WASHINGTON STATE DEPARTMENT OF HEALTH

EMS Training Program and Instructor Manual

DOH 530-126 June 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Table of Contents

History

We would like to acknowledge the good work of all those who came before, and those who are here currently tending EMS Education in Washington state. All the humans who have and continue to help build, shape and offer guidance for EMS education in our state bring perspective, value and much wisdom to these efforts. Dane, we are grateful for your tireless dedication to EMS education that will continue to speak through the pages of this manual as well as through our vast and diverse EMS community.

Purpose / Document Structure
The purpose of this manual is to serve as a reference for EMS training programs and educators in Washington state. Familiarity with this resource should provide the user with a better understanding of the current EMS education process.

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

Questions regarding this guideline can be directed to hsqa.ems@doh.wa.gov.
General phone: 360-236-4700
DOH website Washington State Department of Health

Change log

May 2025 – Completely revised document based on updates to WAC 246-976.

State approved EMS training programs are the foundation of the education system in Washington state. EMS courses must be taught under an approved program and Senior EMS Instructors (SEI), and SEI Candidates must have affiliation with a program to teach courses. This first section covers training program requirements as listed in WAC 246-976-022, followed by instructor information, and tools and resources.

Training programs

Approved training programs must follow requirements Chapter 246-976 WAC:. Training programs shall meet requirement in WAC 246-976-022 and shall conduct courses in accordance with department requirements in WAC 246-976-023.

To obtain the Department of Health (department) approval as an EMS training program and to conduct EMS courses, applicants must check with the Workforce Training Board to determine if the program is required to become a vocational school.

Open a Private Career School | Washington Workforce Training & Education Coordinating Board

The organization must be one of the following:

- A local EMS and trauma care council or county office responsible for EMS training for the county. This includes organizations established by local ordinance and approved by the county medical program director to coordinate and conduct EMS training programs.
- A regional EMS and trauma care council providing EMS training throughout the EMS and trauma care region that it serves.
- An accredited institution of higher education or a private educational business licensed as a private vocational school.
- An optional organization. If the organizations listed above do not exist or are unable to provide an EMS training program, the local EMS and trauma care council may recommend to the department another entity that is able to provide training. In the absence of a local EMS council, the regional EMS and trauma care council may provide such a recommendation.

Minimum program roles and responsibilities

Training program roles and responsibilities include and are not limited to the following:

- Notify the department of changes in training program director status within 30 days.
- Maintain clinical and field internship sites to meet course requirements.
- Ensure students conducting field internship rotations on EMS vehicles do not replace required staff on the vehicle. Students may not be used to meet staffing standards in WAC 246-976.
- Provide the department, MPD, or MPD delegate access to all course related materials upon request.

- Conduct examinations over course lessons and other Washington state-required topics.
- Conduct courses according to the department requirements.
- Collaborate with the course instructor to ensure course applicants meet the course application requirements in WAC 246-976-041 and department policies.
- Participate in educational planning conducted by local and regional EMS and trauma care councils.
- Coordinate certification examination activities with the department-approved certification examination provider. National Registry of Emergency Medical Technicians (NREMT) is the current department approved certification examination provider. This includes:
  - Registering the training program with the examination provider.
  - Assisting students in registering with the examination provider and scheduling the cognitive examination. Students who successfully pass the course must be provided with an opportunity to take the certification examination.
  - Provide verification to the examination provider of cognitive knowledge and psychomotor skills for students successfully completing the EMS course.
- For EMR and EMT level courses, the training program must conduct psychomotor examinations and competence assessments as required by the department.
- For AEMT and paramedic level courses, the training program must conduct psychomotor examinations and competence assessments as required by the department that meet student minimum competencies.
- Monitor and evaluate the quality of instruction for the purposes of quality improvement, including course examination scores for each level taught.
- Provide student access to the department's Washington state EMS student survey.
- Maintain an overall pass rate of 75 percent on department-approved state certification examinations.
- Complete and submit the annual training program report to the department on forms created by the department that includes at minimum:
  - Attrition rates.
  - Annual certification examination rates.
  - Postgraduation survey results.
- Seek reapproval of the training program as follows:
  - For BLS or ILS level courses training programs must be reapproved every three years.
  - For ALS level courses, training programs must be renewed every five years.
  - If the training program is approved to conduct multiple levels of training, the program is required to renew in accordance with the higher training level requirement.
- Training program approval is effective on the date the department issues the certificate. The expiration date is indication on the letter of approval.
- Renew training program in accordance with WAC 246-976-022.

Program application requirements and process

This section is inclusive of processes and items that must be submitted with the application, and provides clarification, as necessary. A training program must include all components of this section with their program application.

General

- Submit a completed application on current forms provided by the department.
- Provide documentation of contact with the Washington Workforce Training and Education Board to determine if the EMS training program is subject to private vocational school requirements.
- Provide supplemental information that demonstrates the need for a new or additional training program.
- Indicate which level(s) of initial EMS training courses (EMR,EMT, AEMT, paramedic), EMT endorsements supraglottic or intravenous therapy, evaluator, instructor, or refresher courses the training program is seeking approval to conduct.
- If the training program is conducting a paramedic program, provide proof of accreditation by a national accrediting organization approved by the department. The current accrediting organization is The Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP).
- If the training program is conducting an AEMT level program, they may provide proof of accreditation by a national accrediting organization approved by the department, however AEMT level accreditation is not required. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP).
- Documentation of EMS System Participation: Participating in EMS and Trauma Care Council educational planning is one of the requirements for EMS training program approval.
- Documentation of the clinical/field contracts or agreements. Agreements must be in place and maintained to provide clinical/field experience.
- A description of preceptor training and development.

Records retention

Provide the records retention policy for the training program. Training programs must maintain student records for a minimum of seven years in a retrievable electronic or paper format.

Retentions includes the following records:

- A copy of the original course application submitted to the department.

- A copy of the course approval issued by the department.
- Documentation of student's compliance with all required prerequisites for the level of the course.
- A master course schedule that includes documentation of canceled, modified, or added classes with dates, times, instructor, and location changes.
- A class attendance record for each class that includes the date each class was held, lesson number, signatures of students attending, instructor's annotation regarding student attendance, and instructor's signature.
- 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.
- 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.
- 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.
- 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.
- Copies of written agreements with those facilities used by the course for fulfillment of clinical and field internship objectives.
- Documentation of the training physician's approval of clinical preceptors and guest Lecturers.
- Documentation of orientation for clinical preceptors to the clinical objectives and scope of
- practice of the student.
- Documentation that demonstrates the student's achievement of all clinical and field
- internship objectives.
- Records of each student who failed to complete the course of study and the reason.

Equipment and supplies

Provide a description of equipment and supplies for use in the training program. The required equipment list can be found in the back of this document.

Equipment and supplies must:

- Be available and accessible for use by the training program.
- Including equipment and educational aids necessary to fulfill the needs of the instructional guidelines.

- Provide audio, visual, and kinematic aids to support and supplement didactic instruction.
- Include items in the equipment list appropriate to the level of training.

Facilities

A description of classroom and laboratory facilities must be included with the application. All classroom facilities used for EMS educational programs are required to be conducive to a learning environment to include:

- ADA compliant facility.
- Environmental controls for heating, cooling, and ventilation.
- Adequate space for seating and skills practices is relative to the anticipated number of students and type of course.
- Sufficient space for instructor lesson preparation.
- Provide adequate and secure storage space for instructional materials, supplies, and equipment.
- Appropriate restroom facilities.

Certificate of course completion (COC)

Provide a template of the COC that will be awarded to students that successfully complete course requirements. Before issuing the certificate, SEI/lead instructor must verify the students' comprehensive cognitive, affective, and psychomotor abilities and the successful completion of all clinical/field/capstone requirements for the course.

The COC or letter of completion must meet department requirements and include the following items:

- Name of the training program.
- Course location (city and state).
- The department course approval number.
- The department-approved credential number.
- The full legal name of the student.
- The words "successfully completed the following Washington Department of Health-approved course,".
- Level of course (EMR, EMT, advanced EMT, paramedic).
- For EMT courses, additional special skills training is completed with the course (skills are listed on the EMS course application and course completion verification form).
- Date of course completion.
- The words "this document does not grant Washington state certification,".
- Printed name, credential number if Washington certified, and signature of the SEI/LI, or the training program director or official.

Additional text and information desired by the training program.

The certificate of course completion must not include:

- Wording that would indicate or suggest the person is certified or authorized to perform/function in any EMS capacity.
- Any inference the person is a certified EMR, EMT, or any other certified EMS provider level.

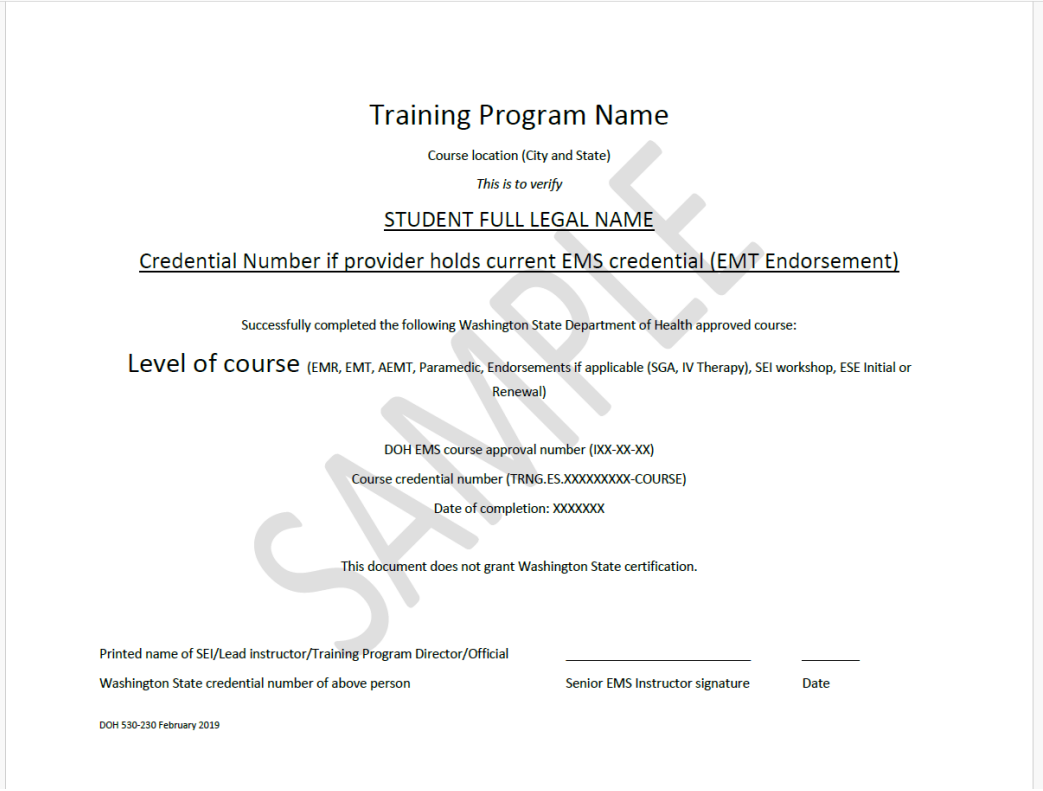
COCs for endorsement courses

Standalone supraglottic airway (SGA) and intravenous therapy (IV) EMT endorsement courses require a copy of the course completion certificate to be sent to the department at the conclusion of the course, when all course requirements are completed.

