

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-001 Purpose. The purpose of these rules is to implement RCW 18.71.200 through 18.71.215, and chapters 18.73 and 70.168 RCW; and those sections of chapter 70.24 RCW relating to EMS personnel and services.

- (1) This chapter establishes criteria for:
 - (a) Training and certification of EMS providers;
 - (b) Licensure and inspection of ambulance services and aid services;
 - (c) Verification of prehospital trauma services;
 - (d) Development and operation of a statewide trauma registry;
 - (e) The designation process and operating requirements for designated trauma care services;
 - (f) A statewide emergency medical communication system;
 - (g) Administration of the statewide EMS/TC system.
- (2) This chapter does not contain detailed procedures to implement the state EMS/TC system. Requests for procedures, guidelines, or any publications referred to in this chapter must be obtained from the Office of Community Health Systems, Department of Health, Olympia, WA 98504-7853 or on the internet at www.doh.wa.gov.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-001, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-001, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 05-01-221, filed 12/22/04, effective 1/22/05)

WAC 246-976-010 Definitions. Definitions in RCW 18.71.200, 18.71.205, 18.73.030, and 70.168.015 and the definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Activation of the trauma system" means mobilizing resources to care for a trauma patient in accordance with regional patient care procedures.

(2) "Adolescence" means the period of physical and psychological development from the onset of puberty to maturity, approximately twelve to eighteen years of age.

(3) "Advanced cardiac life support (ACLS)" means a course that includes the education and clinical interventions used to treat cardiac arrest and other acute cardiac related problems.

(4) "Advanced emergency medical technician (AEMT)" means a person who has been examined and certified by the secretary as an intermediate life support technician as defined in RCW

18.71.200 and 18.71.205.

(5) "Advanced first aid" means an advanced first-aid course prescribed by the American Red Cross or its equivalent.

(6) "Advanced life support (ALS)" means invasive emergency medical services requiring the advanced medical treatment skills of a paramedic.

(7) "Agency" means an aid or ambulance service licensed by the secretary to provide prehospital care or interfacility ambulance transport.

(8) "Agency response time" means the interval from dispatch to arrival on the scene.

(9) "Aid service" means an agency licensed by the secretary to operate one or more aid vehicles, consistent with regional and state plans.

(10) "Ambulance service" means an agency licensed by the secretary to operate one or more ground or air ambulances.

(11) "Approved" means approved by the department of health.

(12) "ATLS" means advanced trauma life support, a course developed by the American College of Surgeons.

(13) "Attending surgeon" means a physician who is board-certified or board-qualified in general surgery, and who has surgical privileges delineated by the facility's medical staff. The attending surgeon is responsible for care of the trauma patient, participates in all major therapeutic decisions, and is present during operative procedures.

(14) "Available" for designated trauma services described in WAC 246-976-485 through 246-976-890 means physically present in the facility and able to deliver care to the patient within the time specified. If no time is specified, the equipment or personnel must be available as reasonable and appropriate for the needs of the patient.

(15) "Basic life support (BLS)" means emergency medical services requiring basic medical treatment skills as defined in chapter 18.73 RCW.

(16) "Board certified" or "board-certified" means that a physician has been certified by the appropriate specialty board recognized by the American Board of Medical Specialties. For the purposes of this chapter, references to "board certified" include physicians who are board-qualified.

(17) "Board-qualified" means physicians who have graduated less than five years previously from a residency program accredited for the appropriate specialty by the accreditation council for graduate medical education.

(18) "BP" means blood pressure.

(19) "Certification" means the secretary recognizes that an individual has proof of meeting predetermined qualifications, and authorizes the individual to perform certain procedures.

(20) "Consumer" means an individual who is not associated with the EMS/TC system, either for pay or as a volunteer, except for service on the steering committee, or regional or local EMS/TC councils.

(21) "Continuing medical education method" or (CME method) means prehospital EMS recertification education required after initial EMS certification to maintain and enhance skill and knowledge. The CME method requires the successful completion of department-approved knowledge and practical skill certification examinations to recertify.

(22) "County operating procedures" or "COPS" means the written operational procedures adopted by the county MPD and the local EMS council specific to county needs.

(23) "CPR" means cardiopulmonary resuscitation.

(24) "Critical care transport" means the interfacility transport of a patient whose condition requires care by a physician, RN or a paramedic who has received special training and approval by the MPD.

(25) "Department" means the Washington state department of health.

(26) "Dispatch" means to identify and direct an emergency response unit to an incident location.

(27) "Diversion" means the EMS transport of a patient past the usual receiving facility to another facility due to temporary unavailability of care resources at the usual receiving facility.

(28) "E-code" means external cause code, an etiology included in the International Classification of Diseases (ICD).

(29) "ED" means emergency department.

(30) "Emergency medical procedures" means the skills that are performed within the scope of practice of EMS personnel certified by the secretary under chapters 18.71 and 18.73 RCW.

(31) "Emergency medical services and trauma care (EMS/TC) system" means an organized approach to providing personnel, facilities, and equipment for effective and coordinated medical treatment of patients with a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability. The emergency medical services and trauma care system includes prevention activities, prehospital care, hospital care, and rehabilitation.

(32) "Emergency medical responder (EMR)" means a person who has been examined and certified by the secretary as a first responder to render prehospital EMS care as defined in RCW 18.73.081.

(33) "Emergency medical technician (EMT)" means a person who has been examined and certified by the secretary as an EMT to render prehospital EMS care as defined in RCW 18.73.081.

(34) "EMS" means emergency medical services.

(35) "EMS provider" means an individual certified by the secretary or the University of Washington School of Medicine under chapters 18.71 and 18.73 RCW to provide prehospital emergency response, patient care, and transport.

(36) "EMS/TC" means emergency medical services and trauma care.

(37) "General surgeon" means a licensed physician who has

completed a residency program in surgery and who has surgical privileges delineated by the facility.

(38) "ICD" means the international classification of diseases, a coding system developed by the World Health Organization.

(39) "Injury prevention" means any combination of educational, legislative, enforcement, engineering and emergency response initiatives used to reduce the number and severity of injuries.

(40) "Interfacility transport" means medical transport of a patient between recognized medical treatment facilities requested by a licensed health care provider.

(41) "Intermediate life support (ILS)" means invasive emergency medical services requiring the advanced medical treatment skills of an advanced EMT (AEMT).

(42) "IV" means a fluid or medication administered directly into the venous system.

(43) "Local council" means a local EMS/TC council authorized by RCW 70.168.120(1).

(44) "Medical control" means oral or written direction of medical care that certified prehospital EMS personnel provide to patients of all age groups. The oral or written direction is provided by the MPD or MPD delegate.

(45) "Medical control agreement" means a written agreement between two or more MPDs, using similar protocols that are consistent with regional plans, to assure continuity of patient care between counties, and to facilitate assistance.

(46) "Medical program director (MPD)" means a person who meets the requirements of chapters 18.71 and 18.73 RCW and is certified by the secretary. The MPD is responsible for both the supervision of training and medical control of EMS providers.

(47) "MPD delegate" means a physician appointed by the MPD and recognized and approved by the department. An MPD delegate may be:

(a) A prehospital training physician who supervises specified aspects of training EMS personnel; or

(b) A prehospital supervising physician who provides on-line medical control of EMS personnel.

(48) "Ongoing training and evaluation program (OTEP)" means a continuous program of prehospital EMS education for EMS personnel after completion of initial training. An OTEP is approved by the MPD and the department. An OTEP must meet the EMS education requirements and core topic content required for recertification. The OTEP method includes evaluations of the knowledge and skills covered in the topic content following each topic presentation.

(49) "PALS" means a pediatric advanced life support course.

(50) "Paramedic" or "physician's trained emergency medical service paramedic" means a person who has been trained in an approved program to perform all phases of prehospital emergency medical care, including advanced life support, under written or

oral authorization of an MPD or approved physician delegate, examined and certified by the secretary under chapter 18.71 RCW.

(51) "Pediatric education requirement (PER)" means the pediatric education and training standards required for certain specialty physicians and nurses who care for pediatric patients in designated trauma services as identified in WAC 246-976-886 and 246-976-887.

(52) "PEPP" means pediatric education for prehospital professionals.

(53) "PHTLS" means a prehospital trauma life support course.

(54) "Physician" means an individual licensed under the provisions of chapters 18.71 or 18.57 RCW.

(55) "Physician with specific delineation of surgical privileges" means a physician with surgical privileges delineated for emergency/life-saving surgical intervention and stabilization of a trauma patient prior to transfer to a higher level of care. Surgery privileges are awarded by the facility's credentialing process.

(56) "Postgraduate year" means the classification system for residents who are undergoing postgraduate training. The number indicates the year the resident is in during his/her postmedical school residency program.

(57) "Practical skills examination" means a test conducted in an initial course, or a test conducted during a recertification period, to determine competence in each of the practical skills or group of skills specified by the department.

(58) "Prehospital index (PHI)" means a scoring system used to trigger activation of a hospital trauma resuscitation team.

(59) "Prehospital patient care protocols" means the department-approved, written orders adopted by the MPD under RCW 18.73.030 (15) and 70.168.015 (27) which direct the out-of-hospital care of patients. These protocols are related only to delivery and documentation of direct patient treatment. The protocols meet or exceed statewide minimum standards developed by the department in rule as authorized in chapter 70.168 RCW.

(60) "Prehospital provider" means EMS provider.

(61) "Prehospital trauma care service" means an agency that is verified by the secretary to provide prehospital trauma care.

(62) "Prehospital trauma triage procedure" means the method used by prehospital providers to evaluate injured patients and determine whether to activate the trauma system from the field. It is described in WAC 246-976-930(2).

(63) "Public education" means education of the population at large, targeted groups, or individuals, in preventive measures and efforts to alter specific injury, trauma, and medical-related behaviors.

(64) "Quality improvement (QI)" or "quality assurance (QA)" means a process/program to monitor and evaluate care provided in the EMS/TC system.

(65) "Regional council" means the regional EMS/TC council

established by RCW 70.168.100.

(66) "Regional patient care procedures " means department-approved written operating guidelines adopted by the regional emergency medical services and trauma care council, in consultation with the local emergency medical services and trauma care councils, emergency communication centers, and the emergency medical services medical program director, in accordance with statewide minimum standards. The patient care procedures identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients are consistent with the transfer procedures in chapter 70.170 RCW. Patient care procedures do not relate to direct patient care.

(67) "Regional plan" means the plan defined in WAC 246-976-960 (1)(b) that has been approved by the department.

(68) "Registered nurse" means an individual licensed under the provisions of chapter 18.79 RCW.

(69) "Rural" means an unincorporated or incorporated area with a total population of less than ten thousand people, or with a population density of less than one thousand people per square mile.

(70) "Secretary" means the secretary of the department of health.

(71) "Senior EMS instructor (SEI)" means an individual approved by the department to be responsible for the administration, quality of instruction and the conduct of initial emergency medical responder (EMR) and emergency medical technician (EMT) training courses.

(72) "Special competence" means that an individual has been deemed competent and committed to a medical specialty area with documented training, board certification and/or experience, which has been reviewed and accepted as evidence of a practitioner's expertise:

(a) For physicians, by the facility's medical staff;

(b) For registered nurses, by the facility's department of nursing;

(c) For physician assistants and advanced registered nurse practitioners, as defined in the facility's bylaws.

