EMS Education Standards Manual
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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 properly conduct initial EMS courses through a department approved EMS Training Program. It also provides information needed by students to complete the certification process.

Section 2 –Involvement in EMS Education-provides the entire sequence an EMS instructor might experience prior to approval as a Senior EMS Instructor (SEI) or Lead Instructor; from meeting the prerequisites 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 & Evaluation Program-covers Ongoing Training and Evaluation Program (OTEP) development, information regarding EMS Evaluators, EMS Evaluator workshops, and how an individual completes an OTEP.

This manual is a living document that will be updated periodically to provide the most current and up to date information.
SECTION 1 – EMS Training Programs

I. EMS Training Program Components

The following guidelines define the minimum requirements necessary to become and 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 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. 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.
   b. In the absence of a local EMS council, the regional EMS and trauma care council may provide such recommendation.
   c. Initial training courses conducted for licensed EMS agencies under the oversight of a department-approved EMS training program.

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:
      1) A course schedule/calendar and syllabus for students that includes class dates, reading assignments, and exam/quiz dates, updated for each course, and
      2) Training program policies, including:
         a) Minimum standards to enter training;
         b) Attendance (EMS Rules do not contain provision allowing students to miss classes when attending an EMS course).
            i. Students are responsible for all classes and course content.
            ii. Any make-up session policy established by the training program must be clearly stated.
            iii. The student 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;

3) 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 prior to 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) Reaplication, rescheduling and retesting of the cognitive examination.

4) Initial certification requirements the student must meet to become certified as identified in WAC 246-976-141.

g. Training program approval is effective on the date the department issues the certificate or letter. Approval must be renewed every five years. The expiration date is indicated on the approval letter. 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. Assure the SEI/LI has access to all necessary educational and equipment resources to present the educational program and conduct courses following the department requirements and providing 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 they are 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 prior to 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) Assisting students in 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 which 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 activities including a summary of issues and actions 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 seventy-five percent on department-approved state certification examinations; and
         d. EMS training programs training paramedics must be accredited 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 prior to the program expiration date.
   C. Quality Assurance will be conducted by the department, MPD, MPD designee, or MPD delegate
      1. Department staff or designee may monitor EMS Training Programs and EMS courses for compliance with statute, rule and education standards.
      2. Department staff or designee may evaluate EMS Training Programs, EMS courses and instructors for compliance with statute, rule and education standards.
3. Evaluation may be conducted concurrently, retrospectively, or proactively.
4. Evaluation 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, or
   d. Review of student performance on National Registry examinations or other course examinations.
   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. A formal audit of any or all records for compliance.
5. 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.
6. 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. Failure to update training program information with the department as changes occurs.
   2. The training program may request a hearing to contest department decisions in regard to 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 be compliant 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. Individuals 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. This procedure is covered in depth in III. below.
C. The training program is the repository for official course and student records and is required to maintain all records for a minimum of four (4) 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 assure course records are stored appropriately and all course completion documents are provided to the department by the SEI/LI.

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 dates each class was held, lesson number, signature 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 utilized 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. A document that records the reason for failure of each student that failed to complete the course of study.

D. The training program will submit course completion records completed by the SEI/LI to the EMS and Trauma Section via U.S. mail.

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” (AKA EMS Course Graduation Form) document verified by the training program will be submitted to the Department of Health, EMS and Trauma Section within thirty (30) days of course completion.
   a. Failure to submit this form may prevent future training course approvals.
   b. The Pass/Fail status of the individuals in the course is not based on successful completion of the department-EMS approved certification examination, but on:
      1) Successful completion of the course guidelines or curriculum objectives;
      2) Demonstrated comprehensive knowledge and skill competence as an EMS provider required by the course certification level.
      3) Successful completion of the course written and practical evaluations/examinations.
   c. The entry of ‘incomplete’ may be entered for any student who has not yet completed the program, but is anticipated to do so. This entry requires the submission of a memo of explanation as to the circumstances regarding the student’s inability to complete the course to the department. An updated “EMS Course Completion Verification” must be submitted 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 that comply with all department standards and all policies established by the training program, and 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
      2) Course location (City and State), and
      3) The department course approval 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) Date of course completion, and
      8) The words “This document does not grant Washington State Certification”, and
      9) Printed name, credential number if Washington certified, and signature of the SEI/LI, and
      10) Additional text and information desired by the training program.
   b. The Certificate of Course Completion must not include:
      1) Any wording or indication that the individual is certified or authorized to perform/function in any EMS capacity.
      2) Any inference the individual is a certified EMR, EMT, or any other certified EMS provider level.
   c. Prior to issuing the certificate, the SEI/Lead Instructor must verify the student’s:
      1) Comprehensive cognitive, affective and psychomotor abilities.
      2) Successful completion of the clinical/field experience following the procedures in this document. (see Appendix A)
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: User generated forms will not be accepted by the department with the exception the course schedule for paramedic courses. Paramedic applications must be accompanied by a suitable course schedule.
   b. The EMS Training Course Application requires:
      1) A printed name and course approval recommendation signature by the Training Program Director, and
      2) A printed name and course approval recommendation signature by the local EMS council [WAC 246-976-970 (2) (c.)].
      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 individuals and frequency of meetings, so please plan accordingly.
   c. All courses require a completed EMS course training application postmarked or received by the department at least three weeks prior to the course start date identified on the application and department approval prior to conducting the education.
   d. Applications received less than three weeks prior to the course will not be processed.
   e. The department will only accept completed applications for review; incomplete applications will be returned to the applicant.
   f. Due to the course length and the lead time to coordinate the NREMT practical skill examinations, AEMT courses should be received more than the required three weeks. 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.
   g. The applicant will submit the completed application to the Department of Health, EMS and Trauma Section via U.S. Mail or e-mail to debra.galvan@doh.wa.gov (Forms must be completed, printed, signed and scanned to send via email).

2. The Department of Health, EMS and Trauma Section will assign a unique number to the approved course.
   a. When/if the course is approved, the Department of Health, EMS and Trauma Section will issue a course approval letter that will be sent via U.S. mail to the Training Program mailing address on the application. If the application was submitted by email, the approval letter will be sent by e-mail, and must be printed and retained as a required course record.
   b. A course is not approved by the department until a course approval letter is issued to the Training Program.
   c. The department course approval number 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) Linking students with course approval and Course Completion Verification forms.

d. The training program should allow at least twenty-one (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.
   a) Notification may be by telephone at 360-236-2840 or
   b) E-mail to debra.galvan@doh.wa.gov.

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 with the EMS Course Completion Verification form.

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. Fields and documents complaints from course personnel and students, and resolve per training program policies and procedures, and
   i. Assure the SEI/LI completes and submits required course completion documents to the department, and
   j. Assure 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 an individual 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 an individual 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 of 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 utilizing current Washington-approved
   curricula/instructor guidelines from which to develop lesson plans, teaching all
   objectives within the curriculum, and
   8) Utilizing appropriate textbooks, workbooks and other course material, and
   9) Overall delivery of lecture and skill lessons, and
   10) Providing on-site instruction during each class and to supervise any other
   course instruction, unless arrangements have been made 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 individuals
   are knowledgeable in all topic areas, and
   18) Conducting practical skills evaluations to determine skills competency utilizing
   the skills evaluation forms approved by the department; these evaluations
   may occur throughout the course, and
   19) Ensuring hospital, clinical or field internship time is properly arranged: and
   students have a positive experience when meeting clinical or field internship
   experiences.
   a) Students are scheduled for and complete the required experiences prior to
   participating in the psychomotor examination (unless uncontrollable
   circumstances are identified and documented as required), and
b) Develop or utilize 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) Assuring 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
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/individuals that 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/individuals that upon passing the Department (NREMT) certification examination and NREMT certification, they ARE NOT authorized to provide patient care until they have applied for and obtained official Washington State certification from the Department.
26) Inform students/individuals 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 individual's level of certification; or
         (b) Included in approved specialized training; and
         (c) Included in state approved county MPD protocols.
   b) To familiarize themselves with RCW 18.130 – Regulation of health professions – uniform disciplinary act. It is under this statute EMS providers will be held to for professional conduct.
   c) As a certified EMS provider, they are required to be associated with a
licensed or department approved prehospital EMS provider, and 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. Each provider is responsible to renew their certification on time or they can be disciplined for unlicensed practice. It is their responsibility to maintain records of their education.

27) The completion and submission of 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 lecturer may not provide more than 25% 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. Must be 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) Evaluation of student performance and competency, and
      5) Documentation of student performance and competency.

4. Evaluators- Must be approved by the MPD and the department, and are under supervision of the primary SEI or LI.
   a. EMS Evaluators for EMR and EMT courses must be certified at the EMT, AEMT or Paramedic level.
   b. EMS Evaluators for Advanced EMT courses must be certified at the AEMT or Paramedic level.
   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 scope of practice of the EMS students, 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/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 their 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 & EMT course:
      1) Department approved SEI, or.
      2) Department approved SEI-Candidate supervised by an approved SEI, and
      3) Approved by the County Medical Program Director.
   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) Approved by the County Medical Program Director.
   c. Paramedic course:
      1) The Lead Instructor for paramedic courses must have proof of clinical experience at the paramedic level or above; and
      2) Must have the approval of the training program’s Training Physician and the County Medical Program Director.

