

<i>KITTITAS COUNTY EMERGENCY MEDICAL SERVICES</i>				
OPERATIONAL POLICY	EFFECTIVE DATE: February 2, 2012	NUMBER: 1	SUPERSEDES DATE: April 5, 2007	PAGE: 1
SUBJECT: CME/OTEP AND SKILLS MAINTENANCE REQUIREMENTS				

I. PURPOSE

- A. To specify for all emergency medical service providers their recertification requirements in accordance with the Washington Administrative Code (WAC) 246-976-161,-162,-163 and the Kittitas County Medical Program Director (<http://www.doh.wa.gov/hsqa/emstrauma/wacindex.htmsee>).
1. MPD specific requirements and allowances refer to those elements left to the discretion of the MPD, and to those areas of training not covered under an MPD approved OTEP program.
 2. The MPD approved BLS OTEP program may cover the BLS level continuing medical education requirements for all certification levels.

II. STANDARDS

- A. All Certification Levels
1. In accordance with Kittitas County state approved BLS/IV/ALS OTEP Plans
 2. In accordance with the WAC:
 - 246-976-161 – General Education Requirements for EMS Provider Recertification
 - 246-976-162 – The CME Method of Recertification
 - 246-976-163 – The OTEP Method of Recertification
 3. Participation in any level OTEP is not required by the MPD. Recertification under the alternative CME method is an option to providers, in accordance with WAC 246-976-161, -162.
 4. Continuing Education Method of skill maintenance also applies to OTEP Method for all certification levels per MPD. Skill maintenance requirements under the CME method exceed OTEP requirements.

III. PROCEDURES (MPD specific requirements / allowances)

A. PARAMEDIC:

1. OTEP Method

General Guidelines:

- WAC 246-976-163 (Table A)

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- ALS OTEP requirements must be successfully completed per MPD and DOH approved County Plan.
- Minimum participation in OTEP is required quarterly to be considered ongoing.
- At least 50% physical attendance is required at county MPD training sessions to qualify under the County ALS OTEP (not including ACLS, PALS, HCP and PHTLS)
- Less than 50% participation may be grounds for MPD not to recommend for recertification.
- A maximum of 50% of MPD training modules (missed modules) may be completed through self-study by approved means. Knowledge assessments (tests) must be successfully completed online or at site designated by the EMS Coordinator.
- Annual training requirements per MPD approved OTEP must be completed in the training year assigned. The ALS OTEP training year is from July through June.
- Maintenance of current certifications in the following or equivalent programs is required to fulfill specified knowledge and skill elements of the ALS OTEP; AHA-ACLS, PALS, and HCP, and NREMT PHTLS.
- Skill maintenance requirements must be fulfilled as described in WAC 246-976-162 (Table B) and Section II.E per MPD.

Certification Cycle:

- Current ACLS, PALS, HCP, and PHTLS certifications or equivalent
- Prior to MPD granting recert recommendation, the provider must pass the MPD approved ALS Protocol/General Knowledge assessment with 80%.
- Prior to the MPD recommending an ALS provider for certification/recertification in Kittitas County, the provider must pass the MPD approved ALS Protocol/General Knowledge exam with 80%.
 - Two (2) initial attempts will be allowed to pass (test A & test B).
 - If unsuccessful, a third test attempt (test C) will be granted after a 90 day review period for initial certifications and recertifications.
 - If third test attempt is unsuccessful, the paramedic (paramedic applicant) will be required to complete a 48 hour NREMT Paramedic refresher course (or approved equivalent training) within six months to be eligible for one final test attempt.

Approved 1/1/97

Amended 2/13/03, 4/5/07

Amended 2/2/2012 (minor wording 6/1/12)

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- For recertifications, providers may take the test 120 days prior to their application due date to allow for optimum retest opportunity.

2. CME Method

General Guidelines:

- WAC 246-976-162 (Table A)
- Attend 50% of monthly paramedic meetings (applies to paramedics whose primary affiliation is in Kittitas County). Makeup allowed per MPD assignment. Less than 50% participation may be grounds for MPD not to recommend for recertification.

Annually:

- A maximum of thirty-six hours of MPD approved CME may be accrued annually through an online or satellite based interactive program, or training video when accompanied by a knowledge assessment
- A maximum of two hours of CME may be accrued annually on safety training and the use of EMS safety equipment;
- A maximum of ten hours of BLS or ALS instructor or evaluator time may be accrued annually towards CME (applies to MPD approved instructors/evaluators and topics only);

Certification Cycle:

- Maintenance of current certifications in the following or equivalent programs is required to fulfill specified knowledge and skill elements of; AHA-ACLS, PALS, and HCP, and NREMT PHTLS.
- Additional MPD approved CME to meet WAC requirements.
- Skill maintenance requirements must be fulfilled as described.
- Prior to MPD granting recert recommendation, the provider must pass the MPD approved ALS Protocol/General Knowledge assessment with 80%.
 - Two (2) initial attempts will be allowed to pass.
 - If unsuccessful, a third test attempt will be granted after a 90 day review period.
 - If third test attempt is unsuccessful, the paramedic will be required to complete a 48 hour NREMT Paramedic refresher course (or approved equivalent training) to be eligible for the final test attempt.

