



**2024 Washington State Prehospital WAC Revision – Brief Description of Changes  
Effective 09.30.2024**

WAC Section and Title	Description of Changes
<i>Example:</i> WAC XXX-XXX-XXX TITLE	<i>Description of adopted changes to the current rule or description of new rule.</i>
WAC 246-976-010 Definitions	<ol style="list-style-type: none"> <li>1. Added definitions for new terms. Clarified definitions of existing terms without changing the meaning or effect.</li> </ol>
<b>Training</b>	
<u>WAC 246-976-022 EMS training program requirements, approval, reapproval, discipline</u>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in more logical order and removed tables.</li> <li>2. Added the requirement that training programs must contact the Washington Workforce Training and Education Coordinating Board (WWTECB) to evaluate if the training program is required to register with the WWTECB.</li> <li>3. Clarified the information training programs need to provide the department to help inform approval or disapproval of training programs.             <ol style="list-style-type: none"> <li>a. The department removed the list of individual specific training program policies from rule and instead, will publish the list of required policies training programs must have in the Washington State EMS Training Program and Instructor Manual (department 530-126). The goal is to reduce the burden on training programs for having to search for multiple requirements or navigate conflicting requirements from co-regulating agencies such as Department of Health, Washington Workforce Training and Education Coordinating Board (WWTECB), and the Commission on Accreditation of Allied Health Programs (CAAHEP). This will make it easier to make changes to what required policies training programs must have in place as directed by multiple organizations with an oversight or regulatory role.</li> </ol> </li> <li>4. Clarified the requirement that a training program must obtain a recommendation for approval from the Medical Program Director (MPD) in the county(s) where the program will reside and the local or regional EMS &amp; Trauma Care Council. Training programs are expanding to provide training in more than one county. EMS education is approved by the MPD in each county.</li> </ol>

	<p>Training programs that conduct training in more than one county need to seek approval for training from the county MPDs in each county. The department is implementing a new licensing system. Once this system is established, it will allow for electronic signatures and remove the need for training programs to seek wet signatures from MPDs in multiple counties.</p> <ol style="list-style-type: none"> <li>5. Added the requirement that training programs must allow students who successfully pass their course to be provided with an opportunity to take the certification examination.</li> <li>6. Added the requirement that training programs must conduct any required psychomotor examinations and competence assessments as required by the department for BLS, ILS, and ALS level courses.</li> <li>7. Amended the requirement for maintaining training records from four years to seven years and clarified that this can be in either electronic or paper format.</li> <li>8. Added the requirement that the training program provide students access to the Washington State EMS student survey.</li> <li>9. Clarified what information training programs must provide in their annual report to the department.</li> <li>10. Clarified what is required for a training program to become re-approved by the department.</li> <li>11. Amended the renewal timeline for BLS and ILS training programs to every 3 years and ALS training programs every 5 years.</li> </ol>
<p><u>WAC 246-976-023 Initial EMS training course requirements and course approval</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in more logical order and removed tables.</li> <li>2. Clarified what EMS courses need department approval. Courses where a certification, endorsement, or a recognition would be issued by the department need department approval.</li> <li>3. Clarified what information about a training course needs to be provided to department to inform a decision about approval or denial.</li> <li>4. Removed the requirement for training program directors and instructors to receive a recommendation from the local EMS &amp; trauma councils to apply to conduct an initial training course. This reduces the burden of getting multiple signatures on an application.</li> <li>5. Removed the requirement for AIDS training and education for EMS providers to obtain initial certification. This education was required in RCW 70.24.260 which was repealed to comply with ESHB 1551 and enacted in law by the Washington State Legislature in 2020.</li> </ol>