The SEI/LI/training program director should take responsibility to send the COC to DOH at EMSCred@doh.wa.gov This allows the endorsement to be added to the EMTs credential. Ensure the correct EMT credential number is added to the COC for the EMT who took the course.

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

EMS course certificate of completion sample



Training Program Name

Course location (City and State)

This is to verify

STUDENT FULL LEGAL NAME

Credential Number if provider holds current EMS credential (EMT Endorsement)

Successfully completed the following Washington State Department of Health approved course:

Level of course (EMR, EMT, AEMT, Paramedic, Endorsements if applicable (SGA, IV Therapy), SEI workshop, ESE Initial or Renewal)

DOH EMS course approval number (IXX-XX-XX)

Course credential number (TRNG.ES.XXXXXXXXX-COURSE)

Date of completion: XXXXXXX

This document does not grant Washington State certification.

Printed name of SEI/Lead instructor/Training Program Director/Official _____ _____

Washington State credential number of above person Senior EMS Instructor signature Date

DOH 530-230 February 2019

SAMPLE

Needs assessment

Needs assessment for new or additional EMS Training Programs must be included with the application.

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

Needs assessment should include purpose, scope, data collection and analysis, stakeholder engagement, gap analysis, and other items to effectively assess the need. The needs assessment should at minimum answer the following questions:

- What are the gaps in EMS education in the local area?
- How will the new program enhance service delivery?
- How does the program serve underserved areas, regions, or populations?
- Will the new training program provide education not available by local education sources?
- What unmet met need did the data identify?
- Is there stakeholder/community support for the new program?
- Do sufficient clinical and field opportunities exist?
- How will the new program impact existing programs?

Sustainability plan

Provide a 5-year sustainability plan related to the requirements and responsibilities of the EMS Training Program and instructors.

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

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

- Proper facilities, equipment, supplies and educational materials.
- Medical supervision, instructors and evaluators.
- For EMR, EMT, and AEMT courses, the availability of a senior EMS instructor (SEI) EMS evaluators to meet the needs of the program with a plan to groom new SEIs and evaluators as program needs change.

- For paramedic courses, other qualified instructors and evaluators.
- In some cases, sufficient program support staff.

Quality improvement plan

Provide a quality improvement plan that evaluates and includes the following:

- Student performance.
- Educational and instructional staff effectiveness.
- Clinical/field sites and preceptors.
- Curriculum alignment with standards.
- Student satisfaction.
- Program completion and retention rates.
- Benchmarking.
- Identification of gaps and needs.
- Improvement strategies.
- Monitoring and evaluation.
- Documentation and feedback.

Recommendations

Medical program director

Obtain the recommendation from the county medical program director in each county where the training program will reside. For courses taught in multiple counties, the primary MPD where the program is located, and the MPD of each individual county where course instruction will take place, must provide a recommendation. This includes skills days and examinations.

Local or regional EMS and Trauma care council

Obtain the recommendation from the local EMS and Trauma council in each county where the training program will reside. In the absence of a local EMS and trauma care council, the regional EMS and trauma care council may provide such a recommendation.

Personnel requirements

This section identifies the requirements and responsibilities for personnel associated with a state approved training program. Training programs should identify personnel associated with the program. The program must have a training program director and educational staff appropriate to the level of education being taught.

Training program director

The training program director (TPD) must meet the requirements associated with the highest level of instruction conducted by the program.

For EMR/EMT and/or a non CoAEMSP AEMT programs director requirements:

- Associate's degree or three (3) year minimum documented experience coordinating or delivering EMS education or administration in related field or MPD recommendation if unable to meet these requirements;
- Documented education or experience in instructional methodology;
- Experience in the delivery of prehospital emergency care;
- Recommend a minimum of three (3) years of field experience at or above the highest program level being taught or identifying resources for supporting the training program director knowledge for highest level being taught; and
- Fundamental understanding of the current versions of the National EMS Scope of Practice and National EMS Standards and evidenced-informed clinical practice.

For Paramedic program and AEMT accredited programs follow CoAEMSP Standard CoAEMSP – Committee on Accreditation for the EMS Professions – Credible education through accreditation

- A minimum of a bachelor's degree or the equivalent to directing a Paramedic program and a minimum of an associate's degree to direct an Advanced Emergency Medical Technician program from an accredited institution of higher education;
- Documented education or experience in instructional methodology;
- Academic training and experience equivalent to that of a paramedic if directing a Paramedic program;
- Experience in the delivery of prehospital emergency care; and
- Knowledge about the current versions of the National EMS Scope of Practice and National EMS Standards and evidenced-informed clinical practice.

Training program director responsibilities include the following:

- Serve as the primary contact for the department;
- Represent the training program and provide all administrative oversight of the education program;
- 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;
- Ensure compliance with all administrative and educational standards throughout the educational program;
- Schedule and coordinate all the educational program components;
- Develop and maintain education program policies;
- Conduct independent student evaluations of instructors and other course personnel;
- Receive and document complaints from course personnel and students, and resolve per training program policies and procedures;

- Ensure the SEI/LI completes and submits required course completion documents to the department, county, and MPD;
- Ensure a course completion certificate is provided to those students. The SEI/LI can verify competent in the course cognitive, affective and psychomotor objectives and have successfully completed the clinical/field experience;
- Enter all course data necessary for registration of the course with National Registry of EMTs; and
- Verify knowledge and skills with the NREMT for students who have successfully completed initial EMS training courses.

Additional training program staff

Identify additional training program personnel who will support the program. They need to meet the minimum requirements.

EMS evaluators

- A person approved and recognized by the department that is authorized to conduct continuing medical education and ongoing training and evaluate psychomotor skills during initial, refresher, and continuing medical education and ongoing training.
- The ESE may provide field training and evaluate newly hired providers who are pending certification and are participating in an EMS service field training program.
- The ESE may function as a clinical preceptor to mentor and evaluate the clinical performance of students enrolled in initial EMS courses.

Lead Instructor

- A person that has specific knowledge, experience, and skills in the field of prehospital emergency care and is approved by the county medical program director to instruct EMS training courses that do not require an SEI.

Senior EMS instructors

- A person that has met the requirements to become approved and recognized by the department as an SEI and may conduct initial EMS training courses and continuing medical education and ongoing training.
- An SEI may only conduct courses at or below the level for which they hold a current and valid Washington state EMS certification.
- A SEI is responsible for the overall administration and quality of instruction.

Lead instructor and SEI responsibilities

An individual SEI or lead instructor is responsible for the below item; however, delegation may change based on training program policy; ultimately the lead instructor, SEI, and/or training program directors are responsible for following:

- Being knowledgeable of educational standards, curricula/ instructor guidelines, course documents and instructions, and processes associated with EMS training and certification;
- Developing an end-of-course written examination for course completion or grading purposes. The department-approved EMS certification examination is not an end-of course examination;
- Developing/providing scenarios used in role play evaluation during the psychomotor examinations;
- Having an attendance roster, with the date annotated, present at each class for students to sign or have an instructor take attendance;
- Having a course record book/file to enter and track student attendance, exam/quiz scores, etc.;
- Maintaining all course paperwork including student records consisting of attendance, evaluation results and determinations of competence;
- Conducting the course using current Washington-approved curricula/instructor guidelines from which to develop lesson plans, teaching all objectives within the curriculum;
- Using appropriate textbooks, workbooks and other course material;
- Overall delivery of lecture and skill lessons;
- Providing on-site instruction and supervision of other course instruction during each class; or arrange for another SEI or LI to supervise. When using other instructors, the SEI or LI need not be physically present but must be immediately available for consultation;
- The review and monitoring of all assistant instructors and guest instructors to ensure compliance with the course instructor guidelines
- Orientation of all guest instructors, clinical preceptors, and field internship preceptors to the specific course objectives within their sphere;
- Evaluation of assistant instructor performance and competency;
- Ensuring there is enough EMS evaluators or assistant instructors to maintain a six-to-one (6:1) student to instructor ratio for psychomotor portions of the course;
- Using training equipment and training aids that are fully functional and in serviceable condition;
- Properly teaching and demonstrating practical skills;
- Conducting written evaluations throughout the course to ensure people are knowledgeable in all topic areas;

- Conducting practical skills evaluations to determine skills competency using the skills evaluation forms approved by the department; these evaluations may occur throughout the course;
- Ensuring hospital, clinical or field internships are in place, scheduled, and students have positive clinical/field internship experiences.
    - Students are scheduled for and complete the required experiences before participating in the psychomotor examination (unless uncontrollable circumstances are identified and documented as required).
    - Develop or use appropriate evaluation forms and evaluate student performance of clinical and field internship experiences.
    - Review and provide feedback to students on patient evaluation write-ups.
- Conducting organized and coordinated psychomotor examinations using only department-approved forms;
- Verifying documentation of student performance and competency;
- Ensuring a course completion certificate is provided to those students the SEI/LI can verify are competent in the course cognitive, affective and psychomotor objectives, and who have successfully completed the clinical/field experience;
- Orienting students, providing accurate and appropriate information about the certification examination and initial certification process, then assisting students to register for the approved Washington State Department of Health-EMS (NREMT) certification examination in a timely manner, and assisting students by informing them how to proceed with initial Washington state EMS certification;
- Inform students/people upon course completion they:
    - 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.
    - They 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;
- Inform students/people that passing the department (NREMT) certification examination, and holding NREMT certification, does not authorize them to provide patient care with a licensed EMS service until they have applied for and obtained official Washington state certification from the department;
- Inform students/people of responsibilities as a Department of Health-certified EMS provider:
    - 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:

        - When performing in a prehospital emergency setting or during interfacility ambulance transport; and
        - When performing for a licensed EMS agency or an organization recognized by the department;
    - Within the scope of care that is:
        - Included in the National Education Standard and Approved Skills and Procedures List for Certified Providers for the person's level of certification;
        - Included in approved specialized training;
        - Included in state-approved county MPD protocols.
    - To become familiar with Chapter 18.130 RCW: REGULATION OF HEALTH PROFESSIONS—UNIFORM DISCIPLINARY ACT. This statute holds EMS providers responsible for professional conduct.
    - As certified EMS providers, they are required to be associated with a licensed or department-approved prehospital EMS provider, and to inform the department of any changes in supervising EMS agency or personal information.
    - Certified EMS providers are responsible to maintain education standards listed in WAC 246-976-161:.
    - That certification is a personal property right.
    - All providers are responsible to renew their certifications on time.
    - Discipline can result for unlicensed practice when providing patient care with an expired certification. EMS providers are responsible to maintain records of their education.
- Sending completed, required course completion documents to the department at the conclusion of the course.

Guest instructor

- A person that has specific knowledge, experience, and skills in the field of prehospital emergency care and is approved by the county medical program director to instruct course lessons for initial and refresher EMS courses and continuing medical education and ongoing training under the supervision of an SEI or lead instructor.

Other staff available to support the training program. This may include administrative staff, clinical coordinators, or others.

Operations manual

Provide a program operations manual that includes the following training program policies and procedures:

- A description of course prerequisites, selection criteria, and process used to screen applicants for each EMS level of training you will provide.

