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2 Legend - The following color highlights represent:

3
4 Comments for consideration or questions to resolve

5
6 Inserted language that needs to be reviewed or accepted

7
8 Language to look at regarding future changes or have yet to
9 consider draft 2005 WAC language.

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

16 (1) This chapter establishes criteria for:

17 (a) Training and certification of basic, intermediate and
18 advanced life support technicians;

19 (b) Licensure and inspection of ambulance and aid services;

20 (c) Verification of prehospital trauma services;

21 (d) Development and operation of a statewide trauma
22 registry;

23 (e) The designation process and operating requirements for
24 designated trauma care services;

25 (f) A statewide emergency medical communication system;

26 (g) Administration of the statewide EMS/TC system.

27 (3) This chapter does not contain detailed procedures to
28 implement the state EMS/TC system. Request procedures,
29 guidelines, or any publications referred to in this chapter from
30 the Office of Emergency Medical and Trauma Prevention,
31 Department of Health, Olympia, WA 98504-7853 or on the internet
32 at www.doh.wa.gov.

33
34 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
35 00-08-102, § 246-976-001, filed 4/5/00, effective 5/6/00.

36 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
37 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-001, filed
38 12/23/92, effective 1/23/93.]

39
40
41 **WAC 246-976-010 Definitions.** Definitions in RCW
42 18.71.200, 18.71.205, 18.73.030, and 70.168.015 apply to this
43 chapter. In addition, unless the context plainly requires a
44 different meaning, the following words and phrases used in this
45 chapter mean:





46 "ACLS" means advanced cardiac life support, a course
47 developed by the American Heart Association.

48 "Activation of the trauma system" means mobilizing
49 resources to care for a trauma patient in accordance with
50 regional patient care procedures. When the prehospital provider

51 identifies a major trauma patient, using approved prehospital
52 trauma triage procedures, he or she notifies both dispatch and
53 medical control from the field.

54 "Adolescence" means the period of physical and
55 psychological development from the onset of puberty to maturity,
56 approximately twelve to eighteen years of age.


57 "Advanced first aid," for the purposes of RCW 18.73.120,
58 18.73.150, and 18.73.170, means a course of at least twenty-four
59 hours of instruction, which includes at least:


- 60  CPR;
- 61  Airway management;
- 62  Trauma/wound care;
- 63  Immobilization.

64 "Agency response time" means the interval from agency
65 notification to arrival on the scene. It is the combination of
66 activation and en route times defined under system response
67 times in this section.

68 "Aid service" means an agency licensed by the department to
69 operate one or more aid vehicles, consistent with regional and
70 state plans.

71 "Airway technician" means a person who:

72  Has been trained in an approved program to perform
73 endotracheal airway management and other authorized aids to
74 ventilation under written or oral authorization of an MPD or
75 approved physician delegate; and

76  Has been examined and certified as an airway technician
77 by the department or by the University of Washington's school of
78 medicine.

79 "ALS" means advanced life support.

80 "Ambulance service" means an agency licensed by the
81 department to operate one or more ground or air ambulances.
82 Ground ambulance service operation must be consistent with
83 regional and state plans. Air ambulance service operation must
84 be consistent with the state plan.

85 "Approved" means approved by the department of health.

86 "ATLS" means advanced trauma life support, a course
87 developed by the American College of Surgeons.

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

94 "Available" for designated trauma services described in WAC
95 246-976-485 through 246-976-890 means physically present in the
96 facility and able to deliver care to the patient within the time
97 specified. If no time is specified, the equipment or personnel
98 must be available as reasonable and appropriate for the needs of
99 the patient.

100 "BLS" means basic life support.

101 "Basic life support" means emergency medical services
102 requiring basic medical treatment skills as defined in chapter
103 18.73 RCW.

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

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

113 "BP" means blood pressure.

114 "Certification" means the department recognizes that an
115 individual has met predetermined qualifications, and authorizes
116 the individual to perform certain procedures.

117 "Consumer" means an individual who is not associated with
118 the EMS/TC system, either for pay or as a volunteer, except for
119 service on the steering committee, licensing and certification
120 committee, or regional or local EMS/TC councils.

121 "Continuing medical education (CME) method" or "continuing
122 medical education method" or "CME" or "CME method" is the
123 completion of prehospital recertification education requirements
124 after initial prehospital certification to maintain and enhance
125 skill and knowledge. CME requires the successful completion of
126 a written and practical skills examination the department
127 approved cognitive and psychomotor certification examinations to
128 recertify.

129 "CPR" means cardiopulmonary resuscitation.

130 "Dispatch" means to identify and direct an emergency
131 response unit to an incident location.

132 "Diversion" for trauma care means the EMS transport of a
133 trauma patient past the usual receiving trauma service to
134 another trauma service due to temporary unavailability of trauma
135 care resources at the usual receiving trauma service.

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

138 "ED" means emergency department.

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

147 "EMS" means emergency medical services.

148 "EMS/TC" means emergency medical services and trauma care.

149 "EMT" means emergency medical technician.

150 "General surgeon" means a licensed physician who has

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


153 "ICD" means the international classification of diseases, a
154 coding system developed by the World Health Organization.


155 "ILS" means intermediate life support.

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


159 "Interfacility transport" means medical transport of a
160 patient between recognized medical treatment facilities
161 requested by a licensed health care provider.


162 "Intermediate life support (ILS) technician" means a person
163 who:

164  Has been trained in an approved program to perform
165 specific phases of advanced cardiac and trauma life support as
166 specified in this chapter, under written or oral direction of an
167 MPD or approved physician delegate; and

168  Has been examined and certified as an ILS technician by
169 the department or by the University of Washington's school of
170 medicine.