(73) "State plan" means the emergency medical services and trauma care system plan described in RCW 70.168.015(7), adopted by the department under RCW 70.168.060(10).

(74) "Steering committee" means the EMS/TC steering committee created by RCW 70.168.020.

(75) "Suburban" means an incorporated or unincorporated area with a population of ten thousand to twenty-nine thousand nine hundred ninety-nine or any area with a population density of between one thousand and two thousand people per square mile.

(76) "System response time" for trauma means the interval from discovery of an injury until the patient arrives at a designated trauma facility.

(77) "Training program" means an organization that is approved by the department to be responsible for specified aspects of training EMS personnel.

(78) "Trauma rehabilitation coordinator" means a person designated to facilitate early rehabilitation interventions and the trauma patient's access to a designated rehabilitation center.

(79) "Trauma response area" means a service coverage zone identified in an approved regional plan.

(80) "Trauma service" means the clinical service within a hospital or clinic that is designated by the department to provide care to trauma patients.

(81) "Urban" means:

(a) An incorporated area over thirty thousand; or

(b) An incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square mile.

(82) "Verification" means a prehospital agency is capable of providing verified trauma care services and is credentialed under chapters 18.73 and 70.168 RCW.















(83) "Wilderness" means any rural area not readily accessible by public or private maintained road.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 05-01-221, § 246-976-010, filed 12/22/04, effective 1/22/05; 00-08-102, § 246-976-010, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-010, filed 1/12/96, effective 2/12/96. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-010, filed 12/23/92, effective 1/23/93.]

NEW SECTION















WAC 246-976-022 EMS training program requirements, approval, re-approval, discipline. (1) To apply for initial department approval as an EMS training program, applicants shall meet the requirements in Table A of this section.

**Table A
EMS Training Program Requirements For Approval**

REQUIREMENTS	
Organization type	<p>Must be one of the following:</p> <ul style="list-style-type: none">  A local EMS and trauma care council or a county office responsible for EMS training for the county. This includes county agencies established by ordinance and approved by the MPD to coordinate and conduct EMS programs;  A regional EMS and trauma care council providing EMS training throughout the region;  An accredited institution of higher education; or  A private educational business, licensed as a private vocational school.
Optional organization	<ul style="list-style-type: none">  If the organizations listed above do not exist or are unable to provide an EMS training program, the local EMS and trauma care council may recommend to the department another entity that is able to provide training.  In the absence of a local EMS council, the regional EMS and trauma care council may provide such recommendation.  Initial training courses conducted for licensed EMS agencies under the oversight of a department-approved EMS training program.
Need for new training program	Applicant must demonstrate need for new or additional EMS training programs.
Training program application	Complete a DOH EMS training program application on forms provided by the department indicating the levels of EMS training the program wants to conduct.
Class room and laboratory	Provide a description of classroom and laboratory facilities.
Training equipment and supplies	Provide a list of equipment and supplies on hand (or accessible) for use in the training program.
Course enrollment	<p>For each level of EMS training applying for, provide a description of:</p> <ul style="list-style-type: none">  Course entry prerequisites;  Selection criteria; and  The process used to screen applicants.
Student handbook	<p>Provide a student handbook for each level of EMS training applied for that provides:</p> <ul style="list-style-type: none">  Training program policies, including minimum standards to enter training consistent with this chapter;  Course requirements and minimum standards required for successful completion of examinations, clinical/field internship rotations, and the EMS course;  Initial certification requirements the student must meet to become certified as identified in WAC 246-976-141; and  A listing of clinical and field internship sites available.







(2) Approved training programs shall meet the requirements in Table B of this section.

Table B
EMS Training Program Requirements

REQUIREMENTS	
General	<p>An approved training program must:</p> <ul style="list-style-type: none">  Conduct courses following department requirements;  If conducting paramedic training courses, be accredited by a national accrediting organization approved by the department;  In conjunction with the course instructor, ensure course applicants meet the course application requirements in WAC 246-976-041;  Maintain clinical and field internship sites to meet course requirements, including the requirement that internship rotations on EMS vehicles must be performed as a third person, not replacing required staff on the vehicle;  For the purposes of program and course evaluation, provide to the department, county MPD, or MPD delegate access to all course related materials;  Conduct examinations over course lessons and other Washington state required topics; and  Participate in EMS and trauma care council educational planning.
Certification examination	<p>Coordinate activities with the department-approved certification examination provider, including:</p> <ul style="list-style-type: none">  Registering the training program;  Assisting students in registering with the examination provider;  Providing verification of cognitive knowledge and psychomotor skills for students successfully completing the EMS course; and  Assisting students in scheduling the examination.
Student records	Maintain student records for a minimum of four years.
Evaluation	Monitor and evaluate the quality of instruction for the purposes of quality improvement, including course examination scores for each level taught.
Reporting	<p>Submit an annual report to the department which includes:</p> <ul style="list-style-type: none">  Annual, overall certification examination results;  A summary of complaints against the training program and what was done to resolve the issues;  Quality improvement activities including a summary of issues and actions to improve training results.

(3) To apply for reapproval, an EMS training program must meet the requirements in Table C of this section.

Table C
EMS Training Program Reapproval

REAPPROVAL	
Requirements	<p>An EMS training program must be in good standing with the department and:</p> <ul style="list-style-type: none">  Have no violations of the statute and rules;  Have no pending disciplinary actions;  Maintain an overall pass rate of seventy-five percent on department-approved state certification examinations;  If conducting paramedic training courses, be accredited by a national accrediting organization approved by the department.
Reapplication	<p>Complete:</p> <ul style="list-style-type: none">  The requirements in Tables A and B of this section; and  Submit an updated EMS training program application to the department at least six months prior to the program expiration date.

(4) Training program approval is effective on the date the department issues the certificate. Approval must be renewed every five years. The expiration date is indicated on the approval letter.

(5) Discipline of EMS training programs.

(a) The secretary may deny, suspend, modify, or revoke the approval of a training program when it finds:

(i) Violations of chapter 246-976 WAC;

(ii) Pending disciplinary actions;

(iii) Falsification of EMS course documents; or

(iv) Failure to update training program information with the department as changes occur.

(b) The training program may request a hearing to contest the secretary's decisions in regard to denial, suspension, modification, or revocation of training program approval in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and chapter 246-10 WAC.

NEW SECTION

















WAC 246-976-023 Initial EMS training course requirements and course approval. To be approved to conduct each initial EMS training course, an EMS training program must:

(1) Meet the requirements identified in Table A of this section;

(2) Submit a completed EMS course training application on forms provided by the department, postmarked or received by the department at least three weeks prior to the course start date identified on the application;

- (3) Have the approval of the training program's medical director and the recommendation for approval from the county medical program director; and
- (4) Have written course approval from the department.

Table A
Initial EMS Training Course Requirements

REQUIREMENTS
<p>The EMS training program must:</p> <ul style="list-style-type: none">  If conducting paramedic training courses, be accredited by a national accrediting organization approved by the department;  With the course SEI or lead instructor, ensure course applicants meet the course application requirements in WAC 246-976-041;  Supply each student with a student handbook as specified in WAC 246-976-022;  Provide each student, prior to beginning their field internship rotations, current, county specific, county medical program director field protocols and any specific information they will need while completing the internship; and  Use field internship preceptors who monitor and evaluate students in a standard and consistent manner.
<p>EMS course SEI or lead instructor:</p> <p>The EMS course instructors identified in this section, under the general supervision of the county medical program director (MPD) are responsible:</p> <ul style="list-style-type: none">  For the overall conduct of the course, quality of instruction, and administrative paperwork;  For following the course curricula or instructional guidelines for the level of training conducted;  For evaluating the students' knowledge and practical skills throughout the course;  For providing on-site instruction during each class and to supervise any other course instruction, unless arrangements have been made for another SEI or lead instructor to supervise. When using other instructors, the SEI or lead need not be physically present but must be immediately available for consultation.
<p>Emergency medical responder (EMR) and EMT courses:</p> <p>The course instructor must be a department-approved SEI. An SEI candidate may instruct under the supervision of the SEI for the purpose of demonstrating instructional proficiency to the SEI.</p>
<p>AEMT courses:</p> <p>The course instructor for advanced EMT courses must be:</p> <ul style="list-style-type: none">  An AEMT that is recognized by the department as an SEI; or  A paramedic; or  Program instructional staff when training is provided by an accredited paramedic training program; and  Approved by the county medical program director.
<p>Paramedic/EMT-paramedic courses:</p> <ul style="list-style-type: none">  The lead instructor for paramedic courses must have proof of clinical experience at the paramedic level or above; and  Must have the approval of the training program's medical director and the county medical program director.
<p>EMS Evaluators:</p> <ul style="list-style-type: none">  Evaluators must be MPD and department-approved EMS evaluators;

<ul style="list-style-type: none"> ✎ EMS evaluators for EMR and EMT courses must be certified at the EMT level or higher; ✎ EMS evaluators for advanced EMT courses must be certified at the AEMT or paramedic level.
<p>Other instructors that may instruct individual course lessons when knowledgeable and skilled in the topic, approved by the MPD and under supervision of the SEI or lead instructor:</p> <ul style="list-style-type: none"> ✎ Guest instructors; ✎ Department-approved EMS evaluators, to assist the SEI or lead instructor in the instruction of the course, who must be certified at or above the level of education provided; and ✎ The MPD, MPD delegate or other physicians approved by the MPD.
<p>Course curriculum or instructor guidelines:</p> <p><i>The National Emergency Medical Services Training Standards - Instructor Guidelines</i> published January 2009 for the level of instruction; and</p> <ul style="list-style-type: none"> ✎ Instruction in multicultural health appropriate to the level of training; and ✎ A department-approved, four hour infectious disease training program that meets the requirements of chapter 70.24 RCW; and ✎ Other training consistent with MPD protocols.
<p>EMS course practical skill evaluations:</p> <p>SEIs or department-approved EMS evaluators conduct psychomotor evaluations during the course and provide corrective instruction for students. For EMR and EMT courses, evaluators must be certified as an EMT or higher level.</p>
<p>End of course practical skill examinations:</p> <p>Department-approved SEIs or department-approved EMS evaluators must conduct practical skill examinations. For EMR and EMT courses, evaluators must be certified at the EMT level or higher.</p>

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WAC 246-976-024 EMS specialized training. (1) MPDs may submit a proposal to conduct pilot training programs to determine the need for skills, techniques, or equipment that is not included in standard course curricula/instructional guidelines. A pilot program allows the MPD to conduct field research to determine:

- (a) The effectiveness of the training;
- (b) EMS provider knowledge and skills competency;
- (c) EMS provider ability to provide proper patient care after the training.