- Attendance policy.
  - A clearly stated make-up session policy must be established by the training program.
  - Students are responsible for all classes and course content and must complete make-up requirements before the course completion date.
- Advanced placement policy, if available.
- Course requirements and minimum standards for successful course completion include:
  - Didactic requirements.
  - Knowledge and skill examinations.
  - Clinical and field internships.
  - Other requirements identified by the program.
- Training program expectations for students, including but not limited to:
  - Compliance with all course policies established by the training program, SEI/LI, and training physician.
  - Meeting course eligibility requirements and additional requirements of the training program and
    - Providing the training program with current contact information and notifying the training program when changes occur;
    - Notification of student status, such as illness, injury, or withdrawal from the course before completion;
    - Creating an account and submitting NREMT (and payment if not part of tuition) to test; (note students are not required to test for certification).
    - Registration on the Pearson VUE site to schedule the cognitive examination;
    - Completion of the cognitive examination;
    - Informing the training program of any need for remediation;
    - Complete identified remediation as arranged; and
    - Reapplying for, rescheduling and retesting the cognitive examination.
- Training program expectations for instructors.
- A list of clinical and field internship sites available to students. Include information that clearly depicts a formal relationship between the training organization and the clinical site. Additional specifics can be found in the clinical field requirements section.
- A description on how the training program will maintain the resources needed to sustain a quality education program.
- A description on how the training program will monitor and evaluate the quality of instruction for the purposes of quality improvement.
- Record retention policy.
- Description on how psychomotor examinations and student competency assessments are conducted as required by the department. Identify if the program will use option one or option two from the Practical Evaluation Guidelines in this document for initial EMR and EMT courses.

- Provide a list of training program personnel, including the training program director and instructors who meet the minimum requirements listed in this document.
- Instructor code of conduct.
- Description of how distributive education, if used, is incorporated into the classroom.
- Education must use content and information from the Washington State Approved Skills and Procedures for Certified EMS Providers, National EMS Education Standards, and National EMS Scope of Practice model documents. Students must attend practical skills lab sessions overseen in person by the SEI or lead instructor and current EMS evaluators. Electronic media cannot be used in the practical skills of EMS education.
- A continuous quality improvement plan.
- Process for recognizing continuing medical education provided by outside parties including, but not limited to, continuing medical education completed by members of the armed forces or reserves of the United States or the National Guard, military reserves or naval militia of any state.

Student handbook

The student handbook must include the components:

- Admission requirements include course entry prerequisites, selection criteria, and the process used to screen applicants, and must comply with standards in WAC 246-976.
- Attendance requirements.
- Distributive education policy.
- Accessibility parameters include a statement explaining the procedure to be used by a student with a disability to request reasonable accommodation.
- Expectations of student conduct.
- The course schedule lists as separate elements the didactic, lab, clinical, skills and written testing criteria of the education program.
- Discipline/counseling of students.
- Grievance procedures including how and to whom a student can file a complaint against the training program and personnel.
- Make up policies.
- Successful course completion requirements including the minimum standards required for successful completion of examinations, clinical/field internship rotations, and the EMS course.
- Testing policies.
- Tuition policy statement.
- Infection control plan.
- Description of insurance coverage for students, both health and liability.
- Practical skills testing policies and procedures.

- Initial certification requirements and process the student must meet to become certified as identified in WAC 246-976-141:.
- Recertification requirements the student must meet to recertify as identified in WAC 246-976-171:.
- Process to gain and maintain a NREMT certification.
- A listing of clinical and field internship sites available.
- Process to schedule clinical and field time.

Guidance to be included in student handbook

Applying for NREMT certification

Include in the student handbook and provide students with a handout about NREMT process including:

- Initial examination results are valid for two (2) years.
- NREMT certification is valid for two (2) years
- Encourage students to complete the approved department certification examination as soon as possible after course completion.
- A current NREMT or certification in another state is required to apply for a Washington state EMS certification.
- Specific retest requirements can be found on National Registry of Emergency Medical Technicians site.
- An NREMT certification is not a license to practice in Washington, a person must apply for a state certification to work as an EMS provider.

Applying for Washington State EMS certification

Include in the student handbook and provide students with a handout about Washington State certification requirements at the end of the course including:

- Certification requirements WAC 246-976-141:;
- Information on the need to complete an application: Emergency Medical Services (EMS) and Trauma Care System | Washington State Department of Health;
- WAC 246-976-182: Scope of practice**;**
- People who successfully complete an EMS course and receive a letter/certificate of course completion are not authorized to provide patient care until they have completed the Washington state certification process, and the Department of Health has issued an official EMS certification.
- People who successfully complete an EMS course and have received certification from the NREMT are not authorized to provide patient care as an EMS provider until they have

completed the Washington state certification process and have official certification from the Department of Health.
- May not work as an EMS provider without a valid state certification.
- State EMS certifications are personal property with rights and responsibilities per Chapter 246-976 WAC:.

Reapproval of the training program

To apply for reapproval a training program must complete the following:

- Complete the requirements for the initial training program application, WAC 246-976-022:.
- Follow the requirements in Chapter 246-976 WAC:.
- Be in good standing with the department, have no violations of the statute and rules, and no pending disciplinary actions.
- Have an overall pass rate of 75 percent on department-approved state certification examinations.
- Training program may be placed on a performance improvement plan (PIP) if found to be below the overall pass rate requirement.

Quality assurance

- Quality assurance may be conducted by the department, MPD, MPD designee, or MPD delegate to monitor, review, audit or evaluate EMS training programs, courses and instructors to determine compliance with statute, rule and education standards.
- Monitoring, reviewing, audits, or evaluations, conducted concurrently, retrospectively, or proactively.
- Monitoring, reviewing, audits, or evaluations may include but is not limited to training program compliance, SEI/LI compliance, and/or instructor performance evaluated by students, using a standard evaluation tool adopted or developed and executed by department, review of student performance on National Registry examinations or other course examinations, training physician compliance, a review of clinical/field sites and documentation demonstrating student achievement of clinical objectives, appropriateness of clinical/field sites relative to the standards/instructor guidelines, inspection of educational equipment and training aids for suitability for the standards/instructor guidelines, and EMS training program and course records compliance.
- 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.
- The department may make summaries of education program findings available to MPDs, licensed EMS services, and organizations sponsoring EMS educational programs.

Discipline of the training program

WAC 246-976-022 The secretary may deny, suspend, modify, or revoke the approval of a training program when it finds any of the following:

- Violations of chapter **246-976** WAC.
- Pending disciplinary actions.
- Falsification of EMS course documents.
- Failure to maintain EMS course documents as required.
- Failure to update training program information with the department as changes occur.

The training program may request a hearing to contest the secretary's decisions regarding denial, suspension, modification, or revocation of training program approval in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and chapter 246-10 WAC.

EMS courses

EMS course application requirements and process

To conduct an EMS training course an applicant must submit a completed application on forms provided by the department, postmarked or received by the department at least 30 days prior to the course start date identified on the application. The department will not process applications received less than 30 days before the course starting date.

Allow for sufficient time at the county level to process the application for MPD review and signature. MPD approval is required on the course application for any county where there is a physical location or presence. Multiple MPD signatures may be required depending on construction of the course.

Course applications can be mailed to the address on the application or emailed to the DOH Credentialing department EMSCred@doh.wa.gov. Online submission of courses will occur when the Healthcare Enforcement and Licensing Management System (HELMS) updates are completed. Note: Please do not mail and email the same application to the department because it result in a duplicate course.

Application inclusions

- Submit a completed application per WAC 246-976-023:
- Include a copy of the certificate of completion meeting the in this guidance
- Include a copy of the state approved course schedule or agenda found at EMS Training Applications and Documents | Washington State Department of Health. A copy of the courses schedule provided to students that includes granular level information for MPD review.

EMS training course applications are required for the following initial and refresher course:

- EMR, EMT, AEMT, and paramedic training.
- EMS endorsements.
- EMS instructor training for ESE and SEI.

Course start and end dates

- Course dates need to include all phases of the program; didactic, psychomotor, clinical, field, and the internship/capstone.
- The start date is the first date students have access to material for courses taught in a distributive or hybrid format, or the first day of class for in-person courses.
- The end date is the last day of class or the date it is anticipated all course phases will be completed.

Course schedule or agenda

A course schedule or agenda must be submitted with the course application. The schedule or agenda should contain a syllabus for students that includes class dates, reading assignments, exam/quiz dates, clinical and field experience dates. The course schedule or agenda must be updated for each course.

The department approved version of the course application can be found EMS Training Applications and Documents | Washington State Department of Health under course schedules. In addition to the state course schedule a program may also submit a copy of the course schedule provided to student for further explanation.

Course application approval

- When/if the department approves the application, the credentialing department will send a course approval letter to the training program director via email.
- The letter of approval must be retained as a required course record.
- Training programs must have receipt of a course approval letter to begin the course, or verification of approval from the department.
- The department course approval numbers must be used on all documents, certificates, records, and correspondence pertaining to the approved course. The training program must allow at least 30 days for department course approval after submission of an application.
- Courses taught without course approval will need to be redone.

Training course changes

Changes in location, training physician, SEI/LI, or course start/end date require immediate notification to the department in writing. Email the front page of the application with corrected dates and a copy of the approval letter or course approval number and if needed a revised course schedule to EMSCred@doh.wa.gov.

The department may require additional documentation regarding the circumstances resulting in the change. Changes in an approved course must be compliant with the EMS Education Standards Manual and approved curriculum, standards, and guidelines.

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.

- Training programs and SEI/lead instructors are responsible to screen students as required by WAC 246-976-041 to confirm prospective students meet course entry requirements.
- All courses must have a student handbook given to students.
- No didactic education session may exceed eight hours within a 24-hour period.
- The student to evaluator ratio for psychomotor instructions or evaluations will not exceed 6 students: 1 evaluator (6:1). Evaluations must be witnessed in-person by certified EMS Evaluator, SEI or MPD.
- Students enrolled in initial certification courses are required to, at a minimum, have a core textbook consistent with the department-approved instructor guidelines/curriculum.
- All initial EMR, EMT, AEMT, and paramedic instruction will meet or exceed the minimum recommended time allotted for the approved curriculum and include the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.:
  - EMR – minimum 48 clock hours
  - EMT – minimum 150 clock hours
  - AEMT – minimum 200 clock hours
  - Paramedic – 1000 clock hours or as required by the department-approved accreditation agency and the Department of Health.
- Minimum psychomotor skill competency requirements for EMR, EMT, and AEMT students is established by the state. EMR and EMT follow BLS guidance and AEMT will follow AEMT Student Minimum Competency (SMC)
- Minimum psychomotor skill competency requirements for paramedic students are established by the state, CoAEMSP and NREMT. Paramedic students must meet paramedic SMC.

Course curriculum requirements

- Course curriculum or instructor guidelines and core content must adhere to content approved by the department in Chapter 246-976 WAC: and;
- Meet the current version of the National EMS Scope of Practice Model;
- Meet the current version of the National EMS Education Standards;
- Meet the current version of the Approved Skills and Procedures for Certified EMS Providers;
- Include education on multicultural health awareness as required in RCW 43.70.615: Multicultural health awareness and education program—Integration into health professions

basic education preparation curriculum., portable orders for life sustaining treatment (POLST) as provided in RCW 43.70.480: Emergency medical personnel—Futile treatment and natural death directives—Guidelines., and legal obligations and reporting for vulnerable populations as provided in RCW 74.34.035: Reports—Mandated and permissive—Contents—Confidentiality.