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. Student screening is the responsibility of the Training Program, and SEI/Lead Instructor. Students must be screened as required by WAC 246-976-041 to confirm prospective students meet course entry requirements.
   a. An applicant must be at least seventeen years of age at the beginning of the course. Variances will not be allowed 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 & Infant CPR including 1 & 2 rescuer, mouth-to-mouth with barrier, mouth-to-mask, bag-valve mask, conscious and unconscious choking procedures and AED.
   c. EMT An applicant for training at the AEMT level must be currently certified as an EMT with at least one year of experience. Being certified for a year does not meet this requirement, and the experience should be prehospital in nature.
   d. An applicant for training at the paramedic level must document 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.
   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 that meet these requirements prior to those who don’t.
f. Any prospective student not meeting the requirement to enter initial EMR, EMT, AEMT or Paramedic EMS training (WAC 246-976-041) may request a variance to that requirement as provided by RCW 18.73.101.
   1) Variances will not be allowed for the age requirement.
   2) An approval of the variance request must be in the student’s hands before the beginning of the course for the student to be eligible for training and certification.
   3) The intent of RCW 18.73.101 is to allow the department to make an exception to the rules only when compliance would reduce or eliminate emergency medical services, and then, only if no detriment to public safety would result.
   4) A variance request for any other purpose does not meet this intent and does not justify approval from the Department.
   5) A variance request to enter an EMS course must be recommended by the County MPD and approved by the department, prior to the beginning of the course.

2. Students enrolled in initial certification courses are required to, at a minimum, have a core textbook consistent with the department approved instructor guidelines/curriculum.

3. The student to instructor ratio for psychomotor instruction will be no greater than six to one (6:1).

4. No didactic education session may exceed eight (8) hours within a twenty-four (24) hour period.

5. 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 1000-1300 clock hours, includes the four integrated phases of education (didactic, laboratory, clinical and field) to cover material. Further pre-requisites may be required to address competencies in basic health sciences (Anatomy & Physiology) and in basic academic skills (English and Mathematics).

6. 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 more frequent content updates.

3) 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. The IG is not intended to be all-inclusive; it is understood that they will become outdated as research, technology, and national organization guidelines dictate changes in patient assessment and care.

4) In implementing the Washington State Amended Standards, EMS instructors and educational programs will have the freedom to develop their own curricula or use any of the wide variety of publishers’ lesson plans and instructional resources that are available at each EMS educational level.

D. 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. Requirements for successful completion of the EMR and EMT course practical skill examinations is identified in the department approved practical skills examination provided on the office education web page under the EMR or EMT documents section.
   a. Individual skills may be successfully completed during the course if they are successfully completed during the practical lab lessons.
   b. Should be done during the course as each student is required to be competent in each of the individual practical skills taught within the course.
   c. Should be done during the course to provide corrective action for the students.
   d. A comprehensive End of Course Evaluation is required for all initial EMR and EMT courses.

2. AEMT and Paramedic practical skill certification examinations are conducted through the NREMT with a state approved NREMT Representative administering the examination.
   a. Final AEMT and Paramedic course completion practical skills examinations should be conducted by the training program utilizing examination skill sheets developed by the National Registry of Emergency Medical Technicians.

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 individual 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 utilize 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 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. This method must be used for the Comprehensive End of Course Evaluation.
   a. It is the SEI’s responsibility to develop scenarios used in Role Play evaluation. During the scenario development, skill combinations are encouraged. For example: for the Trauma evaluation, oxygen, splinting, PASG stabilization and immobilization could be combined. For the Medical evaluation, pharmacology elements could be introduced to include indications, contraindications, dosages, side effects.

5. Remediation and Reevaluation:
   a. Individuals who have not demonstrated competency must be provided remedial training and reevaluation within reason.
   b. Remediation education, if provided, will be completed after the student deficiency is documented and before the student receives education beyond the module where the need for remediation is identified.
   c. Remediation and Reevaluation sessions must be documented.
   d. The SEI/Lead Instructor and the Training Program Director, Training Physician, or MPD should counsel individuals who cannot be remediated regarding further involvement in the course or EMS field.

E. Clinical/Field Experience Requirements completion is mandatory for the successful completion of the course and must be completed prior to the issuance of a course completion certificate, and specific requirements are in Appendix A.
   1. Clinical/field rotations, including hospital experience, are explained in approved standards/instructor guidelines appropriate to the training.
      a. It is the responsibility of the Training Program, Training Program Director, SEI/Lead Instructor 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 regarding these requirements arise or if these requirements are not able to be met.
   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.

F. 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.
      c. Educational Facilities: All classroom facilities used for EMS educational programs are required to be conducive to a learning environment to include:
         d. ADA compliant facility
         e. Environmental controls for heating, cooling, and ventilation, and
         f. 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
g. Instructor Resource space for instruction preparation.
h. Provide adequate and secure storage space for instructional materials, supplies, equipment.
i. Appropriate restroom facilities.

G. The following define the 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 nretn.org website.
   b. Detailed information for course registration, student application and scheduling a certification examination is provided in Appendix D.
   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. An individual is eligible to take the Department of Health-EMS certification examination upon successful completion of an approved EMS course and has intent to become certified.
   b. Agency association is not required to take the exam, however the individual should intend on becoming associated with a department licensed prehospital EMS agency or a department approved EMS Supervising Organization.

3. Examination Results:
   a. Successful completion of an initial course is valid for two years. After two years, individuals desiring certification must complete another entire course.
   b. Applicants will have three attempts within twelve 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 last examination.
      2) After three unsuccessful attempts, the applicant may retake the initial EMS training course, or within twelve months of the third unsuccessful attempt, complete department-approved refresher training covering airway, medical, pediatric, and trauma topics identified below, and pass the department-approved certification examination.
         a) EMR - Not applicable. Must repeat EMR course.
         b) EMT- twenty-four hours.
         c) AEMT- thirty-six hours - pharmacology review must be included in the refresher training.
         d) Paramedic- forty-eight 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.
H. The following define the requirements and guidelines necessary to obtain initial EMS provider certification following the successful completion of Washington State approved EMS course per requirements as contained in WAC 246-976-141.

1. Screening procedures and process:
   a. The training program should screen course applicants to assure they will meet and can document the requirements of WAC 246-976-141 and the Initial EMS Certification Application Packet prior to entry into the course.
   b. The training program must provide a copy of initial certification requirements the student must meet to become certified as identified in WAC 246-976-141 in the student handbook provided at the beginning of the course.

2. Certification procedures and process:
   a. SEI/LIs should assist students in the completion of the Initial EMS Certification Application if requested. This may be done prior to 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 MPDs 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. of this document.

3. Certification Application requirements: An applicant must submit to the department:
   a. A completed initial certification application on forms provided by the department.
      1) The Initial EMS Certification Application forms cannot be altered in any way.
      2) It should be read in its entirety and all directions followed.
      3) The local EMS office may forward the application packet to the department on the student’s behalf after the MPD signature is attained.
   b. Proof of meeting the requirements identified below:
      1) Candidate 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 I.D. (military ID, driver’s license, passport).
      5) Provide proof of age - at least eighteen years of age. Variances to this age requirement will not be granted.
      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, teaching for a department-approved EMS training program, who are unable to be associated with approved agencies above.
c. Background check - required. May include requirement for fingerprint card and FBI background check.

4. Certification Issuance by the department
   a. Individuals who have successfully completed an EMS course and received a Letter/Certificate of Course Completion 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.
   b. Individuals, who have successfully completed 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 individuals have questions, SEIs/LIs should encourage them to contact the Department of Health Customer Service Office at (360) 236-4700.