(2) To request approval of a pilot training program, the MPD must submit a proposal which includes the following information to the department for review:

- (a) A needs statement describing what the proposed pilot will address;
- (b) The level of certified EMS provider who will be participating in the pilot training;
- (c) The length of the pilot project;
- (d) The method by which the pilot project will be evaluated;
- (e) Course curriculum/lesson plans;
- (f) Type of instructional personnel required to conduct the pilot training;

- (g) Course prerequisites;
 - (h) Criteria for successful course completion, including student evaluations and/or examinations; and
 - (i) Prehospital patient care protocols for use in the pilot program.
- (3) The department will:
- (a) Review the request and training plan;
 - (b) Consult with the prehospital technical advisory committee to determine the need for, and the benefits of the requested training throughout the state.
 - (c) Based on recommendation of the prehospital TAC, approve or deny the request for the pilot program.
- (4) The MPD must report the results of the pilot training to the department and the prehospital TAC.
- (5) The department and the prehospital TAC will review the results of the pilot training project to determine whether or not the new training will be implemented statewide.
- (6) If the pilot training is approved for statewide use, the department will adopt it as specialized training and notify all county MPDs to advise if the skill is required or not.



AMENDATORY SECTION (Amending WSR 02-14-053, filed 6/27/02, effective 7/28/02)

WAC 246-976-031 Senior EMS instructor (SEI) approval.

(1) Responsibilities and requirements.

- (a) The SEI is responsible for the overall instructional quality and the administrative paperwork associated with initial EMR or EMT courses, under the general supervision of the MPD.
 - (b) The SEI must:
 - (i) Follow department-approved curricula/instructional guidelines identified in WAC 246-976-023;
 - (ii) Ensure course applicants meet the course application requirements in WAC 246-976-041; and
- (2) To become an approved SEI, an EMS provider must meet the requirements identified in Table A of this section.

**Table A
Requirements For Initial Senior EMS Instructor Approval**

REQUIREMENTS
<p>Prerequisites:</p> <p>Candidates for initial recognition must submit proof of successful completion of the following prerequisites to the department. Candidates meeting the prerequisites will be issued the <i>Initial Recognition Application Procedures (IRAP) for Senior EMS Instructors</i>, which include the <i>Initial Senior EMS Instructor Application and Agreement</i>, instructor objectives, instructions and forms necessary for initial recognition:</p> <ul style="list-style-type: none">  Current Washington state certification at the EMT or higher EMS certification level;  At least three years prehospital EMS experience at the EMT or higher EMS certification level, with at least one recertification;

- ✎ Approval as an EMS evaluator as identified in WAC 246-976-161;
- ✎ Current recognition as a health care provider level CPR instructor from a nationally recognized training program for CPR, foreign body airway obstruction (FBAO), and defibrillation;
- ✎ Successful completion of an instructor training course by the U.S. Department of Transportation, National Highway Traffic Safety Administration, an instructor training course from an accredited institution of higher education, or equivalent instructor course approved by the department;
- ✎ Pass an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA) and course administration.

Candidate objectives:

Candidates must successfully complete the IRAP under the supervision of a currently recognized SEI.

As part of an initial EMT course, the candidate must demonstrate to the course lead SEI the knowledge and skills necessary to complete the following instructor objectives:

- ✎ Accurately complete the course application process and meet application timelines;
- ✎ Notify potential EMT course applicants of course entry prerequisites;
- ✎ Assure that applicants selected for admittance to the course meet department training and certification prerequisites;
- ✎ Maintain course records;
- ✎ Track student attendance, scores, quizzes, and performance, and counsel/remediate students as necessary;
- ✎ Assist in the coordination and instruction of one entire EMT course, including practical skills, under the supervision of the course lead SEI using the EMT training course instructor guidelines identified in WAC 246-976-023, and be evaluated on the instruction of each of the following sections/lessons:
 - Preparatory section, including *Infectious Disease Prevention for EMS Providers*, Revised 01/2009;
 - Airway section;
 - Assessment section;
 - Pharmacology section;
 - Medical section, Cardiovascular and Respiratory lessons;
 - Special Patient Populations section, Obstetrics, Neonatal Care, and Pediatrics lessons;
 - Trauma section, Head, Facial, Neck and Spine Trauma and Chest Trauma lessons;
 - EMS Operations section, Vehicle Extrication, Incident Management, and Multiple Casualty Incidents lessons; and
 - Multicultural Awareness component.
- ✎ Coordinate and conduct an EMT final end of course comprehensive practical skills evaluation.

Candidate evaluation:

Performance evaluations must be conducted by an SEI for each instructor objective performed by the candidate on documents identified in the IRAP. These documents consist of:

- ✎ An evaluation form, to evaluate lesson instruction objectives performed by the candidate;
- ✎ A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate; and
- ✎ An objective completion record, to document successful completion of each instructor objective performed by the candidate.

Application:

Submit the following documents to the county MPD to obtain a recommendation:

- ✎ The original initial SEI application/agreement, signed by the candidate ; and
- ✎ The original completed IRAP, all objective completion records, and evaluation documents.

The completed application must be submitted to the department including:

- ✎ The original application signed by both the candidate and the MPD;
- ✎ The original completed IRAP, all objective completion records, and evaluation documents.

(3) SEI approval is effective on the date the department issues the certification card. Certifications must be renewed every three years. The expiration date is indicated on the certification card.

[Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053, § 246-976-031, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-031, filed 4/5/00, effective 5/6/00.]

NEW SECTION

WAC 246-976-032 Senior EMS instructor (SEI) re-approval of recognition. (1) To become reapproved, an SEI must meet the requirements identified in Table A of this section.

(2) The renewal application procedures (RAP) will be provided by the department to individuals upon recognition as an SEI. The RAP must be completed by the SEI during the recognition period.

**Table A
Requirements For Senior EMS Instructor Reapproval**

REQUIREMENTS
<p>Prerequisites:</p> <p>Document proof of completion of the following prerequisites:</p> <ul style="list-style-type: none"> ✎ Current or previous recognition as a Washington state SEI; ✎ Current Washington state certification at the EMT or higher EMS certification level; ✎ Current recognition as a health care provider level CPR instructor from a nationally recognized training program for CPR, foreign body airway obstruction (FBAO), and defibrillation; ✎ Pass an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA) and course administration.
<p>Candidate objectives:</p> <p>Successfully complete the following objectives for each recognition period:</p> <ul style="list-style-type: none"> ✎ Coordinate and perform as the lead SEI for one initial EMR or EMT course including the supervision of all practical skills evaluations; ✎ Receive performance evaluations from a currently recognized SEI, on two candidate instructed EMR or EMT course lessons;

- ✍ Perform two performance evaluations on the instruction of EMR or EMT course lessons for SEI initial or renewal recognition candidates; and
- ✍ Attend one department-approved SEI or instructor improvement workshop.

Candidate evaluation:

Evaluations of the performance of instructor objectives will be conducted by an SEI and completed on documents identified in the RAP. These documents consist of;

- ✍ An evaluation form, to evaluate lesson instruction objectives performed by the candidate;
- ✍ A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate; and
- ✍ An objective completion record, to document successful completion of each instructor objective performed by the candidate.

Application:

Submit the documented prerequisites and the completed RAP, including the application/agreement and all documents completed during the renewal of recognition process, to the county MPD to obtain a recommendation. The completed application must be submitted to the department including:

- ✍ Current proof of successful completion of the prerequisites listed in this section;
- ✍ The original SEI renewal application/agreement that has been signed by the candidate and the county MPD; and
- ✍ The original completed RAP document and all forms used for evaluation, quality improvement purposes and verification of successful completion as identified in the RAP.

(3) An EMS instructor approved in another state, country, or U.S. military branch may obtain reciprocal recognition. To become an SEI, the applicant must:

(a) Meet the initial recognition prerequisites as defined in this section;

(b) Provide proof of at least three years of instructional experience as a state approved EMS instructor. If the applicant cannot provide proof of instructional experience, the initial recognition application process must be completed;

(c) Instruct two initial EMT course topics, be evaluated on the instruction by a current Washington SEI, and receive a positive recommendation for approval by the SEI; and

(d) Complete the renewal application and submit it to the department.

(4) An SEI whose recognition has expired for more than twelve months must complete the initial recognition process.

(5) Approval is effective on the date the department issues the certificate. Certifications must be renewed every three years. The expiration date is indicated on the certification card.

NEW SECTION

WAC 246-976-033 Denial, suspension, modification or revocation of SEI recognition. (1) The secretary may deny, suspend, modify or revoke an SEI's recognition when it finds the SEI has:

(a) Violated chapter 18.130 RCW, the Uniform Disciplinary

Act;

- (b) Failed to:
 - (i) Maintain EMS certification;
 - (ii) Update the following personal information with the department as changes occur:
 - (A) Name;
 - (B) Address;
 - (C) Home and work phone numbers;
 - (iii) Maintain knowledge of current EMS training and certification statutes, WAC, the UDA, and course administration;
 - (iv) Comply with requirements in WAC 246-976-031(1);
 - (v) Participate in the instructor candidate evaluation process in an objective and professional manner without cost to the individual being reviewed or evaluated;
 - (vi) Complete all forms and maintain records in accordance with this chapter;
 - (vii) Demonstrate all skills and procedures based on current standards;
 - (viii) Follow the requirements of the Americans with Disabilities Act; or
 - (ix) Maintain security on all department-approved examination materials.

(2) The candidate or SEI may request a hearing to contest secretary's decisions in regard to denial, suspension, modification or revocation of SEI recognition in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and chapter 246-10 WAC.

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-041 To apply for training. (1) An applicant for EMS training must be at least seventeen years old at the beginning of the course. Variances will not be allowed for the age requirement.

(2) An applicant for training at the intermediate (AEMT) level, must be currently certified as an EMT with at least one year of experience.

(3) An applicant for training at the advanced life support (paramedic) level, must have at least one year of experience as a certified EMT, or equivalent prehospital experience and meet all entry requirements of the state approved paramedic training program.









[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-041, filed 4/5/00, effective 5/6/00.]

WAC 246-976-141 To obtain initial EMS provider certification following the successful completion of Washington State approved EMS course. To apply for initial EMS provider certification following the successful completion of a Washington state approved EMS course, an applicant must submit to the department:

(1) A completed initial certification application on forms provided by the department.

(2) Proof of meeting the requirements identified in Table A of this section.

**Table A
Applicants Who Have Completed a Washington State Approved EMS Course**

REQUIREMENTS
<p>EMS education:</p> <p>Candidate must provide proof of successful EMS course completion from a department-approved EMS training program. For paramedic applicants, this proof must be from a training program accredited by a department-approved national accrediting organization.</p> <p>Certification examination:</p> <p>Provide proof of a passing score on the department-approved certification examination for the level of certification. Applicants will have three attempts within twelve months of course completion to pass the examination.</p> <p>After three unsuccessful attempts, the applicant may retake the initial EMS training course, or within twelve months of the third unsuccessful attempt, complete department-approved refresher training covering airway, medical, pediatric, and trauma topics identified below, and pass the department-approved certification examination:</p> <ul style="list-style-type: none">  EMR Not applicable. Must repeat EMR course.  EMT twenty-four hours.  AEMT thirty-six hours - pharmacology review must be included in the refresher training.  Paramedic forty-eight hours - pharmacology review must be included in the refresher training.
<p>Certification application:</p> <p>High school diploma or GED: Required for EMT, AEMT and paramedic only.</p> <p>Provide proof of identity - state or federal photo I.D. (Military ID, driver's license, passport).</p> <p>Provide proof of age - at least eighteen years of age. Variances to this age requirement will not be granted.</p> <p>Provide proof of EMS agency association - active membership, paid or volunteer with:</p> <ul style="list-style-type: none">  Licensed aid or ambulance service;  Law enforcement agency;  Business with organized industrial safety team;  Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above. <p>Recommendation of county medical program director - required. MPD must sign application.</p>

Background check - required. May include requirement for fingerprint card and FBI background check.