- EMS instructors and educational programs may use any of the wide variety of publishers' lesson plans and instructional resources available at each EMS educational level.

Course entry minimum requirements

EMR and EMT

- An applicant must be at least 17 years of age at the beginning of the course. The department will not grant variance requests for the age requirement.

Supraglottic airway EMT endorsement course

- Must be in an EMT course or hold an EMT certification

Intravenous Therapy EMT endorsement course

- Minimum of one year of experience as an EMT
- EMS service support
- MPD support

AEMT

- An applicant needs to hold a current EMT certification.
- Other course entry requirements are set by the state approved program.

Paramedic:

- An applicant needs to hold a current EMT certification
- Other course entry requirements are set by the state approved program

Refresher courses

- No specific requirements

Training course personnel requirements

All courses approved by the department will use the corresponding personnel described in the training program personnel instructor requirements, as necessary for the level of course conducted.

If the course being taught is provided by a training program that is recognized by an accreditation organization recognized by the department, then instructional personnel must meet standards of the accrediting organization, such as The Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) and Washington Workforce Training & Education Coordinating Board | Workforce Training and Education Coordinating Board.

Course instructor requirements:

EMR , EMT or AEMT courses:

- Department-approved SEI certified at the level of course or above.
- Department-approved SEI-candidate (SEI-C) may instruct under the supervision of the SEI for the purposes of demonstrating instructional proficiency to the SEI.
- Authorized practical skill evaluators/examiners who are current EMS evaluators.
- The county medical program director's approval.

Paramedic courses

- The lead instructor must have proof of clinical experience at the paramedic level or above.
- Authorized practical skill evaluators/examiners.
- The county medical program director's approval.

Supraglottic airway (SGA) endorsement course for EMT

- The course instructor must have proof of clinical experience and the depth and breadth of knowledge of the subject matter.
- Authorized practical skill evaluators/examiners.
- The county medical program director's approval.

Intravenous (IV) therapy endorsement course for EMT

- The course instructor must have proof of clinical experience and the depth and breadth of knowledge of the subject matter.
- Authorized practical skill evaluators/examiners.
- The county medical program director's approval.

Refresher courses:

- The course instructor must have proof of clinical experience and the depth and breadth of knowledge of the subject matter.
- Authorized practical skill evaluators/examiners.
- The county medical program director's approval.

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. Washington approved guidance:

- EMR, EMT, AEMT Practical Evaluation Skill Sheets
- BLS Practical Skill Evaluation Guidelines - Washington State Department of Health

General information

Psychomotor examinations using only department-approved forms. The goal of documentation is verification of student performance and competency.

Practical evaluation guidelines

For EMR and EMT courses. The SEI/LI can conduct practical skill evaluations in one of two ways:

- Evaluate individual skills as required, during the course labs or evaluation lessons and if desired conduct a summative medical and trauma comprehensive end-of-course evaluation to determine competency when working with a team. Document all performances on skill sheets as you would a final course evaluation. Successful completion documents indicate the student met competency for the skill.
- Conduct an evaluation of all practical skills as identified in the BLS Practical Skills Evaluation Guidelines at the completion of the course. If desired, complete the summative medical and trauma comprehensive end-of-course evaluation to determine competency when working with a team.

Note: Pediatric scenarios must be included throughout the course and testing environments.

For AEMT and paramedic courses. Students must meet requirements in the student minimum competencies (SMC).

For IV and SGA courses practical skills must be completed according to the course curriculum.

Authorized practical skill evaluators/examiners

- A medical program director (MPD) or MPD-delegated training or supervising physician.
- A department-approved SEI or an MPD and department-approved EMS evaluator, certified at the EMT level or higher, at or above the level of the person being evaluated.
- Instructors credentialed through nationally recognized training programs, although not approved as a Department of Health EMS evaluator, i.e., CPR, ACLS, PHTLS, PALS, etc., when approved by the MPD. Evaluations of skills during these specific training courses must use the nationally recognized training program's skill evaluations sheets.
- Guest instructors must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and must be approved by the MPD to instruct or evaluate EMS topics.

Scenario development

Practical application scenarios for evaluations should be created collaboratively between the training program director, SEI, or lead instructor. During the scenario development, skill combinations are encouraged, i.e., the exam coordinator, for the trauma evaluation, could combine oxygen, splinting, and spinal motion restriction. For the medical evaluation, introduce pharmacology elements to include indications, contraindications, dosages, and side effects. Scenarios need to be realistic to evaluate for competency as a safe beginner.

Remediation and re-evaluation:

- Provide remedial education and reevaluation, within reason, to people who have failed to demonstrate competency.

- Document the deficiency and provide remediation before the student receives education beyond the point of deficiency within that module.
- The SEI/lead instructor must document remediation and reevaluation sessions.
- The SEI/lead instructor, training program director, training physician, or MPD should counsel people regarding further involvement in the course or EMS field when remediation fails.
- A total of three attempts on any skill is acceptable. Students should be evaluated by different evaluators.

Program clinical/field experience requirements

Training program responsibilities for student clinical and field time include the following:

- The training program, training program director, and SEI/lead instructor are responsible to arrange and developing agreements for the students to have the opportunity to complete clinical and field internship rotations.
- All relationships need to be established before a course starts.
- Ensure students must be performed as third person, not replacing the required staff on the vehicle.
- Ensure students are clearly identified as students.
- Provide preceptor training for people evaluating students, at minimum consider an EMS evaluator certification.
- The inability of a training program to complete these requirements constitutes an incomplete course.
- The training program director/SEI/LI must contact the Department of Health, EMS and Trauma Section if questions arise regarding these requirements or if the program cannot meet the requirements.

For students clinical/field rotations, including hospital experience must be completed prior to completion of the course.

- See specific requirements below in the clinical and field section.
- Students must be performed as a third person, not replacing the required staff on the vehicle.

Clinical Facilities

- All clinical facilities are required to be compatible with and appropriate for the instructional guidelines for the EMS level training conducted. The MPD or MPD-delegated training physician must approve clinical facilities for all advanced EMT and paramedic courses.

End of course

Student certification examination eligibility

- A person is eligible to take the Department of Health-EMS certification examination upon successful completion of an approved initial EMS course (EMR, EMT, AEMT, Paramedic).
- EMS service association is not required to take the certification exam.

Cognitive certification exam

- National Registry of Emergency Medical Technicians (NREMT) is the current department-approved certification examination provider.
- Coordinate certification examination activities with the department-approved certification examination provider. This includes:
    - Registering the training program with the examination provider;
    - Assisting students in registering with the examination provider and scheduling the cognitive examination. Students who successfully pass the course must be provided with an opportunity to take the certification examination; and
    - Provide verification to the examination provider of cognitive knowledge and psychomotor skills for students successfully completing the EMS course.

Course completion documentation

At the end of the course, submit the EMS Course Completion Verification form (DOH-530-008) within 30 days of the course completion date included on the course approval notification from the department. The form can be emailed to HSQA.EMS@doh.wa.gov or mailed to the address on the form.

The only form accepted is the department form DOH 530-008.

All students who started the course should be listed on the form. Disposition may include pass, fail, incomplete, withdrawal, or other.

Instructor requirements

This section outlines the initial and renewal requirements of EMS instructors and provides additional information on the process as needed.

EMS evaluator (ESE)

EMS evaluator (ESE) means a person approved and recognized by the department that is authorized to conduct continuing medical education and ongoing training and evaluate psychomotor skills during initial, refresher, and continuing medical education and ongoing training. The ESE may provide field training and evaluate newly hired providers who are pending certification and are participating in an EMS service field training program. The ESE may function as a clinical preceptor to mentor and evaluate the clinical performance of students enrolled in initial EMS courses

Initial ESE

To apply for recognition as an EMS evaluator (ESE), an applicant must:

- Hold a current and valid Washington state EMS certification.
- Have a minimum of three years' experience at or above the level of certification being evaluated. Time outside of Washington as a state-certified provider may be considered towards the three year requirement. NREMT only time does not count. Time certified as NREMT only does not count toward the requirement. Military members should contact EMS program for additional guidance HSQA.EMS@doh.wa.gov
- Be current in continuing medical education and ongoing training requirements for their primary EMS certification.
- Apply on forms provided by the department.
- Provide proof of successful completion of a department-approved initial EMS evaluator course within the past three years.
- Be recommended by the county medical program director. The county medical program director must sign the application.

EMS evaluator reapproval and recognition

To apply for re-recognition as an EMS evaluator (ESE), an applicant must:

- Hold a current and valid Washington state EMS certification at or above the level of certification being evaluated.
- Apply on forms provided by the department.
- Be current in continuing medical education and ongoing requirements for their primary EMS certification.
- Provide proof of successful completion of a department-approved EMS evaluator refresher course.

- Be recommended by the county medical program director. The county medical program director must sign the application.
- An ESE whose recognition has expired for more than three years must complete the initial recognition process.

Senior EMS instructor candidate

Senior EMS instructor candidate (SEIC) means an applicant that has met requirements to start the initial recognition process to become a senior EMS instructor (SEI). The applicant is approved and recognized by the department as an SEIC and may conduct EMS training courses under the supervision of a currently approved and recognized SEI and county medical program director. An SEIC may only conduct courses at or below the level for which they hold a current and valid Washington state EMS certification.

Initial SEIC certification

To apply for recognition as a senior EMS instructor candidate (SEIC), an applicant must:

- Be a current Washington state certified EMS provider at or above the level of certification being instructed.
- Have a minimum of three years' experience in direct patient care at or above the level of certification being instructed.
- Currently recognized as an EMS evaluator.
- Hold current recognition as a health care provider level CPR instructor from a nationally recognized training program recognized by the department for CPR, foreign body airway obstruction (FBAO), and defibrillation.
- Provide proof of 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 equivalent instructor course approved by the department.
- Provide proof of successful completion of a one-hour Washington state EMS instructor orientation provided by the department.
- Pass a written evaluation developed and administered by the department on current EMS training and certification regulations including the Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA), and EMS course administration.
- Be affiliated with a department-approved EMS training program that meets the standards in WAC 246-976-022:.
- Apply on forms provided by the department.
- Be recommended by the county medical program director. The county medical program director must sign the application.

If approved for recognition as a senior EMS instructor candidate (SEIC):

- The department will issue the applicant an initial recognition application procedure packet (IRAP).
- The candidate must successfully complete the IRAP in accordance with department standards and policies, under the oversight of a currently recognized SEI.
- The SEIC must demonstrate the knowledge and skills necessary to administer, coordinate, and conduct initial EMS courses to apply for and be considered for approval and recognition as an SEI.
- SEIC recognition will be issued for three years.

SEIC reapproval and recognition

To apply for re-recognition as a senior EMS instructor candidate (SEIC), an applicant must:

- Meet the requirements in WAC 246-976-031:.
- Be currently approved and recognized as an SEIC.
- Apply on forms provided by the department.
- Be recommended by the county medical program director. The county medical program director must sign the application.

