34. Physician: means a person licensed under the provisions of chapters 18.71 or 18.57 RCW. A person who holds a current active license issued by the Washington Medical Commission or the Washington State Department of Health to practice medicine, or surgery, or osteopathic medicine in Washington; and is in good standing with no restriction upon, or actions taken against, his or her license.
35. Preceptor: A person oriented to the scope of practice and objectives of a specific education course providing direct supervision and evaluation in a clinical or field internship educational setting, ensuring student progress during the clinical/field experience.
36. Psychomotor Education Objective: An identified hands-on skill or set of skills a student must master.
37. Recertification: The process an EMS provider completes to receive the same level of certification a second or subsequent time.
38. Refresher Education Course: A standardized modular educational program for the emergency medical responder, EMT, and advanced EMT that is based upon the objectives of the initial education curriculum, which includes a structured evaluation of those objectives and is approved by the department.
39. Remedial Education: Additional education session(s) completed before course ending date for any students who failed to achieve course objectives.

40. Senior EMS instructor (SEI): Means a person approved by the department to be responsible for the administration, quality of instruction and the conduct of initial emergency medical responder (EMR) and emergency medical technician (EMT) training courses. This person functions under the general supervision of the county MPD. Required as the primary instructor for initial EMR and EMT courses, SEIs may also instruct CME and OTEP classes. Requires initial approval of MPD and the department, and requires reapproval every three years.
41. Senior EMS Instructor Evaluator (SEI-E): A currently approved SEI who evaluates an initial or renewing SEI candidate following the recognition objectives identified by the Washington State Department of Health, Office of Community Health Systems, Emergency Medical Services and Trauma Section. This is not a separate credential or level of approval.
42. Senior EMS Instructor (SEI) Renewal Candidate: An SEI working on meeting the objectives needed to renew under the direct supervision of an SEI-E.
43. Senior EMS Instructor (SEI) Recognition Process: the method in which the Washington State Department of Health confirms that the person is qualified to instruct specific EMS topics or courses, and issues a recognition card to the qualified SEI.
44. Skill Verification: The act of attesting a provider has demonstrated competency when performing a defined assessment, action or treatment.
45. Standardized/scenario patient - A person who has been thoroughly trained to accurately simulate a real patient with a medical condition; a standardized patient plays the role of a patient for students learning patient assessment, history taking skills, communication skills, and other skills.
46. Student: An applicant enrolled in an approved EMS training course after meeting the course prerequisites.
47. Successful Completion: A favorable (passing) review by the SEI/LI for an initial training course verifying that the candidate has met all Department of Health EMS education requirements and course specific criteria.
48. Team lead medic: The leader of the call; provides guidance and direction for setting priorities, scene and patient assessment, and patient management. The team leader may not actually perform all the interventions, but may assign others to do so.
49. Training Physician: An MPD-delegated physician with oversight responsibilities for Department of Health-approved EMS training courses as described within the department EMS Education Standards Manual.
50. Training program: means an organization approved by the department to be responsible for specified aspects of training EMS personnel. A local EMS council, regional EMS council, proprietary school or licensed vocational school that has met training program application requirements and has been approved by the department to conduct EMS training.
51. Training Program Director: The person responsible for an EMS training program and EMS courses conducted. The training program director need not necessarily be an SEI or lead instructor, who has responsibilities for course conduct.

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