	<ol style="list-style-type: none"> <li>6. Clarified the types of instructors / instructional personnel required for EMS course types. This removes barriers for rural EMS systems by expanding the instructor types that can be used to instruct certain EMS courses.</li> </ol>
<p><u>WAC 246-976-024 MPD specialized training and pilot projects</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in more logical order.</li> <li>2. Clarified the process to submit a proposal and request approval of a pilot project.</li> <li>3. Clarified what information a pilot project proposal must contain to be considered for approval.</li> </ol>
<p><b>***NEW SECTION***</b> <u>WAC 246-976-026 Ongoing Training and Education Programs (OTEP)</u></p>	<ol style="list-style-type: none"> <li>1. This is a new section.</li> <li>2. Moved the previous OTEP standards from WAC 246-976-163 – <i>The OTEP Method of Certification</i> to this new section dedicated to the standards to apply for, conduct, and renew an OTEP program and reorganized the content to be in more logical order.</li> <li>3. Clarified the criteria to apply for, conduct, and apply to renew department approval for an OTEP program. Existing standards did not clearly articulate who is eligible to apply for an OTEP program or identify the criteria that needed to be met to apply for department approval and for conducting an OTEP program. The adopted rules identify who is eligible to apply to conduct an OTEP program and identifies standards for conducting an OTEP program.</li> </ol>
<p><u>WAC 246-976-031 EMS Instructors, initial approval, and recognition</u></p>	<ol style="list-style-type: none"> <li>1. Consolidated and reorganized the content to be in more logical order.</li> <li>2. Identified and defined the different EMS instructor types.</li> <li>3. Clarified and reduced the criteria to apply for recognition as an EMS evaluator (ESE). The department amended the requirement for an ESE to have been certified for three years prior to applying to be recognized as an ESE, to have a minimum of three years’ experience at or above the level of certification being evaluated. Time as a state certified provider outside of Washington can towards time requirement.</li> <li>4. Clarified and reduced the criteria to apply for recognition as a Senior EMS Instructor (SEI). Specifically:             <ol style="list-style-type: none"> <li>a. Clarified the SEI-Candidate (SEIC) process and clearly articulated the pre-requisites required for an applicant to become an SEIC and begin working towards full SEI recognition.</li> <li>b. Amended the requirement for an SEIC to hold a minimum of an EMT certification to allow an emergency medical responder (EMR) level provider to become an SEI to teach initial training at the EMR level which is needed in rural communities.</li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>c. Added the requirement for an applicant applying for an SEIC recognition to complete a one-hour Washington State EMS Instructor Orientation. The department has identified that a primary delay in the department’s ability to process certifications is associated with the lack of complete documentation from instructors who teach initial EMS certification courses. Course applications, course completion certificates, and complete certification applications are required as a part of the certification application process. The department will developed a one-hour EMS Instructor Orientation which will inform instructors about the documentation standards for initial courses and certification processes. Providing this education to instructors will help reduce these errors and improve the time it takes for the department to process initial certifications and reduce the time it takes new applicants to become certified. The course will be provided for free by the department.</li> <li>d. Clarified that an SEIC and SEI must be affiliated with a department approved training program.</li> <li>e. Clarified and reduced criteria for reciprocity for EMS instructors coming to Washington from other states.</li> </ul>
<p><u>WAC 246-976-032 –EMS instructor reapproval and recognition</u></p>	<ul style="list-style-type: none"> <li>1. Consolidated and reorganized the content to be in more logical order.</li> <li>2. Reduced the burden of regulations on rural communities dependent on volunteers to teach courses.</li> <li>3. Improved navigation and understanding of standards.</li> <li>4. Clarified and reduced the criteria required to apply to renew an SEI instructor recognition. The department removed the requirement for an SEI to maintain a CPR instructor certification to apply for renewal as an SEI.</li> </ul>
<p><u>WAC 246-976-033 Denial, suspension, modification, or revocation of an ESE, SEIC, or SEI recognition</u></p>	<ul style="list-style-type: none"> <li>1. Added all existing EMS instructor / recognition types to this section. The ability of the department to address problem areas is necessary to preserve the integrity and quality of EMS education and support public safety.</li> </ul>
<p><u>WAC 246-976-041 To apply for training</u></p>	<ul style="list-style-type: none"> <li>1. Removed the requirement for an EMT to be certified for one year prior to applying for advanced level courses. Placed responsibility on training programs to develop entry requirements.</li> <li>2. Removed the requirement for an applicant for a paramedic level course to have at least one year experience as an EMT or equivalent prehospital experience. Placed responsibility on training programs to develop entry requirements.</li> </ul>