Experienced instructors reciprocal recognition as SEIC

- An applicant who is an EMS instructor in another state, country, or U.S. military branch may apply to obtain reciprocal recognition as an SEI candidate (SEIC).
- To become an SEI candidate (SEIC), the applicant must meet the SEIC criteria in WAC 246-976-031:and provide proof of at least three years of instructional experience as an EMS instructor.
- If approved for recognition as an SEIC, the department will issue the applicant an abridged initial recognition application procedure packet (IRAP) which must be successfully completed in accordance with department standards and policies, under the oversight of a currently recognized SEI to apply for full SEI recognition.

Senior EMS instructor

Senior EMS instructor (SEI) means an applicant that has met the requirements to become approved and recognized by the department as an SEI and may conduct initial EMS training courses and continuing medical education and ongoing training. An SEI may only conduct courses at or below the level for which they hold a current and valid Washington state EMS certification. An SEI is responsible for the overall administration and quality of instruction.

Initial SEI

To apply for recognition as a senior EMS instructor (SEI), an applicant must:

- Meet all the criteria listed above for SEIC and be currently approved and recognized as a senior EMS instructor candidate (SEIC).
- Submit the completed initial recognition application procedure packet (IRAP) that was issued by the department.
- Be recommended by the county medical program director. The county medical program director must sign the application.

If approved, SEI recognition is effective on the date the department issues the recognition card. SEI recognition must be renewed every three years. The expiration date is indicated on the certification card.

SEI reapproval and recognition

To apply for re-recognition as a senior EMS instructor (SEI), an applicant must:

- Hold a current Washington state certification as an EMS provider at or above the level of certification being instructed.
- Be currently approved and recognized as an SEI or have an SEI recognition that is expired less than three years.
- Complete the recognition application procedure packet (RAP) on forms issued by the department.
- Pass a written evaluation developed and administered by the department on current EMS training and certification regulations including Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA), and EMS course administration.
- Successfully complete a one-hour Washington state EMS instructor orientation.
- Attend one department-approved SEI or instructor improvement workshop.
- Apply on forms provided by the department.
- Be recommended by the county medical program director. The county medical program director must sign the application.
- An SEI whose recognition has expired for more than three years must complete the recognition process described in WAC 246-976-031: SEI recognition is effective on the date the department issues the recognition. SEI recognition must be renewed every three years. The expiration is indicated on the certification card.

Instructor guidance documentation

Initial recognition application procedure (IRAP) packet

The SEI qualification process is performance-based. This process is one in which the criterion for qualification is individual performance on a series of objectives that must be successfully completed.

The IRAP must be completed in accordance with department standards and policies, under the oversight of a currently recognized SEI, training program director, State EMS Office, or MPD. Note: all teaching components must be evaluated by SEI or MPD. It is the responsibility of the SEIC to maintain and track the documentation for their IRAP.

The IRAP is a task-book style evaluation process that allows an SEIC to demonstrate the knowledge and skills necessary to administer, coordinate, and conduct initial EMS courses; this process allows an instructor to apply for and be considered for approval and recognition as an SEI. The IRAP contains objectives to be completed in conjunction with an initial EMS course. Note: EMRs may use EMR courses. EMTs, AEMTs, and Paramedics may use EMT or AEMT courses.

The completion of tasks or objectives are to be completed in accordance with IRAP guidance.

The four main categories of an IRAP include general knowledge, pre-course preparatory, during the courses, and course completion components.

An SEIC must demonstrate competency is all aspects of the IRAP, in some cases it may take more than one course to complete requirements.

Two (2) versions of the IRAP exist. A standard version and an abridged version. To qualify for the abridged version an instructor must meet the following criteria:

- An EMS instructor in another state, country, or U.S. military branch .
- Meet prerequisites for SEIC based on WAC 246-976-031.
- Provide proof of at least three years of instructional experience as an EMS instructor.

Recognition application procedure (RAP) packet

The SEI requalification process is performance-based. This process is one in which the criterion for qualification is individual performance on a series of objectives that must be successfully completed.

The RAP must be completed in accordance with department standards and policies, under the oversight of a currently recognized SEI, training program director, State EMS Office, or MPD.

Note: All teaching components must be evaluated by SEI or MPD. It is the responsibility of the SEIC to maintain and track the documentation for their RAP.

Tasks or objectives to be completed in accordance with department guidelines are outlined in the RAP packet

An SEI must demonstrate competency is all aspects of the RAP packet.

Regulations

What EMS instructors should know

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

Although numerous statutes pertain to the EMS and Trauma System that EMS educators should be familiar with, the statutes listed below are of particular importance because one identifies the Department of Health duties.

18.73.081 Duties of secretary--Minimum requirements to be prescribed

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.

The Washington Administrative Code (WAC) are also known as rules. Current EMS and Trauma rules can be found in Chapter 246-976 WAC:

All people involved in EMS training and evaluation should be familiar with the following EMS rules pertaining to EMS training and certification.

Disciplinary

Denial, suspension, modification or revocation of and ESE, SEI, or SEIC Recognition

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

The department may deny, suspend, modify or revoke an ESE, SEI or SEIC recognition when it finds:

A violation of Chapter 18.130 RCW, the Uniform Disciplinary Act has been committed.

1. 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.

2. The candidate or SEI may request a hearing to contest department decisions regarding 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.

Clinical and field requirements

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

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

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

This section is broken down into the student code of conduct and expectations, clinical and field experience resources, and the clinical/field requirement by certification type.

Student code of conduct and expectations

- Students will demonstrate competency in the corresponding didactic/laboratory course objectives before clinical/field rotations related to that objective.
- 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, for any student not meeting this requirement due to uncontrollable circumstances. The student must still complete the requirements before receiving a course completion certificate.
- Field supervisor/preceptor(s) must evaluate students in a third-person environment, not staffed or assigned as the regular on-duty EMS provider.
- The training program must establish a feedback system to ensure that students have acted safely and professionally during their clinical/field rotations.
- Students must receive a written report of their performance by their clinical/field supervisor/preceptor. The training program should provide students with appropriate report forms to take to their clinical/field rotations for completion by the clinical/field supervisor/preceptor. When the forms are completed, the clinical/field supervisor/preceptor returns the forms to the SEI/LI/clinical coordinator.

- Students reported as having difficulty must receive remediation and redirection. The student must repeat the clinical/field experiences until deemed competent within the goals established by the accrediting organization, training program, and county medical program director. In situations where student remediation is unsuccessful, the SEI/lead instructor and the training program director, training physician, or MPD should counsel people regarding further involvement in the course or EMS field.
- Each student should be neat, clean, and well-groomed; and physically fit enough to perform the minimal entry-level job requirements while in clinical/field experience rotations. Counsel students who fail to exhibit good hygiene habits while the program is in session to provide them an opportunity to correct the habits.
- Students will arrive on time and stay until the end of the scheduled rotation. The SEI/LI/clinical coordinator must clear any changes to the scheduled rotation before the change and will notify the clinical/field site in a timely manner.
- Students should bring all equipment necessary to perform at the clinical/field site, to include at a minimum:
    - Equipment: pen penlight, scissors, stethoscope
    - Clothing: change of clothes if uniform becomes contaminated, coat, gloves, hat as necessary.
    - Paperwork: clinical/field rotation student evaluations forms, any other forms deemed necessary by training program.
    - Other: EMS textbook/protocols to study during 'downtime'.

Clinical and field experience resources

- Clinical/field requirements will consist of resources established only by written agreement or contract.
    - Be approved by the training program director, training physician, SEI, and MPD.
    - Training programs conducting paramedic courses must use clinical/field resources identified by the training program, that are consistent with program accreditation, to meet clinical/field requirements identified below for paramedic training.
    - Training programs conducting EMS courses may use any combination of the following resource list to meet clinical/field requirements identified below.

Intensive care unit	Emergency Department
Coronary care unit	Recovery room
OB-GYN	Nursing home
Clinic or doctor's office	Urgent care
Ambulance or aid services	Other departments or clinical facilities approved by the MPD

Emergency medical responder (EMR) clinical/field requirements

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

A patient interaction/clinical contact requires the completion of an assessment, and the recording of the patient history and assessment information must be recorded on an electronic or written prehospital patient care report, as if interacting with this patient in a field setting. The prehospital patient care report is then reviewed by the SEI to ensure competent documentation practices in accordance with the minimum data set.

Emergency medical technician (EMT) clinical/field requirements

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

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

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

Patient interaction/clinical contact requires the completion of an assessment. The patient history and assessment information must be recorded in an electronic or written prehospital patient care report; as if interacting with this patient in a field setting. The prehospital patient care report is then reviewed by the SEI to ensure competent documentation practices in accordance with the minimum data set.

Advanced emergency medical technician (AEMT) student minimum competencies (SMC)

The Washington Advanced Emergency Medical Technician (AEMT) student minimum competencies (SMC) are adapted from the National Association of State Emergency Medical Services Officials (NASEMSO) AEMT Student Minimum Competency Model Guideline (June 2023).

All AEMT programs, accredited and non-accredited, are required to use these SMC.

This document was designed to build upon and harmonize with the National EMS Scope of Practice Model and current Approved Skills and Procedures for Certified EMS Providers (DOH 530-173) to maximize efficiency, consistency of instructional quality, and student competence. The WA AEMT SMC describes the minimum expectations for student formative experiences and minimum expectations by which the program ensures entry-level competency for WA AEMT students.

Students must meet the requirements in this document to complete the examination and certification process following the completion of an AEMT course.

Formative experience is defined as an activity in which the student's performance is assessed to provide feedback during the educational experience and to expose the student to the variety of patients and conditions seen by a practicing AEMT. Reasonable evidence of competency is defined as the performance expectation by which the educational program can attest that the student has amassed a portfolio of demonstrated performance of skills and abilities necessary for safe and effective care. The standards for reasonable evidence of competency are built on the concept that competent performance must be demonstrated over time in a variety of conditions. A single evaluation of skills performance by the educational institution cannot provide sufficient evidence of competency.

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

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

Age

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

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

The pediatric community has also recommended that developmental differences among pediatric patients present difficulties. Recognizing challenges in accessibility to a wide variety of ages for AEMT educational programs, recommendations for subgroups of pediatric patients based on

development have not been provided. If accessible, the AEMT educational program may want to consider tracking exposure in the following developmental categories:

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

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

Table 1: Ages

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

Pathology/complaint (conditions)

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

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

- General patient assessment
- General history taking

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

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

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

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

Competency evaluation in hospital/clinical or field experience or capstone field internship and simulation in designated cases are the recommended minimum acceptable requirements for program evaluation of student minimum competency.

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

Table 1: Pathology/complaint (conditions)
Live exposure vs simulation. Live exposure is preferred. For **bolded** topics simulation permissible, based on competency determined by the Program Director and Medical Director. For non-bolded topics live exposure to be completed in clinical and field time.