I. 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 is not included in standard course curricula/instructional guidelines. A pilot program allows the MPD to conduct field research to determine:
      a. The effectiveness of the training;
      b. EMS provider knowledge and skills competency;
      c. EMS provider ability to provide proper patient care after the training.
   2. To request approval of a pilot training program, the MPD must submit a proposal which 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 be participating 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 the Prehospital TAC.
      a. The department and the prehospital TAC will review the results of the pilot training project to determine whether or not the new training will be implemented statewide.
b. If the pilot training is approved for statewide use, the department will adopt it as specialized training and notify all county MPDs to advise if the skill is required or not.
SECTION 2 – Involvement in EMS Education

I. How Do I Get There?
Information regarding the SEI Qualification Process is available on the department web site at www.doh.wa.gov/hsqa/emstrau/seeiproc.htm

A. After obtaining experience in the EMS field, many individuals want to become involved in EMS education, some with the intention of eventually becoming an SEI.
1. Individuals 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 these assistants become more knowledgeable in topic content, and when approved by the MPD, they begin instructing portions of a course under the supervision of the SEI.
   c. As the assistant becomes fully knowledgeable of EMT topics, some desire to teach CME or OTEP classes. As their instructional abilities increase, some seek to become approved as an SEI.
2. CME or OTEP classes do not require instruction by an SEI.
   a. The instruction of CME and OTEP training will not be considered as a need for beginning the SEI Qualification Process.
   b. Involvement in teaching CME or OTEP is recommended, however, prior to completing the instructor course prerequisite for becoming an SEI. The additional experience will provide a solid base for further instructor training.
3. Prerequisites to begin the SEI Qualification Process:
   a. You must send proof of the following prerequisites to the department:
      1) Current Washington State EMT or higher EMS level certification.
      2) At least three years prehospital experience at the EMT level or above, with at least one recertification.
      3) Successful completion of a department approved EMS Evaluator workshop.
      4) Current recognition as a CPR instructor for health care providers by the AHA, the ARC, the National Safety Council (NSC), or other nationally recognized organization with substantially equivalent standards, approved by the department.
      5) Successful completion of an instructor training course by the U.S. Department of Transportation, 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.
      6) 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 following specific courses are approved by the department as acceptable Adult Instructional Methodology courses;
      1) Washington State teaching certificate, or completion of a credited post-secondary school instructor, or
      2) National Association of EMS Educators (NAEMSE) Instructor Course, part 1, or
      3) Fire Fighter Certification System, Fire Instructor I and II, or
      4) Department of Defense Instructor Courses, i.e. US Army Basic Instructor Course (ABIC) [previously Total Army Instructor Trainer Course (TAITC)], or similar.

c. It is fair to say this process can take some time, so plan ahead. Completing the following prerequisites over a period of time is suggested.

4. When these prerequisites have been met, send all documentation to the department with a letter requesting to begin the SEI qualification process. Include the following:
   a. EMS credential number – (found on your EMS certification card)
   b. Name and address
   c. Phone Numbers - work phone, home phone, fax if available
   d. E-mail address
   e. County of primary EMS agency supervision
   f. Primary EMS Agency name and credential number or Agency Number (i.e., 34D09)

5. When these prerequisites have been verified, the department will issue an Initial Recognition Application Procedures (IRAP) packet containing the instructor objectives, which must be completed to become an approved SEI. Once this packet has been issued, the individual is considered an SEI Candidate. The packet includes instructions to complete the process, and an application. The application must be submitted when the objectives have been completed, following the instructions, to become approved as an SEI.

A. 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. Each instructional objective must be evaluated by a currently approved SEI-E. When all the objectives are completed, the objectives signoff sheet and all evaluation documents must be submitted through the approval process.
   2. Upon successful completion of these objectives, recommendation of the MPD and approval by the department, the SEI Candidate will receive an SEI recognition card, and will be issued Renewal Application Procedures. The Renewal Application Procedures contain the objectives the new SEI must complete over the next three years for reapproval.

B. Once approved as a SEI/Lead Instructor, it is necessary to remain current in EMS knowledge and skills. It is also necessary to remain current in the abilities necessary to properly and accurately evaluate those skills and to convey that knowledge to others. Maintaining the skills and knowledge and sharing them with others is part of being an EMS professional.
II. How Do I Stay There?

Information regarding the SEI Renewal Process is available on the department web site at www.doh.wa.gov/hsqa/emstrauma/seiproc.htm

A. Requirements to continue the SEI Renewal Process.
   1. To become reapproved as an SEI under the SEI Qualification Process, you must have proof that you meet the following requirements:
      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 AHA, the ARC, the NAC, or other nationally recognized organization with substantially 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. The requirement of the SEI Workshop may be fulfilled by any combination of the following:
         1) NREMT Update for Training Programs, or
         2) NAEMSE Workshop, or
         3) SEI Workshop as an approved by department
      f. Successful completion of the Renewal Application Procedures as received from the department with initial SEI recognition card, to include the recommendation signature of the MPD.
   2. When the requirements have been met, send all documentation to the department, EMS and Trauma Section.

B. Upon successful completion of the appropriate application, the recommendation of the MPD and approval by the department, the SEI Renewal Candidate will receive an SEI recognition card and will be issued Renewal Application Procedures. The Renewal Application Procedures contain the objectives the SEI must complete over the next three years to become reapproved.

C. What EMS Instructors Should Know
   1. Revised Code of Washington (RCW) – Also Known As Statutes
      a. Although there are numerous statutes pertaining 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. All current EMS and Trauma related statutes are provided on the office statutes web page.
   2. Washington Administrative Code (WAC) – Also Known As Rules
      a. All individuals 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

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b. All current EMS and Trauma related rules are available on the office [rules web page](#).

**D. What to Teach (Instructor Guidelines/ Curricula & 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 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 more frequent content updates.

      3) 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. The IG is not intended to be all-inclusive; it is understood that they will 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 use any of the wide variety of publishers’ lesson plans and instructional resources that are available at each EMS educational level.

4. These approved standards and guidelines must be used for any course they are going to conduct, whether it is an initial course, CME or OTEP. The instructor guidelines are referenced in WAC 246-976-023 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, and being familiar with all sections, including all instructional lessons, additional required topics, and all appendices.
   b. Knowing where to find course requirements such as course forms, clinical or field requirements, practical skills requirements, course completion certificate requirements and 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. Instruction in multicultural health appropriate to the level of EMS training; and
   b. A department-approved, four hour infectious disease training program that meets the requirements of chapter 70.24 RCW. The required instructional material for EMS is the “Infectious Disease Prevention for EMS providers”. It is available on the web site at http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Publications.aspx.
   c. This instruction must be incorporated into the EMS course consistent with the instructor guidelines for the EMS level being taught, and
   d. Other 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 web site at http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewRenewUpdate/EMSEducationandCertification/EMSEducation/SeniorEMSInstructorQualificationProcess.aspx.

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

Information regarding this process is available in WAC 246-976-033 on the department web site at www.doh.wa.gov/hsqa/emstrauma/seiproc.htm

A. The department may deny, suspend, modify or revoke an SEI’s recognition when it finds:
   1. Violations of Chapter 18.130 RCW.
   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 on a quarterly basis 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" they 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, utilizing 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. EMS Evaluators must be currently approved by the department, or another authorized evaluator (see II below).
   b. Instructors must be currently approved EMS Evaluators and be approved by the county MPD to instruct and evaluate EMS topics, or another authorized instructor (see II below).

3. Participation in OTEP - To participate in an approved OTEP, EMS personnel must be currently certified as an EMS provider.

4. Medical Program Director (MPD) Responsibilities- MPDs or their designated delegate(s) are responsible for approval of:
   a. OTEP Instructors and EMS Evaluators.
   b. OTEP for EMS provider recertification.
   c. Recommendation of recertification of EMS providers to the department

5. Ongoing Training and Evaluation Program Content- additional information is available in the Education Requirements for the Recertification of EMS Personnel available at http://www.doh.wa.lcl/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EMSEducationandCertification/EMSEducation/EducationRequirementsForEMSRecertification.aspx
   a. Must meet annual and certification period educational requirements utilizing:
      1) Cognitive, affective and psychomotor objectives found in instructor guidelines or curricula identified in WAC 246-976-061, 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) Intensive IV therapy training for personnel with IV therapy qualifications 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) 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 made available on the Emergency Medical Services and Trauma System [web site](http://www.doh.wa.gov/EMS). 

b. Must provide evaluations to determine the student competence of those cognitive, affective and psychomotor objectives covered, following the completion of each topic presentation.

1) Psychomotor skill evaluations must be recorded on skill evaluation forms from nationally recognized training programs, or on forms provided in approved curricula/instructor guidelines identified in [WAC 246-976-061](http://www.wa.gov/doh/regs/246/wac246_976_061.htm), for the level of certification being evaluated.

2) If an evaluation form is not provided, a skill evaluation form must be developed and approved by the MPD to evaluate the skill.

c. Must be approved by the MPD.

d. May incorporate nationally recognized training programs within an OTEP for the core content areas identified in 5.a. above.

e. Skill maintenance requirements for ALS (Paramedics) and AEMT (Advanced EMT) personnel may be obtained as part of the OTEP. These requirements are identified in [WAC 246-976-163](http://www.wa.gov/doh/regs/246/wac246_976_163.htm), Table B.

6. Other Considerations:

   a. Remedial Training - If an EMS provider is unable to demonstrate knowledge and skill competency, he/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](http://www.wa.gov/doh/regs/246/wac246_976_171.htm).

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) Periodically survey EMS personnel about the strengths, weaknesses of the OTEP and suggestions for improvement.

8. National Registry of Emergency Medical Technicians (NREMT) Recertification Requirements:

   a. Many individuals 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) Hour and Topic requirements are met.