171 "Intravenous therapy technician" means a person who:

172  Has been trained in an approved program to initiate IV
173 access and administer intravenous solutions under written or
174 oral authorization of an MPD or approved physician delegate; and

175  Has been examined and certified as an intravenous therapy
176 technician by the department or by the University of
177 Washington's school of medicine.

178 "IV" means intravenous.

179 "Licensing and certification committee (L&C committee)"
180 means the emergency medical services licensing and certification
181 advisory committee created by RCW 18.73.040.

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

184 "Local medical community" means the organized local medical
185 society existing in a county or counties; or in the absence of
186 an organized medical society, majority physician consensus in
187 the county or counties.

188 "Medical control" means MPD authority to direct the medical
189 care provided by certified EMS personnel in the prehospital EMS
190 system.

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

195 "MPD" means medical program director.


196 "Must" means shall.


197 "Ongoing training and evaluation program" or "ongoing
198 training and evaluation program (OTEP)" or "OTEP" or "OTEP
199 program" or "OTEP method" is a program of education for EMS
200 personnel that is approved by the MPD and the department to meet

201 the education requirements and core topic content for
202 recertification. OTEP includes cognitive, affective and
203 psychomotor evaluations following completion of each topic
204 presentation to determine student competence of topic content.

205 "PALS" means pediatric advanced life support, a course
206 developed by the American Heart Association.

207 "Paramedic" means a person who:

208  Has been trained in an approved program to perform all
209 phases of prehospital emergency medical care, including advanced
210 life support, under written or oral authorization of an MPD or
211 approved physician delegate; and

212  Has been examined and certified as a paramedic by the
213 department or by the University of Washington's school of
214 medicine.

215 "Pediatric education requirement" or "PER" means the
216 pediatric education and training standards required for certain
217 specialty physicians and nurses who care for pediatric patients
218 in designated trauma services as identified in WAC 246-976-886
219 and 246-976-887.

220 "Physician" means an individual licensed under the
221 provisions of chapters 18.71 or 18.57 RCW.

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

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

232 "Practical skills examination" means a test conducted in an
233 initial course, or a test or series of evaluations during a
234 recertification period, to determine competence in each of the
235 practical skills specified by the department.

236 "Prehospital agencies" means providers of prehospital care
237 or interfacility ambulance transport.

238 "Prehospital index" means a scoring system used to activate
239 a hospital trauma resuscitation team.

240 "Prehospital patient care protocols" means the written
241 procedures adopted by the MPD under RCW 18.73.030(13) and
242 70.168.015(26) which direct the out-of-hospital emergency care
243 of the emergency patient which includes the trauma care patient.
244 These protocols are related only to delivery and documentation
245 of direct patient treatment.

246 "Prehospital trauma care services" means agencies that are
247 verified to provide prehospital trauma care.

248 "Prehospital trauma triage procedures" means the method
249 used by prehospital providers to evaluate injured patients and
250 determine whether to activate the trauma system from the field.

251 It is described in WAC 246-976-930(2).

252 "Public education" means education of the population at
253 large, targeted groups or individuals, in preventive measures
254 and efforts to alter specific injury-related behaviors.

255 "Quality improvement" or "QI" or "quality assurance" means
256 a process/program to monitor and evaluate care provided in
257 trauma services and EMS/TC systems.

258 "Regional council" means the regional EMS/TC council
259 established by RCW 70.168.100.

260 "Regional patient care procedures (RPCP)" means procedures
261 adopted by a regional council under RCW 18.73.030(14) and
262 70.168.015(23), and approved by the department. Regional
263 patient care procedures do not relate to direct patient care.

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

266 "Registered nurse" means an individual licensed under the
267 provisions of chapter 18.79 RCW.


268 "Response area" means a service coverage zone identified in
269 an approved regional plan.


270 "Rural" means unincorporated or incorporated areas with
271 total populations less than ten thousand people, or with a
272 population density of less than one thousand people per square
273 mile.

274 "SEI" means an individual approved to be responsible for
275 the quality of instruction and the conduct of basic life support
276 training courses.

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

282  For physicians, by the facility's medical staff;

283  For registered nurses, by the facility's department of
284 nursing;

285  For physician assistants and advanced registered nurse
286 practitioners, as defined in the facility's bylaws.

287 "Specialized training" means approved training of certified
288 EMS personnel to use a skill, technique, or equipment that is
289 not included in the standard course curriculum.

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

293 "Steering committee" means the EMS/TC steering committee
294 created by RCW 70.168.020.

295 "Suburban" means an incorporated or unincorporated area
296 with a population of ten thousand to twenty-nine thousand nine
297 hundred ninety nine or any area with a population density of one
298 thousand to two thousand people per square mile.


299 "System response time" for trauma means the interval from
300 discovery of an injury until the patient arrives at a designated


301 trauma facility. It includes:

302 "Discovery time": The interval from injury to discovery of
303 the injury;


304 "System access time": The interval from discovery to call
305 received;


306 "911 time": The interval from call received to dispatch
307 notified, including the time it takes the call answerer to:


308  Process the call, including citizen interview; and


309  Give the information to the dispatcher;


310 "Dispatch time": The interval from call received by the
311 dispatcher to agency notification;

312  "Activation time": The interval from agency notification
313 to start of response;

314  "En route time": The interval from the end of activation
315 time to the beginning of on-scene time;

316  "Patient access time": The interval from the end of en
317 route time to the beginning of patient care;

318  "On scene time": The interval from arrival at the scene
319 to departure from the scene. This includes extrication,
320 resuscitation, treatment, and loading;

321  "Transport time": The interval from leaving the scene to
322 arrival at a health care facility;


323 "Training agency" means an organization or individual that
324 is approved to be responsible for specified aspects of training
325 of EMS personnel.


326 "Training physician" means a physician delegated by the MPD
327 and approved by the department to be responsible for specified
328 aspects of training of EMS personnel.