Student Minimum Competency by Pathology or Complaint	**Exposure in Laboratory, Clinical/Hospital, or Field Experience/Capstone Field Internship***
Trauma	10%–15% (5–8 exposures)
Psychiatric/Behavioral	10%–15% (5–8 exposures)
Uncomplicated and Complicated Obstetric delivery**	5% (3 exposures)
Distressed neonate	5% (3 exposures)
Cardiac pathologies or complaints *(For example, ACS, cardiac chest pain)*	10%–15% (5–8 exposures)

Student Minimum Competency by Pathology or Complaint	Exposure in Laboratory, Clinical/Hospital, or Field Experience/Capstone Field Internship*
Cardiac arrest as Team Lead	5%–10% (5–8 exposures)
Medical neurological pathologies or complaints ***(For example, TIA, CVA, syncope, or altered loc presentation)***	10%–15% (5–8 exposures)
Respiratory pathologies or complaints ***(For example, distress, failure, arrest, asthma)***	10%–15% (5–8 exposures)
Other medical conditions or complaints***	10%–15% (5–8 exposures)
Sum of the Pathologies/Complaints	**100% (50 exposures)**

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

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

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

Skills

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

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

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

TABLE 3: SKILLS

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

* Simulation permitted for skills with asterisk

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

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

Table 4. AEMT Specific Medications and Route

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

Field experience and Capstone

TABLE 5: Field Experience / Capstone Field Internship

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

* Percentages are based on the 50 minimum exposures

EMT Skills

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

- Administering oxygen by face masks
- Administering oxygen by nasal cannula
- Applying a cervical collar
- Applying a tourniquet/hemorrhage control
- Applying an occlusive dressing to an open wound to the thorax
- Cardiac monitoring: 12-lead ECG acquisition and transmission / Telemetric monitoring devices and transmission of clinical data, including video data
- CPAP
- Defibrillation: Automated and Semi-automated
- Dressing and bandaging a soft tissue injury
- Eye irrigation
- Inserting NPA
- Inserting OPA
- Lifting and transferring a patient to the stretcher

- Mechanical patient restraint
- Medication administration (routes Aerosolized/Nebulized, Inhaled, Intramuscular, auto-injector, Intranasal, premeasured, Sublingual/mucosal, Oral)
- Performing a comprehensive physical assessment (Vital signs, Pulse oximetry, Blood glucose monitoring)
- Performing complicated/uncomplicated delivery
- Performing CPR: adult, neonate, pediatric
- Performing FBAO: adult, infant
- Performing oral suctioning
- Performing spine motion restriction
- Splinting a suspected joint injury
- Splinting a suspected long bone injury
- Stabilizing an impaled object
- Ventilating a neonate, pediatric, and adult patient with a BVM

Paramedic clinical/field requirements

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

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

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

- **The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients to the satisfaction of the training physician.**
- **The student must demonstrate competency to the satisfaction of the training physician in the ability to establish a central line safely and effectively. (Upon paramedic certification, must have county MPD approval.)**
- **The student must demonstrate the ability to perform a competent and comprehensive assessment on patients who are present with medical, trauma, or cardiac related complaints to the satisfaction of the training physician.**

Field internship requirements

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

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

Pathologies

A. Cardiac:

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

B. Trauma:

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

C. Medical:

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

Tools and resources

EMS courses in multiple counties (hybrid)

Background

This guidance provides an overview to EMS educators who want to conduct statewide or multiple-county hybrid type EMS courses. EMS training programs and courses approved by the department must comply with WAC 246-976.

EMS course preparation

- Set goals and desired outcomes.
- Ensure the goals are manageable and achievable. Evaluate the following factors to determine if the desired outcome is attainable with the resources available.
  - Number of students and the location of students
  - Number of training locations
  - Number of adjunct instructors/evaluators
  - Clinical and field sites
- Ensure the requirements for training programs and courses are met as identified in WAC 246-976-022 and WAC 246-976-023.
- Provide adequate personnel that meet requirements identified in WAC 246-976-031 and WAC 246-976-023.
- Establish a point of contact in each county where there will be skills days, psychomotor evaluations, clinical, and field locations. This person may be an ESE or instructor responsible for students in each participating county.
- Ensure each site is informed about the need to meet course equipment requirements.
- Ensure adequate instructor to student ratio for skills training days and psychomotor testing. If possible, have outside evaluators for final psychomotor testing.
- Ensure all applicants meet the course entry requirements in WAC 246-976-041 or listed in specific curriculum.
- Consider use of real time online collaboration and communication tools such as Google Docs, SharePoint, Canvas, etc.
- Ensure all students have adequate technology to participate in the course. If possible, conduct a pre course test run to allow participants to ensure they can access course materials, have adequate internet access, and their computers, cameras, and sound are operational.
- Ensure appropriate field and clinical time in each county students are participating. This should be done prior to submitting the course application.

- The training course application must be signed by the training program director, the primary MPD where the program is located, and by any MPD where the course has a physical presence.

EMS course structure

The hybrid statewide EMS course may consist of the following:

- Online portion for all students.
- Multiple onsite in person locations for skills days and testing.
- All students need to complete the same distributive components.
- Summative evaluations should be on the same day for all students in each location.

Didactic education

The course curriculum must meet current national EMS education standards for the level of training conducted including skills identified in the Washington state approved skills and procedures list (DOH 530-173) required for all Washington state certified EMS providers, initial EMR, EMT, AEMT, and Paramedic courses will include education on multicultural health awareness as required in RCW 43.70.615, portable orders for life sustaining treatment (POLST) as provided in RCW 43.70.480, and legal obligations and reporting for vulnerable populations as provided in RCW 74.34.035.

Didactic education may be delivered by:

- Online distributive education
- Virtual lead instructor training (VLIT)
- In-person
- Combination in person and online

Psychomotor skills:

- SEIs should be coordinated and set expectations for ESEs
- Ensure each skills/lab location has the necessary training equipment
- SEI should demonstrate first via in person, VLIT, or video based
- Skills days should be conducted on a regular basis (i.e. weekly, biweekly)
- SEI should be available for consultation and questions during each session
- Must meet the 6:1 student to current EMS evaluators requirement
- All skill evaluations must be done in person by current ESEs

Final evaluations

- Written evaluation (computer or paper)
- Practical evaluations conducted with evaluators who were not primary courses instructors
- Coordinate centralized locations to minimize travel
- All testing must be proctored
- Evaluations need to include affective domain

Clinical and field requirements

Information on clinical and field requirements is in The EMS Training Program and Instructor Manual DOH 530-126.

End of Course

- Provide an overview of gaining and maintaining NREMT and state certifications.
- Assist students with applying for NREMT and Washington state certification.
- Follow up with training program and DOH for end of course documentation submission.
- Provide end of course surveys for students and instructors.

Competency based education initial education courses

EMR to EMT and EMT to AEMT

Stakeholders requested information on conducting competency based education (CBE) initial education courses previously known as bridge courses. This type of education focuses on ensuring that learners demonstrate mastery of specific skills and knowledge before progressing to the next level. To move from one certification level to another such as from emergency medical responder (EMR) to emergency medical technician (EMT), or from EMT to advanced EMT students should follow a structured pathway that includes clearly defined learning objectives, hands-on skill development, and performance assessments aligned with national standards and state requirements.

Education courses should be tailored to individual learning speeds, allowing students to advance once they have proven their competency in essential areas through both written exams and practical evaluations. Instructors play a key role by offering ongoing feedback and support, ensuring that each learner is fully prepared to meet the demands of the next level of certification.

CBE should use a student centered approach to learning and mastery of didactic and psychomotor requirement. The flipped classroom model is one example of student centered education. CBE typically requires fewer in-class hours to complete. Traditional didactic education material is delivered outside of the traditional classroom environment. In person course time is used to reinforce previous lessons, content, and skills.

To conduct CBE initial education courses instructors should establish a student baseline for psychomotor skills proficiency at the providers current level of certification and provide focused education in areas of demonstrated deficiency.

For didactic components providing students with material at an advanced level through appropriate means and providing formative testing throughout the course will allow instructors to identify areas of deficiency and structure in-person time to provide additional educational material.

Summative examinations need to follow the same standards as traditional courses, and all clinical/field requirements must be covered. Students are responsible for all the content of the National Education Standards and Washington state specific requirements for the level they are completing the CBE course. Training programs that teach CBE initial courses EMR-EMT or EMT-AEMT must have policies and procedures in place.

Registered Nurse (RN) to EMT

RN to EMT courses are an example of CBE course. This course is approximately 40 hours long, and all education topics covered need an emphasis on prehospital knowledge and skills. The RN to EMT course schedule DOH 530-019 provides the specifics on required lecture components and those identified as minimum demonstration of competency (through testing) is appropriate. Clinical and field time is not required for this level, but it is encouraged.

Students are responsible for all the content of the National Education Standards and Washington State specific requirements for the level they are completing the CBE course. Training programs that teach CBE initial courses RN-EMT courses must have policies and procedures in place.

Student testing at lower level

Students that complete an EMS course may choose to test at a lower level of certification if they have met the course completion requirements for the lower level including didactic, psychomotor, testing, and clinical and field components. This would include testing at the EMR level following completion of an EMT course or testing at the AEMT level following completion of a paramedic course.

The student will need to complete:

- All clinical and field requirements are at the lower level.
- Summative testing at the lower level (EMR or AEMT) – This includes course summative cognitive and psychomotor exams.
- Overview a review of the scope of practice at the lower level (EMR or AEMT). This review needs to be conducted by the training program delegate. Written documentation of understanding needs to be included in the student file.

The training program will need to craft a letter of equivalency that indicates the education and training the student completed met and exceed the requirement for the EMR level or AEMT level (as appropriate to the situation). This is not a COC.

Once they complete requirements and have demonstrated competency, then they sign up for the EMR test through NREMT. The date for course completion (in NREMT system) will be the date they completed the process for competency. They will have two years to complete the process of gaining NREMT certification and then they can apply to Washington.

Example letter

STUDENT NAME, a TRAINING PROGRAM NAME student, has completed most or all the requirements for the COURSE LEVEL course. The student was unable to complete DUE TO THIS REASON. After conversations with our County Medical Director, MPD NAME and STUDENT NAME, the student wishes to test at the COURSE LEVEL for the National Registry exam because the student met or exceed the LOWER LEVEL course requirements.

STUDENT NAME completed all didactic, skills, clinical, and field competencies required for LOWER LEVEL COURSE. I have attached a copy of his competencies (skill sheet). I have also talked with our Medical Director; MPD NAME, and they agree with the decision to allow the student to test for LOWER LEVEL.

After consultation with the Department of Health we wanted to make note that he does not have an official Washington State EMS course approval number for the LEVEL TESTING AT certification. We are supplying this letter in leu of a standard course completion roster. STUDENT NAME has also completed the LEVEL TESTING AT final exam, and we have discussed the LEVEL TESTING AT Scope of Practice in Washington and Nationally. Please feel free to contact me with any questions or concerns.

EMS educator's steps in conducting a successful course

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

+ 120 days/4 months out

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

120 days/4 months out

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

90 days/3 months out

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

60 days/2 months out

Review +120 days out list and accomplish anything left undone.
Review 90 days out list and accomplish anything left undone.
__ Send in any other sub-course applications (i.e. ACLS, AMLS, PHTLS, PALS).
__ Establish written policies and collect contents for student handbook.
__ Make out reading assignments list for handbook.

__ Send student handbook contents to the printer for assembly.
__ Contact clinical/field rotation sites to set date(s) for preceptor/supervisor orientation.
__ Visit clinical/field rotation sites to deliver preceptor/supervisor orientation.
__ Review schedule and verify commitment with SEI/LI, evaluators, guest instructors, lab assistants.
__ Have a course faculty team meeting to ensure all are on the same page (i.e. if a student goes to one instructor and says "Yeah, but that other instructor said something different!" there is a plan to do a check-back with that instructor to ensure semantics are not an issue).
__ Send lesson plans, instructor resources, PowerPoint presentations to respective instructors.
__ Check on supply and equipment orders to ensure they came in.
__ Check on sources for lab "patients."
__ Send any course materials to printer (outlines, handouts, skill sheets, clinical/field forms, etc.).

