

ANNOUNCEMENT

2022

ADVANCED FIRST AID TRAINING COURSE

(Enhanced American Health & Safety Institute Course/ASHI BLS CPR)

- Start Date:** November 8, 2022 (see attached schedule)
- End Date:** December 10, 2022
- Total Hours:** 30-35
- Times:** 6:30 pm to 9:30 pm (Tuesdays & Thursdays)
9 am to 4 pm on 12/3 Saturday & 9 am to 1pm on 12/10 Saturday
- Location:** In person Sessions (see attached schedule)
Sessions may be split between KVFR(Ellensburg) & Cle Elum Fire.
- Fee Schedule:** \$260 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 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 11, 2022 to determine course viability.

Applications will be accepted until 11/4/22 or class is full.

Sooner = Better. Please call if questions.

NO REFUNDS AFTER 11/8/22 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
ADVANCED FIRST AID
2022 Class Schedule

Date & Time	Lesson	Assigned Reading	Notes	Location In person
11/8 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		Location: Cle Elum Fire ?
11/10 Thursday 6:30-9:30 PM	The Wellness and Safety of First Responders Introduction to Anatomy Principles of Lifting, Moving, and	Chapter 3 Chapter 4 Chapter 5		Location: Station 29 ?
11/15 Tuesday 6:30-9:30 PM Skills: 7:30-9:30 pm	ASHI BLS Provider CPR Course(Blended) Airway Management and Rescue Breathing Skills Practice: CPR/AED/Airway Mgmt. and lifting & moving	Chapter 6	Return loaner books	Location: Cle Elum Fire ?
11/17 Thursday 6:30-9:30 PM	Principles of Assessment (Sick/Not Sick) Caring for Medical Emergencies Poisoning & Substance Abuse (EMR) Medical scenarios	Chapter 7 Chapter 8 AAOS-11		Location: Station 29 ?
11/29 Tuesday 6:30-9:30 PM Skills: 7:30-9:30 pm	Environmental Emergencies Vitals introduction/practice Skills: Assess / Medical / Vitals	AAOS-13 Appendix 1	EMR PPT	Location: Cle Elum Fire ?
12/1 Thursday 6:30-9:30 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: Station #29 ?
12/3 Saturday 9-4 PM Skills: 10:00-4:00 pm	Skills Practice: Assess / Trauma CPR/AED/Airway Management Asses/Medical / Lifting & moving patients & Vitals		Ambulance /Aid Unit (what's what) + Crew?	Location: Station #29 ?
12/6 Tuesday 6:30-9:30 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	Location: Cle Elum Fire ?
12/8 Thursday 6:30-9:30 PM	Childbirth (videos & demo) & Pediatric discussion (Sick / Not Sick videos) Scenarios / Review	Chapter 13		Location: Station #29 ?
12/10 Saturday 9-1 PM Skills: 10:30-1:00 pm	FINAL: Written Skills: Total Patient Care Scenarios			Location: Cle Elum Fire ?

AAOS – No Student Material Lecture ONLY

Cle Elum Fire – 301 Pennsylvania Ave, Cle Elum, WA
 Station #21 – 2020 Vantage Hwy, Ellensburg, WA
 Station #29 – 400 East Mt. View Ave, Ellensburg, WA

Lead Instructor: ?

rev. 5-23-22

**Kittitas County EMS Division**

PO Box 821

111 Pine St.

Cle Elum, WA 98922

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APPLICATION FOR TRAINING☐ Initial ☐ Renewal**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**