[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-141, filed 4/5/00, effective 5/6/00.]
NEW SECTION

WAC 246-976-142 To obtain reciprocal (out-of-state) EMS certification, based on a current out-of-state or national EMS certification approved by the department. To apply for certification, an applicant must submit to the department:

(1) A completed certification application on forms provided by the department; and

(2) Proof of meeting the requirements identified in Table A of this section.

**Table A
Reciprocity--Out-of-State Applicants Seeking EMS Certification**

REQUIREMENTS
EMS educational program: EMS courses conducted according to the U.S. Department of Transportation, national EMS training course standards. After June 30, 1996, paramedic training program must be accredited by a national accrediting organization approved by the department.
Additional education: Provide proof of a department-approved four-hour infectious disease course or a seven-hour HIV/AIDS course as required by chapter 70.24 RCW.
Current credential: Provide proof of valid EMS certification from another state or national certifying agency approved by the department.
Certification examination: Provide proof of a passing score on a department-approved certification examination for the level of certification. The score is valid for twelve months from the date of the examination. After twelve months, a passing score on a department-approved certification examination is required. Applicants will have three attempts within twelve months from the first examination date to pass the examination.
Certification application: High school diploma or GED: Required for EMT, AEMT and paramedic only. Provide proof of identity - state or federal photo I.D. (Military ID, driver's license, passport). Provide proof of age - at least eighteen years of age. Variances to this age requirement will not be granted. Provide proof of EMS agency association - active membership, paid or volunteer with: <ul style="list-style-type: none"> Licensed aid or ambulance service; Law enforcement agency; Business with organized industrial safety team; Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above. Recommendation of county medical program director - required. MPD must sign application.




Background check - required. May include requirement for fingerprint card and FBI background check.

[]
NEW SECTION

WAC 246-976-143 To obtain EMS certification by challenging the educational requirements, based on possession of a current health care providers credential. To apply for certification, an applicant must submit to the department:

- (1) A completed certification application on forms provided by the department; and
- (2) Proof of meeting the requirements identified in Table A of this section.

**Table A
Health Care Providers Seeking to Challenge the Educational
Requirements for EMS Certification**

REQUIREMENTS
Education: Course completion documents showing education equivalent to the knowledge and skills at the EMR, EMT or AEMT training level. Applicants seeking paramedic certification - successful completion of a paramedic course through a training program accredited by a department-approved national accrediting organization.
Additional education: Provide proof of a department-approved four-hour infectious disease course or a seven-hour HIV/AIDS course as required by chapter 70.24 RCW.
Current credential: Provide proof of a valid health care provider credential.
Certification examination: A passing score on a department-approved certification examination. Applicants will have three attempts within twelve months from the first examination date to pass the examination. After twelve months, the applicant must complete an approved initial EMS course to reapply for certification.
Certification application: High school diploma or GED: Required for EMT, AEMT and paramedic only. Provide proof of identity - state or federal photo I.D. (Military ID, driver's license, passport). Provide proof of age - at least eighteen years of age. Variances to this age requirement will not be granted. Provide proof of EMS agency association - active membership, paid or volunteer with: <ul style="list-style-type: none"> Licensed aid or ambulance service; Law enforcement agency; Business with organized industrial safety team. Recommendation of county medical program director - required. MPD must sign application.

NEW SECTION

WAC 246-976-144 EMS certification. (1) Certification is effective on the date the department issues the certificate. Certifications must be renewed every three years. The expiration date is indicated on the certification card.

(2) The secretary may extend the certification period to accommodate the efficient processing of recertification applications. The expiration date will be indicated on the certification card issued by the department.

(3) Certification of AEMTs and paramedics is valid only:

(a) In the county or counties where recommended by the MPD and approved by the secretary;

(b) In other counties where formal EMS medical control agreements are in place; or

(c) In other counties when accompanying a patient in transit.

(d) While responding to other counties for mutual aid purposes, mass care, or other incidents. In these situations, EMS provider will provide patient care following the prehospital patient care protocols of their supervising MPD.

(4) A certified AEMT or paramedic may function at a lower certification level in counties other than those described in subsection (3)(a) through (c) of this section, with approval of that county's MPD.

(5) EMTs who have successfully completed IV therapy or supraglottic airway training may use those skills only when following approved county MPD protocols that permit EMTs with such training to perform those skills.

(6) When EMS personnel change or add membership with an EMS agency, or their contact information changes, they must notify the department within thirty days of the change. Changes submitted must be made on forms provided by the department.

AMENDATORY SECTION (Amending WSR 04-08-103, filed 4/6/04, effective 5/7/04)

WAC 246-976-161 General education requirements for EMS provider recertification.

(1) Education is required to recertify as an EMS provider.

(a) The EMS provider must complete the continuing medical education and examination (CME) method, identified in WAC 246-976-162 or the ongoing training and evaluation program (OTEP) method, identified in WAC 246-976-163 for each certification period.

(b) The EMS provider shall maintain records of successfully

completed educational, practical skill evaluation and skill maintenance requirements.

(2) Education for recertification must be approved by the MPD. Educational and topic content requirements must include:

(a) Knowledge and skills found in instructor guidelines identified in WAC 246-976-023, appropriate to the level of certification being taught;

(b) Nationally recognized training programs for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification. Training must be at the health care provider level and meet Journal of American Medical Association (JAMA) standards; and

(c) Current county medical program director (MPD) protocols, regional patient care procedures, county operating procedures and state triage destination procedures.

(3) Nationally recognized training programs may be incorporated as part of content identified in subsection (2) of this subsection.

(4) Skill maintenance is a required educational component for recertification:

(a) For EMS providers completing the CME method the required skills are defined in WAC 246-976-162.

(b) For EMS providers completing the OTEP method the required skills are defined in WAC 246-976-163. These requirements may be obtained as part of an OTEP.

(5) Upon approval of the MPD, if an EMS provider is unable to complete the required endotracheal intubations as defined in WAC 246-976-162 or 246-976-163 the EMS provider may meet the endotracheal intubation requirements by completing an MPD and department-approved intensive airway management training program, covering all knowledge and skill aspects of emergency airway management.

[Statutory Authority: Chapters 18.71 and 18.73 RCW. 04-08-103, § 246-976-161, filed 4/6/04, effective 5/7/04. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-161, filed 4/5/00, effective 5/6/00.]

NEW SECTION

WAC 246-976-162 The CME method of recertification. To complete the CME method of recertification, an EMS provider must:

(1) Complete and document the requirements, indicated in Table A of this section, appropriate to the level of certification for each certification period.

**Table A
Education Requirements for Recertification**

	EMR	EMT	AEMT	Paramedic
Annual Requirements				
Cardiovascular education and training	X	X	X	X
Spinal immobilization	X	X	X	X
Patient assessment	X	X	X	X
Certification Period Requirements				
Infectious disease	X	X	X	X
Trauma	X	X	X	X
Pharmacology		X	X	X
Other pediatric topics	X	X	X	X
Total minimum education hours per certification period:	15 hrs	30 hrs	60 hrs	150 hrs

"X" Indicates an individual must demonstrate knowledge and competency in the topic or skill.

(2) Complete and document the skills maintenance requirements, indicated in Table B of this section, appropriate to the level of certification.

**Table B
Skills Maintenance Requirements for the CME Method**

	EMR	EMT	AEMT	Paramedic
First Certification Period or Three Years				
☞ First Year				
IV starts		EMT w/IV therapy skill 36	36	36
Endotracheal intubations (4 must be performed on humans)				12
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
☞ Second and Third Years				
IV starts over the two-year period		EMT w/IV therapy skill 72	72	72

Endotracheal intubations over the two-year period (4 per year must be performed on humans)				24
Intraosseous infusion placement		EMT w/IV therapy skill X		
During the Certification Period				
Pediatric airway management				X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X
Later Certification Periods				
Annual Requirements				
IV starts		EMT w/IV therapy skill X	X	X
Endotracheal intubations (2 per year must be performed on humans)				4
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
During the Certification Period				
Pediatric airway management				X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X

"X" Indicates an individual must demonstrate proficiency of the skill to the satisfaction of the MPD.

(3) An EMS provider must successfully complete department-approved knowledge and practical skill examinations as identified in WAC 246-976-171.

(4) An EMS provider changing from the CME method to the OTEP method must meet all requirements of the OTEP method.

(5) Definitions of selected terms used in Tables A and B of this section:

(a) Cardiovascular education and training for adults, children, and infants includes:

(i) Nationally recognized training programs for CPR, foreign body airway obstruction (FBAO), and defibrillation and

patient care appropriate to the level of certification;

(ii) The use of airway adjuncts appropriate to the level of certification;

(iii) The care of cardiac and stroke patients.

(b) Endotracheal intubation: Proficiency includes the verification of proper tube placement and continued placement of the endotracheal tube in the trachea through procedures identified in county MPD protocols.

(c) Infectious disease: Infectious disease training must meet the requirements of chapter 70.24 RCW.

(d) Intraosseous infusion: Proficiency in intraosseous line placement.

(e) IV starts: Proficiency in intravenous catheterization performed on sick, injured, or preoperative adult and pediatric patients. With written authorization of the MPD, IV starts may be performed on artificial training aids.

(f) Supraglottic airway placement: Proficiency includes the verification of tube placement and continued placement of the supraglottic airway, in a skill lab setting, through procedures identified in county MPD protocols.

(g) Other pediatric topics: This includes anatomy and physiology and medical problems including special needs patients appropriate to the level of certification.

(h) Patient assessment: This includes adult, pediatric and geriatric patients appropriate to the level of certification.

(i) Pharmacology: Pharmacology specific to the medications approved by the MPD (not required for EMRs).

(j) Proficiency: Ability to demonstrate and perform all aspects of a skill properly to the satisfaction of the MPD or delegate.

(k) Spinal immobilization and packaging: This includes adult, pediatric, and geriatric patients appropriate to the level of certification

(l) Trauma: For adult, pediatric, and geriatric patients appropriate to the level of certification.

NEW SECTION

WAC 246-976-163 The OTEP method of recertification. (1)
Ongoing training and evaluation programs (OTEP):

(a) Must provide knowledge and skill evaluations following completion of each topic presentation to determine student competence of topic content.

(i) Must record practical skill evaluations on skill evaluation forms from nationally recognized training programs, or on department-approved practical skill evaluation forms, for the level of certification being taught.