30 days/1 month out

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

14 days/2 weeks out

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

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

7 days/1 week out

__ Review +120 days out list and accomplish anything left undone.
__ Review 90 days out list and accomplish anything left undone.
__ Review 60 days out list and accomplish anything left undone.
__ Review 30 days out list and accomplish anything left undone.
__ Review 14 days out list and accomplish anything left undone.
__ Confirm lab "patients" to commit to dates/times, and ensure they know roles and what to wear, etc.
__ Get classroom/lab room keys if not done already.
__ Coffee pot/supplies and water on hand for breaks?
__ Post policies, procedures, L&I, OSHA, WISHA, etc. to classroom bulletin board.

1 day out

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

First day of class

__ Dress as a role model for your students to emulate as a professional.
__ Arrive at classroom at least an hour before class start time to ensure there are no surprises.

__ Do you need to post directional signs to help your students find your classroom?
__ Start class on time as this will set the tone for on-time expectations.
__ Take roll/ have students sign in on roster for the day.
__ Collect any documents that were to be turned in on day 1 or have not been turned in yet, record of immunizations, CPR card, EMS certification card, etc.
__ Counsel any student who arrived on day 1 unprepared; this sets the tone for expectations to be met.
__ Hand out the student handbooks and go over the contents.
__ Go over training course policies and have the students read and sign the "Expectations of Students" agreement, then collect these, make copies, and give the copies back to the students to place back in their handbooks.
__ Have students fill out an emergency contact form.
__ Make a copy of driver's license, etc. for student's file folder.
__ Make sure you are available after class to answer any student's question/concern.
__ Make sure you have all supplies/equipment, LPs, PowerPoint, etc. ready for the next day.

During Course Activities

__ Confirm clinical/field rotations, schedule/reschedule as necessary.
__ Collect and review every clinical/field rotation evaluation and PCR.
__ Verify each student's completion of each clinical/field contact/rotation.
__ File clinical/field forms into the student's file folder.
__ File every quiz/test/skill evaluation sheet into student's file folder.
__ Update course grade book/spreadsheet at least weekly regarding quiz/test scores, skills completed, clinical/field requirements met, attendance, etc.
__ Counsel student(s) who do not pass cognitive (<80 percent) /psychomotor tests; remediate and reevaluate these students and file all documentation.
__ Counsel students on a module/quarterly basis regarding their status in the course. Make a schedule of these so students know whether they are doing well or struggling.
__ Conduct regular student evaluations of the course –instructor, assistants, labs to get their input on what might assist them to improve the course.
__ Assign workbook/homework for every class to ensure they are reading ahead.
__ Administer surprise quizzes (pass is 80 percent) occasionally to ensure students are doing their reading assignments ahead of the class lecture. (Can use for extra credit points to reward them for reading)
__ Look over their workbooks/homework and provide input back to them immediately.
__ Ensure students are using on-line assets to practice quizzes/tests in preparation of taking the NREMT computer exam.
__ Conduct scheduled quizzes (pass is 80 percent) on a frequent / regular basis to evaluate their cognitive retention.

__ Conduct scheduled skill labs on a frequent / regular basis to ensure the students have plenty of time to hone their psychomotor skills.
__ Contact and confirm lab assistants and "patients" throughout the course.
__ Contact and confirm evaluators for end-of-course/NREMT skills exams.
__ Submit course completion rosters and card fees to appropriate sponsors for ACLS/PHTLS, etc. classes as they are conducted.

≥14 days/2 weeks out from end of course

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

Last week of course

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

Last day(s) of course

__ Conduct final student evaluations of the course –instructors, assistants, guest instructors, labs, to get their input to improve the course conduct in the future.
__ For the students who pass and finish all clinical/field requirements, ensure/assist each goes onto NREMT website and pays for tests.
__ For students who pass and finish all clinical/field requirements, have the training program director go onto NREMT website to annotate their passing the course and skills evaluation.
__ Ensure all students who did not pass have a date for counseling/remediation/reevaluation.
__ Ensure all students who have not completed clinical/field requirements are counseled and have a plan to complete requirements.

Days after course completion

__ Send course completion roster through MPD to Washington State Department of Health.
__ Assist students with scheduling their NREMT exam.
__ Assist all students who have remaining requirements to accomplish them.

__ Assist students who ask for guidance regarding Washington state certification.
__ Close out student file folders and ensure training program gets them to file (for four years).
__ Send letters of appreciation to clinical/field site preceptors.
__ Inventory supplies/equipment.
__ Return any borrowed supplies/equipment.
__ Send any equipment in for repair that needs it, or order replacement as needed.

Recommended EMS course equipment

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

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

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

The **R** means the item is for EMR courses.

The **E** means the item is for EMT courses.

The **A** means the item is for Advanced EMT courses.

The **P** means the item is for Paramedic courses.

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

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

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

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

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

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
PACKS, Cold		R, E, A, P	4 @	16 @			
PAD,ALCOHOL, PREP 200S	Alcohol pad	R, E, A, P	1 box	1 box			
PAD POV-IOD IMPREG100	Betadine pad,	A,P	1 box	1 box			
PILLOW		R, E, A, P	1 @	2 @			
POCKET FACE MASK		R, E, A, P	4 @	6@			
PRESSURE INFUSER DEVICE	For IO	A,P	1 @	4 @			
PULSE OXIMETER		R, E, A, P	1 @	1 @			
REGULATOR, PRESSURE,GAS	O2 Regulator,	R, E, A, P	4 @	4 @			
RESTRAINT, Patient	Commercial	R, E, A, P	1 @	1 @			
RESUSCITATOR HAND OPR	BVM, Adult	R, E, A, P	4 @	4 @			
RESUSCITATOR HAND OPR	BVM, Child	R, E, A, P	1 @	1 @			
RESUSCITATOR HAND OPR	BVM, Infant	R, E, A, P	1 @	1 @			
RINGER'S INJ 1000ML	IV fluid	A,P	4	4			
SCALPELS	For surgical crich	P	4 @	8 @			
SCISSORS, BANDAGE	Bandage scissors	R, E, A, P	4 @	6 @			
SHARPS CONTAINER	SHARPS container	R, E, A, P	2 @	2 @			
SHOULDER PADS, football, other sports	For removal practice	R, E, A, P	1 set	1 set			
SMALL VOLUME NEBULIZER		E, A, P	4 @	4 @			
SODIUM BICARBONATE INJ, 50 mEq	Medication for demo, bristojet	A,P	1 @	6 @			
SODIUM CHL INJ 1000ML	IV fluid	A,P	8	72			
SODIUM CHL INJ 5cc	Ampules	A,P	12 @	48 @			
SPHYGMOMANOMETER	BP cuff	R, E, A, P	4 @	8 @			
SPLINT, Cardboard, Large (Long)		R, E, A, P	1 @	6 @			
SPLINT, Cardboard, Medium		R, E, A, P	1 @	6 @			
SPLINT, Cardboard, Short		R, E, A, P	1 @	6 @			
SPLINT, PELVIC	Can be commercial or sheet	R, E, A, P	1@	2 @			
SPLINT, TRACTION	HARE, Sager	R, E, A, P	1 @	4 @			
SPLINT, UNIVERSAL 36X 4.5"	Sam Splint	R, E, A, P	4 @	8 @			
SPLINT, VACUUM		R, E, A, P	1 set	1 set			
STERILE WATER 1000ml	For irrigation	R, E, A, P	1 @	4 @			
STETHOSCOPE ADULT SZ		R, E, A, P	4 @	8 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
STETHOSCOPE , Teaching	Double ear set	R, E, A, P	1	1			
STOPCOCK, 3-way		A,P	12 @	24 @			
STRAP, PATIENT SECURING	Litter, canvas, spider straps, loop/buckle	R, E, A, P	20 @ /4sets	20 @/6 sets			
STRECHER, SCOOP	Scoop Clam	R, E, A, P	1 @	1 @			
STRETCHER, WHEELED	Ambulance cot, gurney	R, E, A, P	0 @	1 @			
STYLET, TRACHEAL TUBE, Adult 14 Fr	ET Tube Stylet	P	2 @	4 @			
STYLET, TRACHEAL TUBE, Pediatric	ET Tube Stylet	P	2 @	4 @			
SUCTION, HAND HELD	V-Vac	R, E, A, P	2 @	4 @			
SUCTION, MACHINE	Portable, rechargeable	R, E, A, P	2 @	2 @			
SUCTION TUBING, 8 FR	Suction catheter	R, E, A, P	2 @	6 @			
SUCTION TUBING, 14 FR	Suction catheter	R, E, A, P	2 @	6 @			
SUCTION TUBING, 18 FR	Suction catheter	R, E, A, P	2 @	6 @			
SUCTION TUBING, Yankauer		R, E, A, P	2 @	6 @			
SUPPORT CERVICAL Adjustable	C-collar, multi-size in one, adult	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size Regular (unless Adj.)	C-collar, stiff-neck	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size Short (unless Adj.)	C-collar, stiff-neck	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size No-neck(unless Adj.)	C-collar, stiff-neck	R, E, A, P	4 @	4 @			
SUPPORT CERVICAL, size Pediatric	C-collar, stiff-neck	R, E, A, P	1 @	2 @			
SUPPORT CERVICAL, size Infant	C-collar, stiff-neck	R, E, A, P	1 @	2 @			
SUPRAGLOTTIC AIRWAY	King LT, etc.	E, A,P	1@size	1@size			
SYRINGE, BULB 3 OZ		R, E, A, P	1 @	1 @			
SYRINGE, HYPO 1CC		E, A, P	1 box of 100	1 box of 100			
SYRINGE, HYPO 3CC		A,P	1 box of 100	1 box of 100			
SYRINGE, HYPO 5CC		A,P	1 box of 100	1 box of 100			
SYRINGE, HYPO 10 cc		A,P	1 box of 100	1 box of 100			
THERMOMETER, electronic	Digital, thermoscan,	R, E, A, P	1 @	1 @			
TONSIL TIP, rigid suction tip		R, E, A, P	2 @	4 @			
TOURNIQUET ADULT 14X1"	For IV starts	A,P	6 @	24 @			
TOURNIQUET	C.A.T. / SWATE	R, E, A, P	1@	6 @			
TOWELS, Bath size	For splint padding, etc.	R, E, A, P	2 @	8 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
TRIAGE RIBBON	G,Y,R,B	R, E, A, P	1@	1 @			
TRIAGE TAGS		R, E, A, P	2 @	12 @			
TUBING, OXYGEN, Connecting		R, E, A, P	4 @	4 @			
TUBE SECURING DEVICE	ET Tube/ SGA holder	E, A, P	2 @	6 @			
TUBE TRACH , 2.5 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 3.0 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 5.0 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 6.5 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 7.0 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
TUBE TRACH , 7.5 mm	ET Tube, Endotracheal Tube	P	2 @	4 @			
VENTILATOR, TRANSPORT	Portable	P	1 @	1 @			
V-VAC CATHETERS		R, E, A, P	4 @	4 @			
V-VAC ADAPTER TIPS		R, E, A, P	4 @	4 @			
WRENCH, Oxygen	O2 Key	R, E, A, P	4 @	6 @			
YOKE-ADAPTER	Must go with O2 Regulator 1 for 1	R, E, A, P	4 @	6 @			
Miscellaneous							
SKELETON *(optional)*		R, E, A, P	0 @	1 @			
ANATOMICAL CHARTS *(optional)*		R, E, A, P	0 @	1 @			
PORTABLE RADIOS *(optional)*		R, E, A, P	0 @	2 @			
OXYGEN Bag		R, E, A, P	4 @	6 @			
Medical Bag		R, E, A, P	4 @	6 @			
TRAUMA Bag		R, E, A, P	4 @	6 @			
Audio/Visual, Office Supplies, etc.							
Clothes, OLD/USED (Medium & Large sizes)	Used for moulage scenarios	R, E, A, P	2@ size	8 @ size			
BINDER CLIPS (Tiny, Small, Med, Large sizes)		"	1 box @ size	1 box @ size			
BOARD, DRY ERASE		"	1 @	1 @			
BOARD, markers	Multi-color set	"	1 @	1 @			
BOARD, eraser		"	1 @	1 @			
CLIPBOARDS		"	6@	6 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
COMPUTER	Lap Top or PC for lite-box & admin	"	2 @	2 @			
ENVELOPES	9 X 12"	"	30 @	30 @			
FOLDER, MANILA		"	50 @	50 @			
FOLDER, 6-part		"	1 @	1 @			
HIGHLIGHTERS	Set of multi-color	"	1 @	3@			
Audio/Visual, Office Supplies, etc. continued							
INDEX CARDS	3 X 5"	"	1 pkg	2 pkg			
MULTI-MEDIA PROJECTOR	Box-lite, Light-pro	"	1 @	1 @			
NOTE PAPER PAD	8 1/2 X 11 "	"	6 @	6 @			
OVERHEAD PROJECTOR		"	0 @	1 @			
PAPER, BOND	White for copier & printer	"	1 box	1 box			
PAPER CLIPS		"	1 box	1 box			
PENCIL, LEAD #2		"	24 @	48 @			
PEN, BALLPOINT		"	24 @	48 @			
POST-IT PADS (small, medium large sizes)		"	1 pkg @ size	1 pkg @ size			
PRINTER, for computer		"	1 @	1 @			
PRINTER, ink cartridge		"	1 @	2 @			
RULER		"	1 @	1 @			
SCISSORS, OFFICE		"	1 @	1 @			
SCREEN, PROJECTION		"	1 @	1 @			
SHARPENER, PENCIL	Electric or battery powered	"	1 @	1 @			
SHREDDER, PORTABLE	For shredding documents w/ SSN	"	1 @	1 @			
STAPLE REMOVER		"	1 @	1 @			
STAPLER w/ staples		"	1 @	1 @			
TAPE, PACKING TAPE, 2 "		"	1 roll	1 roll			
TAPE, SCOTCH TRANSPARENT		"	2 rolls	2 rolls			
THUMBDRIVE		"	1 @	1 @			
THREE- HOLE PUNCH		"	1 @	1 @			
TWO-HOLE PUNCH		"	1 @	1 @			
TV		"	1 @	1@			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
VCR/DVD PLAYER		"	1 @	1 @			
EXTENSION CORD, 50 ft.		"	1 @	1 @			
SURGE PROTECTOR	For computers	"	2 @	2 @			
POWER STRIP	Multiple outlet	"	2 @	2 @			
BOOKS, CDs, etc.							
Emergency Medical Responder – Student	Textbook or digital equivalent	EMR	1 @ student & SEI	24 @			
Emergency Medical Responder – Student	Workbook or digital equivalent	EMR	1 @ student & SEI	24 @			
Emergency Medical Responder -Instructor	Resource book &/ or CD or digital equivalent	EMR	1 per instructor				
Emergency Medical Technician – Student	Textbook or digital equivalent	EMT	1 @ student & SEI	24 @			
Emergency Medical Technician – Student	Workbook or digital equivalent	EMT	1 @ student & SEI	24 @			
Emergency Medical Technician -Instructor	Resource book &/ or CD or digital equivalent	EMT	1 per instructor				
Advanced E M T – Student	Textbook or digital equivalent	AEMT	1 @ student & SEI	24 @			
Advanced E M T – Student	Workbook or digital equivalent	AEMT	1 @ student & SEI	24 @			
Advanced E M T -Instructor	Resource book &/or CD or digital equivalent	AEMT	1 per instructor				
Paramedic – Student	Textbook or digital equivalent	PM	1 @ student & SEI/LI	24 @			
Paramedic – Student	Workbook or digital equivalent	PM	1 @ student & SEI/LI	24 @			
Paramedic - Instructor	Resource book or CD or digital equivalent	PM	1 per instructor				
Handbook for Emergency Cardiovascular Care	AHA-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
ACLS- Provider Manual	AHA-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
ACLS Instructor Package	AHA-current edition, resources or equivalent.	PM	1 per instructor				
PALS- Provider Manual	AHA-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
PALS- Instructor Package	AHA-current edition resources or equivalent.	PM	1 per instructor				
PHTLS- Provider Manual	NAEMT-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			