329 "Trauma rehabilitation coordinator" means a person
330 designated to facilitate early rehabilitation interventions and
331 the trauma patient's access to a designated rehabilitation
332 center.

333 "Trauma service" means the clinical service within a
334 hospital or clinic that is designated by the department to
335 provide care to trauma patients.

336 "Urban" means:

337  An incorporated area over thirty thousand; or

338  An incorporated or unincorporated area of at least ten
339 thousand people and a population density over two thousand
340 people per square mile.

341 "Wilderness" means any rural area not readily accessible by
342 public or private maintained road.

343
344 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

345 05-01-221, § 246-976-010, filed 12/22/04, effective 1/22/05;

346 00-08-102, § 246-976-010, filed 4/5/00, effective 5/6/00.

347 Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-
348 010, filed 1/12/96, effective 2/12/96. Statutory Authority:

349 RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-
350 148 (Order 323), § 246-976-010, filed 12/23/92, effective

352
353 **TRAINING**
354

355
356
357 ~~WAC 246-976-021 Training course requirements. (1)~~

358 ~~**Department responsibilities:** The department will publish~~
359 ~~procedures for agencies to conduct EMS training courses,~~
360 ~~including:~~

- 361 ~~— (a) The registration process;~~
- 362 ~~— (b) Requirements, functions, and responsibilities of course-~~
363 ~~instructional and administrative personnel;~~
- 364 ~~— (c) Necessary information and administrative forms to~~
365 ~~conduct the course;~~

366 ~~— (2) **Training agency responsibilities:** Still have to~~
367 ~~develop Training Program Requirements as opposed to training~~
368 ~~agencies. Add EMT experience requirements for admittance to~~
369 ~~Paramedic training, i.e., screening~~

370 ~~— (a) **General.** Agencies providing initial training of-~~
371 ~~certified EMS personnel at all levels (except advanced first-~~
372 ~~aid) must:~~

- 373 ~~— (i) Have MPD approval for the course content;~~
- 374 ~~— (ii) Have MPD approval for all instructional personnel, who~~
375 ~~must be experienced and qualified in the area of training;~~
- 376 ~~— (iii) Have local EMS/TC council recommendation for each~~
377 ~~course;~~
- 378 ~~— (iv) Have written approval from the department to conduct~~
379 ~~each course;~~
- 380 ~~— (v) Approve or deny applicants for training consistent with-~~
381 ~~the prerequisites for applicants in WAC 246-976-041 and 246-976-~~
382 ~~141.~~

383 ~~— (b) **Basic life support** (first responder, EMT). Agencies~~
384 ~~providing initial training of basic life support personnel must~~
385 ~~identify a senior EMS instructor to be responsible for the~~
386 ~~quality of instruction and the conduct of the course.~~

387 ~~— (c) **Intermediate life support** (IV, airway and ILS~~
388 ~~technicians). Agencies providing initial training of-~~
389 ~~intermediate life support personnel must:~~

- 390 ~~— (i) Have a written agreement with the clinical facility, if~~
391 ~~it is separate from the academic facility;~~
- 392 ~~— (ii) Ensure that clinical facilities provide departments or~~
393 ~~sections, personnel, and policies, including:~~
 - 394 ~~— (A) Written program approval from the administrator and~~
395 ~~chief of staff;~~
 - 396 ~~— (B) A written agreement to participate in continuing~~
397 ~~education;~~
 - 398 ~~— (C) Supervised clinical experience for students during the~~
399 ~~clinical portion of the program;~~
 - 400 ~~— (D) An orientation program.~~
- 401 ~~— (d) **Paramedics.** Agencies training paramedics must be~~

402 ~~accredited by a national accrediting organization approved by~~
403 ~~the department.~~

404 ~~—— (3) **Course curriculum.** The department recognizes the~~
405 ~~following National Standard EMS training courses published by~~
406 ~~the United States Department of Transportation as amended by the~~
407 ~~department:~~

408 ~~—— (a) First responder: The first responder training course~~
409 ~~published 1996, amended by the department March 1998;~~

410 ~~—— (b) EMT: The emergency medical technician Basic training~~
411 ~~course published 1994, amended by the department September 1996;~~

412 ~~—— (c) IV technician: Those sections and lessons identified~~
413 ~~in the emergency medical technician Intermediate course~~
414 ~~published 1999, amended by the department April 2000;~~

415 ~~—— (d) Airway technician: Those sections and lessons~~
416 ~~identified in the emergency medical technician Intermediate~~
417 ~~course published 1999, amended by the department April 2000;~~

418 ~~—— (e) ILS technician: Those sections and lessons identified~~
419 ~~in the emergency medical technician Intermediate course~~
420 ~~published 1999, amended by the department April 2000 which~~
421 ~~includes the following medications:~~

422 ~~—— (i) Epinephrine for anaphylaxis administered by a~~
423 ~~commercially preloaded measured dose device;~~

424 ~~—— (ii) Albuterol administered by inhalation;~~

425 ~~—— (iii) Dextrose 50% and 25%;~~

426 ~~—— (iv) Nitroglycerine, sublingual and/or spray;~~

427 ~~—— (v) Naloxone;~~

428 ~~—— (vi) Aspirin PO (oral), for suspected myocardial~~
429 ~~infarction;~~

430 ~~—— (f) Paramedic: The emergency medical technician Paramedic~~
431 ~~training course published 1999, as amended by the department~~
432 ~~January 2000.~~

433 ~~—— (4) Initial training for first responders and EMTs must~~
434 ~~also include approved infectious disease training that meets the~~
435 ~~requirements of chapter 70.24 RCW.~~

