

ANNOUNCEMENT

2018

IV THERAPY TECHNICIAN INITIAL TRAINING COURSE

Start Date: Monday, May 21

End Date: Wednesday, June 20 (+ clinicals)

(See attached tentative schedule for more details.)

6 - 9 p.m. (1-Sat. 9 a.m. - 2 p.m.)

Kittitas Valley Fire & Rescue- St. #29 (tentative)

Lead Instr.: Josh DeHerrera, EMT-P

Cost: \$500.00

Course Prerequisites:

- You must be a certified EMT for a minimum of three years.
- You must be in good standing with OTEP/CME requirements.
- You must be affiliated with a transporting agency.
- You must have the recommendation of your agency supervisor & MPD.

Clinical Prerequisites:

- Demonstrate knowledge and skill competency.
- Current with required vaccinations (see application for details)
- 2 negative TB tests within 12 months prior to clinical start date.
- Pass background checks (included in course fee)
- Pass 12 pt. instant UA drug test (included in course fee)

Note:

- **Application deadline: May 11th**
- Schedule may be adjusted based on all participants availability/needs.
- Submission of application does not guarantee admission to class.
- Students must make arrangements for payment prior to obtaining textbook.
- No reimbursements after the start of class.

For more information: Cheryl Burrows 509-674-2932 or 509-929-3247

kcems@outlook.com • <http://www.kittitascountyems.org>



Kittitas County EMS Division
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Cle Elum, WA 98922
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kcems@outlook.com

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

Personal Data (please write clearly)

COURSE: ☐ EMT ☐ EMR ☐ IV Therapy

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

☐ yes ☐ no HS Diploma or GED ☐ NIMS 700 & 100 ☐ Required Vaccinations ☐ Picture Identification
(Attach Copy) (Attach Copy) (Attach Copy for Certification)

See back of application for more detailed information.

EMS Agency Data

EMS Agency Affiliation:

No EMS Agency Affiliation: ☐

of years/mo. with Agency: _____

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. ☐ Other: _____

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.

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 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, the medical directives of the Medical Program Director.

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**

QUALIFICATIONS FOR ENTERING EMERGENCY MEDICAL TECHNICIAN or EMERGENCY MEDICAL RESPONDER TRAINING

Individuals applying for admission to a Washington State 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) ICS 700a & 100b level courses. ICS 200b also recommended.
5. You must attend the AHA Healthcare Provider Course offered with the EMT/EMR Course.
6. You must be an active member of one of the following emergency medical service entities in the State of Washington to become WA State certified following course completion:
 - a. Licensed provider of ambulance or aid service
 - b. Law enforcement agency or affiliated Search & Rescue group
 - c. Other affiliated EMS/trauma care service recognized by WA State DOH; or
7. If you need training to qualify for employment or to volunteer in the State of Washington in any of the positions in 6a through 6c, you are eligible to apply. You will not be eligible for WA State certification as an EMT/EMR or IV, until affiliated with a licensed agency.

ADDITIONAL LOCAL REQUIREMENTS FOR ALL LEVELS OF TRAINING

Required Immunizations & PPD/TB Test:

- Influenza (between October 1 and March 31 yearly)
- Td or Tdap booster (within 10 years)
- MMR: 2 shot series at least one month apart or positive antibody titer
- Varicella: 2 shot series at least one month apart or positive antibody titer
- Documentation of Hep B Series or positive antibody titer
- 2 negative PPD/TB Test within twelve months of the first day of the hospital clinical or if TB test is positive, documentation of chest x-ray, treatment, and release to work in a healthcare setting.

Required Screening:

- Background check (included in course cost and conducted by KCEMS Office).
- Negative UA/12-point panel drug screening (included in course cost and coordinated by KCEMS Office).

Include the following attachments with this application or per arrangement:

- Proof of ICS 700a & 100b (if not provided for previous EMT Training)
- Proof of required vaccinations and/or titers, and TB tests (See above. Application may be submitted pending receipt of documentation.).
- Copy of driver's license or other photo identification.
- 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:

- Priority admission is given to individuals associated with Kittitas County licensed or affiliated EMS agencies with complete applications.
- Completion of application does not guarantee admission to any course. You will be notified of course admission via phone or email. Email is preferred method of communication.
- Upon acceptance to course, payment is due to hold spot and receive books unless billed to agency.
- **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
IV Technician Course
Class Schedule – 2018 (DRAFT)

DOH Estimated Hours: 27 didactic & 10 lab/Eval., 5 know/skill Eval. = 42 hrs.

Date & Time	Lesson	Assigned Reading	Location	Instructor
5/21 Monday 6-9 PM	Course Guidelines, etc. Introduction to IV Therapy: Roles, Responsibilities, and Legal Issues Infection Control Chapter quiz	CH 1 CH 2	TBA	Cheryl Josh DeHerrera
5/23 Wed. 6-9 PM	Basic Cell Physiology (1-human systems) Chapter quiz	CH 3		
5/29 Tuesday 6-9 PM	Principles of Fluid Balance (1-human systems) Chapter quiz	CH 4		
5/30 Wed. 6-9 PM	IV Techniques and Administration (4-IV & IO placement and infusion) Chapter quiz Protocol Review Skills practice/skills sheets	CH7 handout		
6/2 Saturday 9-2 PM	Causes and Treatment of Shock (3-Assessment & Management of Shock) Chapter quiz IV Techniques and Administration Continued (4-IV & IO placement and infusion) Skills lab	CH 5		
6/4 Monday 6-9 PM	Altered Level of Consciousness (2-Assessment & Clinical Decision Making) Chapter quiz Skills lab	CH 6		
6/6 Wed. 6-9 PM	Age-Specific Considerations (2-Assessment & Clinical Decision Making) Chapter quiz Skills lab (pediatric manikin practice)	CH 8		
6/11 Monday 6-9 PM	Practical labs/Evaluation – IV & IO access & equipment Total Patient Care Skills / Assessment	Skill sheets		
6/13 Wed. 6-9 PM	Practical Skills Continued Review Clinical Guidelines & Paperwork	Skill sheets		
6/18 Monday 6-9:00 PM	IV & IO Access TPC Practical Exam – Successful completion to qualify to start Clinical/Field Requirements	Skills Exam		
6/20 Wed. 6 – 8 PM	Pre-clinical Written Exam Paperwork & Review of OTEP & Skill Maintenance	Exam		Cheryl

6/21 Thru 9/21	Clinical Requirements must be met before End-of-Course Written exam = 10 IV insertions on humans. Per MPD: <ul style="list-style-type: none"> • 5 successful human IV insertions in the clinical setting before performing IV's in the Prehospital setting • 5 successful human IV insertions in the prehospital setting under the supervision of a certified IV Technician or Paramedic 		Clinical / Field time will be performed at KVH, KVFR, & KCHD#2. Scheduling will be done through the KC EMS Division.	
Schedule by appt.	Comprehensive End Of course Written Exam			C. Burrows

Instructional Materials: AAOS Intravenous Therapy for Prehospital Providers (2nd ed.)

RED = (DOH 530-134) EMT-Intravenous Therapy Special Skill Course Schedule content.

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