

Please Post

ANNOUNCEMENT

2024

EMERGENCY MEDICAL TECHNICIAN & SUPRAGLOTTIC AIRWAY TRAINING COURSE

- Start Date:** ASHI Enhanced BLS Provider CPR Blended + January 9th (1800-2130)
EMT Course Start Date: Tuesday, January 16th
EMT Course End Date: Tuesday, May 9th
+ See tentative schedule attached
- Times:** 6:00 pm to 9:00 pm (Tuesdays & Thursdays)
9:00 am to 4:00 pm on Saturdays (7-see schedule)
- Location:** **Cle Elum Fire Department, 301 Pennsylvania Ave.**
- Senior Instructor:** Lanora Rosenberry, EMT, SEI
- Fee Schedule:** \$800 EMT-Kittitas County Affiliation (**NREMT exam fee not included**)
\$900 EMT-Out of County/Affiliation (**NREMT exam fee not included**)
- Class & Clinical:**
- EMT~160 hours of Lecture, Knowledge and Practical Skill Labs/Evaluations
 - +Clinical hours & patient contacts per course requirements (ED and Ambulance)
 - +Post Course Exam: **NREMT Exam – EMT = \$104 (subject to change)**
(DOH testing vouchers may be available. Info. provided at class.)

Applicant Prerequisites for Entering EMT Initial Training Course:

- 1. All applicants must be affiliated with a state recognized EMS/Emergency Response organization.**
- National Incident Management System (NIMS) ICS 700.b, 100.c, & 200.c courses. Online courses are available at no cost. Go to <http://training.fema.gov/IS/NIMS.asp> or you can find this link and course application at <http://www.kittitascountyems.org/training.htm>. Proof of training required for acceptance into course. Applications may be submitted without certificates pending completion.
- BLS Provider Course. **LISTED COURSE IS REQUIRED!** Offered prior to course as per schedule and is required for all students. Included in course fee.
- Must be at least 18 years of age.
- EMT course applicants must have a high school diploma or GED (for state certification, not for course application).
- Must have the physical strength and good health to perform the normal functions of an EMT.
- Must pass required background checks for hospital clinical/field requirements (included in course cost)
- Negative UA/10-point panel drug screening (included in course cost and made available after start of class).
- Must have proof of required vaccinations at start of class or declination – See back of Training Application
- Must have proof of health & liability insurance/coverage through agency or provided by student (<http://www.hpsa.com/> - example). Check with agency before purchasing.

Priority given to complete applications and local EMS affiliations.

Priority Application Deadline is November 30, 2023 to determine course viability.

Applications will be accepted until 12/31/23 or until class is full.

Sooner = Better! Please call if questions.

Copy application as needed. NO REFUNDS AFTER 1/9/24 or receipt of books.

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

Questions? Please contact the Kittitas County EMS Division office at 509-674-2932 or 509-929-3247.



Kittitas County EMS Division
PO Box 821
Cle Elum, WA 98922
P: (509) 674-2932 C: (509) 929-3247
cheryl.burrows@co.kittitas.wa.us

APPLICATION FOR TRAINING

Materials available online:
<https://www.kittitascountyems.org/training.html>

ALL APPLICANTS MUST BE AFFILIATED WITH EMS or EMERGENCY RESPONSE (ESSO) AGENCY!

Personal Data (please print clearly)

COURSE: ☐ EMT ☐ EMR ☐ IV Therapy

Name (last, first, middle):

Date:

Birth date (must be 18 y/o)

Cell/Message Phone ()

E-mail:

Mailing Address:

City:

State:

Zip Code:

Prerequisites

Are there any physical limitations that would impede your ability to work as an EMT? ☐ yes ☐ no

☐ yes ☐ no -HS Diploma or GED ☐ NIMS 700, 100, 200 ☐ Required Vaccinations ☐ Picture Identification
(No copy required) Attach Copy for EMR/EMT (Attach Copy) (Attach Copy)

See back of application for more detailed information.

EMS Agency Data

EMS Agency Affiliation: _____ **# of years/mo. with Agency:** _____ **No Affiliation:** ☐

Fire Chief or Supervisor:

Daytime Phone:

Agency Mailing Address:

Who will provide professional liability, health and accident insurance while you are a student?

☐ EMS Agency ☐ I will provide own insurance (attach copy)

Agency Affiliation Verification & Acknowledgement of Student Reimbursement Agreement

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. 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, NREMT testing, WA State Certification, and/or fulfillment of requirements preestablished by this agency.