   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 web site at: [http://www.nremt.org/nremt/about/brochuresRecertification.asp](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 office publications web 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 being taught) and other approved topic content.
      1. EMS Evaluators are utilized to evaluate these practical skills and determine each individual's competency 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 web page.
            4) Be approved by the County Medical Program Director and the Department of Health.
            5) Evaluate practical skills for individuals 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 utilize the nationally recognized training course skill evaluations sheets.
            4) Guest Instructor, when utilized, 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 are utilized to evaluate these practical skills and determine each individual's competency on each skill covered during the OTEP.
   a. OTEP Instructors Must:
      1) Be currently certified at the EMT level or higher, which has completed at least one certification cycle.
      2) Be a currently approved EMS Evaluator.
      3) Be approved by the county MPD to instruct and evaluate EMS topics.
      4) Instruct topics or evaluate practical skills for individuals at or below the evaluator's level of certification.
5) Guest Instructor, when utilized, 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.

III. EMS Evaluator Workshops
A. The purpose of evaluator workshops is to teach methods and techniques to enable
individuals to provide reliable, objective practical skill evaluations while properly using
evaluation skill forms identified by the Department of Health.
   1. Instructor Requirements:
      a. EMS Evaluator Workshops must be conducted by individuals experienced in EMS
         practical skill instruction, demonstration and evaluation, such as Senior EMS
         Instructors or other individuals approved by the Medical Program Director.
         (Education Requirements for the Recertification of EMS Personnel, p. 12)
      b. EMS Evaluator Workshop instructors must submit a course roster to the
department to document successful completion of the course. EMS Evaluator
Workshop Course Rosters are available on the office education web page.
   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 only evaluate those practical skills (on other persons) 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 ability to
properly evaluate each individual practical skill, prior to evaluating another person’s ability
to properly perform that 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 determined successful in the performance of each skill to meet
            competency requirements for recertification.
         2) Participation in evaluations must be done quarterly based on the topic(s) covered
during that quarter, WAC 246-976-163.
III. Completing the OTEP Method of Recertification
A. To Complete the OTEP method you must:
   1. Complete and document department and MPD approved OTEP that includes
      requirements indicated in WAC 246-976-161, following 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 indicated in WAC 246-
         976-161, 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. Any EMS provider may elect to obtain their education requirements for recertification
      through the CME method by the completion of the education requirements identified
      in WAC 246-976-161 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

Questions on any of the information provided in this document may be addressed 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
   PO Box 47853
   Olympia, Washington 98504-7853

   Phone: (360) 236-2840
   Fax: (360) 236-2830
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. These internships/rotations are completed during 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 assure students receive:

- Adequate supervision/preceptorship, and
- Adequate contact with patients, and
- Completed student performance reports.

To assure 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 individual 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 individual 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 individual 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 individual 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 individual 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 prior to 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 (2) weeks prior to the test day, for any student not meeting this requirement due to uncontrollable circumstances. The student must still complete the requirements prior to receiving a course completion certificate.

3. The student must be evaluated in a third person environment, and is 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. These report forms should be generated by the training program for the students to take to their clinical/field rotations for completion by the clinical/field supervisor/preceptor. The completed forms are returned to the SEI/LI/Clinical Coordinator.

6. Remediation-Students reported as having difficulty must receive remediation and redirection. Clinical/Field experiences must be repeated until the student is deemed competent within the goals established by the accrediting organization, Training Program, and County Medical Program Director. The SEI/Lead Instructor and the Training Program Director, Training Physician, or MPD should counsel individuals who cannot be remediated regarding further involvement in the course or EMS field.
Resources

Any combination of the resources listed below may be used to meet the clinical/field requirements for the course:

- 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.

Expectations—should be included in the student handbook. At a minimum:

Each student should be neat, clean, well groomed and physically fit enough to perform the minimal entry-level job requirements while in clinical/field experience rotations. Students who fail to exhibit good hygiene habits should be counseled 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. Any changes to the scheduled rotation must be cleared through the SEI/LI/clinical coordinator prior to the change. Notification to the clinical/field site must be made 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’.

Requirements—should be included in the student handbook. Note: In this section, any guidance taken directly from the National EMS Education Standards will be underlined, and any other guidance will be in normal text.

At a minimum:

Emergency Medical Responder

The student must participate in and document 5 patient assessments; which may be performed in the clinical/field setting or on standardized/scenario patients if clinical/field settings are not available.
A patient interaction/clinical contact is the completion of an assessment and recording the patient history and assessment information. The student should record the patient history and assessment on a 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 should then be reviewed by the SEI to ensure competent documentation practices in accordance with the minimum data set.

**Emergency Medical Technician**

Students should observe emergency department operations for a period of 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 assessments; 5 of which must be performed in the clinical/field setting, and the other 5 may be performed on standardized/scenario patients if clinical/field settings are not available.

A patient interaction/clinical contact is the completion of an assessment and the recording of the patient history and assessment information. This information must be recorded on a 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 should then be reviewed by the SEI to ensure competent documentation practices in accordance with the minimum data set.

**Advanced Emergency Medical Technician**

Students must at a minimum successfully complete the following in a clinical or field setting; or in the absence of resources, as determined by the County MPD, completed in a lab based, patient scenario setting using a patient simulation aid. Maximum number of Lab Based Scenarios are provided in (    ):

- The student must demonstrate the ability to safely administer medications (the student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patient). (Lab Based Scenarios - No more than 7)
- The student shall demonstrate the ability to safely assist patients with medications.
- The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on patients of various age groups). (Lab Based Scenarios - No more than 10)
- The student should demonstrate the ability to effectively ventilate non-intubated patients of all age groups (the student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups). (Lab Based Scenarios - No more than 10)
- The student shall demonstrate the ability to safely perform supraglottic airway insertion.
- The student must demonstrate the ability to perform a comprehensive assessment and formulate and implement a treatment plan for patients with chest pain.
The student must demonstrate the ability to perform a comprehensive assessment and formulate and implement a treatment plan for patients with dyspnea/respiratory distress.

The student must demonstrate the ability to perform a comprehensive assessment and formulate and implement a treatment plan for patients with altered mental status.

The student must demonstrate the ability to perform a comprehensive assessment and formulate and implement a treatment plan for patients with syncope.

The student must demonstrate the ability to perform a comprehensive assessment and formulate and implement a treatment plan for obstetric patients.

The student must demonstrate the ability to perform a comprehensive assessment and formulate and implement a treatment plan for psychiatric patients.

The student must demonstrate the ability to perform a comprehensive assessment on pediatric, adult and geriatric patients.

The student shall demonstrate the ability to safely & successfully monitor blood glucose levels with use of automated devices or reagent strip.

The student shall demonstrate the ability to safely & successfully monitor oxygen saturation with the use of pulse oximetry.

The student shall demonstrate the ability to successfully complete comprehensive medical legal documentation relative to the Advanced EMT scope of practice.

The student must participate in and document team leadership in prehospital field experience situations.

**Paramedic**

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

The following goals must be successfully accomplished 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 and must be completed. Items in normal text are minimum standards to achieve the essentials. Minimum standards are not the only way to achieve the essentials. They are based on 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 to safely administer 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 safely gain venous access 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. (Cannulation for the sole purpose of blood draws is excluded.)

The student must demonstrate the ability to effectively ventilate a patient.
   - 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 safely and effectively establish a central line. (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.
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% 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 twelve 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

<table>
<thead>
<tr>
<th>Strategy</th>
</tr>
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<tbody>
<tr>
<td>Accept students who are highly motivated to succeed</td>
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<tr>
<td>Assure institutional support</td>
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<tr>
<td>Administer multiple assessments</td>
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<tr>
<td>Develop standardized lesson plans</td>
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<tr>
<td>Have a passing standard that is above the minimum competency level.</td>
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<tr>
<td>Hire qualified/certified instructors</td>
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<tr>
<td>Maintain effective communication between didactic, practical and field instructors</td>
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<tr>
<td>Maintain instructional consistency</td>
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<tr>
<td>Provide clearly defined objectives</td>
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<tr>
<td>Provide immediate feedback for written and practical evaluations to students</td>
</tr>
<tr>
<td>Require prerequisites</td>
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<tr>
<td>Teach test taking skills</td>
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</tbody>
</table>

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 prior to, during, and after an EMS course.

