

ANNOUNCEMENT

2025

ADVANCED FIRST AID TRAINING COURSE (AAOS/ASHI BLS CPR)

- Start Date:** November 12, 2025 (see attached schedule)
- End Date:** December 13, 2025
- Total Hours:** ~36-40 (includes online content)
- Times:** 6 pm - 9 pm (Tuesdays & Thursdays, **with the exception on 11/12**)
No class Thanksgiving week!
9 am - 4 pm on 12/6 & 12/13 (Saturdays)
- Location:** In person Sessions (details provided as class gets closer)
Sessions tentatively split between Cle Elum & Ellensburg depending on participants.
- Fee Schedule:** \$350 with minimum class size of 6
(Pending EMS council approval, cost may be reduced based on class size.)
- Renewal Info:** Certification is good for 2 years.
Renewal course will be offered = 10 hrs.

Prerequisites:

- Must be at least 18 years of age and affiliated with EMS/Fire/Law/SAR.
- Participant must have the physical strength and good health to perform the normal functions of an emergency responder.

Priority Application Deadline is October 13, 2025 to determine course viability.

Applications will be accepted until 11/3/25 or class is full.

Sooner = Better. Please call if questions.

NO REFUNDS AFTER 11/12/25 or receipt of books.

Submission of application does not guarantee a spot in the class.

If you have any questions, please contact the Kittitas County EMS Division office kcems@co.kittitas.wa.us.

**Kittitas County EMS Division**

PO Box 821

505 Power St.

Cle Elum, WA 98922

P: (509) 674-2932

Return to: kcems@co.kittitas.wa.us

APPLICATION FOR TRAINING☐ Initial ☐ Renewal**Personal Data** (please write clearly)**COURSE: ADVANCED FIRST AID**

Name (last, first, middle):

Date:

Home Phone ()

Cell/Message Phone ()

E-mail:

Mailing Address:

City:

State:

Zip Code:

Prerequisites

- Must be at least 18 years old **Birth Date:** ___/___/___
Applicants <18 years old reviewed on case-by-case basis w/guardian permission and EMS Coord. approval.
- I have the physical strength and good health to perform the normal functions of an emergency responder.

Check one: ☐ YES ☐ NO**EMS Agency Data**

EMS Agency Affiliation:

No EMS Agency Affiliation: ☐

of years/mo. with Agency: _____

Fire Chief or Supervisor:

Daytime Phone:

Agency Mailing Address:

Agency Affiliation Verification

I, the undersigned, hereby approve attendance to this training course by the individual named on this application. As an employee or member of our organization, this individual will have total professional liability, health, and accident insurance, while involved in any training activities and/or clinical experiences if applicable. I acknowledge that if payment for this training is made by the applicant, a written reimbursement process is in place with this agency upon successful course completion and/or fulfillment of requirements preestablished by this agency if applicable.

Fire Chief or Supervisor Signature

Date

I, the undersigned, do hereby certify that all the information contained on this application is true and correct to the best of my knowledge. I have read and understand the requirements that are mandatory for my enrollment in this course.

Applicant Signature

Date

Method of Payment☐ Bill to EMS organization☐ Payable by applicant

Comments: _____

(Office use only)

Date received: _____

Comments: _____

Tuition: \$ _____

All required documents enclosed

SEE REVERSE SIDE OF THIS FORM

KITITAS COUNTY EMS DIVISION
RELEASE AND HOLD HARMLESS AGREEMENT

There are risks and dangers inherent when participating in emergency care training classes. These risks include, but are not limited to, injuries during skills practices; back injuries from moving a simulated victim; acquiring communicable diseases; or performing skills on fellow students.

Neither the Health & Safety Inst./American Safety and Health Institute, Inc. ("ASHI") nor Kittitas County EMS Division ("KCEMS") can guarantee the safety of participants, but Training Center's authorized and affiliated instructors are trained to take reasonable precautions to minimize risks and safeguard participants' health and safety during training, including:

- Providing each class participant with sanitary personal protective equipment, including, but not limited to, breathing barriers (face shields/masks), gloves, and eye protection; and
- Providing training manikins to practice skills such as chest compressions and rescue breathing that are not appropriate for student-on-student practice.