436 ~~—— (5) By July 1, 2008, a multicultural health education and~~
437 ~~awareness instructional component or curriculum shall be~~
438 ~~included in each initial preparation training course for all EMS~~
439 ~~personnel. All multicultural health education and awareness~~
440 ~~trainings, instruction, and curricula shall meet the~~
441 ~~requirements set forth in RCW 43.70.615.~~

442 ~~—— (6) Specialized training. The department, in conjunction~~
443 ~~with the advice and assistance of the L&C committee, may approve~~
444 ~~specialized training for certified EMS personnel to use skills,~~
445 ~~techniques, or equipment that is not included in standard course~~
446 ~~curricula. Agencies providing specialized training must have~~
447 ~~MPD and department approval of:~~

448 ~~—— (a) Course curriculum;~~

449 ~~—— (b) Lesson plans;~~

450 ~~—— (c) Course instructional personnel, who must be experienced~~
451 ~~and qualified in the area of training;~~

452 ~~_____ (d) Student selection criteria;~~
453 ~~_____ (e) Criteria for satisfactory completion of the course,~~
454 ~~including student evaluations and/or examinations;~~
455 ~~_____ (f) Prehospital patient care protocols that address the~~
456 ~~specialized skills.~~
457 ~~_____ (7) Local government agencies: The department recognizes~~
458 ~~county agencies established by ordinance and approved by the MPD~~
459 ~~to coordinate EMS training. These agencies must comply with the~~
460 ~~requirements of this section.~~

461
462 ~~[Statutory Authority: RCW 18.71.205, 18.73.081, and 43.70.615.~~
463 ~~08-10-091, § 246-976-021, filed 5/6/08, effective 6/6/08.~~

464 ~~Statutory Authority: RCW 18.71.205, 18.73.081, and 70.168.060.~~
465 ~~03-20-107, § 246-976-021, filed 10/1/03, effective 11/1/03.~~

466 ~~Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.~~
467 ~~00-08-102, § 246-976-021, filed 4/5/00, effective 5/6/00.]~~

468 Note: Section will be replaced in its entirety. Proposed
469 language is under review by Education TAC and L&C/Prehospital
470 Rules Workgroup. All previously suggested changes have been
471 incorporated into replacement language.

472

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

474 (1) **Responsibilities.** ~~The SEI is responsible for~~

475 (a) The SEI is responsible for the overall instructional quality
476 of and the administrative paperwork associated with initial
477 first responder or EMT-basic courses, under the general
478 supervision of the medical program director (MPD).

479 (b)– The SEI must conduct courses following department-approved
480 curricula or instructional guidelines identified in WAC 246-976-
481 021 when conducting a course.–

482 (c) Approve or deny applicants for training consistent with the
483 prerequisites for applicants in WAC 246-976-041 and 246-976-141.

484 (d) The SEI candidate shall document the completion of
485 requirements for initial and renewal recognition on forms
486 provided by the department.

487 (2) **Initial recognition.** The department will publish
488 *Initial Recognition Application Procedures for Senior EMS*
489 *Instructors (IRAP)*, which include the *Initial Senior EMS*
490 *Instructor Application and Agreement*, instructor objectives,
491 instructions and forms necessary for initial recognition.

492 (a) **Prerequisites.** Candidates for initial recognition must
493 document proof of the following:

494 (i) MPD acknowledgement of an individual intending to begin
495 the SEI approval process NOTE: May?

496 (ii) Current Washington state certification as an EMT
497 or higher EMS certification;

498 (iii) At least three years prehospital EMS experience as an
499 EMT or higher EMS certification level, with at least one
500 recertification;

501 (iiii) Successful completion of an approved ongoing

502 ~~training and evaluation program (OTEP)/basic life support (BLS)-~~
503 ~~evaluator workshop; Approval as an EMS Evaluator as identified in~~
504 ~~WAC 246-976-161(1)(d)(iv)(A);~~

505 (iv) Current recognition as a CPR instructor for health
506 care providers by the American Heart Association, the American
507 Red Cross, ~~the National Safety Council,~~ or other nationally
508 recognized organization with substantially equivalent standards
509 approved by the department;

510 (vi) Successful completion of an instructor training course
511 by the U.S. Department of Transportation, National Highway
512 Traffic Safety Administration, ~~or~~ an instructor training course
513 from an accredited institution of higher education, or
514 equivalent instructor course approved by the department; NOTE:
515 The development of common objectives could provide a comparison
516 for equivalency. Also joint group will discuss.

517 (vii) Successful completion of an examination developed and
518 administered by the department on current EMS training and
519 certification statutes, Washington Administrative Code (WAC), ~~and~~
520 and the Uniform Disciplinary Act (UDA) and course administration.

521 (b) **Submission of prerequisites.** Candidates must submit
522 proof of successful completion of the prerequisites to the
523 department.

524 (i) Candidates meeting the prerequisites will be issued the
525 IRAP by the department.

526 ~~—(ii) The department will provide instruction to each~~
527 ~~candidate prior to beginning the initial recognition process.~~

528 (c) **Candidate objectives.** ~~Candidates who have been issued~~
529 ~~the IRAP and received instructions on the recognition process~~
530 must successfully complete the IRAP, under the supervision of a
531 currently recognized, ~~EMT basic course lead~~ SEI:

532 As part of an initial EMT-basic course, the candidate must
533 demonstrate to the course lead SEI, the knowledge and skills
534 necessary to complete the following instructor objectives;

535 (i) Accurately complete the course application process and
536 meet application timelines;

537 (ii) Notify potential EMT-basic course ~~students~~ applicants
538 of course entry prerequisites;

539 (iii) Assure students applicants selected for admittance to
540 the course meet DOH training and certification prerequisites ~~and~~
541 ~~notify training agency selection board of discrepancies;~~

542 (iv) Maintain course records adequately;