+ 120 days/4 months out
  - Course advertised in college/agency catalog/website.
  - Arrange any prerequisite courses that will be required.
  - Assure the college bookstore orders the correct and current student materials.
  - Assure classroom/lab rooms are scheduled.
  - Assure 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 prior to 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 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 assure all are on the same page(-i.e. if a student goes to one instructor and says “Yea, but that other instructor said something different!”, there is a plan to do a check back with that instructor to assure semantics are not an issue).
  - Send lesson plans, instructor resources, ppts to respective instructor.
  - Check on supply and equipment orders to assure 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 assure 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 assure they know roles.
__ Test all course manikins and equipment to assure everything is intact/functional.
__ Review any course material sent to printer for accuracy.
__ Register course on NREMT website.
__ Send 2nd ‘Letter of Instruction’/Welcome letter to students with any updated information needed prior to 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 was ordered has arrived.
__ O² tanks full?
__ Check that all computer/AV equipment in 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.
(6 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.
__ Assure receipt of course approval from State Department of Health.
__ Review schedule and verify commitment with SEI/LI, Evaluators, Guest Instructors, lab assistants.
__ Notify State Department of Health if there is 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 assure 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 1st day handouts/student handbooks in the classroom ready to go.
__ Assure you have all ‘check-in’ checklists, etc in the classroom.
__ Assure you have a grade book/rosters ready to take attendance each day.
__ Assure 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 prior to class start time to assure 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 student read and sign the “Expectations of Students” agreement, then collect these and make a copy and give the copy back to the student to place back in their handbook.
__ 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, ppt, 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 students’ 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%) /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 good or struggling.
__ Conduct student evaluations of the course –instructor, assistants, labs on a regular basis to get their input on what might assist them to improve the course.
__ Assign workbook/homework for every class to assure they are doing read ahead.
__ Administer surprise quizzes (pass is 80%) occasionally to assure 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.
__ Assure students are using on-line assets to practice quizzes/tests in preparation of taking the NREMT computer exam.
__ Conduct scheduled quizzes (pass is 80%) on a frequent / regular basis to evaluate their cognitive retention.
__ Conduct scheduled skill labs on a frequent / regular basis to assure the students have plenty of time to hone their psychomotor skills.
__ Contact and confirm lab assistants and ‘patients’ throughout the course.
Contact the State Department of Health 6 to 8 weeks prior to the desired examination date for AEMT and PM courses. Then, when a date has been confirmed, schedule the examination with the NREMT for 4 to 6 weeks before the examination.

Confirm with the State Department of Health 1 month out from 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

Assure/assist students create and account on the NREMT website, create an application to test.

Go over students’ file folders to assure all course completion requirements are progressing satisfactorily.

Confirm with the 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 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

Assure/assist any leftover students create and account on the NREMT website, create an application to test.

Go over students’ file folders to assure 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’ who pass files.

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 & finish all clinical/field requirements, assure/assist each goes onto NREMT website and pay for test.

For students, who pass & 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 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 WA State certification.

Close out student file folders and assure Training Program gets them to file (for 4 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 has changed their written exam formatting to a Computer Based Testing (CBT) method. Exams will no longer be delivered via a paper test and completed with a pencil. All testing will be 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 prior to taking the examination.

• The CBT that the NREMT is now utilizing 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 their 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 10-20 EMS experts who must all agree that the question is in line with the most current practice analysis study. These EMS experts make sure that 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 text books 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, they have 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 clients true ability. The exam will end at the point when there is a 95% 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 and 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 30-60 seconds per item reading
each question carefully and thinking it through. Less than 1% 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 like 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 prior to understanding the question completely, you can be lead to choose an incorrect answer.

• There are 4 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 is probably what the question is testing for.

• Don’t get frustrated. Because of the adaptive nature of the exam, everyone will think their test is difficult. The CAT algorithm is adjusting the test to your maximum ability level, so you may feel 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 and 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 like 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 24-48 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

For future standards manual development
APPENDIX D – NREMT Candidate Registration

Student Instructions for NREMT EdNet Registration

1. All students must register with the National Registry of EMTs (NREMT) in order to be eligible for and apply to take the National Registry exam.
2. Students will need the “Training Program Name” and the “Program Number” provided by their course SEI/LI or Training Program Director to register.
3. Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the SEI/LI or Training Program Director or State EMS Office first, then NREMT at 614-888-4484 if the others cannot assist you.

Step 1: Create Your Account

- Go to [http://www.nremt.org](http://www.nremt.org) and click on ‘Login’ (found in the blue bar at the top of the NREMT home page).
- Click on ‘Set-Up New Account’ and follow the instructions.
- **Read this to avoid delay!** Make sure the name you use to set up your Account matches the name on your driver’s license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!

Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

Step 3: Manage Your Account Information

- The name you include in this area should be the same as what appears on your driver’s license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Step 4: Create a New Application

- Click on ‘Create a New Application’ to apply to take your exam. Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on Manage Account Information’.
- Select the application level you wish to complete.

Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

**Read this to avoid delay!** An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.
- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: ‘Print ATT Letter’.

**Read this to avoid delay!** You will only see ‘Print ATT Letter’ when you have been verified to test! This link will not appear if the verification process is not yet complete!
- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on ‘Candidate Services’.
- Click on ‘Application Status’.
• If you see ‘Submitted’ next to ‘Course Completion Verification’, this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
• If you see the link ‘Print ATT Letter’, click on the link.

Step 7: Print the ATT Letter to Schedule Your Exam
• Scroll down to see if the ‘Print ATT Letter’ appears.

Read this to avoid delay! Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.

Step 8: Contact Pearson VUE (PV) to Schedule Your Exam
• Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
• You may go to their website to schedule your test at a PV site. [http://www.pearsonvue.com/programs](http://www.pearsonvue.com/programs)
• Your ATT Letter will also include other important information you should read carefully!

Read this to avoid delay! You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the [Pearson VUE website](http://www.pearsonvue.com/programs). If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
  • Refunds cannot be issued for no-shows.
  • If you arrive late for your exam, you may lose your appointment!

EMS Students!
Additional informational can be found on the NREMT instructional DVD. Ask your instructor for more information or visit the NREMT website at [http://www.NREMT.org](http://www.NREMT.org).

Revisions and updates may be necessary to make the CBT transition as smooth as possible. Please refer to the [NREMT website](http://www.NREMT.org) for the most current policies and procedures. Release date 11/06 Revised 6/07
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 various courses. Training programs may add items to this list as technology and practice changes.

The Er means it is for the EMR courses.

The Et means it is for the EMT courses.

The A means it is for the Advanced EMT courses.