In addition, instructors and participants should avoid awkward or extreme body positions to avoid back or other injuries from improper lifting and moving. Instructors and participants should not practice moving simulated victims if they have a history of back problems because such practice may aggravate previous back injuries.

Knowing this, I assume the risks inherent in this class and:

- I hereby voluntarily release and hold HSI/ASHI and KCEMS governing board, staff, and each of their instructors, and volunteers, harmless from any and all liability or costs from injury associated with or arising from my participation in this class, including from negligence.
- I understand and agree that this Release applies to personal injury, including death, and property damage which I may suffer.
- I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian appointed by the court for said children.
- I have read this Release and I understand it.

Participant Name & Signature: _____

Name & Signature of Parent/Guardian (if participant < 18): _____

Date: _____

Kittitas County EMS Division
ADVANCED FIRST AID & BLS CPR
2025 Class Schedule (lesson order subject to change)

Date & Time	Lesson	Assigned Reading	Notes	Location In person
11/12 Wednesday 6-9 PM	Intro to EMS System and Role of the First Responder Legal and Ethical Principles of Emerg Care Communication & Documentation (EMR) Introduction to taking vital signs	Chapter 1 Chapter 2 AAOS-5		Location: TBD Chris Pauley
11/13 Thursday 6-9 PM	The Wellness and Safety of First Responders Introduction to Anatomy Principles of Lifting and Moving	Chapter 3 Chapter 4 Chapter 5		Location: TBD Chris Pauley
11/18 Tuesday 6-9 PM Skills 7-9 pm	ASHI BLS Provider CPR Course (Blended) Airway Management and Rescue Breathing Skills Practice: HPCPR/AED/Airway Mgmt. and lifting & moving	Chapter 6	Loaner skills books available if needed w/online	Location: TBD Chris Pauley & 2 Skills
11/20 Thursday 6-9 PM	Principles of Assessment (Sick/Not Sick) Caring for Medical Emergencies Poisoning & Substance Abuse (EMR) Medical scenarios	Chapter 7 Chapter 8 AAOS-11	EMR PPT	Location: TBD Chris Pauley
12/2 Tuesday 6-9 PM Skills 7-9 pm	Environmental Emergencies Skills: Assess / Medical / Vitals	AAOS-13 Appendix 1	EMR PPT	Location: TBD Chris Pauley & 2 skills
12/4 Thursday 6-9 PM	Caring for Soft-Tissue Injuries and Shock Caring for Muscle and Bone Injuries Caring for Injuries to the Head and Spine Skills Practice: Assess / Trauma Scenarios	Chapter 9 Chapter 10 Chapter 11		Location: TBD Chris Pauley
12/6 Saturday 9-4 PM Skills 9-4 pm	Skills Practice: Assess / Trauma CPR/AED/Airway Management Asses/Medical / Lifting & moving patients & Vitals, assist EMS with SMR		Ambulance /Aid Unit (what's what) + Crew	Location: TBD Chris Pauley & 2 skills
12/9 Tuesday 6-9 PM	Transportation Operations Vehicle Extraction and Special Operation Multiple-Casualty Incidents and Principles of Triage (mini triage exercise)	AAOS-19 AAOS-20 Chapter 12	EMR PPT EMR PPT	Location: TBD Chris Pauley
12/11 Thursday 6-9 PM	Childbirth (videos & demo) & Pediatric discussion (Sick / Not Sick videos) Scenarios / Review	Chapter 13		Location: TBD Chris Pauley
12/13 Saturday 9-4 PM Skills 9-11 am	FINAL: Written Skills: Total Patient Care Assessment Scenarios			Location: TBD Chris Pauley & Need 3 skills

Location: Cle Elum FD – 301 Pennsylvania Ave.