(ii) If an evaluation form is not provided, a skill evaluation form must be developed and approved by the MPD and the department to evaluate the skill;

(b) Must be conducted at least on a quarterly basis;

(c) Must be approved by the MPD and the department. Any additions or major changes to an approved OTEP requires documented approval from the county MPD and the department;

(d) Must be presented and evaluated by course personnel meeting the following qualifications:

(i) Evaluators must:

(A) Be a currently certified Washington EMS provider who has completed at least one certification cycle. Certification must be at or above the level of certification being evaluated;

(B) Complete an MPD approved evaluator's workshop, specific to the level of certification being evaluated, which teaches participants to properly evaluate practical skills using the skill evaluation forms identified in (a) of this subsection. Participants must demonstrate proficiency to successfully complete the workshop;

(C) Complete the evaluator application, DOH Form 530-012;

(I) Be approved by the county MPD and the department; and

(II) Submit the MPD approved EMS evaluator application to the department.

(D) Meet education and participation requirements as identified by the county medical program director;

(E) Be recommended for re-approval by the county medical program director upon EMS credential recertification.

(ii) Instructors must:

(A) Be a currently approved EMS evaluator at or above the level of certification being taught;

(B) Be approved by the county MPD to instruct and evaluate EMS topics;

(iii) Guest lecturers, when used, must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the county MPD to instruct EMS topics;

(e) May use on-line training to provide all or a portion of an OTEP when:

(i) On-line training provides sufficient topic content to meet all annual and certification period requirements;

(ii) Each didactic training topic requires an on-line cognitive evaluation after the training. Successful completion of the topic evaluation is required to receive credit for the topic;

(iii) Instruction and demonstration of all practical skills are provided in person by an SEI or qualified EMS evaluator approved by the MPD to instruct the practical skills;

(iv) Each practical evaluation is completed and scored in the presence of a state approved EMS evaluator or SEI. Each evaluation must be successfully completed to receive credit for the practical skill.

(2) To complete the OTEP method of recertification, the EMS provider:

(a) Must complete a county MPD and department-approved OTEP

that includes requirements indicated in Table A of this section, for the certification period, appropriate to the level of certification;

**Table A
Education Requirements for Recertification**

	EMR	EMT	AEMT	Paramedic
Annual Requirements				
Cardiovascular education and training	X	X	X	X
Spinal immobilization	X	X	X	X
Patient assessment	X	X	X	X
Certification Period Requirements				
Infectious disease	X	X	X	X
Trauma	X	X	X	X
Pharmacology		X	X	X
Other pediatric topics	X	X	X	X
* Total minimum education hours per certification period:	15 hrs	30 hrs	60 hrs	150 hrs

"X" Indicates an individual must demonstrate knowledge and competency in the topic or skill.
 * Individuals obtaining education through the CME method must complete the total number of educational course hours indicated above. However, due to the competency-based nature of OTEP, fewer class hours may be needed to complete these requirements than the total course hours indicated above.

(b) Complete and document the skills maintenance requirements, indicated in Table B of this section, appropriate to the level of certification. Skill maintenance requirements may be obtained as part of the OTEP.

**Table B
Skills Maintenance Requirements for the OTEP Method**

	EMR	EMT	AEMT	Paramedic
First Certification Period or Three Years				
☞ First Year				
IV starts		EMT w/IV therapy skill 12	12	12
Human endotracheal intubations				4
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
☞ Second and Third Years				

IV starts over the two-year period		EMT w/IV therapy skill 12	24	24
Human endotracheal intubations over the two-year period				8
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
During the Certification Period				
Pediatric airway management		EMR & EMT X	X	X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X
Later Certification Periods				
Annual Requirements				
IV starts		EMT w/IV therapy skill X	X	X
Human endotracheal intubation				2
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
During the Certification Period				
Pediatric airway management		EMR & EMT X	X	X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X

"X" Indicates an individual must demonstrate proficiency of the skill to the satisfaction of the MPD.

(c) EMS providers using the OTEP method meet skill maintenance requirements by demonstrating proficiency in the application of those skills to the county MPD during the OTEP.

(d) Any EMS provider changing from the OTEP method to the CME method must meet all requirements of the CME method.

(3) Skill maintenance requirements for applicants requesting reciprocal certification:

(a) Reciprocity applicants credentialed less than three years must meet Washington State's skill maintenance requirements for the initial certification period identified above.

(b) Reciprocity applicants credentialed three years or more must meet Washington State's skill maintenance requirements for second and subsequent certification periods.

(c) The county MPD may evaluate an EMS provider's skills to determine proficiency in the application of those skills prior to recommending certification. The MPD may recommend that an EMS provider obtain specific training to become proficient in any skills deemed insufficient by the MPD or delegate.

(4) Definitions of selected terms used in Tables A and B of this section:

(a) Cardiovascular education and training for adults, children, and infants includes:

(i) Nationally recognized training programs for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification;

(ii) The use of airway adjuncts appropriate to the level of certification; and

(iii) The care of cardiac and stroke patients.

(b) Endotracheal intubation: Proficiency includes the verification of proper tube placement and continued placement of the endotracheal tube in the trachea through procedures identified in county MPD protocols.

(c) Infectious disease: Infectious disease training must meet the requirements of chapter 70.24 RCW.

(d) Intraosseous infusion: Proficiency in Intraosseous line placement.

(e) IV starts: Proficiency in intravenous catheterization performed on sick, injured, or preoperative adult and pediatric patients. With written authorization of the MPD, IV starts may be performed on artificial training aids.

(f) Supraglottic airway placement: Proficiency includes the verification of tube placement and continued placement of the supraglottic airway, in a skill lab setting, through procedures identified in county MPD protocols.

(g) Other pediatric topics: This includes anatomy and physiology and medical problems including special needs patients appropriate to the level of certification.

(h) Patient assessment: This includes adult, pediatric, and geriatric patients appropriate to the level of certification.

(i) Pharmacology: Pharmacology specific to the medications approved by the MPD (not required for EMRs).

(j) Proficiency: Ability to demonstrate and perform all aspects of a skill properly to the satisfaction of the MPD or delegate.

(k) Spinal immobilization and packaging: This includes adult, pediatric, and geriatric patients appropriate to the

level of certification.

(1) Trauma: For adult, pediatric, and geriatric patients appropriate to the level of certification.

AMENDATORY SECTION (Amending WSR 04-08-103, filed 4/6/04, effective 5/7/04)

WAC 246-976-171 Recertification, reversion, reissuance, and reinstatement of certification. (1) To apply for recertification, an EMS provider must:












(a) Meet the requirements identified in Table A of this section for EMS providers completing the CME method; or

(b) Meet the requirements identified in Table B of this section for EMS providers completing the OTEP method; and



(c) Submit to the department a completed certification application on forms provided by the department.

Table A

EMS Providers Participating in the CME Method of Recertification











REQUIREMENTS
<p>EMS Education Requirements:</p> <p>EMS providers participating in the CME method must provide proof of the following to the MPD or MPD delegate:</p> <ul style="list-style-type: none"> Successful completion of the educational requirements at the level of certification being sought, as specified in this chapter and identified in WAC 246-976-162, Table A; Successful completion of skills maintenance required for the level of recertification being sought, as specified in this chapter and identified in WAC 246-976-162, Table B; Passing department-approved practical skill certification examination for the level of certification being sought, within twelve months before submitting the application.
<p>Recertification Examination:</p> <p>Provide proof of a passing score on the department-approved recertification examination for the level of recertification being sought. The EMS provider will have three attempts within twelve months of course completion to pass the examination. If the EMS provider is unsuccessful after three attempts, prior to subsequent attempts, refresher training must be completed as follows:</p> <ul style="list-style-type: none"> EMR twelve hours. EMT twenty-four hours. AEMT thirty hours - pharmacology review must be included in the refresher training. Paramedic forty-eight hours - pharmacology review must be included in the refresher training.
<p>Certification application:</p> <p>Provide proof of identity - state or federal photo I.D. (Military ID, driver's license, passport).</p> <p>Provide proof of EMS agency association - active membership, paid or volunteer with:</p> <ul style="list-style-type: none"> Licensed aid or ambulance service; Law enforcement agency; Business with organized industrial safety team; Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above.

Recommendation of county medical program director.

-  The county MPD may require additional examinations to determine competency on department-approved MPD protocols prior to recommendation of recertification.
-  Required - MPD must sign application.

Background check - may be required.

Table B
EMS Providers Participating in the OTEP Method of
Recertification

REQUIREMENTS
<p>EMS Education Requirements:</p> <p>EMS providers participating in the CME method must provide proof of the following to the MPD or MPD delegate:</p> <ul style="list-style-type: none"> Successful completion of the educational requirements at the level of certification being sought, as specified in this chapter and identified in WAC 246-976-163, Table A; Successful completion of skills maintenance required for the level of certification being sought, as specified in this chapter and identified in WAC 246-976-163, Table B; Successful completion of the OTEP knowledge and skill evaluations at the level of recertification being sought.
<p>Recertification Examination:</p> <p>The evaluations required under this section fulfill the requirement of department-approved knowledge and practical skill recertification examinations.</p>
<p>Certification Application:</p> <p>Provide proof of identity - state or federal photo I.D. (Military ID, driver's license, passport).</p> <p>Provide proof of EMS agency association - active membership, paid or volunteer with:</p> <ul style="list-style-type: none"> Licensed aid or ambulance service; Law enforcement agency; Business with organized industrial safety team; Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above. <p>Recommendation of county medical program director.</p> <ul style="list-style-type: none"> Obtain the county MPD recommendation for recertification and endorsement of EMT specialized training. The county MPD may require additional examinations to determine competency on department-approved MPD protocols prior to recommendation of recertification. Required - MPD must sign application. <p>Background check - may be required.</p>

(2) To voluntarily revert to a lower level of certification, an EMS provider must:

(a) For the CME method, complete the recertification education requirements identified in WAC 246-976-161 and 246-976-162, Tables A and B for the lower level of certification; or

(b) For the OTEP method, complete the recertification education requirements identified in WAC 246-976-161 and 246-

976-163, Tables A and B at the lower level of certification; and

(c) Submit a completed certification application on forms provided by the department.

(3) An EMS provider may not provide EMS care with an expired certification.

(4) To apply for reissuance of an expired Washington state EMS certification:

(a) If a certification is expired for one year or less, the EMS provider must provide proof of the following to the county MPD or MPD delegate:

(i) Complete one additional year of annual recertification education requirements; and

(ii) For EMS providers completing the CME method, complete the requirements identified in Table A of this section; or

(iii) For EMS providers completing the OTEP method, complete the requirements identified in Table B of this section.

(b) If a certification is expired more than one year and less than two years, the EMS provider must provide proof of the following to the county MPD or MPD delegate:

(i) One additional year of annual recertification education requirements; and

(ii) Twenty-four hours of educational topics and hours specified by the department and the MPD; and

(iii) For EMS providers completing the CME method, complete the requirements identified in Table A of this section; or

(iv) For EMS providers completing OTEP, complete the requirements identified in Table B of this section.

(c) If a certification is expired for two years or longer, the EMS provider must provide proof of the following to the MPD or delegate:

(i) For nonparamedic EMS personnel:

(A) Complete a department-approved initial training program, and successfully complete department-approved knowledge and practical skill certification examinations;

(B) Complete the initial certification application requirements identified in WAC 246-976-141.

