

ANNOUNCEMENT

2018

ADVANCED FIRST AID TRAINING COURSE (Enhanced American Health & Safety Institute Course & HCP CPR)

- Start Date:** November 1, 2018 *see attached tentative schedule*
- End Date:** December 1, 2018
- Total Hours:** 30-35
- Times:** 6:30 pm to 9:30 pm (Tuesdays & Thursdays)
9:00 am to 4:00 pm on Saturday
- Location:** To be determined. Classes may be split between Upper and Lower County locations depending on applicants.
- Fee Schedule:** \$255 with minimum class size of 6
Cost will be reduced if class size allows
- Renewal Info:** Certification is good for 2 years.
Renewal course will be offered = 10 hrs.
- Prerequisites:**
- Must be at least 17 years of age. Parent permission required if < 17.
 - You must have the physical strength and good health to perform the normal functions of an emergency responder.

**Priority Application Deadline is October 1, 2018 to determine course viability. Applications will be accepted until 10/22/18 or until class is full.
Sooner = Better. Please call if questions.**

NO REFUNDS AFTER 10/31/18 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 at 509-674-2932.



Kittitas County EMS Division
PO Box 821, 211 E. First St,
Cle Elum, WA 98922
P: (509) 674-2932
F: (509) 674-2947
kcems@outlook.com

APPLICATION FOR TRAINING

Personal Data (please write clearly)

COURSE: ADVANCED FIRST AID

Name (last, first, middle): _____

Date: _____

Birth date (must be 18 y/o) _____

Home Phone () _____

Cell/Message Phone () _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

E-mail: _____

Prerequisites

- Must be at least 17 years old **Birth Date:** ____/____/____
- 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.

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**

**Kittitas County EMS Division
ADVANCED FIRST AID
2018 Class Schedule (draft)**

Date & Time	Lesson	Assigned Reading	Instructor-Notes	Location
11/1 Thursday 6:30-9:30 PM	Intro to EMS System and Role of the First Responder Legal and Ethical Principles of Emerg Care Documentation	Chapter 1 Chapter 2 AAOS		TBD
11/6 Tuesday 6:30-9:30 PM	The Wellness and Safety of First Responders Introduction to Anatomy Principles of Lifting, Moving, and Vitals practice	Chapter 3 Chapter 4 Chapter 5 Appendix 1		
11/8 Thursday 6:30-9:30 PM	Healthcare Provider CPR Course Airway Management and Rescue Breathing Skills Practice: CPR/AED/Airway Mgmt.	HCP Chapter 6	Loaner books	
11/13 Tuesday 6:30-9:30 PM	Healthcare Provider Course cont. HCP Written test Skills Practice: All CPR/AED/Airway Mgmt., lifting & moving	HCP		
11/15 Thursday 6:30-9:30 PM	Principles of Assessment Caring for Medical Emergencies Poisoning & Substance Abuse Skills: Assess / Medical	Chapter 7 Chapter 8 AAOS-11		
11/17 Saturday 9-4 PM	Positioning Ill or Injured People Transportation Operations Vehicle Extraction and Special Operation Skills practice: CPR/AED/Airway Management/Asses/Medical/Lifting & moving patients	AAOS-18 AAOS-19 AAOS-20	Ambulance /Aid Unit (what's what)	
11/20 Tuesday 6:30-9:30 PM	Caring for Soft-Tissue Injuries and Shock Caring for Muscle and Bone Injuries Skills Practice: Trauma Assess/Treat	Chapter 9 Chapter10		
11/27 Tuesday 6:30-9:30 PM	Caring for Injuries to the Head and Spine Environmental-Drowning Water Accident and Resuscitation Skills practice: Trauma	Chapter11 AAOS-13		
11/29 Thursday 6:30-9:30 PM	Multiple-Casualty Incidents and Principles of Triage (mini triage exercise) Childbirth Skills Practice: Childbirth	Chapter12 Chapter13		
12/1 Saturday 9-? PM	FINAL: Written Skills: Total Patient Care Scenarios			