543 (v) Track student attendance, scores, quizzes, and
544 performance, and counsel/remediate students as necessary;

545 (vi) Assist in the coordination and instruction of one
546 entire EMT-basic course under the supervision of the course lead
547 SEI; utilizing the EMT-basic training course curriculum
548 identified in WAC 246-976-021, and be evaluated on the
549 instruction of each of the following lessons:

550 (A) Lesson 1-2--Well Being of the EMT-Basic, including
551 Infectious Disease Prevention for EMS Providers, Revised 10/1997

- (available from the department of health, office of emergency medical and trauma prevention Community Health Systems);
- (B) Lesson 2-1--Airway;
 - (C) Lesson 3-2--Initial Assessment;
 - (D) Lesson 3-3--Focused History and Physical Exam: Trauma;
 - (E) Lesson 3-4--Focused History and Physical Exam: Medical;
 - (F) Lesson 3-5--Detailed Physical Exam;
 - (G) Lesson 3-6--Ongoing Assessment;
 - (H) Lesson 3-9--Practical Lab: Patient Assessment;
 - (I) Lesson 4-1--General Pharmacology;
 - (J) Lesson 4-2--Respiratory Emergencies;
 - (K) Lesson 4-3--Cardiovascular Emergencies;
 - (L) Lesson 4-9--Obstetrics/Gynecology;
 - (M) Lesson 5-4--Injuries to the Head and Spine, Chest and Abdomen;
 - (N) Lesson 5-5--Practical Lab: Trauma;
 - (O) Lesson 6-1--Infants and Children;
 - (P) Lesson 7-2--Gaining Access (including patient removal, treatment and transport).

Q. Multicultural Awareness lesson.

Note: These objectives will change to equivalent topics in new DOT Instructional guidelines.

(vii) Coordinate and conduct an EMT-basic final end of course comprehensive practical skills evaluation.

(d) **Candidate evaluation.** Performance evaluations will be conducted by an SEI for each instructor objective performed by the candidate on documents identified in the IRAP. These documents consist of:

(i) An evaluation form, to evaluate lesson instruction objectives performed by the candidate;

(ii) A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate;

(iii) An objective completion record, to document successful completion of each instructor objective performed by the candidate.

(e) **Application and approval.**

(i) Candidates must submit the completed IRAP, including the application/agreement and all documents completed during the initial recognition process, to the county MPD to obtain a recommendation of approval to the department.

(ii) Upon recommendation of approval by the county MPD, the SEI candidate will submit the following documents to the department:

(A) Current proof of completion of prerequisites listed in subsection (2)(a)(i), (iv) and (vi) of this section;

(B) The original initial SEI application/agreement, signed by the candidate and the MPD; and

(C) The original completed IRAP document and all forms used

602 for evaluation, quality improvement purposes, and verification
603 of successful completion as identified in the IRAP.

604 (3) **Renewal of recognition.** The department will publish
605 *Renewal Application Procedures for Senior EMS Instructors* (RAP),
606 which include the *Senior EMS Instructor Renewal Application and*
607 *Agreement*, instructor objectives, instructions and forms
608 necessary for renewal.

609 (a) ~~The~~A RAP will be provided by the department to
610 individuals upon recognition as a SEI, to be completed during
611 the recognition period.

612 (b) **Candidate objectives.** Candidates ~~who have been issued~~
613 ~~the RAP~~ must successfully complete the ~~RAP during each approval~~
614 ~~period, which includes the~~ following ~~instructor~~ objectives for
615 each recognition period:

616 (i) Coordinate and perform as the lead SEI for one initial
617 first responder or EMT-basic course including the supervision of
618 all practical skills evaluations;

619 (ii) Receive performance evaluations from a currently
620 recognized SEI, on two candidate instructed ~~First~~ ~~Responder~~ or
621 EMT-basic course lessons;

622 (iii) Perform two performance evaluations on the
623 instruction of ~~First~~ ~~Responder~~ or EMT-basic course lessons for
624 SEI initial or renewal recognition candidates; and

625 (iv) Attend one DOH approved SEI or instructor improvement
626 workshop.

627 (c) **Candidate evaluation.** Evaluations of the performance
628 of instructor objectives will be conducted by an SEI and
629 completed on documents identified in the RAP. These documents
630 consist of:

631 (i) An evaluation form, to evaluate lesson instruction
632 objectives performed by the candidate.

633 (ii) A quality improvement record, to document improvement
634 necessary to successfully complete an instructor objective
635 performed by the candidate.

636 (iii) An objective completion record, to document
637 successful completion of each instructor objective performed by
638 the candidate.

639 (d) **Prerequisites.** Candidates for renewal of recognition
640 must document proof of the following:

641 (i) Current or previous recognition as a Washington state
642 SEI;

643 (ii) Current Washington state certification as an EMT or
644 higher EMS certification;

645 (iii) Current recognition as a CPR instructor for health
646 care providers by the American Heart Association, the American
647 Red Cross, ~~the National Safety Council~~, or other nationally
648 recognized organization with substantially equivalent standards.

649 (iv) Successful completion of an examination developed and
650 administered by the department on current EMS training and
651 certification statutes, WAC, and the UDA, and course

652 | administration.

653 (e) **Application and approval.**

654 (i) Candidates must submit the completed RAP, including the
655 application/agreement and all documents completed during the
656 renewal of recognition process, to the county MPD to obtain a
657 recommendation of approval to the department.

658 (ii) Upon recommendation of approval by the county MPD, the
659 renewal candidate must submit the following documents to the
660 department:

661 (A) Current proof of successful completion of the
662 prerequisites listed in subsection (3)(d)(ii), (iii), and (iv)
663 of this section;

664 (B) The original SEI renewal application/agreement that has
665 been signed by the candidate and the MPD; and

666 (C) The original completed RAP document and all forms used
667 for evaluation, quality improvement purposes and verification of
668 successful completion as identified in the RAP.