(ii) For paramedics whose certification has been expired between two and six years:

(A) Current status as a provider or instructor in the following: ACLS, PHTLS or BTLS, PALS or PEPPS, or state approved equivalent;

(B) Current status in health care provider level CPR;

(C) Completing a state approved forty-eight hour EMT-paramedic refresher training program or complete forty-eight hours of ALS training that consists of the following core content:

(I) Airway, breathing and cardiology - sixteen hours.

(II) Medical emergencies - eight hours.

(III) Trauma - six hours.

(IV) Obstetrics and pediatrics - sixteen hours.

(V) EMS operations - two hours.

(D) Successful completion of any additional required MPD and department-approved refresher training;

(E) Successful completion of MPD required clinical and field evaluations;

(F) Successful completion of department-approved knowledge and practical skill certification examinations;

(G) Complete the initial certification application requirements identified in WAC 246-976-141.

(d) A request for reissuance of a paramedic certification that has been expired greater than six years will be reviewed by the department to determine the disposition.

(5) Reinstatement of a suspended or revoked Washington state EMS certification.

(a) A person whose EMS certification is suspended or revoked may petition for reinstatement as provided in RCW 18.130.150;

(b) The petitioner must:

(i) Provide proof of completion of all requirements identified by the departmental disciplinary authority; and

(ii) Meet the reissuance requirements in this section.

(6) When EMS personnel change or add membership with an EMS agency, or their contact information changes, they must notify the department within thirty days of the change. Changes will be made on forms provided by the department.

[Statutory Authority: Chapters 18.71 and 18.73 RCW. 04-08-103, § 246-976-171, filed 4/6/04, effective 5/7/04. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-171, filed 4/5/00, effective 5/6/00.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-182 Authorized care--Scope of practice. (1) Certified EMS personnel are only authorized to provide patient care:

(a) When performing in a prehospital emergency setting or during interfacility ambulance transport; and

(b) When performing for a licensed EMS agency or an organization recognized by the secretary; and

(c) Within the scope of care that is:

(i) Included in the approved instructional guidelines/curriculum for the individual's level of certification; or

(ii) Included in approved specialized training; and

(iii) Included in state approved county MPD protocols.

(2) If protocols and regional patient care procedures do not provide off-line direction for the situation, the certified person in charge of the patient must consult with their on-line medical control as soon as possible. Medical control can only

authorize a certified person to perform within their scope of practice.

(3) All prehospital providers must follow state approved triage procedures, regional patient care procedures and county MPD patient care protocols.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-182, filed 4/5/00, effective 5/6/00.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-191 Disciplinary actions. (1) The secretary is the disciplining authority under RCW 18.130.040 (2)(a).

(2) Modification, suspension, revocation, or denial of certification will be consistent with the requirements of the Administrative Procedure Act (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and chapter 246-10 WAC.

(3) MPDs may perform counseling regarding the clinical practice of certified individuals.

(4) Before recommending disciplinary action, the MPD must initiate protocol and procedural counseling with the certified individual, consistent with department guidelines.

(5) The MPD may request the secretary to summarily suspend certification of an individual if the MPD believes that continued certification is an immediate and critical threat to public health and safety.

(6) The MPD may recommend denial or renewal of an individual's certification.

(7) As required by RCW 18.130.080, an employing or sponsoring agency is subject to the reporting requirements identified in chapter 246-16 WAC. An employing or sponsoring agency must report to the department the following:

(a) When the certified individual's services have been terminated or restricted based upon a final determination that the individual has either committed an act or acts that may constitute unprofessional conduct; or

(b) That the certified individual may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition; or

(c) When a certified individual is disciplined by an employing or sponsoring agency for conduct or circumstances that would be unprofessional conduct under RCW 18.130.180 of the Uniform Disciplinary Act.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-191, filed 4/5/00, effective 5/6/00.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-260 Licenses required. (1) The secretary licenses ambulance and aid services and vehicles to provide service that is consistent with the state plan and approved regional plans.

(2) To become licensed as an ambulance or aid service, an applicant must submit:

(a) A completed application for licensure on forms provided by the department;

(b) Proof of the following insurance coverage:

(i) Motor vehicle liability coverage required in RCW 46.30.020 (ambulance and aid services only);

(ii) Professional and general liability coverage;

(c) A map of the proposed response area;

(d) The level of service to be provided: Basic life support (BLS), intermediate life support (ILS), or advanced life support (ALS) (paramedic); and the scheduled hours of operation. Minimum staffing required for each level is as follows:

(i) For aid service response:

(A) A BLS level service will provide care with at least one person qualified in advanced first aid;

(B) An ILS level service will provide care with at least one ILS technician (AEMT);

(C) An ALS level service will provide care with at least one paramedic.

(ii) For ambulance services:

(A) A BLS level service will provide care and transport with at least one emergency medical technician (EMT) and one person trained in advanced first aid;

(B) An ILS service will provide care and transport with at least one ILS technician and one EMT;

(C) An ALS service will provide care and transport with at least one paramedic and one EMT or higher level of EMS certification;

(D) Licensed services that provide critical care interfacility ambulance transports, must have sufficient medical personnel on each response to provide patient care specific to the transport;

(e) For licensed ambulance services, a written plan to continue patient transport if a vehicle becomes disabled, consistent with regional patient care procedures.

(3) To renew a license, submit application forms to the department at least thirty days before the expiration of the current license.

(4) Licensed ambulance and aid services must comply with department-approved prehospital triage procedures.

00-08-102, § 246-976-260, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-260, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-270 Denial, suspension, revocation. (1) The secretary may suspend, modify, or revoke an agency's license or verification issued under this chapter. The secretary may deny licensure or verification to an applicant when it finds:

(a) Failure to comply with the requirements of chapters 18.71, 18.73, or 70.168 RCW, or other applicable laws or rules, or with this chapter;

(b) Failure to comply or ensure compliance with prehospital patient care protocols or regional patient care procedures;

(c) Failure to cooperate with the department in inspections or investigations;

(d) Failure to supply data as required in chapter 70.168 RCW and this chapter; or

(e) Failure to consistently meet trauma response times identified by the regional plan and approved by the department for trauma verified services.

(2) Modification, suspension, revocation, or denial of licensure or verification will be consistent with the requirements of the Administrative Procedure Act, chapter 34.05 RCW, and chapter 246-10 WAC. The secretary will not take action against a licensed, nonverified service under this section for providing emergency trauma care consistent with regional patient care procedures when the wait for the arrival of a verified service would place the life of the patient in jeopardy or seriously compromise patient outcome.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-270, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-270, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-290 Ground ambulance vehicle standards. (1) Essential equipment for patient and provider safety and comfort must be in good working order.

(2) All ambulance vehicles must be clearly identified as an EMS vehicle and display the agency identification by emblems and markings on the front, side, and rear of the vehicle. A current

state ambulance credential must be prominently displayed in a clear plastic cover positioned high on the partition behind the driver's seat.

(3) Tires must be in good condition.

(4) The electrical system must meet the following requirements:

(a) Interior lighting in the driver compartment must be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision from the instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion; and

(b) Interior lighting in the patient compartment must be provided throughout the compartment, and provide an intensity of twenty foot-candles at the level of the patient; and

(c) Exterior lights must be fully operational, and include body-mounted flood lights over the patient loading doors to provide loading visibility; and

(d) Emergency warning lights must be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.

(5) Windshield wipers and washers must be dual, electric, multispeed, and functional at all times.

(6) Battery and generator system:

(a) The battery must be capable of sustaining all systems. It must be located in a ventilated area sealed off from the vehicle interior, and completely accessible for checking and removal;

(b) The generating system must be capable of supplying the maximum built-in DC electrical current requirements of the ambulance. If the electrical system uses fuses instead of circuit breakers, extra fuses must be provided.

(7) The ambulance must be equipped with:

(a) Seat belts that comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210. Restraints must be provided in all seat positions in the vehicle, including the attendant station; and

(b) Mirrors on the left side and right side of the vehicle. The location of mounting must provide maximum rear vision from the driver's seated position; and

(c) One ABC two and one-half pound fire extinguisher.

(8) Ambulance body requirements:

(a) The length of the patient compartment must be at least one hundred twelve inches in length, measured from the partition to the inside edge of the rear loading doors; and

(b) The width of the patient compartment, after cabinet and cot installation, must provide at least nine inches of clear walkway between cots or the squad bench; and

(c) The height of the patient compartment must be at least fifty-three inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment; and

(d) There must be secondary egress from the vehicle; and

(e) Back doors must open in a manner to increase the width for loading patients without blocking existing working lights of the vehicle; and

(f) The floor at the lowest level permitted by clearances. It must be flat and unencumbered in the access and work area, with no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting or unsanitary conditions; and

(g) Floor covering applied to the top side of the floor surface. It must withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering must have minimal void between matching edges, cemented with a suitable water-proof and chemical-proof cement to eliminate the possibility of joints loosening or lifting; and

(h) The finish of the entire patient compartment must be impervious to soap and water and disinfectants to permit washing and sanitizing; and

(i) Exterior surfaces must be smooth, with appurtenances kept to a minimum; and

(j) Restraints must be provided for all litters. If the litter is floor supported on its own support wheels, a means must be provided to secure it in position. These restraints must permit quick attachment and detachment for quick transfer of patient.

(9) Vehicle brakes, regular and special electrical equipment, heating and cooling units, safety belts, and window glass, must be functional at all times.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-290, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-290, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-300 Ground ambulance and aid service-- Equipment. Ground ambulance and aid services must provide equipment listed in Table A of this section on each licensed vehicle, when available for service.

Note: "asst" means assortment

TABLE A: EQUIPMENT

AIRWAY MANAGEMENT

Airway Adjuncts

Oral airway adult and pediatric

AMBULANCE

asst

AID
VEHICLE

asst

Suction			
Portable		1	1
Vehicle mounted and powered, providing: Minimum of 30 L/min. & vacuum > 300 mm Hg		1	0
Tubing, suction		1	1
Bulb syringe, pediatric		1	1
Rigid suction tips		2	1
Catheters as required by local protocol			
Water-soluble lubricant		1	1
Oxygen delivery system built in		1	0
3000 L Oxygen supply, with regulator, 500 PSI minimum, or equivalent liquid oxygen system		1	0
300 L Oxygen supply, with regulator, 500 PSI minimum, or equivalent liquid oxygen system		2	1
Cannula, nasal, adult		4	2
O ₂ mask, nonrebreather, adult		4	2
O ₂ mask, nonrebreather, pediatric		2	1
BVM, with O ₂ reservoir			
Adult, pediatric, infant		1 ea	1 ea

PATIENT ASSESSMENT AND CARE

Assessment

Sphygmomanometer			
Adult, large		1	1
Adult, regular		1	1
Pediatric		1	1
Stethoscope, adult		1	1
Thermometer, per county protocol		1	0
Flashlight, w/spare or rechargeable batteries & bulb		1	1
Defibrillation capability appropriate to the level of personnel.		1	1
Personal infection control and protective equipment as required by the department of labor and industries			
Length based tool for estimating pediatric medication and equipment sizes		1	1

TRAUMA EMERGENCIES

Triage identification for 12 patients per county protocol	Yes	Yes
Wound care		
Dressing, sterile	asst	asst
Dressing, sterile, trauma	2	2
Roller gauze bandage	asst	asst
Medical tape	asst	asst
Self adhesive bandage strips	asst	asst
Cold packs	4	2
Occlusive dressings	2	2
Scissors, bandage	1	1
Irrigation solution	2	1
Splinting		
Backboard with straps	2	1
Head immobilization equipment	1	1
Pediatric immobilization device	1	1
Extrication collars, rigid		
Adult (small, medium, large)	asst	asst
Pediatric or functionally equivalent sizes	asst	asst
Immobilizer, cervical/thoracic, adult	1	0
Splint, traction, adult w/straps	1	0
Splint, traction, pediatric, w/straps	1	0
Splint, adult (arm and leg)	2 ea	1 ea
Splint, pediatric (arm and leg)	1 ea	1 ea
General		
Litter, wheeled, collapsible, with a functional restraint system per the manufacturer	1	0
Pillows, plastic covered or disposable	2	0
Pillow case, cloth or disposable	4	0
Sheets, cloth or disposable	4	2
Blankets	2	2
Towels, cloth or disposable 12" x 23" minimum	4	2
Emesis collection device	1	1
Urinal	1	0
Bed pan	1	0

OB kit	1	1
Epinephrine and supplies appropriate for level of certification per MPD protocols.		
Adult	1	1
Pediatric	1	1

Storage and handling of pharmaceuticals in ambulances and aid vehicles must be in compliance with the manufacturers' recommendations.