Fire Chief or Supervisor Signature

Date

Who will pay for the course fee at start of class (check all that apply):

☐ EMS Agency ☐ Student ☐ Partial Fee Comments: _____

I, the undersigned, do hereby certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that if not provided by agency, I am responsible for my own professional liability, health, and accident insurance during the initial training course. I have read and understand the requirements that are mandatory for my enrollment in this course. While a student and if I am certified to practice in Kittitas County, I agree to abide by Washington State and Kittitas County rules, regulations, protocols, procedures, and policies pertaining to emergency medical services, as well as any medical directives of the Medical Program Director.

Applicant Signature

Date

(Office use only)

Date app. received: _____ Course fee: \$ _____ Date paid / Check #: _____ ☐ Cash

SEE REVERSE SIDE OF THIS FORM

QUALIFICATIONS FOR ENTERING EMERGENCY MEDICAL TECHNICIAN or EMERGENCY MEDICAL RESPONDER TRAINING

Individuals applying for admission to a Washington State EMS training course in Kittitas County must meet ALL the following requirements, or they will not be eligible to enroll in the course:

1. You must be 18 years of age at the beginning of the course.
2. You must have a high school diploma or GED (**EMT only** for certification, not to apply for training. Not required for **EMR** certification.). Copy not required for application.
3. You must have the physical strength to perform the normal functions of an EMS Provider.
4. You must have completed the National Incident Management System (NIMS) IS 700b, 100c, and 200c courses, for EMR/EMT.
5. You must attend the BLS CPR Course offered with the EMT/EMR Course.
6. You must be an active member of one of the following emergency response services in the State of Washington to attend this course and become WA State certified following course completion:
 - a. Licensed provider of ambulance, aid service, or ESSO
 - b. Law enforcement agency or affiliated Search & Rescue group (ESSO)
 - c. Federal or state emergency organization that may recognize NREMT.

ADDITIONAL LOCAL REQUIREMENTS FOR ALL LEVELS OF TRAINING

Recommended Immunizations: REQUIRED AT START OF COURSE (some flexibility)!

- COVID Vaccination or declination
- Influenza Vaccination (between October 1 and March 31 yearly) or declination
- Td or Tdap booster (within 10 years) or declination
- MMR Vaccination: 2 shot series at least one month apart, positive antibody titer or declination.
- Varicella Vaccination: 2 shot series at least one month apart, positive antibody titer or declination.
- Hep B Vaccination series, positive antibody titer, or declination.

Required Screening/Testing (Coordinated by KCEMS Office, except TB testing):

- 2 negative PPD/TB skin tests **OR** negative blood titer within twelve months at start of clinicals
- Background check with written approval (included in course cost)
- Negative UA/10-point panel drug screening (included in course cost)
- N95 Mask fit test within twelve months at start of clinicals. If not provided by agency contact EMS Office (documentation required)

Include the following attachments with this application or per arrangement:

- Proof of IS 700b, 100c, 200c for EMR/EMT only.
- Proof of required vaccinations and/or titers, and TB tests (See above. **Application may be submitted pending receipt of documentation.**). Declination forms will be provided after the start of class.
- Copy of driver's license or other legal photo identification.
- Signed Release and Hold Harmless Agreement (pg. 3 of application)
- Copy of professional liability, health and accident insurance **if providing own insurance**. Contact Kittitas County EMS Division for information on obtaining training liability insurance. (Application may be submitted pending approval into initial training course before obtaining this insurance.)

Note:

- **ALL APPLICANTS MUST BE AFFILIATED WITH EMS/EMERGENCY RESPONSE (ESSO) AGENCY.**
- Completion of application does not guarantee admission to any course. You will be notified of course admission via email. Email and cell phone is preferred method of communication.
- **It is the student's responsibility to notify, Kittitas County EMS Division, of any documented or suspected learning disabilities or challenges prior to the course.**

**KITTITAS 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.

Kittitas County EMS Division / Kittitas County EMS & Trauma Care Council ("KCEMS") cannot guarantee the safety of participants, but 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), eye protection and gloves; and
- Providing sanitary training manikins to practice skills such as chest compressions and rescue breathing.

