



ANNOUNCEMENT

Spring 2010 EMT-Intermediate w/Multi-Lumen Course

The Yakima County Department of EMS is sponsoring an EMT-Intermediate w/ Multi-Lumen Course for qualified individuals.

- Date: April 5 – May 19, 2010
Mondays, Wednesdays
- Time: 8:30 am – 3 pm on Mondays and Wednesdays
- Location: Glenwood Square
Yakima, WA
- Cost: \$75 includes books & equipment, for those students who are affiliated with a Yakima County EMS agency, supported by the Yakima County EMS levy.
\$170 including equipment cost, student must pay for book, for all others

To register for the class please fill out the enclosed application and return to the Yakima County Department of EMS, 5110 Tieton Drive, Suite 370, Yakima, WA 98908 no later than

March 5, 2010. If you have any questions, or concerns, please call the office at 966-5175.

The minimum qualifications and pre-requisites for the students are:

- Must have been an EMT-B for at least 1 year
- Must be at least 18 years old when course begins
- Professional liability insurance
- Proof of current Hepatitis B vaccination
- NIMS certification IS-100.a, IS 200.a, IS 700, & IS 800 <http://training.fema.gov/IS/NIMS.asp>
- Must be current in all CME and/or OTEP
- High School Diploma or GED at the beginning of course
- Health insurance that covers the student
- Copy of a driver's license or other photo identification

All attachments and pre-requisites **must** be received no later than **March 30, 2010**, one week prior to class starting.

For those students, who do not have an EMS agency, you will be required to prove you have medical insurance that covers yourself (through work or private insurance) and professional liability insurance. Professional Liability – Student Coverage may be obtained by contacting: HPSO, 1-800-932-9491, service@hpso.com, www.hpso.com/students

The hospitals require that the students have a “background check” and “drug screening” before being allowed into the emergency departments for clinical time. Forms are available for those students who need to obtain a drug screening on their own. Contact Diane at the EMS Office for a form for Yakima Worker Care. Student pays cost of drug screen. Background checks may be done on-line with the Washington State Patrol: www.wsp.wa.gov Go to "WATCH" listed on left side of screen.

Yakima County Department of Emergency Medical Services
EMT-ILS w/Multi-Lumen CLASS SCHEDULE AND READING ASSIGNMENTS
Spring 2010

	LESSON	READING ASSIGNMENT	DATE	TIME
1.	Roles and Responsibilities of the EMT-Intermediate, Medical/Legal Issues, Ethics, Documentation, HIPAA Compliance	To Be Determined	Mon 4/5	8:30 am – 3 pm
2.	Overview of Human Systems, Clinical Decision Making, Assessment & Management of Shock		Wed 4/7	8:30 am – 3 pm
3.	Obtaining Intravenous Access, Intravenous Site Selection, Special Patient Considerations		Mon 4/12	8:30 am – 3 pm
4.	Calculating volumes of Fluid and IV Flow Rates, Intravenous & Intraosseous Line Placement & Infusion Practicals		Wed 4/14	8:30 am – 3 pm
5.	Intravenous & Intraosseous Line Placement & Infusion Practicals		Mon 4/19	8:30 am – 3 pm
6.	Combitube & King Airway and Airway Management & Ventilation		Wed 4/21	8:30 am – 3 pm
7.	Practical Evaluations of Combitube and King Airway		Mon 4/26	8:30 am – 3 pm
8.	Body Systems & Patient Assessment		Wed 4/28	8:30 am – 3 pm
9.	Pharmacology of Emergency ILS Medications and Medication Administration		Mon 5/3	8:30 am – 3 pm
10.	Cardiology and Medical		Wed 5/5	8:30 am – 3 pm
11.	Trauma, WMD, Incident Command, and Tactical Emergency Medical Support		Mon 5/10	8:30 am – 3 pm
12.	Pediatrics and Obstetrics & Gynecology		Wed 5/12	8:30 am – 3 pm
13.	Substance Abuse, Behavioral Emergencies and Geriatrics		Mon 5/17	8:30 am – 3 pm
14.	Comprehensive End of Course Evaluation – Medical & Trauma Written Final Exam		Wed 5/19	8:30 am – 3 pm



Yakima County Department of EMS
 5110 Tieton Drive, Suite 370
 Yakima, WA 98908
 (509) 966-5175 FAX: 966-5176

Application for IV or ILS Technician Training

(please see course requirements at bottom)

Personal Data	Year:	Course:	<input type="checkbox"/> IV w/Multi-Lumen Airways	<input type="checkbox"/> ILS Technician w/Multi-Lumen
----------------------	-------	---------	---	---

Name (Last, First, MI)	Date:
------------------------	-------

Social Security Number:	Current Certification (if applicable):
-------------------------	--

Birthdate:	Age:	Home Phone ()	Message Phone ()
------------	------	----------------	-------------------

E-Mail:

Mailing Address:

Street Address (if different):

City:	State:	Zip Code:
-------	--------	-----------

EMS Agency Data

EMS Agency Affiliation:	<input type="checkbox"/> None
-------------------------	-------------------------------

Fire Chief or Supervisor:	Daytime Phone: ()
---------------------------	--------------------

Who will provide professional liability insurance and health insurance that covers student?

<input type="checkbox"/> EMS Agency	<input type="checkbox"/> Self
-------------------------------------	-------------------------------

Approval/Certification Signature

I, the undersigned, hereby approve attendance to this training course by the individual named on this application. As an employee or member of our organization, a background check, and drug screening has been completed on the individual. This individual has received his/her Hepatitis B Vaccination (at least 2 or 3 shots). This individual will also have professional liability and health insurance while involved in any training activities or clinical experiences.

Fire Chief or Supervisor:	Date:
---------------------------	-------

Method of Payment

<input type="checkbox"/> Bill to EMS Organization	<input type="checkbox"/> Applicant will Pay by First Night of Class
---	---

(office use only)

Date Received: _____	Comments: _____
----------------------	-----------------

Tuition Amount Owed: _____	Tuition Amount Paid: _____
----------------------------	----------------------------

Course Requirements:

- Must be certified as an EMT-B for at least 1 year and be current in required CME/OTEP – all applicants**
- Copy NIMS Certificates for 100.a, 200.a, 700 and 800.b – **all applicants**
- Copy of Current Driver's License or other photo identification, **must** be 18 years old at beginning of course – **all applicants**
- Proof of Hepatitis B Vaccination, at least 2 of 3 shots or completed declination form – **non-affiliates only**
- Copy of Health Insurance that covers applicant – **non-affiliates only**
- Copy of Professional Liability Insurance – **non-affiliates only**
- Proof of background check performed by the Washington State Patrol – **non-affiliates only**
- Proof of a drug screening performed by a certified lab – **non-affiliates only**