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B. Basic Life Support – IV (EMR, EMT, EMT-IV):

1. OTEP Method (BLS-IV):

General Guidelines:

- WAC 246-976-163 (Table A)
- BLS OTEP requirements must be successfully completed for BLS-IV level providers per MPD and DOH approved County Plan.
- IV Tech OTEP requirements:
 - Annually
 - Shock w/ IO Skill maintenance
 - Certification cycle
 - Intermediate Trauma Assessment
 - Intermediate Medical Assessment
 - Intermediate Special Considerations for Geriatric
 - Intermediate Special Considerations for Pediatric
 - Other topics per MPD as needed per curriculum, protocols, and/or scope of practice changes.

2. CME Method (BLS-IV):

General Guidelines:

Annually:

- MPD approved CME per WAC 246-976-162 (Table A)

Certification Cycle:

- MPD approved CME per WAC 246-976-162 (Table A)
- Current AHA Health Care Provider Card (or equivalent)

C. CERTIFICATION SKILL & SPECIAL SKILL MAINTENANCE (OTEP & CE METHOD) WAC 246-976-162 (Table B):

1. Paramedic:

Annually:

- Manikin Skill Assessments performed to the satisfaction of the MPD, MPD delegate, or MPD approved evaluator.
 - Adult Advanced Airway (ETI and Supra-glottic)
 - Infant Advanced Airway (ETI)
 - Intraosseous

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- Field / Skill Requirements
 - WAC 246-976-162, Table B (CE Method required for OTEP Method per MPD)
 - 1 manikin ETI/year allowed per MPD
 - 6 manikin IVs/year allowed per initial certification cycle, no manikin IVs during subsequent cycles per MPD
- Patient assessment skill evaluation per MPD.
- Every 2 years (per MPD):
 - Cricothyrotomy
 - Central Line (optional skill)

2. Intravenous Therapy:

Annually, during initial certification cycle:

- Thirty-six IVs (30 IVs must be performed on humans). Not averaged first year, may be averaged subsequent years.
- Only six catheter-around-needle insertions may be performed on artificial training aids per MPD;
- Catheter-around-needle insertions performed during initial training may not be counted towards skill maintenance.
- Demonstrate to the satisfaction of the MPD or delegate intraosseous infusion on artificial training aid.

Annually, during subsequent certification cycles:

- On average, a minimum of twelve successful catheter-around-needle insertions performed on sick, injured, or preoperative adult and pediatric patients per MPD.
- No artificial training aid insertions may be counted for skill maintenance per MPD.
- Demonstrate to the satisfaction of the MPD or delegate intraosseous infusion on artificial training aid.

3. Endotracheal Intubation:

Annually, during the initial certification cycle:

- Twelve endotracheal intubations (eleven must be performed on humans). Not averaged first year, may be averaged subsequent years.
- Only one endotracheal intubation on an artificial training aid may be counted towards skill maintenance requirements per MPD.
- Demonstrate to the satisfaction of the MPD or delegate endotracheal intubation on artificial training aid (primary providers);

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Annually, during subsequent certification cycles:

- Four endotracheal intubations (three must be performed on humans). May be averaged over recertification cycle.
- Only one endotracheal intubation on an artificial training aid may be counted towards skill maintenance requirements per MPD.
- Demonstrate to the satisfaction of the MPD or delegate endotracheal intubation on artificial training aid;

4. Peripheral Intravenous Therapy Maintenance for EMT's (Special Skill):

- Each certification cycle, achieve a minimum of 80% on DOH or MPD approved written exam. Two retests are allowed.

D. Other:

- BLS - ALS OTEP participation requires successful completion of required modules annually, unless extenuating circumstances are in writing from agency and approved by the MPD.
- Quarterly participation in OTEP is required to be considered in compliance with OTEP. Extenuating circumstances considered.
- If OTEP modules are not successfully completed annually, the EMS provider is required to recertify under the DOH "Continuing Education Method" of recertification.
- Special Skill endorsements expire on provider's state recertification date. Provider must successfully complete the renewal requirements for special skills to be recognized. State recertification is not contingent on renewal of special skills.
- Keep all recertification documents for four years after each certification period (recommended).
- EMS providers are ultimately responsible for maintenance and documentation of their CME, OTEP, and Skill Maintenance requirements and records.

APPROVED BY KITTITAS COUNTY MPD:

Signature: Signed copy on file.

Name: **Jackson S. Horsley, MD**

RECOMMENDED BY KC EMS/TC COUNCIL:

Signature: Signed copy on file.

Name: **Craig McKee, Chairman**
Lee Hadden, Vice Chairman

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