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 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 Signature: _____ Dated _____

Print Participant Name:

Kittitas County EMS Division
Emergency Medical Technician
Class Schedule – 2024 at Cle Elum Fire Department - DRAFT

Date & Time	LESSON	EMT Assigned Reading	NOTES Instructor(s)
Online ONLY Complete by 1/8	ASHI BLS Provider CPR Online Course (Course Prerequisite) Email from Health & Safety (check junk mail)	Deadline for Online course completion 1/8	Blended ONLINE ONLY
1/9 Tuesday 6-9:30 PM	BLS Provider CPR Course & Exam - Day 2 HPCPR Videos-Kudenchuk (Course Prerequisite) Background and drug screening information.	Handouts	Lanora, Cheryl ++
First Day 1/16 Tuesday 6-9 PM	Rules & Requirements -KVH Clinical Application EM Care Systems, Research, and Public Health Workforce Safety and Wellness of the EMT +KVH Orientation PPT & quiz (SS take-home) <i>Register students on Navigate, review & practice accessing online resources in detail.</i> <i>Optional – Bring device to practice logging in, accessing resources or if need help registering.</i>	Handouts Chapter 1 Chapter 2 Review KVH PPT	Lanora, Cheryl Self-Study Take home Quiz Review
1/18 Thursday 6-9 PM	Medical, Legal, and Ethical Issues POLST / DNR (form WA) – Death & Dying HIPAA Multi-Cultural Awareness (WSSO)	Chapter 3 Handout Handout/form No student materials	Lanora
1/23 Tuesday 6-9 PM	Medical Terminology Life Span Development	Chapter 5 Chapter 7	?
1/25 Thursday 6-9 PM	The Human Body Lifting & Moving Patients (moved to 2/23-ran out of time)	Chapter 6 Chapter 8	Josh?
1/30 Tuesday 6-9 PM KITTCOM	KITTCOM Presentation Communications & Documentation Documentation (practice) <i>700 Elmview Road Ellensburg</i>	Chapter 4	Rich?
2/1 Thursday 6-9 PM	Patient Assessment Sick / Not Sick Introduction Practice Vitals (tracking form) <i>N95 Fit Test –? will offer before class.</i>	Chapter 10 Handout Hands on	Lanora
2/6 Tuesday 6-9 PM	Airway Management (Supraglottic on 5/2) Demo and practice equipment (as time allows)	Chapter 11	Lanora
2/8 Thursday 6:00-9:30 PM	Infectious Disease Prevention for EMS Providers https://www.doh.wa.gov/Portals/1/Documents/Pubs/530094.pdf MEGG Videos/practice donning/doffing & test High Risk Situations & PPE	DOH Curriculum Online & Handouts	Lanora
2/13 Tuesday 6-9 PM	Principles of Pharmacology & Epi Kit Medical Overview Vitals time/practice	Chapter 12 Chapter 15	?
2/15 Thursday 6-9 PM	Respiratory Emergencies & video scenario <i>Group Scenarios</i> Review Clinical/Field Guidelines & Forms Take Home Test #1 - DUE 2/24	Chapter 16 Handout	?

Date & Time	LESSON	EMT Assigned Reading	NOTES Instructor(s)
2/20 Tuesday 6-9 PM	Trauma Overview WA Trauma Triage Procedure / State Map Shock Group Scenarios	Chapter 25 Handout Chapter 13	Josh?
2/22 Thursday 6-9 PM	Head & Spine Injuries Practice Immobilization – demo equipment (if time)	Chapter 29	Lanora
2/24 Saturday 9-4 PM	Patient Assessment (SICK/NOT SICK Video) Skill Labs – CPRx2, Vitals, Pt. Assess, Airway 1-PCR Take Home Test #1 DUE – Review	Video skills Test Review 1-PCR	Lanora
2/27 Tuesday 6-9 PM	Cardiovascular Emergencies (ASA/Nitro) WA CA Guidelines Introduction / State Map Group Scenario	Chapter 17 Handout Video scenario	Rich?
2/29 Thursday 6-9 PM	Orthopedic Injuries Demo Splints, Immobilization Review Group Scenarios & Take-Home #2 Test-Due 3/9	Chapter 32	?
3/5 Tuesday 6-9 PM	Skill Labs & Practical Evaluations (if ready) Assessment & Immobilization & Splinting	Catch-up On Reading!!	Lanora
3/7 Thursday 6-9 PM	Skill Labs & Practical Evaluations (if ready) Assessment & Immobilization & Splinting	Catch-up On Reading!!	?
3/9 Saturday 9-4 PM	Transport Operations Skill Labs – Assessment, Airway, Immobilize and Ambulance (Lifting & Moving), 1-PCR Take Home Test #2 DUE – Review	Chapter 38 Skill sheets 1-PCR Test Review	SEI Rich or Josh +CH38?
	SPRING BREAK NO CLASS 3/11-3/15	Catch-up On Reading!	
3/19 Tuesday 6-9 PM	Neurologic Emergencies / Scenario WA Stroke Guidelines / State Map Gastrointestinal & Urologic Emergencies	Chapter 18 Handout Chapter 19	?
3/21 Thursday 6-9 PM	Endocrine & Hematologic Emergencies Glucometer demo / Scenarios Allergy & Anaphylaxis	Chapter 20 Video scenario Chapter 21	?
3/23 Saturday 9-4 PM	MID TERM TEST (Chapters thru 3/28) Skill Labs – Assessment, Immobilization, Splinting, and EMT Pharmacology (Epi Kits) REVIEW NREMT TEST VOUCHERS	Test Skill Sheets 1-PCR	Lanora
3/26 Tuesday 6-9 PM	Toxicology Emergencies (Poison & Sub. Abuse) Excited Delirium (video) WA Poison Control Center Behavioral Health Emergencies	Chapter 22 video Handout Chapter 23	?
3/28 Thursday 6-9 PM	Bleeding Soft Tissue Injuries Taser Weapon / Dart Removal (video)	Chapter 26 Chapter 27	Lanora
4/2 Tuesday 6-9 PM	Face, and Neck Injuries Chest Injuries Group Scenarios Take Home Test #3 - DUE 4/13	Chapter 28 Chapter 30	?
4/4 Thursday 6-9 PM	Environmental Emergencies Poison Control Info (Spider, Snakes, plants) Group Scenarios	Chapter 33	Lanora

