



**Washington State Pre-Hospital WAC Revision- Final Draft Document Map of Significant Changes**

<b>WAC</b>	<b>Issue</b>	<b>Proposed Change</b>	<b>Rationale/Justification</b>	<b>Location</b>	<b>Comments</b>
246-976-010 "Definitions"	<ol style="list-style-type: none"> <li>1. Defining "Advanced First Aid"</li> <li>2. Migration to National Scope of Practice Levels</li> <li>3. Define "Critical Care Transport".</li> <li>4. Define "MPD Delegate"</li> </ol>	<ol style="list-style-type: none"> <li>1. Defines Advanced First Aid as being a department certified EMR after 1 January 2012.</li> <li>2. Transitions current certification levels (1<sup>st</sup> Responder, EMT, IV Tech, Airway Tech, IV/Airway Tech, ILS Tech, ILS Airway tech and paramedic to new national scope of certification. The new levels will be Emergency Medical Responder (EMR), EMT, Advanced EMT and Paramedic.</li> <li>3. Critical care paramedics are required to complete specialized training and have MPD approval.</li> <li>4. Defines the 2 types of MPD delegates: Supervising and Training Physicians.</li> </ol>	<ol style="list-style-type: none"> <li>1. There is no longer an Advanced First Aid course; proposed change assures base line competency in EMS-specific information.</li> <li>2. Aligns WA state certification levels with national scope. Also, compresses the 5 current levels of ILS providers. IV and Airway will become endorsements on EMT certification, ILS and ILS/Airway will become Advanced EMT.</li> <li>3. Addresses the increased number of critical care patients being transported between hospitals by paramedics when RN's are not available.</li> <li>4. Clarifies the roles of</li> </ol>	<ol style="list-style-type: none"> <li>1. P.3</li> <li>2. Throughout 246-976-010</li> <li>3. P. 6</li> <li>4. P. 10</li> </ol>	The proposed changes reflect national trends in EMS, provide clarity for the reader and assure patient safety.

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246-976-022 “EMS training program requirements, approval, re-approval, discipline. This is a new section	Migrating the over 200 current EMS training agencies under umbrella “training programs”. Establishes training program requirements that allow state accreditation of EMS training programs.	<ol style="list-style-type: none"> <li>1. Identifies organizations that can serve as EMS training programs.</li> <li>2. Identifies training program responsibilities.</li> <li>3. Identifies length of approval as 5 years. Then program must be re-approved.</li> <li>4. Describes requirement for QI activities by training program.</li> <li>5. Identifies the disciplinary process for training programs not complying with requirements.</li> </ol>	<p>MPD delegates.</p> <ol style="list-style-type: none"> <li>1. This includes: local EMSTC councils or county EMS office; Regional EMSTC council; institution of higher education; private educational business licensed as a vocational school; other organizations recommended by the local or Regional EMSTC council (e.g., fire departments, private EMS agencies, etc.). This list expands the possible entities that can serve as training programs to promote accessibility.</li> <li>2. Ensures training programs are providing optimum educational experience for EMS students.</li> <li>3. Encourages review of training program performance to assure quality</li> </ol>	<ol style="list-style-type: none"> <li>1. P. 19</li> <li>2. P. 20 and 21</li> <li>3. P. 21</li> <li>4. P. 22</li> <li>5. P. 22 &amp; 23</li> </ol>	Creating standards for educational programs assures quality EMS education experience for EMS students. Defines student-centric standards such as student handbooks, educational program expectations for students, clinical experience and course completion standards. Establishing training programs also allows more consistent QI activities and makes MPD oversight less cumbersome and labor intense.

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			education. 4. QI activities are a key component of a quality EMS education program. 5. Defines the steps taken when a training program fails to meet standards.		
246-976-023 “EMS training course requirements, course approval, specialized training”-New Section	Identifies requirements to conduct EMS training courses. Replacement of the National DOT curriculum by national education standards and instructional guidelines.	<ol style="list-style-type: none"> <li>1. Incorporates the National EMS training standards &amp; instructional guidelines for each level of certification. Includes requirement for Washington core content (current WSSO’s).</li> <li>2. Includes language that allows the SEI to be immediately available for consultation by guest lecturers but not required to be physically present at every class.</li> <li>3. Provides detail for specialized training.</li> </ol>	<ol style="list-style-type: none"> <li>1. Since the DOT curriculum no longer exists, WAC must be changed to reflect new standards &amp; guidelines.</li> <li>2. Addresses the current requirement for the SEI to be physically present at every class and recognizes the use of guest lecturers.</li> <li>3. Details how specialized training can be provided and incorporates the L&amp;C approval of pilot programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Included at each level of certification /training.</li> <li>2. P. 26</li> <li>3. P. 28</li> </ol>	The proposed change aligns WA state educational programs with national trends. While this is technically a new section, many of the current rule requirements for training courses have been carried forward into this new section.