Extrication plan: Agency must document how extrication will be provided when needed.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-300, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-300, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-310 Ground ambulance and aid service-Communications equipment. (1) Licensed services must provide each licensed ambulance and aid vehicle with communication equipment which:

- (a) Is consistent with state and regional plans;
- (b) Is in good working order;
- (c) Allows direct two-way communication between the vehicle and its dispatch control point; and
- (d) Allows communication with medical control.

(2) If cellular telephones are used, there must also be another method of radio contact with dispatch and medical control for use when cellular service is unavailable.

(3) Licensed ambulance services must provide each licensed ambulance with communication equipment which:

- (a) Allows direct two-way communication with medical control and all hospitals in the service area of the vehicle, from both the driver's and patient's compartment; and
- (b) Incorporates appropriate encoding and selective signaling devices.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-310, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-310, filed 12/23/92, effective 1/23/93.]

WAC 246-976-320 Air ambulance services. The purpose of this rule is to ensure the consistent quality of medical care delivered by air ambulance services in the state of Washington.

(1) Air ambulance services must:

(a) Comply with all regulations and standards in this chapter pertaining to verified ambulance services and vehicles, except that WAC 246-976-290 and 246-976-300 are replaced for air ambulance services by subsection (4)(b) and (c) of this section;

(b) Comply with the standards in this section for all types of transports, including interfacility and prehospital transports;

(c) Provide proof of compliance with Federal Acquisition Regulation (FAR), 14 CFR Part 135 (October 10, 1978) of the operating requirements; commuter and on demand operations and rules governing persons on board such aircraft.

(2) Air ambulance services currently licensed or seeking re-licensure must have and maintain accreditation by the commission on accreditation of medical transport services (CAMTS) or another accrediting organization approved by the secretary as having equivalent requirements as CAMTS for aeromedical transport.

(3) Air ambulance services requesting initial licensure that are ineligible to attain accreditation because they lack a history of operation at the site, must meet the criteria of subsections (4) and (5) of this section and within four months of licensure must have completed an initial consultation with CAMTS or another accrediting organization approved by the secretary as having equivalent requirements as CAMTS for aeromedical transport. A provisional license will be granted for no longer than two years at which time the service must provide documentation that it is accredited by CAMTS or another accrediting organization approved by the secretary as having equivalent requirements as CAMTS for aeromedical transport.

(4) Air ambulance services must provide:

(a) A physician director:

(i) Licensed to practice in the state of Washington;

(ii) Trained and experienced in emergency, trauma, and critical care;

(iii) Knowledgeable of the operation of air medical services; and

(iv) Responsible for supervising and evaluating the quality of patient care provided by the air medical flight personnel;

(b) If the air medical service utilizes Washington certified EMS personnel:

(i) The physician director must be a delegate of the MPD in the county where the air service declares its primary base of operation.

(ii) Certified EMS personnel must follow department-approved MPD protocols when providing care;

(c) Sufficient air medical personnel on each response to provide patient care, specific to the mission, including:

(i) One specially trained, experienced registered nurse or paramedic; and

(ii) One other person who must be a physician, nurse, physician's assistant, respiratory therapist, paramedic, EMT, or other appropriate specialist appointed by the physician director. If an air ambulance responds directly to the scene of an incident, at least one of the air medical personnel must be trained in prehospital emergency care;

(d) Aircraft that, when operated as air ambulances:

(i) Are configured so that the medical personnel can access the patient. The configuration must allow medical personnel to begin and maintain advanced life support and other treatment;

(ii) Allow loading and unloading the patient without excessive maneuvering or tilting of the stretcher;

(iii) Have appropriate communication equipment:

(A) The capability to communicate between flight personnel, hospitals, medical control, and the services communication center;

(B) Helicopters must also have the capability to communicate with ground EMS services and public safety vehicles;

(iv) Are equipped with:

(A) Airway management equipment, including:

(I) Oxygen;

(II) Suction;

(III) Ventilation and intubation equipment, adult and pediatric;

(B) Cardiac monitor/defibrillator;

(C) Supplies, equipment, and medication as required by the program physician director, for emergency, cardiac, trauma, pediatric care, and other missions; and

(D) The ability to maintain appropriate patient temperature;

(v) Have interior lighting for patient care; and

(vi) Helicopter aircraft must have a protective barrier sufficiently isolating the cockpit, to minimize in-flight distraction or interference.

(5) All air medical personnel must:

(a) Be certified in ACLS;

(b) Be trained in:

(i) Emergency, trauma, and critical care;

(ii) Altitude physiology;

(iii) EMS communications;

(iv) Aircraft and flight safety; and

(v) The use of all patient care equipment on board the aircraft;

(c) Be familiar with survival techniques appropriate to the terrain;

(d) Perform under protocols.

(6) Exceptions:

(a) If aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed air ambulance is not available, the nearest available aircraft that can accommodate the patient may transport. The physician ordering the transport must justify the need for air transport of the patient in writing to the department within thirty days after the incident.

(b) Excluded from licensure requirements are:

(i) Air services operating aircraft for primary purposes other than civilian air medical transport. These services may be called to initiate an emergency air medical transport of a patient to the nearest available treatment facility or rendezvous point with other means of transportation. Examples are: United States Army Military Assistance to Safety and Traffic, United States Navy, United States Coast Guard, Search and Rescue, and the United States Department of Transportation;

(ii) Air ambulance services that solely transport patients into Washington State from points originating outside of the state of Washington.

[Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-320, filed 11/1/00, effective 12/2/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-320, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-320, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 02-02-077, filed 12/31/01, effective 1/31/02)

WAC 246-976-330 Ambulance and aid services--Record requirements. (1) Each ambulance and aid service must maintain a record of, and submit to the department, the following information on request:

(a) Current certification levels of all personnel;

(b) Any changes in staff affiliation with the ambulance and aid service to include new employees or employee severance; and

(c) Make, model, and license number of all EMS response vehicles.

(2) The certified EMS provider in charge of patient care must provide the following information to the receiving facility staff:

(a) At the time of arrival at the receiving facility, a minimum of a brief written or electronic patient report including agency name, EMS personnel, and:

(i) Date and time of the medical emergency;

(ii) Time of onset of symptoms;

(iii) Patient vital signs including serial vital signs

where applicable;

(iv) Patient assessment findings;

(v) Procedures and therapies provided by EMS personnel;

(vi) Any changes in patient condition while in the care of the EMS personnel;

(vii) Mechanism of injury or type of illness.

(b) Within twenty-four hours of arrival, a complete written or electronic patient care report that includes at a minimum:

(i) Names and certification levels of all personnel providing patient care;

(ii) Date and time of medical emergency;

(iii) Age of patient;

(iv) Applicable components of system response time;

(v) Patient vital signs, including serial vital signs if applicable;

(vi) Patient assessment findings;

(vii) Procedures performed and therapies provided to the patient; this includes the times each procedure or therapy was provided;

(viii) Patient response to procedures and therapies while in the care of the EMS provider;

(ix) Mechanism of injury or type of illness;

(x) Patient destination.

(c) For trauma patients, all other data points identified in WAC 246-976-430 for inclusion in the trauma registry must be submitted within ten days of transporting the patient to the trauma center.

(3) Licensed services must make all patient care records available for inspection and duplication upon request of the county MPD or the department.

[Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-077, § 246-976-330, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-330, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-330, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 00-22-124, filed 11/1/00, effective 12/2/00)

WAC 246-976-390 Trauma verification of prehospital EMS services. (1) The secretary verifies prehospital EMS services. Verification is a higher form of licensure that requires twenty-four-hour, seven day a week compliance with the standards outlined in chapter 70.168 RCW and this chapter. Verification will expire with the prehospital EMS service's period of licensure.

(2) To qualify for trauma verification, an agency must be a

licensed ambulance or aid service as specified in WAC 246-976-260.

(3) The following EMS services may be verified:

(a) Aid service: Basic, intermediate (AEMT), and advanced (paramedic) life support;

(b) Ground ambulance service: Basic, intermediate (AEMT), and advanced (paramedic) life support;

(c) Air ambulance service.

(4) Personnel requirements:

(a) Verified aid services must provide personnel on each trauma response including:

(i) Basic life support: At least one individual who is an EMR or above;

(ii) Intermediate life support: At least one AEMT;

(iii) Advanced life support - paramedic: At least one paramedic;

(b) Verified ambulance services must provide personnel on each trauma response including:

(i) Basic life support: At least two certified individuals - one EMT plus one EMR;

(ii) Intermediate life support: One AEMT, plus one EMT;

(iii) Advanced life support - paramedic: At least two certified individuals - one paramedic and one EMT;

(c) Verified air ambulance services must provide personnel as identified in WAC 246-976-320.

(5) Equipment requirements:

(a) Verified BLS vehicles must carry equipment identified in WAC 246-976-300, Table A;

(b) Verified ILS and paramedic vehicles must provide equipment identified in Table A of this section, in addition to meeting the requirements of WAC 246-976-300;

(c) Verified air ambulance services must meet patient care equipment requirements described in WAC 246-976-320.

TABLE A: EQUIPMENT FOR VERIFIED TRAUMA SERVICES
(NOTE: "ASST" MEANS ASSORTMENTS. "X" INDICATES REQUIRED.)