Equipment/Supply Item	"EMS term"	Use for EMR/EMT AEMT/PM	Minimum Required	Amount for 24 Students	Amount on hand	Amount Needed	Notes
PHTLS-Instructor CD	NAEMT-current edition, resources or equivalent.	PM	1 per instructor				
AMLS- Provider Manual	NAEMT-current edition or equivalent.	PM	1 @ student & SEI/LI	24 @			
AMLS- Instructor Manual w/CD	NAEMT-current edition, resources or equivalent.	P	1 per instructor				
PHYSICIANS DESK REFERENCE	PDR	R, E, A, P	1 @	1 @			

Glossary - Definitions Used In This Manual

- Approved course: An initial EMS training course application, reviewed and approved by the department as meeting state requirements.
- Approved educational standards: National Education Standards, National Scope of Practice Model, and Washington State Approved Skills and Procedures for certified providers.
- Certification: means the secretary recognizes that an individual has proof of meeting predetermined qualifications and authorizes the individual to perform certain procedures.
- Certification examination: A department-approved test or tests to ensure entry-level knowledge and skills meet corresponding to the level of certification.
- Certified EMS personnel: People who possess a valid Department of Health-issued EMS certification.
- Classroom education facility: The physical location used to conduct the didactic education required for the course.
- Clinical education: The course component in which students learn and apply learned standards of care in a clinical environment.
- Clinical education Site: An appropriate location and environment, which provides supervised clinical education and evaluation to meet the instructor guidelines of the approved education course.
- Clinical evaluation: The evaluation of (a) clinical skill(s) in an MPD or delegate designated setting.
- CoAEMSP: Committee on the Accreditation of Educational Programs for EMS Professions
- Continuing medical education method (CME method) means a method of obtaining education required for the recertification of EMS providers. The CME method requires the successful completion of department-approved knowledge and practical skill certification examinations to recertify.
- Course approval number: A unique number assigned by the department for each approved initial training course.
- Department or Department of Health means the Washington State Department of Health, or Secretary-Washington State Department of Health, or Office of Community Health Systems-EMS and Trauma Section.
- Didactic education: Instructional sessions consisting of guidelines identified in the Approved Educational Standards for the certification level taught.

- Distributive learning: an educational model that allows instructors, students, and content to be in different, non-centralized locations allowing instruction and learning independent of time and place.
- EMS evaluator: a person approved and recognized by the department that is authorized to conduct continuing medical education and ongoing training and evaluate psychomotor skills during initial, refresher, and continuing medical education and ongoing training. The ESE may provide field training and evaluate newly hired providers who are pending certification and are participating in an EMS service field training program. The ESE may function as a clinical preceptor to mentor and evaluate the clinical performance of students enrolled in initial EMS courses.
- Emergency Medical Services and Trauma Care Steering Committee: Advises the department regarding emergency medical services and trauma care needs throughout the state.
- Field internship: The “hands on” practical application of skills and knowledge, within an approved course, where a qualified preceptor mentors and evaluates the student performing actual EMS patient care in the field.
- 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.
- Field performance evaluation: The concurrent or retrospective evaluation by the training physician or designee of skills performed in the field setting.
- The guest instructor is a person that has specific knowledge, experience, and skills in the field of prehospital emergency care and is approved by the county medical program director to instruct course lessons for initial and refresher EMS courses and continuing medical education and ongoing training under the supervision of an SEI or lead instructor.
- Health care provider: A person certified or licensed by the department.
- Initial training course: A department-approved training course that, when completed successfully, meets the educational requirements for student eligibility to qualify for access to a certification examination.
- Lead instructor (LI): A person that has specific knowledge, experience, and skills in the field of prehospital emergency care and is approved by the county medical program director to instruct EMS training courses that do not require an SEI.
- 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 as the county MPD. The MPD is responsible for both the supervision of training and medical control of EMS providers.

- 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 with a certification of meeting the minimum knowledge and skill requirements.
- 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.
- 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.
- Physician: means a person licensed under the provisions of chapters 18.71 or 18.57 RCW. A person who holds a current active license issued by the Washington Medical Commission or the Washington State Department of Health to practice medicine, or surgery, or osteopathic medicine in Washington; and is in good standing with no restriction upon, or actions taken against, his or her license.
- Preceptor: A person oriented to the scope of practice and objectives of a specific education course providing direct supervision and evaluation in a clinical or field internship educational setting, ensuring student progress during the clinical/field experience.
- Psychomotor education objective: An identified hands-on skill or set of skills a student must master.
- Recertification: The process of an EMS provider completes receiving the same level of certification a second or subsequent time.
- 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.
- Remedial education: Additional education session(s) completed before the course ending date for any students who failed to achieve course objectives.
- Senior EMS instructor (SEI): An educator that has met the requirements to become approved and recognized by the department as an SEI and may conduct initial EMS training courses and continuing medical education and ongoing training. An SEI may only conduct courses at or below the level for which they hold a current and valid Washington state EMS certification. An SEI is responsible for the overall administration and quality of instruction. The SEI must meet the requirements in this chapter and the department EMS Training Program and Instructor Manual (DOH 530-126) to maintain recognition as an SEI.
- Senior EMS instructor (SEI) renewal candidate: An SEI working on meeting the objectives needed to renew under the direct supervision of an SEI.

- Senior EMS instructor (SEI) recognition process: the method in which the Washington State Department of Health confirms that the person is qualified to instruct specific EMS topics or courses and issues a recognition card to the qualified SEI.
- Skill verification: The act of attesting a provider has demonstrated competency when performing a defined assessment, action or treatment.
- Standardized/scenario patient - A person who has been thoroughly trained to accurately simulate a real patient with a medical condition; a standardized patient plays the role of a patient for students learning patient assessment, history taking skills, communication skills, and other skills.
- Student: An applicant enrolled in an approved EMS training course after meeting the course prerequisites.
- 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.
- Team lead medic: The leader of the call; provides guidance and direction for setting priorities, scene and patient assessment, and patient management. The team leader may not actually perform all the interventions but may assign others to do so.
- 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.
- Training program: An organization that is approved by the department to conduct initial and ongoing EMS training as identified in the approved training program application on file with the department.
- Training program director: The individual responsible for oversight of a department-approved EMS training program.