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246-976-031 “Senior EMS instructor”	Requirements for state-recognized SEI’s. The increased number of instructors re-locating from other states and wishing to instruct EMS courses.	<ol style="list-style-type: none"> <li>1. Defines the requirements for “reciprocity”.</li> <li>2. Recognition of “other” classes that satisfy the DOT instructor course.</li> </ol>	<ol style="list-style-type: none"> <li>1. Individuals from other states must currently complete the entire recognition process and do not receive credit for instructional experience in other states. The proposed change recognizes their experience and compresses the time required to achieve SEI status in Washington state.</li> <li>2. Allows flexibility for completion of other instructor courses to satisfy requirement for completion of a DOT instructor course.</li> </ol>	p. 38	Most of the proposed changes provide clarity in current rule and do not reflect major or substantive changes to existing rules regarding SEI personnel.
246-976-041 “To Apply for training”.	Increased number of rural EMS agencies that want to recruit people under the age of 18 to attend EMS training courses.	<ol style="list-style-type: none"> <li>1. Changes age to enter a training course for EMR and EMT to 17 years of age.</li> </ol>	<ol style="list-style-type: none"> <li>1. A number of rural EMS agencies experience difficulty in recruiting EMS workforce. Allowing 17 year olds to enter training</li> </ol>	p. 39	The State Education Committee expressed significant concerns with this proposed change. Rationale includes, but is not limited to, : maturity level of 17 year olds, ability to sign confidentiality agreements and ability of 17 year olds to complete clinical rotation in some hospitals. The L&C and pre-hospital committees as well as a number of interested parties all support the

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			expands the pool of potential EMS recruits (i.e., high school aged people).		change.
246-976-141 "To apply for certification"	Requirements for individuals seeking an EMS certification in Washington State. Provides clarity in reading the rule through plain talk language.	<ol style="list-style-type: none"> <li>1. Defines requirements for reciprocity and challenge of educational requirements for certification.</li> <li>2. Requires individual to be at least 18 years of age to apply for a credential.</li> <li>3. Revises list of organizations with whom an individual may be associated in order to obtain a credential.</li> </ol>	<ol style="list-style-type: none"> <li>1. Current rule is vague on reciprocity and challenge requirements. Proposed changes better define these requirements.</li> <li>2. No change from current rule.</li> <li>3. In addition to licensed EMS agencies and law enforcement agencies, individuals who are part of an organized safety team of a business may also hold an EMS certification. This addresses businesses that are currently recognized as "affiliates".</li> </ol>	<ol style="list-style-type: none"> <li>1. P. 42</li> <li>2. P. 43</li> <li>3. P.43</li> </ol>	Maintaining the age 18 requirement is consistent with the NREMT testing requirements. Including businesses with organized safety teams addresses the issue of affiliate agencies that currently have certified EMS personnel working on organized safety teams.
246-976-161 "Education requirements for recertification"	Language regarding OTEP definition is proposed. There is confusion about the	<ol style="list-style-type: none"> <li>1. OTEP must be conducted at least quarterly to be considered "ongoing".</li> <li>2. May use on-line training</li> </ol>	<ol style="list-style-type: none"> <li>1. Confusion as to what is considered "ongoing" occurs in a number of</li> </ol>	<ol style="list-style-type: none"> <li>1. p. 50</li> <li>2. p. 51</li> <li>3. p. 59</li> </ol>	Many of the proposed changes (other than those highlighted) are based on clarifying existing language to make the rule easier to comprehend.