<b>Certification</b>	
<p>***NEW SECTION***  <u>WAC 246-976-139 Provisional certification</u></p>	<ol style="list-style-type: none"> <li>1. Established minimum standards and application process for a provisional certification. This option will allow applicants to participate in their EMS service field training program and complete MPD integration criteria while waiting to become fully certified.</li> </ol>
<p><u>WAC 246-976-141 To obtain initial provider certification following the successful completion of Washington state approved EMS course</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and made some minor grammatical and formatting edits without changing the effect of the rule.</li> <li>2. Aligned the requirements for certification with the department approved national certifying organization to the extent possible.</li> <li>3. Removed the requirement for proof of identity. This provision is not required unless it is a statutory requirement for the profession. Applicants provide their date of birth on application which is sufficient for the EMS profession.</li> <li>4. Removed the requirement to show proof of EMS education if the provider has a certification from the department recognized national certifying body.</li> <li>5. Added eligibility requirements and procedures for applicants to receive a temporary practice permit if the applicant is waiting on a federal FBI background check.</li> <li>6. Removed the requirement for an applicant applying for certification as a paramedic to provide proof that they have attended a Commission for Accreditation of Allied Health Programs (CAAHEP) approved paramedic program. We have determined that the rule requiring paramedics to provide proof that they attended a CAAHEP accredited paramedic program prior to 2011, provides no additional evidence of qualification beyond that of current National Registry standards. CAAHEP accreditation standards apply to the structure and academic procedures that advanced level training programs must adhere to. Washington state training programs are still required to obtain and maintain CAAHEP accreditation.</li> </ol>
<p><u>WAC 246-976-142 To obtain reciprocal (out-of- state) EMS certification, based on a current out-of-state or national EMS</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and made some minor grammatical and formatting edits without changing the effect of the rule. Stakeholders reported that EMS rules are difficult to read and understand.</li> </ol>

<p><u>certification approved by the department</u></p>	<ol style="list-style-type: none"> <li>2. Aligned the requirements for certification with the department approved national certifying organization to the extent possible.</li> <li>3. Removed the requirement for proof of identity. This provision is not required unless it is a statutory requirement for the profession. Applicants provide their date of birth on application which is sufficient for the EMS profession.</li> <li>4. Removed the requirement to show proof of EMS education if the provider has a certification from the department recognized national certifying body.</li> <li>5. Added eligibility requirements and procedures for applicants to receive a temporary practice permit if the applicant is waiting on a federal FBI background check.</li> <li>6. Removed the requirement for an applicant applying for certification as paramedic to provide proof that they have attended a Commission for Accreditation of Allied Health Programs (CAAHEP) approved paramedic program. We have determined that the rule requiring paramedics to provide proof that they attended a CAAHEP accredited paramedic program prior to 2011, provides no additional evidence of qualification beyond that of current National Registry standards. CAAHEP accreditation standards apply to the structure and academic procedures that advanced level training programs must adhere to. Washington state training programs are still required to obtain and maintain CAAHEP accreditation.</li> </ol>
<p><u>WAC 246-976-143 To obtain EMS certification based on possession of a current health care providers credential</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and made some minor grammatical and formatting edits without changing the effect of the rule.</li> <li>2. Aligned the requirements for certification with the department approved national certifying organization to the extent possible.</li> </ol>
<p><u>WAC 246-976-144 EMS certification</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and made minor grammatical and formatting edits without changing the effect of the rule.</li> <li>2. Clarified that the secretary may extend the certification period to accommodate the efficient processing of recertification applications, and that requests to extend the certification period must be coordinated through the county MPD.</li> <li>3. Clarified that the portability of EMS certification to other county jurisdictions under circumstances applies to all levels of certification not just advanced levels.</li> </ol>
<p><u>WAC 246-976-161 General education and skill maintenance</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content across WAC 246-976-161, -162, -163, and -171 to be in a more logical order. Made minor grammatical and formatting edits without changing the effect of the rule.</li> </ol>

<p><u>requirements for EMS provider recertification</u></p>	<ol style="list-style-type: none"> <li>2. Reduced the complexity and improved consistency of the education and skill requirements for initial certification and the two different methods of recertification.</li> <li>3. Aligned education standards with new national and state requirements.</li> <li>4. Reduced confusion and distinguished more clearly between methods of recertification.</li> <li>5. Added the requirement for EMS providers to keep and maintain their training records for a minimum of seven years.</li> <li>6. Added the requirement that a certified EMS provider must provide copies of their training records to their EMS service, MPD, or department upon request.</li> </ol>
<p><u>WAC 246-976-162 The CME method of recertification</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content across WAC 246-976-161, -162, -163, and -171 to be in a more logical order. Made minor grammatical and formatting edits without changing the effect of the rule. changes simplified language and formatting reduces confusion and makes it easier for external partners to navigate the rule.</li> <li>2. Reduced the complexity and improved consistency of the education and skill requirements for initial certification and the two different methods of recertification.</li> <li>3. All education and skill requirements for recertification were moved into one rule instead of having three sets of requirements and several sets of skill requirements for the different methods of certification and the different years within the certification period.</li> <li>4. Reduced confusion and distinguished more clearly between methods of recertification. The primary difference between the CME method and OTEP method is that providers who choose to recertify using the CME method must successfully pass the department approved certification examination at the end of their recertification period to apply for recertification.</li> <li>5. Added a provision that identifies criteria for when reciprocity between the CME and OTEP methods of recertification can occur.</li> </ol>
<p><u>WAC 246-976-163 – The OTEP method of recertification</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content across WAC 246-976-161, -162, -163, and -171 to be in a more logical order. Make minor grammatical and formatting edits without changing the effect of the rule. Stakeholders reported that EMS rules are difficult to read and understand. Reduced the complexity and improved consistency of the education and skill requirements for initial certification and the two different methods of recertification. All education and skill requirements for recertification were moved into one rule instead of having three sets of requirements and several sets of skill requirements for the different methods of certification and the different years within the certification period.</li> </ol>