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
AIRWAY MANAGEMENT				
Airway adjuncts				
Adjunctive airways, assorted per protocol	X	X	X	X
Laryngoscope handle, spare batteries	1	1	1	1
Adult blades, set	1	1	1	1
Pediatric blades, straight (0, 1, 2)	1 ea	1 ea	1 ea	1 ea
Pediatric blades, curved (2)	1 ea	1 ea	1 ea	1 ea
McGill forceps, adult & pediatric	1	1	1	1
ET tubes, adult and pediatric	asst	0	asst	0

Supraglottic airways per MPD protocol	X	X	X	X
End-tidal CO ₂ detector	1 ea	1 ea	1 ea	1 ea
Oxygen saturation monitor	1 ea	1 ea	1 ea	1 ea

TRAUMA EMERGENCIES

IV access

Administration sets and intravenous fluids per protocol:

Adult	4	4	2	2
Pediatric volume control device	2	2	1	1
Catheters, intravenous (14-24 ga)	asst	asst	asst	asst
Needles				
Hypodermic	asst	asst	asst	asst
Intraosseous, per protocol	2	2	1	1
Sharps container	1	1	1	1
Syringes	asst	asst	asst	asst
Glucose measuring supplies	Yes	Yes	Yes	Yes
Pressure infusion device	1	1		
Length based tool for estimating pediatric medication and equipment sizes	1	1	1	1
Medications according to local patient care protocols				

(6) Aid service response time requirements: Verified aid services must meet the following minimum agency response times as defined by the department and identified in the regional plan:

(a) To urban response areas: Eight minutes or less, eighty percent of the time;

(b) To suburban response areas: Fifteen minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(7) Ground ambulance service response time requirements: Verified ground ambulance services must meet the following minimum agency response times for all EMS and trauma responses to response areas as defined by the department and identified in the regional plan:

(a) To urban response areas: Ten minutes or less, eighty percent of the time;

(b) To suburban response areas: Twenty minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(8) Verified air ambulance services must meet minimum agency response times as identified in the state plan.

(9) Verified ambulance and aid services must comply with the approved prehospital trauma triage procedures defined in WAC 246-976-010.

(10) The department will:

(a) Identify minimum and maximum numbers of prehospital services, based on:

(i) The approved regional EMS and trauma plans, including: Distribution and level of service identified for each response area; and

(ii) The Washington state EMS and trauma plan;

(b) With the advice of the steering committee, consider all available data in reviewing response time standards for verified prehospital trauma services at least biennially;

(c) Administer the BLS/ILS/ALS verification application and evaluation process;

(d) Approve an applicant to provide verified prehospital trauma care, based on satisfactory evaluations as described in this section;

(e) Obtain comments from the regional council as to whether the application(s) appears to be consistent with the approved regional plan;

(f) Provide written notification to the applicant(s) of the final decision in the verification award;

(g) Notify the regional council and the MPD in writing of the name, location, and level of verified services;

(h) Approve renewal of a verified service upon reapplication, if the service continues to meet standards established in this chapter and verification remains consistent with the regional plan.

(11) The department may:

(a) Conduct a pre-verification site visit; and

(b) Grant a provisional verification not to exceed one hundred twenty days. The secretary may withdraw the provisional verification status if provisions of the service's proposal are not implemented within the one hundred twenty-day period, or as otherwise provided in chapter 70.168 RCW and this chapter.

[Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-390, filed 11/1/00, effective 12/2/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-390, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-390, filed 12/23/92, effective 1/23/93.]

NEW SECTION

WAC 246-976-395 To apply for initial verification or to change verification status as a prehospital EMS service. (1) To select verified prehospital EMS services, the department will:

(a) Provide a description of the documents an applicant must submit to demonstrate that it meets the standards as identified in chapter 70.168 RCW and WAC 246-976-390;

(b) Conduct a pre-verification on-site review for:

(i) All ALS ambulance service applications;

(ii) All ILS ambulance service applications; and

(iii) All BLS ambulance applications if and when there is any question of duplication of services or lack of coordination of prehospital services within the region;

(c) Request comments from the region in which a verification application is received, to be used in the department's review;

(d) Apply the department's evaluation criteria; and

(e) Apply the department's decision criteria.

(2) To apply for verification you must:

(a) Be a licensed prehospital EMS ambulance or aid service as specified in WAC 246-976-260;

(b) Submit a completed application:

(i) If you are applying for verification in more than one region, you must submit a separate application for each region;

(ii) You must apply for verification when you are:

(A) An agency that responds to 9-1-1 emergencies as part of its role in the EMS system;

(B) A new business or legal entity that is formed through consolidation of existing services or a newly formed EMS agency;

(C) An EMS agency that seeks to provide prehospital emergency response in a region in which it previously has not been operating; or

(D) A service that is changing, or has changed its type of verification or its verification status.

(3) The department will evaluate each prehospital EMS service applicant on a point system. In the event there are two or more applicants, the secretary will verify the most qualified applicant. The decision to verify will be based on at least the following:

(a) Total evaluation points received on all completed applications:

(i) Applicants must receive a minimum of one hundred fifty points of the total two hundred points possible from the overall evaluation scoring tool to qualify for verification.

(ii) Applicants must receive a minimum of thirty points in the evaluation of its clinical and equipment capabilities section of the evaluation scoring tool to qualify for verification;

(b) Recommendations from the on-site review team, if applicable;

(c) Comment from the regional council(s);

(d) Dispatch plan;

(e) Response plan;

(f) Level of service;

(g) Type of transport, if applicable;

(h) Tiered response and rendezvous plan;

(i) Back-up plan to respond;

(j) Interagency relations;

(k) How the applicant's proposal avoids unnecessary duplication of resources or services;

(l) How the applicant's service is consistent with and will meet the specific needs as outlined in their approved regional EMS and trauma plan including the patient care procedures;

(m) Ability to meet vehicle requirements;

(n) Ability to meet staffing requirements;

(o) How certified EMS personnel have been, or will be, trained so they have the necessary understanding of department-approved MPD protocols, and their obligation to comply with the MPD protocols;

(p) Agreement to participate in the department-approved regional quality improvement program.

(4) Regional EMS and trauma care councils may provide comments to the department regarding the verification application, including written statements on the following if applicable:

(a) Compliance with the department-approved minimum and maximum number of verified trauma services for the level of verification being sought by the applicant;

(b) How the proposed service will impact care in the region to include discussion on:

(i) Clinical care;

(ii) Response time to prehospital incidents;

(iii) Resource availability; and

(iv) Unserved or under served trauma response areas;

(c) How the applicant's proposed service will impact existing verified services in the region.

(5) Regional EMS/TC councils will solicit and consider input from local EMS/TC councils where local councils exist.

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-400 Verification-Noncompliance with standards.

If the department finds that a verified prehospital trauma care service is out of compliance with verification standards:

(1) The department shall promptly notify in writing: The service, the MPD, and the local and regional EMS/TC councils.

(2) Within thirty days of the department's notification,

the service must submit a corrective plan to the department, the MPD, and the local and regional councils outlining proposed action to return to compliance.

(3) If the service is either unable or unwilling to comply with the verification standards, under the provisions of chapter 34.05 RCW, the secretary may suspend or revoke the verification. The department shall promptly notify the local and regional councils and the MPD of any revocation or suspension of verification.

If the MPD, the local council, or regional council receives information that a service is out of compliance with the regional plan, they may forward their recommendations for corrections to the department.

(4) The department will review the plan within thirty days, including consideration of any recommendations from the MPD, local council, and regional council. The department will notify the service whether the plan is accepted or rejected.

(5) The department will monitor the service's progress in fulfilling the terms of the approved plan.

(6) A verified prehospital service that is not in compliance with verification standards will not receive a participation grant.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-400, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-400, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 04-01-041, filed 12/10/03, effective 1/10/04)

WAC 246-976-890 Interhospital transfer guidelines and agreements. Designated trauma services must:

(1) Have written guidelines consistent with their written scope of trauma service to identify and transfer patients with special care needs exceeding the capabilities of the trauma service;

(2) Have written transfer agreements with other designated trauma services. The agreements must address the responsibility of the transferring hospital, the receiving hospital, and the prehospital transport agency, including a mechanism to assign medical control during interhospital transfer;

(3) Have written guidelines, consistent with their written scope of trauma service, to identify trauma patients who are transferred in from other facilities, whether admitted through the emergency department or directly into other hospital services;

(4) Use verified prehospital trauma services for interfacility transfer of trauma patients.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-890, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-890, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-890, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-890, filed 12/23/92, effective 1/23/93.]

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-920 Medical program director.

(1) Qualifications - applicants for certification as a medical program director (MPD) must:

(a) Hold and maintain a current and valid license to practice medicine and surgery under chapter 18.71 RCW or osteopathic medicine and surgery under chapter 18.57 RCW; and

(b) Be qualified and knowledgeable in the administration and management of emergency medical care and services; and

(c) Complete a medical director training course approved by the department; and

(d) Be recommended for certification by the local medical community and local emergency medical services and trauma care council.

(2) MPD certification process. In certifying the MPD, the department will:

(a) Work with the local EMSTC council to identify physicians interested in serving as the MPD;

(b) Receive a letter of interest and curriculum vitae from the MPD candidate;

(c) Perform required background checks identified in RCW 18.130.064;

(d) Work with and provide technical assistance to local EMSTC councils on evaluating MPD candidates;

(e) Obtain letters of recommendation from the local EMSTC council and local medical community;

(f) Make final appointment of the MPD.

(3) The certified MPD must:

(a) Provide medical control and direction of EMS certified personnel in their medical duties. This is done by oral or written communication;

(b) Develop and adopt written prehospital patient care protocols to direct EMS certified personnel in patient care. These protocols may not conflict with regional patient care procedures. Protocols may not exceed the authorized care of the certified prehospital personnel as described in WAC 246-976-182;

(c) Establish policies for storing, dispensing, and administering controlled substances. Policies must be in

accordance with state and federal regulations and guidelines;

(d) Participate with local and regional EMS/TC councils to develop and revise:

(i) Regional patient care procedures;

(ii) County operating procedures when applicable. COPS do not conflict with regional patient care procedures; and

(iii) Participate with the local and regional EMS/TC councils to develop and revise regional plans;

(e) Work within the parameters of the approved regional patient care procedures and the regional plan;

(f) Supervise training of all EMS certified personnel;

(g) Develop protocols for special training described in WAC 246-976-023(4);

(h) Periodically audit the medical care performance of EMS certified personnel;

(i) Recommend to the secretary certification, recertification, or denial of certification of EMS personnel;

(j) Recommend to the secretary disciplinary action to be taken against EMS personnel, which may include modification, suspension, or revocation of certification; and

(k) Recommend to the department individuals applying for recognition as senior EMS instructors.

(4) In accordance with department policies and procedures, the MPD may:

(a) Delegate duties to other physicians, except for duties described in subsection (3)(b), (i), (j), and (k) of this section. The delegation must be in writing;

(i) The MPD must notify the department in writing of the names and duties of individuals so delegated, within fourteen days of appointment;

(ii) The MPD may remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department.

(b) Delegate duties relating to training, evaluation, or examination of certified EMS personnel, to qualified non physicians. The delegation must be in writing;

(c) Enter into EMS medical control agreements with other MPDs;

(d) Recommend denial of certification to the secretary for any applicant the MPD can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations; and

(e) Utilize examinations to determine the knowledge and abilities of certified EMS personnel prior to recommending applicants for certification or recertification.

(5) The secretary may withdraw the certification of an MPD for failure to comply with the Uniform Disciplinary Act (chapter 18.130 RCW) and other applicable statutes and regulations.

Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-920, filed 12/23/92, effective 1/23/93.]

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-976-021	Training course requirements.
WAC 246-976-151	Reciprocity, challenges, reinstatement and other actions.