Date & Time	LESSON	EMT Assigned Reading	NOTES Instructor(s)
4/6 Saturday 9-4 PM	Skill Labs – Assessment, Immobilize, splinting, Pharmacology, and BGC, 1-PCR Take Home Test #3 Due – Review	Skill sheets 1-PCR Test Review	SEI? ++
4/9 Tuesday 6-9 PM	Gynecological Emergencies Abdominal and Genitourinary Injuries <i>Group Scenarios</i> Take Home Test #4 - Due 4/20	Chapter 24 Chapter 31	?
4/11 Thursday 6-9 PM	Obstetrics & Neonate (videos) (Childbirth) <i>Group Scenarios</i>	Chapter 34	Suzy?
4/13 Saturday 9-4 PM	Skill Labs – Assessment (2), 1 PCR, Immobilization, splinting, and bleeding/shock Take Home Test #4 DUE – Review	Skill Sheets 1-PCR Test	SEI? ++
4/16 Tuesday 6-9 PM	Geriatrics Emergencies DOH Disability Awareness (Guest – Sawyer?) Patients with Special Challenges w/ Handout	Chapter 36 Handout Chapter 37	Lanora
4/18 Thursday 6-9 PM	Pediatric Emergencies EMS Online Pediatric SICK/NOT SICK (video) Pediatric Immobilization / Car seat Immobilization	Chapter 35 Peds Triangle HO	Josh?
4/23 Tuesday 6-9 PM	Incident Management Kittitas County MCI Plan/MCI Cards/Start Triage Hazardous Materials Emergencies (Phone App.)	Chapter 40 KCEMS PPT	Rich?
4/25 Thursday 6-9 PM	Supraglottic Airway – DOH CPAP	DOH Curriculum	PM?
4/27 Saturday 9-4 PM	Skill Labs (patients) – Total Patient Care scenarios and catch up on individual skill needs. 1 PCR as needed. Course completion exams discussed. <i>National Registry Paperwork/Testing (info)</i>	Skill Sheets	SEI? ++
4/30 Tuesday 6-9 PM	Vehicle Extrication & Special Rescue Terrorism & Disaster Management	Chapter 39 Chapter 41	Rich?
5/2 Thursday 6-9 PM	State Application & Cert. Maintenance Info. Student Instructions - Course Practical Final Skills Practice as Needed Final course paperwork DUE! (Clinical, PCRs, vitals, makeup, skill sheets)		Cheryl SEI?+
5/4 Saturday 9-2 PM	Final Practical Skill Examination (Pending SEI Recommendation!)		Lanora++++ Cheryl-Coord.
5/7 Tuesday 6-9:30 PM	Mental Health - PTSD ALS Assist Skills – May be moved to after course if time needed for course completion.	Handout	Josh/PM?
5/9 Thursday 6-9 PM	EMT Course Completion Written Exam (2 hrs. to complete test)		SEI & Cheryl