	<ol style="list-style-type: none"> <li>2. Reduced confusion and distinguished more clearly between methods of recertification. The primary difference between the CME method and OTEP method is that providers who choose to recertify using the CME method must successfully pass the department approved certification examination at the end of their recertification period to apply for recertification.</li> <li>3. Added a provision that identified criteria for when reciprocity between the CME and OTEP methods of recertification can occur.</li> <li>4. Moved the requirements for an OTEP program to a new section dedicated to OTEP program requirements.</li> <li>5. Moved the requirements to become an ESE to WAC 246-976-031 dedicated to EMS instructors.</li> </ol>
<u>WAC 246-976-171 Recertification, reversion, reissuance, and reinstatement of certification</u>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and makes some minor grammatical and formatting edits without changing the effect of the rule. The amendments simplify language and formatting to make it easier for external partners to read and to reduce confusion.</li> <li>2. Aligned and simplified the application requirements for certification, recertification, reversion, reissuance, and reinstatement to the extent possible.</li> <li>3. Aligned requirements for credentialing processes with national education and testing standards.</li> <li>4. Added eligibility requirements and procedures for applicants to receive a temporary practice permit if the applicant is waiting on a federal FBI background check.</li> <li>5. Clarified that providers who want to revert to a lower level of certification must have a current Washington state EMS certification at a higher level.</li> </ol>
<u>WAC 246-976-182 Authorized care – scope of practice</u>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and made some minor grammatical and formatting edits without changing the effect of the rule. The amendments simplify language and formatting to make it easier for external partners to read and to reduce confusion.</li> <li>2. Clarified scope of practice and environment of practice for certified EMS providers in response to SHB 1893 EMTs and Public Health, which passed into law in 2021-22, and RCW 35.21.390 Community assistance referral and education services program which passed in 2017.</li> </ol>
<u>WAC 246-976-191 Disciplinary actions</u>	It was determined during the stakeholder process that no amendments were needed for this rule.
<b>License and Verification</b>	
<u>WAC 246-976-260 Licenses required</u>	<ol style="list-style-type: none"> <li>1. Reorganized content across WAC 246-976-260-, 290, -300, -390, and -395 into a more logical order.</li> </ol>