669 (4) **Length of recognition.** Recognition as a SEI is for
670 three years.

671 (5) **Denial, suspension, modification or revocation of SEI
672 recognition.**

673 (a) The department may deny, suspend, modify or revoke an
674 SEI's recognition when it finds:

675 (i) Violations of chapter 18.130 RCW, the Uniform
676 Disciplinary Act;

677 (ii) A failure to:

678 (A) Maintain EMS certification;

679 (B) Update the following personal information with DOH as
680 changes occur:

681 (I) Name;

682 (II) Address;

683 (III) Home and work phone numbers;

684 (C) Maintain knowledge of current EMS training and
685 certification statutes, WAC, and the UDA, and course
686 administration;

687 (D) Comply with requirements in WAC 246-976-031(1);

688 (E) Participate in the instructor candidate evaluation
689 process in an objective and professional manner without cost to
690 the individual being reviewed or evaluated;

691 (F) Adequately complete all forms and adequately maintain
692 records in accordance with this chapter;

693 (G) Demonstrate all skills and procedures based on current
694 standards;

695 (H) Follow the requirements of the Americans with
696 Disabilities Act;

697 | (I) Maintain security on all department approved
698 examination materials.

699 (b) The candidate or SEI may request a hearing to contest
700 department decisions in regard to denial, suspension,
701 modification or revocation of SEI recognition in accordance with

702 the Administrative Procedure Act (APA) (chapter 34.05 RCW) and
703 associated administrative codes.

704 (6) Reinstatement.

705 (a) Any SEI recognition expired for longer than twelve months
706 must complete the Initial Recognition process.

707 (7) Reciprocity

708 (a) An EMS instructor approved in another state, country or U.S.
709 military branch may obtain reciprocal certification in the
710 following manner:

711 (i) Meet the initial recognition prerequisites

712 (ii) If the applicant provides proof of instructional
713 experience: NOTE: need to define experience.

714 (A) The applicant must instruct two EMT course topics,
715 be evaluated on the instruction, and receive a positive
716 recommendation by a current Washington SEI.

717 (B) The department will issue an SEI credential and
718 Renewal Application Procedures which must be completed for
719 renewal.

720 (iii) If the applicant cannot provide proof of
721 instructional experience, the initial recognition application
722 process must be completed.

723

724 [Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053,
725 § 246-976-031, filed 6/27/02, effective 7/28/02. Statutory
726 Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, §
727 246-976-031, filed 4/5/00, effective 5/6/00.]

728

729

730 **WAC 246-976-041 To apply for training.** (1) You must be at
731 least ~~((eighteen years))~~ seventeen years old at the beginning of
732 the course. Variances will not be allowed for the age
733 requirement. NOTE: The Education TAC continues to recommend
734 at least 18 years of age to begin the course. Reasons: 1.
735 WISHA regs do not allow people less than 18 yrs of age to be
736 exposed to hazardous atmospheres, including biologicals. 2. Who
737 will pay their insurance and are they insurable? 3. Cannot
738 legally sign any legal documents, i.e., HIPPA. Joint consensus
739 is will be 17 yrs at the beginning of the course.

740 (2) For training at the intermediate (IV, airway and ILS
741 technicians) and advanced life support (paramedic) levels, you
742 must have completed at least one year as a certified EMT. ~~((or~~
743 above-))

744

745 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
746 00-08-102, § 246-976-041, filed 4/5/00, effective 5/6/00.]

747

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753

CERTIFICATION

WAC 246-976-141 To apply for certification. (1)

754 Department responsibilities. The department will publish
755 procedures for initial certification which include:

756 (a) Examinations. An applicant may have up to three
757 attempts within six months after course completion to
758 successfully complete the examinations;

759 (b) The process for administration of examinations; and

760 (c) Administrative requirements and the necessary forms.

761 (2) Applicant responsibilities. To apply for initial
762 certification, submit to the department:

763 (a) An application for certification on forms provided by
764 the department;

765 (b) Proof of identity: An official photo identification
766 (which may be state, federal or military identification,
767 drivers' license, or passport);

768 (c) Proof of age. You must be at least 18 years of age to
769 apply. Variances will not be allowed for the age requirement.;

770 (d) Proof of completion of ~~a~~ department approved course or
771 courses for the level of certification sought;

772 (e) Proof of completion of approved infectious disease
773 training to meet the requirements of chapter 70.24 RCW;

774 (f) Proof of successful completion of ~~a~~ department
775 approved examination within ~~eighteen~~ twelve months prior to
776 application; NOTE: Reciprocal certification only allows 12
777 months. Should we be consistent? Yes change to twelve months.

778 (g) Proof of active membership, paid or volunteer, in one
779 of the following EMS/~~TC~~ organizations: This cannot be changed
780 due to changing process - Must have MPD recommendation to
781 process. Back to the parking lot

782 (i) Licensed provider of aid or ambulance services;

783 (ii) Law enforcement agency; or

784 (iii) Other affiliated EMS/TC service;

785 (h) The MPD's recommendation for certification;

786 ~~((i) For EMTs, proof of high school graduation, GED, or~~
787 ~~equivalent;))~~ (i) Provide proof of completing the following
788 Incident Management training:

789 (i) IS-100.a (ICS 100) Introduction to Incident Command
790 System, I-100

791 (ii) IS-200.a (ICS 200) ICS for Single Resources and
792 Initial Action Incidents

793 (iii) IS-700 National Incident Management System (NIMS), An
794 Introduction

795 (iv) IS-800.B National Response Framework, An Introduction
796

797 ~~((j))~~ (j) Other information required by this chapter.

