

ANNOUNCEMENT

2019

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

- Start Date:** November 5, 2019 *see attached tentative schedule*
- End Date:** December 7, 2019
- Total Hours:** 30-35
- Times:** 6:30 pm to 9:30 pm (Tuesdays & Thursdays)
9:00 am to 4:00 pm on 1 Saturday (+course final 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 18 years of age and affiliated with an EMS/Fire agency.
 - You must have the physical strength and good health to perform the normal functions of an emergency responder.

**Priority Application Deadline is October 1, 2019 to determine course viability. Applications will be accepted until 10/28/19 or until class is full.
Sooner = Better. Please call if questions.**

NO REFUNDS AFTER 11/1/19 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.

The American Health & Safety Institute (ASHI) strongly promotes knowledge and proficiency in all ASHI courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the ASHI. Any fees charged for such a course, except for a portion of fees needed for ASHI course materials, do not represent income to ASHI.



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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 18 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
2019 Class Schedule - DRAFT**

Date & Time	Lesson	Assigned Reading	Instructor-Notes	Location
11/5 Tuesday 6:30-9:30 PM	Intro to EMS System and Role of the First Responder Legal and Ethical Principles of Emerg Care Communication & Documentation (EMR)	Chapter 1 Chapter 2 AAOS-5	Ray	CEFD/KVFR (split?) TBA
11/7 Thursday 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	Ray	
11/12 Tuesday 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 Ray +Helper	
11/14 Thursday 6:30-9:30 PM	Healthcare Provider Course cont. HCP Written test Skills Practice: All CPR/AED/Airway Mgmt., lifting & moving	HCP	Ray +Helper	
11/19 Tuesday 6:30-9:30 PM	Principles of Assessment Caring for Medical Emergencies Poisoning & Substance Abuse (EMR) Skills: Assess / Medical / Vitals	Chapter 7 Chapter 8 AAOS-11	Ray +Helper	
11/21 Thursday 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 Chapter 10	instructor	
11/23 Saturday 9-4 PM	Transportation Operations (EMR) Vehicle Extraction and Special Operation (EMR) Skills practice: CPR/AED/Airway Management/Asses/Medical/Lifting & moving patients / Vitals	AAOS-19 AAOS-20	Ambulance /Aid Unit (what's what) Ray + Helpers	
11/26 Tuesday 6:30-9:30 PM	Caring for Injuries to the Head and Spine Environmental Emergencies (EMR) Skills practice: Trauma	Chapter 11 AAOS-13	Ray + Helper	
12/3 Tuesday 6:30-9:30 PM	Multiple-Casualty Incidents and Principles of Triage (mini triage exercise) Childbirth Skills Practice: Childbirth	Chapter 12 Chapter 13	Ray +Helper	
12/7 Saturday 9-? PM	FINAL: Written Skills: Total Patient Care Scenarios		Ray & Helper	