	<ol style="list-style-type: none"> <li>2. Made rules clearer and concise.</li> <li>3. Made consistent to the extent possible the application process and requirements for supplemental documentation between license and verification.</li> <li>4. Made consistent to the extent possible staffing and equipment standards between licensure and verification.</li> <li>5. Modernized, made consistent, and reduced non-value-added application process steps and requirements for supportive documentation.</li> <li>6. Added that rural EMS services may request to be approved to use non medically trained drivers to meet staffing standards in response to ESSB 5751 Concerning personnel requirements for municipal ambulance services, 2017-18.</li> <li>7. Added the requirement for EMS services to report to the statewide EMS data registry in response to SSB 5380 Concerning opioid use disorder treatment, prevention, and related services, 2019-20.</li> </ol>
<p><b>***NEW SECTION***</b> <u>WAC 246-976-261 Emergency Services Supervisory Organizations</u></p>	<p>Established minimum standards for emergency services supervisory organizations to use certified EMS providers in response to SHB 1276 EMS in Diversion Centers, 2021-22.</p>
<p><u>WAC 246-976-270 Denial, suspension, revocation</u></p>	<p>It was determined during the stakeholder process that no amendments were needed for this rule.</p>
<p><u>WAC 246-976-290 Ground ambulance vehicle standards</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and make some minor grammatical and formatting edits. The amendments simplify language and formatting to make it easier for external partners to read and to reduce confusion.</li> <li>2. Modernized and align ambulance vehicle and equipment standards and updated terminology to be consistent with minimum national standards.</li> <li>3. Added a provision that ambulance services who are accredited by an accrediting organization recognized by the department may meet the standards in rule.</li> </ol>
<p><u>WAC 246-976-300 Ground ambulance and aid service-equipment</u></p>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and make some minor grammatical and formatting edits.</li> <li>2. Modernized and align ambulance vehicle and equipment standards to be consistent with national standards. Make equipment standards for licensed and verified services consistent.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Codified equipment and staffing standards for specialty care transport ground ambulances to be consistent with staffing and equipment standards for air ambulances.</li> </ol>
<u>WAC 246-976-310 Ground ambulance and aid service-communications equipment</u>	<ol style="list-style-type: none"> <li>1. Modernized and aligned ambulance vehicle emergency communications equipment standards to be consistent with contemporary technology.</li> </ol>
<u>WAC 246-976-330 Ambulance and aid services- record requirements</u>	<ol style="list-style-type: none"> <li>1. Updated record requirements for licensed EMS services regarding personnel and vehicles.</li> <li>2. Moved language regarding patient care records to a new section WAC being proposed under WSR 20-011 in response to SSB 5380 Concerning opioid use disorder treatment, prevention, and related services, 2019-20 which includes the requirement for all licensed EMS services to report to the statewide EMS data registry.</li> </ol>
<u>WAC 246-976-340 Ambulance and aid services- inspections and investigations</u>	<ol style="list-style-type: none"> <li>1. Clarified that the department must present preliminary findings and a written report to the EMS service at the end of an inspection for recommendations, deficiencies, and steps to take when corrections have been made.</li> </ol>
<u>WAC 246-976-390 Standards for trauma verified prehospital services</u>	<ol style="list-style-type: none"> <li>1. Reorganized content across WAC 246-976-920, -300, -390, and -395 in a more logical order.</li> <li>2. Made consistent to the extent possible the application process and requirements between license and verification and reduce non-value-added application process steps and requirements for supportive documentation for verification.</li> <li>3. Made consistent to the extent possible staffing standards between licensure and verification. Staffing standards are now the same for both license and verification and reside in WAC 246-976-260 – Licenses required.</li> <li>4. Made consistent to the extent possible equipment standards for license and verification are now the same for both license and verification and reside in WAC 246-976-300 – Ground ambulance and aid service – equipment.</li> <li>5. Modernized, made consistent, and reduced non-value-added documentation and supportive information required for application processes.</li> </ol>

	<ol style="list-style-type: none"> <li>6. Clarified in this section what the standards are for trauma verified prehospital EMS services and moved all application processes related to initial, renewal, and change of verification to WAC 246-976-395.</li> </ol>
<u>WAC 246-976-395 To apply for initial or renewal of verification or to change verification status as a prehospital service</u>	<ol style="list-style-type: none"> <li>1. Reorganized content across WAC 246-976-260, -290, -300, -390, and -395 into a more logical order.</li> <li>2. Made rules clearer and concise.</li> <li>3. Made consistent to the extent possible the application process and requirements between license and verification and reduced non-value-added application process steps and requirements for supportive documentation for verification.</li> <li>4. Clarified in this section what is required to apply for initial, renewal, or to change a trauma verified prehospital EMS service application, and move all application processes related to initial, renewal, and change of verification from -390 and -395 to just WAC 246-976-395.</li> <li>5. Modernized, made consistent, and reduced non-value-added application process steps and requirements for supportive documentation.</li> </ol>
<u>WAC 246-976-400 Verification – noncompliance with standards</u>	<p>It was determined during the stakeholder process that no amendments were needed for this rule.</p>
<p><b>System Administration</b></p>	
<u>WAC 246-976-920 Medical program director</u>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and made some minor grammatical and formatting edits without changing the effect of the rule.</li> <li>2. Consolidated to the extent possible, MPD responsibilities that are currently dispersed throughout many sections of chapter 246-976.</li> <li>3. Clarified roles and responsibilities.</li> </ol>
<u>WAC 246-976-960 Regional emergency medical services and trauma care councils</u>	<ol style="list-style-type: none"> <li>1. Reorganized content to be in a more logical order and makes some minor grammatical and formatting edits without changing the effect of the rule.</li> <li>2. Consolidated to the extent possible, regional council responsibilities that are currently dispersed throughout several sections of chapter 246-976.</li> </ol>

WAC 246-976-970 Local  
emergency medical services and  
trauma care councils

1. Reorganized content to be in a more logical order and makes some minor grammatical and formatting edits without changing the effect of the rule.
2. Consolidated to the extent possible, local council responsibilities that are currently dispersed throughout several sections of chapter 246-976.

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