798 (3) Certification is effective on the date the department
799 issues the certificate, and will be valid for three years except
800 as extended by the department for the efficient processing of
801 license renewals. The expiration date will be indicated on the
802 certification card.

803 (4) Certification of intermediate level technicians and

804 paramedics is valid only:

805 (a) In the county or counties where recommended by the MPD
806 and approved by the department;

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

809 (c) In other counties when accompanying a patient and/or in
810 transit. ~~((from a county meeting the criteria in (a) or (b) of
811 this subsection.))~~

812 ~~(5)((With approval of the MPD,)) ((a))~~ A certified
813 intermediate level technician or paramedic may function ~~as an~~
814 ~~EMT~~ at a lower certification level in counties other than those
815 described in (a) through (c) of this subsection ~~((+))~~ with
816 approval of that county's MPD.

817 **NOTE: New language Check with AAG for authority**

818 (6) Administrative status of EMS personnel certifications.

819 (a) An EMS provider's certification may be placed in
820 an administrative status when:

821 (i) Functioning in an administrative capacity
822 with a licensed EMS agency and no longer responds to EMS
823 calls.(no longer allowed to provide patient care with exception
824 below).

825 (ii) Functioning as educational staff in an
826 approved EMS training program.

827 (iii) Unable to provide prehospital response and
828 patient care due to medical conditions or injury ????????

829 (iv) The EMS provider applies for administrative
830 status on a department approved application which contains a
831 recommendation for approval by the County MPD.

832
833 **NOTE: NREMT language**

- 834 • are not actively engaged in ambulance/rescue service or health/patient care
835 activity
- 836 • must be inactive for a period of time – such as, moving, illness, pursuit of
837 education, family responsibilities, etc.
- 838 • are not actively treating patients such as, educators, administrators or
839 regulators.

840
841 (b) To maintain EMS certification in an administrative
842 status, EMS personnel must:

843 (i) Meet the following educational requirements.

844 (A) CPR at the level of certification

845 (B) Trauma training

846 (C) Pediatric training

847 (D) Cardiac care training; Or

848 (E) Maintain registration with an
849 accrediting agency; Or

850 (F) An educational plan approved by the MPD
851 and the department.

852
853 (c) To be placed in an active EMS certification

854 status, an individual in administrative status must:

855 (i) Document maintenance of the educational and
856 skill requirements.

857 (ii) Demonstrate skill proficiency to the
858 satisfaction of the County MPD.

859 (iii) The EMS provider applies for active status
860 on a department approved application which contains a
861 recommendation for approval by the County MPD.

862
863 (d) EMS personnel in an administrative status may
864 temporarily provide patient care throughout the duration of
865 a mass casualty incident (MCI) or declaration of an
866 emergency by the governor of Washington State, when
867 functioning with a licensed EMS agency under the medical
868 direction of the county MPD.

869
870 (E) The EMS provider applies for recertification of an
871 active status on a department approved application which
872 contains a recommendation for approval by the County MPD.

873
874 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
875 00-08-102, § 246-976-141, filed 4/5/00, effective 5/6/00.]

876
877
878 **WAC 246-976-151 Reciprocity, challenges, reinstatement and**
879 **other actions.** ~~(1)~~ The department will publish procedures
880 for^[A1]:

881 ~~(a)~~(1) Reciprocal certification of individuals with current
882 EMS certification in another state, or who are currently
883 recognized by a national accrediting agency approved by the
884 department.

885 (i) All applicants must have passed an approved
886 examination; within twelve months prior to application;

887 (ii) Paramedics whose training started after June 30,
888 1996, must:

889 (i) have successfully completed a course accredited by a
890 national accrediting organization approved by the
891 department, and;

892 (ii) be currently or past recognitioned by a national
893 accrediting agency approved by the department; **NOTE:**
894 **Pursue the enforcement on this requirement.**

895
896 (e) Challenge of prerequisites for certification
897 examinations by individuals who have not completed the course
898 work and practical training required by this chapter, but who
899 document equivalent EMS training and/or experience;

900 (d) Voluntary reversion from a level of certification to a
901 lower level of certification. **Add the policy(provided in**
902 **application)**

903 (2) Before granting reciprocity, reinstatement, or

904 challenge, the department will verify that infectious disease
905 training required for EMS/~~TC~~ personnel by chapter 70.24 RCW has
906 been accomplished.

907
908
909 (b4) Reinstatement of individuals whose Washington state
910 EMS/~~TC~~ certification has ~~lapsed~~ expired, ~~or~~ been suspended or
911 revoked. The EMS provider must not provide EMS care until the
912 certification is returned to active status;

913 (a)Expired certification:

914 (i) One year or less:

915 (A) Comply with educational requirements for
916 the previous certification period

917 (B) Complete 1 year of annual
918 recertification education requirements.

919 (C) Complete the application process
920 providing any required documentation

921 (ii) More than one year but less than 2 years:

922 (A) Comply with educational requirements for
923 the previous certification period

924 (B) Complete 1 year of annual recertification
925 education requirements.

926 (C) Complete 24 hours of educational topics
927 and hours specified by the department and the County MPD.

928 (iii) Two ~~or more to~~ six years:

929 (A) Non-Paramedic EMS personnel - Complete an
930 entire department approved initial EMR (First Responder) or EMT
931 course, and complete the department approved cognitive and
932 psychomotor certification examinations.

933 (B) Complete the application process as identified
934 in WAC 246-976-141.

935 (B) Paramedics must document:

936 (I) Proof of prior Washington State paramedic
937 certification.

938 (II) Current status as a provider or instructor in
939 the following: -in ACLS, PHTLS or BTLs, PALS or PEPPS by The
940 American Heart Association or or state approved equivalent.