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	<p>“ongoing” component and how it is defined. Also recognizes the emergence of non-traditional methods of education (e.g., on-line, distributive and distance learning).</p>	<p>to provide all or a portion of an OTEP when specific requirements are met.</p> <ol style="list-style-type: none"> <li>3. Defines “Cardiovascular” training.</li> </ol>	<p>systems. This language establishes a minimum level of quarterly. Systems may choose to make OTEP more frequent with concurrence of the MPD.</p> <ol style="list-style-type: none"> <li>2. Use of King Co. Online education and EMS Live at Night continues to increase. Proposed language recognizes these valuable methods of providing ongoing education.</li> <li>3. The emergence of cardiac and stroke systems of care drives this proposed change.</li> </ol>		
<p>246-976-171 “Recertification, reversion, reactivation and reinstatement of certification”</p>	<p>Generally provides clarity to the reader addressing issues related to an individual’s certification. Specifically, the proposed changes provide detail on the actions of recertification of EMS personnel, reversion to a</p>	<p>Defines requirements for paramedics whose certification has lapsed from between 2 and 6 years. Current rule does not include this information.</p>	<p>All non-paramedic certified persons must complete certain requirements for reactivating their credential. Paramedics are not addressed in current rule. Stakeholder discussions resulted in proposed language that details the</p>	<p>p. 39</p>	<p>Much of the proposed language is simple re-stating and reorganizing current rule to provide clarity for the reader.</p>

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	lower level of certification, reactivating an expired certification and reinstating a certification following disciplinary action.		requirements for paramedics. The proposed changes protect the health & welfare of the public by establishing requirements for reactivation of paramedic credential.		
246-976-182 “Authorized care-scope of practice”	Identifying the setting in which EMS providers may practice using the EMS credential.	“ When performing in a prehospital emergency setting or during interfacility ambulance transport”.	Addresses the number of questions relating to the use of EMS credentials in hospitals or clinics clarifying the setting in which EMS providers can practice.	p. 40	
246-976-260 “Licenses required”	Defines the minimum staffing levels required at each level of service (BLS, ILS, ALS).	BLS- at least one person certified as an EMR (after 1 Jan. 2012). ILS- at least one person certified as an Advanced EMT ALS-at least one certified paramedic.	Provides clarity and supports current statute.	p. 43	
246-976-290 “Ground ambulance vehicle standards”	Equipment and specifications have changed since the current rule was adopted.	Found throughout the section	Reflects current vehicle standards as well as incorporates more current language relating to vehicle specifications.	p. 44-46	
246-976-300 “Ground ambulance and aid service equipment”	Bring proposed rule in line with current practice and standards for patient care treatment. Addresses the storage of pharmaceuticals.	<ul style="list-style-type: none"> <li>• Length-based system for pediatric is now required.</li> <li>• Medication stored in compliance with manufacturer recommendations.</li> </ul>	Recommendation of the pediatric TAC. Environmental exposure of pharmaceuticals impacts the therapeutic effect of the medication	p. 48 p. 49	
246-976-320 “Air ambulance	Whether or not to continue mandatory	No proposed change. CAMTS accreditation will continue to be	CAMTS standards protect the health and welfare of	pp. 50-53	

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services”	CAMTS accreditation.	mandatory for those agencies seeking to operate in Washington	patients treated by air ambulance services		
246-976-330 “Ambulance and aid services-record requirements”	Timeliness of submission of patient care reports.	Reduces the time to submit a comprehensive patient care report from 10 days to 24 hours. Allows a brief report at the time of patient arrival at the hospital.	Recognizes the importance of documenting EMS providers’ findings a care on the outcome of severely injured or ill patients.	p. 54	Comments received at the public workshop as well as comments from trauma surgeons stressed the importance of timely submission of patient care reports. Surgeons and physicians rely on EMS reports in continuing care of the patient.
246-976-395 “To apply for initial verification or to change verification status as a prehospital EMS service”	The department’s process for verifying services is now included in rule.	Outlines the exact process the department uses to verify trauma services. Also, identifies minimum points required in department application evaluation process.	Providing detail and clarity to the rule allows EMS agencies to clearly understand how the department verifies prehospital trauma services.	pp. 62-64	
246-976-920 “Medical Program Director”	<ol style="list-style-type: none"> <li>1. Current rule does not include detailed qualifications of the MPD</li> <li>2. Current rule does not include the department’s process for appointing the MPD</li> <li>3. MPD oversight of EMS communications protocols.</li> </ol>	<ol style="list-style-type: none"> <li>1. Includes requirement for MPD to complete formalized training.</li> <li>2. Details the department’s process for appointing the MPD.</li> <li>3. Proposed rule does not include language allowing MPD’s to oversee EMS dispatch protocols.</li> </ol>	<ol style="list-style-type: none"> <li>1. This is consistent with best practice and the State’s EMS and Trauma Strategic Plan.</li> <li>2. Clarifies the process for physicians, local councils and current MPDs.</li> <li>3. This requires a change in RCW</li> </ol>	<p>p. 67</p> <p>pp. 67 &amp; 68</p>	