The P means it is for the Paramedic courses.
<table>
<thead>
<tr>
<th>Equipment/Supply Item</th>
<th>&quot;EMS term&quot;</th>
<th>Part number</th>
<th>Use for EMR/EMT</th>
<th>Minimum Required</th>
<th>Amount for 24 Students</th>
<th>Amount on hand</th>
<th>Amount Needed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHESIVE TAPE SURG 1&quot;</td>
<td>Silk tape, non-porous, Dermicel</td>
<td>Er,Et,A,P</td>
<td>8 rolls</td>
<td>12 rolls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHESIVE TAPE SURG 2&quot;</td>
<td>Silk tape, non-porous, Dermicel</td>
<td>Er,Et,A,P</td>
<td>8 rolls</td>
<td>12 rolls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AED, Trainer w/accessories</td>
<td>Automatic External Defibrillator</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>3 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN ORAL, 00</td>
<td>J-tube, oral airway, infant</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN ORAL, 0</td>
<td>J-tube, oral airway, child</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN ORAL, 1</td>
<td>J-tube, oral airway, child</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN ORAL,80mm</td>
<td>J-tube, oral airway, small adult</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN ORAL,90mm</td>
<td>J-tube, oral airway, medium adult</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN ORAL,100mm</td>
<td>J-tube, oral airway, large adult</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN NASAL, 6mm or 28 Fr</td>
<td>nasal airway, nasal trumpet, small</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN NASAL, 7mm or 30 Fr</td>
<td>nasal airway, nasal trumpet, med</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY PHARYN NASAL, 8mm or 32 Fr</td>
<td>nasal airway, nasal trumpet, large</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALBUTEROL INH AER17GM</td>
<td>inhaler (real medication)</td>
<td>Et,A,P</td>
<td>1 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALBUTEROL INH AER17GM</td>
<td>inhaler (fake training aid)</td>
<td>Et,A,P</td>
<td>1 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALBUTEROL 0.5 in 2.5 cc saline, Nebulizer</td>
<td>medication for demo</td>
<td>Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPIRIN</td>
<td>medication for demo</td>
<td>Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATROPINE 1 mg, INJ</td>
<td>medication for demo</td>
<td>Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BACKBOARD, Adult, long</td>
<td>plastic spine board, long</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BACKBOARD, Pediatric</td>
<td>Pedi-board</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>2 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANDAGE, ADHESIVE ,75X3&quot; 300S</td>
<td>Band-Aid</td>
<td>Er,Et,A,P</td>
<td>8 A</td>
<td>50 P</td>
<td>8 A</td>
<td>50 P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANDAGE GAUZE Elastic 5YD X 4.5 &quot;</td>
<td>Roller gauze, Kling, Kerlix, large</td>
<td>Er,Et,A,P</td>
<td>8 @</td>
<td>8 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANDAGE GAUZE Elastic 5YD X 3 &quot;</td>
<td>Roller gauze, Kling, Kerlix, small</td>
<td>Er,Et,A,P</td>
<td>8 @</td>
<td>8 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANDAGE, Triangular</td>
<td>Cravat, sling</td>
<td>Er,Et,A,P</td>
<td>24 @</td>
<td>40 @</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANDAGE GAUZE 4-1/2&quot; 100S</td>
<td>4x4s sponges, sterile</td>
<td>Er,Et,A,P</td>
<td>4 Bx</td>
<td>4 Bx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANDAGE GAUZE 2-1/2&quot; 100S</td>
<td>2x2s sponges, sterile</td>
<td>Er,Et,A,P</td>
<td>4 Bx</td>
<td>4 Bx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANDAGE Tagederm/Venoguard</td>
<td>OpSites</td>
<td>A,P</td>
<td>1 Bx</td>
<td>2 Bx</td>
<td></td>
<td></td>
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<tr>
<td>BLANKET</td>
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<td>BURN SHEET, STERILE</td>
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<td>CARSEAT, Infant</td>
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<tr>
<td>CATHETER &amp; NDL 20 GA, 50</td>
<td>Jelco, IV catheter</td>
<td>A,P</td>
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<tr>
<td>CATHETER &amp; NDL 18 GA, 50</td>
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<th>Item Description</th>
<th>Manufacturer</th>
<th>AEMT/PM?</th>
<th>Required</th>
<th>24 Students</th>
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<td>CATHETER &amp; NDL 14GA, x 3&quot;</td>
<td>For chest decompression, ARS</td>
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<td>CERVICAL IMMOBILIZATION DEVICE</td>
<td>CID, Headbeds, Head blocks</td>
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<td>Asherman, HyFin, etc</td>
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<td>CHILDBIRTH KIT</td>
<td>OB delivery kit</td>
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<td>COMBITUBE, DOUBLE LUMEN kit</td>
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<td>EKG RHYTHM GENERATOR</td>
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<td>END-TIDAL CO2 DETECTOR</td>
<td>Colormetric, adult &amp; pediatric</td>
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<td>END-TIDAL CO2 CAPNOGRAPHY DEVICE</td>
<td>Handheld or on monitor</td>
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<td>EPINEPHRINE AUTO-INJ</td>
<td>medication, Epi-pens, auto-injector</td>
<td>Et,A,P</td>
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<td>1 @</td>
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<td>trainer</td>
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<td>EPINEPHRINE 1:10,000 preload</td>
<td>medication for demo, bristojet</td>
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<td>FLASHLIGHT ROUND</td>
<td>Disposable flashlight, penlight</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
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<tr>
<td>FORCEPS TRACH TUBE Adult</td>
<td>McGill Forceps</td>
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<td>occlusive</td>
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<tr>
<td>GLOVE EXAM X-LARGE</td>
<td>non-sterile</td>
<td>Er,Et,A,P</td>
<td>2 boxes</td>
<td>4 boxes</td>
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<tr>
<td>GLOVE EXAM LARGE</td>
<td>non-sterile</td>
<td>Er,Et,A,P</td>
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<td>GLOVE PT EXAM MED</td>
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<td>GLUCOMETER w/test strips &amp; lancets</td>
<td>Accu-Check</td>
<td>Et,A,P</td>
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<td>Equipment/Supply Item</td>
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<td>Part number</td>
<td>Use for EMR/EMT AEMT/PM?</td>
<td>Minimum Required</td>
<td>Amount for 24 Students</td>
<td>Amount on hand</td>
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<td>GOGGLES/FACESHIELDS</td>
<td>eye protection, PPE, eye shields</td>
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<td>GOWNS, Infectious Disease</td>
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<td>Er,Et,A,P</td>
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<tr>
<td>HELMETS (motorcycle, football, etc) (med &amp; LG)</td>
<td>for removal practice</td>
<td></td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>2 @</td>
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<tr>
<td>HEMOSTATIC AGENTS</td>
<td>HemCon, Combat Gauze</td>
<td></td>
<td>Et,A,P</td>
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<td>6 @</td>
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<tr>
<td>HEP-LOCK/SALINE LOCK</td>
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<td></td>
<td>A,P</td>
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<td>INTRAVENOUS INJ SE TUBING 10 drop IV tubing</td>
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<td>IV ARMS</td>
<td>Practice arm for starting IVs</td>
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<td>A,P</td>
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<td>IV PUMP w/specific tubing &amp; cartridges</td>
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<td>KED, Kendrick Extrication Device</td>
<td>Extrication vest</td>
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<td>LARYNGEAL MASK AIRWAY</td>
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<td>LARYNGOSCOPE HANDLE</td>
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<td>LARYNGOSCOPE, video assisted</td>
<td>Glidescope or AirTraq</td>
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<td>laryngoscope handle batteries</td>
<td>Size appropriate for handle/device</td>
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<td>P</td>
<td>2 per handle</td>
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<tr>
<td>LARYNGOSCOPE BLADES, MacIntosh</td>
<td>Curved blade, size 1</td>
<td></td>
<td>P</td>
<td>1 @</td>
<td>4 @</td>
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<td>LENGTH BASED MEASURING DEVICE</td>
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<td>LUBRICANT, SILICON, Awy Manikin</td>
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<th>Equipment/Supply Item</th>
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<th>Part number</th>
<th>Use for EMR/EMT AEMT/PM?</th>
<th>Minimum Required</th>
<th>Amount for 24 Students</th>
<th>Amount on hand</th>
<th>Amount Needed</th>
<th>Notes</th>
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<td>LUBRICANT SURG 4 OZ (packets or tube)</td>
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<td>MANIKIN, INFANT CPR/AED</td>
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<td>MANIKIN, ADULT CPR/AED</td>
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<tr>
<td>MANIKIN, CENTRAL LINE</td>
<td>Or other training aids</td>
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<td>MANIKIN, CHEST DECOMPRESSION</td>
<td>Or other training aids</td>
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<tr>
<td>MASK, OXYGEN NON-REBREATHER -ADULT</td>
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<td>MANIKIN, SURGICAL AIRWAY</td>
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<td>MECONIUM ASPIRATOR</td>
<td></td>
<td>P</td>
<td>1@</td>
<td>4 @</td>
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<tr>
<td>MEDICATIONS, various, Expired, for labs NO CONTROLLED SUBSTANCES</td>
<td>Vials, ampoules, bristojets,</td>
<td>A,P</td>
<td>1 @ variety</td>
<td>6 @ variety</td>
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<tr>
<td>MONITOR, CARDIAC w/accessories</td>
<td></td>
<td>A,P</td>
<td>1@</td>
<td>4 @</td>
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<tr>
<td>MOULAGE KIT</td>
<td></td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
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<tr>
<td>NALOXONE (narcan), INJ</td>
<td>medication for demo, ampoule</td>
<td>A,P</td>
<td>1 @</td>
<td>1 @</td>
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<tr>
<td>NEEDLE HYPO 18GA 100S</td>
<td>hypodermic needle</td>
<td>Et,A,P</td>
<td>1 box of 100</td>
<td>1 box of 100</td>
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<td>NEEDLE HYPO 22GA 100S</td>
<td>hypodermic needle</td>
<td>Et,A,P</td>
<td>1 box of 100</td>
<td>1 box of 100</td>
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<td>NEEDLE, IO kit w/extra needles</td>
<td>EZIO, FAST</td>
<td>A,P</td>
<td>1 @</td>
<td>2 @</td>
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<tr>
<td>NITROGLYCERIN TAB, 100S</td>
<td>medication</td>
<td>Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
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<td>OXYGEN USP, E Size TANK</td>
<td>O2 tank</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
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<tr>
<td>PACKS, Hot</td>
<td></td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>16 @</td>
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<tr>
<td>PACKS, Cold</td>
<td></td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>16 @</td>
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<tr>
<td>PAD,ALCOHOL, PREP 200S</td>
<td>Alcohol pad</td>
<td>Er,Et,A,P</td>
<td>1 box</td>
<td>1 box</td>
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<td>Equipment/Supply Item</td>
<td>&quot;EMS term&quot;</td>
<td>Part number</td>
<td>Use for EMR/EMT on AEMT/PM?</td>
<td>Minimum Required</td>
<td>Amount for 24 Students</td>
<td>Amount on hand</td>
<td>Amount Needed</td>
<td>Notes</td>
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<tr>
<td>PRESSURE INFUSER DEVICE</td>
<td>For IO</td>
<td>A,P</td>
<td>1 @</td>
<td>4 @</td>
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<tr>
<td>PULSE OXIMETER</td>
<td></td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
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<tr>
<td>REGULATOR, PRESSURE,GAS</td>
<td>O2 Regulator,</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
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<tr>
<td>RESTRAINT, Patient</td>
<td>Commercial</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
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<tr>
<td>RESUSCITATOR HAND OPR</td>
<td>BVM, Adult</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
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<tr>
<td>RESUSCITATOR HAND OPR</td>
<td>BVM, Child</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
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<td>RESUSCITATOR HAND OPR</td>
<td>BVM, Infant</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>1 @</td>
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<tr>
<td>RINGER'S INJ 1000ML</td>
<td>IV fluid</td>
<td>A,P</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>SCALPELS</td>
<td>for surgical crich</td>
<td>P</td>
<td>4 @</td>
<td>8 @</td>
<td></td>
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<tr>
<td>SCISSORS, BANDAGE</td>
<td>Bandage scissors</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>6 @</td>
<td></td>
<td></td>
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<tr>
<td>SHARPS CONTAINER</td>
<td>SHARPS container</td>
<td>Et,A,P</td>
<td>2 @</td>
<td>2 @</td>
<td></td>
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</tr>
<tr>
<td>SHOULDER PADS, football, other sports</td>
<td>For removal practice</td>
<td>Er,Et,A,P</td>
<td>1 set</td>
<td>1 set</td>
<td></td>
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<tr>
<td>SMALL VOLUME NEBULIZER</td>
<td>Et,A,P</td>
<td>4 @</td>
<td>4 @</td>
<td></td>
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<tr>
<td>SODIUM BICARBONATE INJ, 50 mEq</td>
<td>medication for demo, bristojet</td>
<td>A,P</td>
<td>1 @</td>
<td>6 @</td>
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<tr>
<td>SODIUM CHL INJ 1000ML</td>
<td>IV fluid</td>
<td>A,P</td>
<td>8</td>
<td>72</td>
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<tr>
<td>SODIUM CHL INJ 5cc</td>
<td>ampules</td>
<td>A,P</td>
<td>12 @</td>
<td>48 @</td>
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<tr>
<td>SPHYGMOMANOMETER</td>
<td>BP cuff</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>8 @</td>
<td></td>
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<tr>
<td>SPLINT, Cardboard, Large (Long)</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>6 @</td>
<td></td>
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<tr>
<td>SPLINT, Cardboard, Medium</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>6 @</td>
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<tr>
<td>SPLINT, Cardboard, Short</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>6 @</td>
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<tr>
<td>SPLINT, PELVIC</td>
<td>Can be commercial or sheet</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>2 @</td>
<td></td>
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<tr>
<td>SPLINT, TRACTION</td>
<td>HARE, Sager</td>
<td>Er,Et,A,P</td>
<td>1 @</td>
<td>4 @</td>
<td></td>
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<tr>
<td>SPLINT, UNIVERSAL 36X 4.5&quot;</td>
<td>Sam Splint</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>8 @</td>
<td></td>
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<tr>
<td>SPLINT, VACUUM</td>
<td>Et,A,P</td>
<td>1 set</td>
<td>1 set</td>
<td></td>
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<tr>
<td>STERILE WATER 1000ml</td>
<td>For irrigation</td>
<td>Et,A,P</td>
<td>1 @</td>
<td>4 @</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>STETHOSCOPE ADULT SZ</td>
<td>Er,Et,A,P</td>
<td>4 @</td>
<td>8 @</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>STETHOSCOPE , Teaching</td>
<td>Double ear set</td>
<td>Er,Et,A,P</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>STOPCOCK, 3-way</td>
<td>A,P</td>
<td>12 @</td>
<td>24 @</td>
<td></td>
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<tr>
<td>Equipment/Supply Item</td>
<td>&quot;EMS term&quot;</td>
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<tr>
<td>STRAP, PATIENT SECURING</td>
<td>litter, canvas, spider straps</td>
<td>Er,Et,A,P</td>
<td>20 @ /4sets 20 @/6 sets</td>
<td></td>
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<tr>
<td>STRETCHER, SCOOP</td>
<td>Scoop Clam</td>
<td>Er,Et,A,P</td>
<td>1 @ 1 @</td>
<td></td>
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<tr>
<td>STRETCHER, WHEELED</td>
<td>Ambulance cot, gurney</td>
<td>Er,Et,A,P</td>
<td>0 @ 1 @</td>
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<tr>
<td>STYLET, TRACHEAL TUBE, Adult 14 Fr</td>
<td>ET Tube Stylet</td>
<td>P</td>
<td>2 @ 4 @</td>
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</tr>
<tr>
<td>STRETCHER, SCOOP</td>
<td>Scoop Clam</td>
<td>Er,Et,A,P</td>
<td>1 @ 1 @</td>
<td></td>
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<tr>
<td>SUCTION, HAND HELD</td>
<td>V-Vac</td>
<td>Er,Et,A,P</td>
<td>2 @ 4 @</td>
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<tr>
<td>SUCTION, MACHINE</td>
<td>Portable, rechargeable</td>
<td>Er,Et,A,P</td>
<td>2 @ 2 @</td>
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<tr>
<td>SUCTION TUBING, 8 FR</td>
<td>Suction catheter</td>
<td>Er,Et,A,P</td>
<td>2 @ 6 @</td>
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<td>SUCTION TUBING, 14 FR</td>
<td>Suction catheter</td>
<td>Er,Et,A,P</td>
<td>2 @ 6 @</td>
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<td>SUCTION TUBING, 18 FR</td>
<td>Suction catheter</td>
<td>Er,Et,A,P</td>
<td>2 @ 6 @</td>
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<tr>
<td>SUPPORT CERVICAL, Adjustable</td>
<td>C-collar, multi-size in one, adult</td>
<td>Er,Et,A,P</td>
<td>4 @ 4 @</td>
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<tr>
<td>SUPPORT CERVICAL, size Regular (unless Adj)</td>
<td>C-collar, stiff-neck</td>
<td>Er,Et,A,P</td>
<td>4 @ 4 @</td>
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<tr>
<td>SUPPORT CERVICAL, size Short (unless Adj.)</td>
<td>C-collar, stiff-neck</td>
<td>Er,Et,A,P</td>
<td>4 @ 4 @</td>
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<tr>
<td>SUPPORT CERVICAL, size No-neck(unless Adj)</td>
<td>C-collar, stiff-neck</td>
<td>Er,Et,A,P</td>
<td>4 @ 4 @</td>
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<tr>
<td>SUPPORT CERVICAL, size Pediatric</td>
<td>C-collar, stiff-neck</td>
<td>Er,Et,A,P</td>
<td>1 @ 2 @</td>
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<tr>
<td>SUPPORT CERVICAL, size Baby</td>
<td>C-collar, stiff-neck</td>
<td>Er,Et,A,P</td>
<td>1 @ 2 @</td>
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<tr>
<td>SUPRAGLOTTIC AIRWAY</td>
<td>King LT, etc</td>
<td>A,P</td>
<td>1 @ size 1 @ size</td>
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<tr>
<td>SYRINGE, BULB 3 OZ</td>
<td></td>
<td>Er,Et,A,P</td>
<td>1 @ 1 @</td>
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<tr>
<td>SYRINGE, HYPO 1CC</td>
<td></td>
<td>Et,A,P</td>
<td>1 box of 100 1 box of 100</td>
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<td>SYRINGE, HYPO 3CC</td>
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<td>A,P</td>
<td>1 box of 100 1 box of 100</td>
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<td>SYRINGE, HYPO 5CC</td>
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<td>A,P</td>
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<tr>
<td>SYRINGE, HYPO 10 cc</td>
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<td>A,P</td>
<td>1 box of 100 1 box of 100</td>
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<td>THERMOMETER, electronic</td>
<td>Digital, thermoscan,</td>
<td>Er,Et,A,P</td>
<td>1 @ 1 @</td>
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<td>THIAMINE INJ</td>
<td>medication for demo</td>
<td>P</td>
<td>1 @ 1 @</td>
<td></td>
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<tr>
<td>TONSIL TIP, rigid suction tip</td>
<td></td>
<td>Er,Et,A,P</td>
<td>2 @ 4 @</td>
<td></td>
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<tr>
<td>TOURNIQUET ADULT 14X1&quot;</td>
<td>For IV starts</td>
<td>A,P</td>
<td>6 @ 24 @</td>
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<td>TOURNIQUET</td>
<td>C.A.T. / SWATE</td>
<td>Er,Et,A,P</td>
<td>1@ 6 @</td>
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<td>TOWELS, Bath size</td>
<td>for splint padding, etc</td>
<td>Er,Et,A,P</td>
<td>2 @ 8 @</td>
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<td>TRIAGE RIBBON</td>
<td>G,Y,R,B</td>
<td>Er,Et,A,P</td>
<td>1@ 1 @</td>
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<td>&quot;EMS term&quot;</td>
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<td>TROUSERS ANTI-SHOCK</td>
<td>PASG, MAST pants</td>
<td></td>
<td>ETP</td>
<td>2 @</td>
<td>12 @</td>
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<td>TUBING, OXYGEN, Connecting</td>
<td>ET Tube holder</td>
<td></td>
<td>2 @</td>
<td>2 @</td>
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<td>TUBE SECURING DEVICE</td>
<td>ET Tube holder</td>
<td>P</td>
<td>2 @</td>
<td>6 @</td>
<td></td>
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<tr>
<td>TUBE TRACH , 2.5 mm</td>
<td>ET Tube, Endotracheal Tube</td>
<td>P</td>
<td>2 @</td>
<td>4 @</td>
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<tr>
<td>TUBE TRACH , 3.0 mm</td>
<td>ET Tube, Endotracheal Tube</td>
<td>P</td>
<td>2 @</td>
<td>4 @</td>
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<td>Equipment/Supply Item</td>
<td>&quot;EMS term&quot;</td>
<td>Part number</td>
<td>Use for EMR/EMT AEMT/PM?</td>
<td>Minimum Required</td>
<td>Amount for 24 Students</td>
<td>Amount on hand</td>
<td>Amount Needed</td>
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<td>TUBE TRACH , 5.0 mm</td>
<td>ET Tube, Endotracheal Tube</td>
<td>P</td>
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<tr>
<td>TUBE TRACH , 6.5 mm</td>
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<tr>
<td>TUBE TRACH , 7.0 mm</td>
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<td>P</td>
<td>2 @</td>
<td>4 @</td>
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<tr>
<td>TUBE TRACH , 7.5 mm</td>
<td>ET Tube, Endotracheal Tube</td>
<td>P</td>
<td>2 @</td>
<td>4 @</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>VENTILATOR, TRANSPORT</td>
<td>Portable</td>
<td>P</td>
<td>1 @</td>
<td>1 @</td>
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</tr>
<tr>
<td>V-VAC CATHETERS</td>
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<td>WRENCH, Oxygen</td>
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<td>6 @</td>
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<tr>
<td>YOKE-ADAPTER</td>
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<td>OXYGEN BAG</td>
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<tr>
<td>TRAUMA BAG</td>
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<tr>
<td>Audio/Visual, Office Supplies, etc</td>
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<tr>
<td>Clothes, OLD/USED (Medium &amp; Large sizes)</td>
<td>used for moulage scenarios</td>
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<td>8 @ size</td>
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<td>BINDER CLIPS (Tiny, Small, Med, Large sizes)</td>
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<tr>
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<tr>
<td>BOARD, markers</td>
<td>multi color set</td>
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</tr>
<tr>
<td>BOARD, eraser</td>
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<td>1 @</td>
<td>1 @</td>
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<td>CDs, blank</td>
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<tr>
<td>COMPUTER</td>
<td>Lap Top or PC for lite-box &amp; admin</td>
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<td>2 @</td>
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<td>CORRECTION TAPE, WHITE OUT</td>
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<td>FOLDER, MANILA</td>
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<td>HIGHLIGHTERS</td>
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<td>Audio/Visual, Office Supplies, etc continued</td>
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<tr>
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<td>OVERHEAD PROJECTOR</td>
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<td>1 @</td>
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</tr>
<tr>
<td>PAPER, BOND</td>
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<td>PAPER CLIPS</td>
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<td>PENCIL, LEAD #2</td>
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<td>24 @</td>
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<td>PEN, BALLPOINT</td>
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<td>POST-IT PADS (small, medium large sizes)</td>
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<td>PRINTER, for computer</td>
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<td>1 @</td>
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<td>PRINTER, ink cartridge</td>
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<td>SHARPENER, PENCIL</td>
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<td>for shredding documents w/ SSN</td>
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<td>TAPE, PACKING TAPE, 2”</td>
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<td>THUMBDRIVE</td>
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<td>TYPEWRITER</td>
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<td>typewriter ribbon Part/model #</td>
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<tr>
<td>VCR/DVD PLAYER</td>
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<td>1 @</td>
<td>1 @</td>
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<tr>
<td>EXTENSION CORD, 50 ft.</td>
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<td>SURGE PROTECTOR</td>
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<td>2 @</td>
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<tr>
<td>POWER STRIP</td>
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<td>2 @</td>
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**BOOKS, CDs, etc**

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<th>Item</th>
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<tr>
<td>Emergency Medical Responder – Student Textbook</td>
<td>1 @ student &amp; SEI</td>
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<tr>
<td>Emergency Medical Responder – Student Workbook</td>
<td>1 @ student &amp; SEI</td>
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<tr>
<td>&quot;                                    &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; -Instructor Resource book &amp; or CD</td>
<td>1 per instructor</td>
</tr>
<tr>
<td>Emergency Medical Technician – Student Textbook</td>
<td>1 @ student &amp; SEI</td>
</tr>
<tr>
<td>Emergency Medical Technician – Student Workbook</td>
<td>1 @ student &amp; SEI</td>
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<tr>
<td>&quot;                                    &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; -Instructor Resource book &amp; or CD</td>
<td>1 per instructor</td>
</tr>
<tr>
<td>Advanced E M T – Student Textbook</td>
<td>1 @ student &amp; SEI</td>
</tr>
<tr>
<td>Advanced E M T – Student Workbook</td>
<td>1 @ student &amp; SEI</td>
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<tr>
<td>&quot;                                    &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; -Instructor Resource book &amp; or CD</td>
<td>1 per instructor</td>
</tr>
<tr>
<td>Paramedic – Student Textbook</td>
<td>1 @ student &amp; SEI/LI</td>
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<tr>
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<td>1 @ student &amp; SEI/LI</td>
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<tr>
<td>&quot;                                    &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; -Instructor Resource book or CD</td>
<td>1 per instructor</td>
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<tr>
<td>Handbook for Emergency Cardiovascular Care</td>
<td>1 @ student &amp; SEI/LI</td>
</tr>
<tr>
<td>ACLS- Provider Manual</td>
<td>1 @ student &amp; SEI/LI</td>
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<tr>
<td>Course</td>
<td>Edition</td>
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<tr>
<td>ACLS Instructor Package</td>
<td>AHA-current edition, resources</td>
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<tr>
<td>PALS- Provider Manual</td>
<td>AHA-current edition</td>
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<td>PALS- Instructor Package</td>
<td>AHA-current edition, resources</td>
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<tr>
<td>PHTLS- Provider Manual</td>
<td>NAEMT-current edition</td>
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<td>PHTLS-Instructor CD</td>
<td>NAEMT-current edition, resources</td>
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<td>AMLS- Provider Manual</td>
<td>NAEMT-current edition</td>
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<td>AMLS- Instructor Manual w/CD</td>
<td>NAEMT-current edition, resources</td>
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<td>PHYSICIANS DESK REFERENCE</td>
<td>PDR</td>
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</table>
1. Advanced EMT Instructor: An Advanced EMT that is recognized by the department as an SEI, or a paramedic, or program instructional staff when training is provided by 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 to provide prehospital care or interfacility ambulance transport.

3. Approved Course: An initial EMS training course that has been approved as meeting the department requirements and which approval documentation has been provided.


5. Assistant Instructor: A person who has been approved as an EMS Evaluator and is approved by the MPD to teach CME and OTEP, and may also be assistant instructors when SEIs teach initial EMS courses.

6. Certification: means the secretary recognizes that an individual has proof of meeting predetermined qualifications, and authorizes the individual to perform certain procedures. A credential issued by the department to an individual for a specified period of time indicating that minimum standards of proficiency have been met for a Department of Health EMS certification level.

7. Certification Examination: A test or tests to assure entry level knowledge and skills corresponding to the level of certification sought which is approved by the State Department of Health.

8. Certified EMS Personnel: Individuals who possess a valid certification issued by the Department of Health.

9. Classroom Education Facility: The physical location that will be utilized to conduct the didactic education required for the course.

10. Clinical Education: The education component within an approved course where the student learns to apply the standards of care in the clinical environment, under the direct supervision of a preceptor.

11. Clinical Education Site: An appropriate location and environment for the purpose of providing 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 a setting designated by the course medical director or their designee.

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 & Trauma Division.

17. Didactic Education: Instructional sessions consisting of guidelines identified in the Approved Educational Standards for the level being 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.


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: The statewide advisory board of the department, which provides counsel to the department.

22. Field Internship: The “hands on” practical application of skills and knowledge, within an approved course, where the student is evaluated and mentored by a qualified preceptor while 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 an individual knowledgeable and skilled in a specific EMS topic, and when approved by the MPD, is utilized to instruct and evaluate 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: An individual 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): An individual 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. It is a physician that 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 (OTEPE): means a continuous (ongoing, not occasional) program of prehospital EMS education for EMS personnel after completion of initial training. An OTEP is approved by the MPD and the department. 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 an individual licensed under the provisions of chapters 18.71 or 18.57 RCW. A person who holds a current active license issued by the Washington 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/her license.

35. Preceptor: An individual oriented to the scope of practice and objectives of a specific education course that provides direct supervision and evaluation in a clinical or field internship educational setting, ensuring student progress during the clinical/field experience.

36. Psychomotor Education Objective: The skills-based component of a curriculum.

37. Recertification: The process of renewing the certification of an individual at the same level.

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 prior to course ending date for any students that failed to achieve course objectives.
40. **Senior EMS Instructor (SEI):** Means an individual 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. SEIs are required as the primary instructor for initial EMR and EMT courses and 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 individual preparing to renew their SEI recognition. This person is attempting to demonstrate or perform renewal recognition objectives 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 individual is qualified to instruct specific EMS topics or courses and issues a recognition card to the qualified SEI.

44. **Skill Verification:** The evaluation of a student or EMS provider’s ability to perform a defined assessment, action or treatment.

45. **Standardized/scenario patient -** An individual 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 individual meeting all EMS training course prerequisites and actively enrolled in an approved EMS training course.

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 -** Someone who leads the call and provides guidance and direction for setting priorities, scene and patient assessment and 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 that is 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 in charge of the EMS training, not necessarily the SEI or Lead Instructor, who has responsibilities for course conduct.