941 (III) Completed PHTLS or BTLs as a provider or
942 instructor within the past two (2) years.Current status in CPR
943 at the healthcare provider level.

944 (IV) Has completed a state approved DOT EMT-
945 Paramedic Refresher Training Program or completes forty-eight
946 (48) hours of ALS training that overviews the topical content of
947 the DOT EMT-Paramedic Refresher Training Program.

948 (V)Completion of any additional required MPD and
949 Department approved program of refresher training.

950 (VI) MPD required clinical and field evaluation

951 (VII) Successful completion of the Department
952 approved cognitive and psychomotor certification examinations.

953 (VIII) Complete the application process as
954 identified in WAC 246-976-141.

955 (iv) Reinstatement requests greater than six years,
956 will be reviewed by the department. NOTE: fix this

957
958
959 (4)Suspended certification of Washington State EMS
960 personnel only - Documented completion of all requirements
961 identified by Departmental disciplinary authority.

962
963 (5)Revoked certification of Washington State EMS personnel
964 only:

965 (a) Successful completion of the revocation order
966 issued by the disciplinary authority.

967 (b) Successfully cComplete all reentry requirements of
968 the department approved accrediting agency a department approved
969 initial EMR (First Responder) or EMT course.

970 (c) Successful completion of the Department approved
971 cognitive and psychomotor certification examinations.

972 (d) Complete the application process as identified in
973 WAC 246-976-141.

974
975 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
976 00-08-102, § 246-976-151, filed 4/5/00, effective 5/6/00.]

977
978
979 **WAC 246-976-161 Education requirements for**

980 **Recertification.** (1) Education is required for the
981 recertification of all certified EMS personnel. This education
982 may be obtained by completing the continuing medical education
983 and examination (CME) method, **or** through the ongoing training
984 and evaluation program (OTEP) method, identified below.

985 (a) **CME topic content:**

986 (i) Must meet annual and certification period educational
987 requirements identified in Table A of this section, utilizing:

988 (A) Cognitive, affective and psychomotor objectives found
989 in curricula identified in WAC 246-976-021, for the level of
990 certification being taught.

991 (B) Current national standards published for CPR, foreign
992 body airway obstruction (FBAO), and automatic defibrillation.

993 (C) County medical program director (MPD) protocols,
994 regional patient care procedures, ~~and~~ county operating
995 procedures and the state trauma-triage destination procedures
996 definitions?.

997 (D) Training updates in standards as identified by the
998 department.

999 (ii) Must be approved by the MPD.

1000 (iii) May incorporate nationally recognized training
1001 programs as part of CME for content identified in (a)(i)(A) of
1002 this subsection.

1003 (b) **To complete the CME method you must:**


1004 (i) Complete and document the educational requirements,
1005 indicated in Table A of this section, appropriate to your level
1006 of certification.


1007 (ii) Complete and document the skills maintenance

1008 requirements, indicated in Table B of this section, appropriate
1009 to your level of certification.

1010 (A) IV starts for IV technicians, combined IV/airway
1011 technicians, ILS technicians, combined ILS/airway technicians,
1012 or paramedics:

1013 (I) During your first certification period, you must
1014 perform a minimum of one hundred eight successful IV starts.


1015  During the first year, you must perform a minimum of
1016 thirty-six successful IV starts.


1017  During the second and third year, you must perform a
1018 minimum of thirty-six successful IV starts per year, which may
1019 be averaged over the second and third years of the certification
1020 period.

1021 (II) If you have completed a certification period, you must
1022 demonstrate proficiency in starting IVs to the satisfaction of
1023 the MPD (see later certification periods in Table B of this
1024 section).

1025 (B) Endotracheal intubations for airway technicians,
1026 combined IV/airway technicians, combined ILS/airway technicians
1027 or paramedics:

1028 (I) During your first certification period, you must
1029 perform a minimum of thirty-six successful endotracheal
1030 intubations.

1031  During the first year, you must perform a minimum of
1032 twelve successful endotracheal intubations of which four of the
1033 endotracheal intubations must be performed on humans.

1034  During the second and third year, you must perform a
1035 minimum of twelve endotracheal intubations per year, which may
1036 be averaged over the second and third years of the certification
1037 period. Four of these endotracheal intubations per year must be
1038 performed on humans.

1039 (II) If you have completed a certification period, you must
1040 perform a minimum of four successful human endotracheal
1041 intubations per year, which may be averaged over the three-year
1042 certification period (see later certification periods in Table B
1043 of this section).

1044 (III) Upon approval of the MPD, individuals unable to
1045 complete the required endotracheal intubations during the
1046 certification period, may meet the endotracheal intubation
1047 requirements by completing an MPD and department-approved
1048 intensive airway management training program, utilizing
1049 cognitive, affective and psychomotor objectives covering all
1050 aspects of emergency airway management.

1051 (iii) Successfully complete the department approved
1052 cognitive and psychomotor Washington state written examination
1053 and practical skills examinations as identified in WAC 246-976-
1054 171.

1055 (c) Any applicant changing from the CME method to the OTEP
1056 method must meet all requirements of the OTEP method.

1057 (d) **Ongoing training and evaluation programs**

1058 (i) Must meet annual and certification period educational
1059 requirements identified in Table A, utilizing:

1060 (A) Cognitive, affective and psychomotor objectives found
1061 in curricula identified in WAC 246-976-021, for the level of
1062 certification being taught, in the following core content areas:

1063 (I) Airway/ventilation (including intensive airway
1064 management training for personnel with advanced airway
1065 qualifications to determine competency).

1066 (II) Cardiovascular.

1067 (III) Medical emergencies/behavioral.

1068 (IV) Trauma (including intensive IV therapy training for
1069 personnel with qualifications to determine competency).

1070 (V) Obstetrics

1071 ~~(VI) Geriatrics~~

1072 ~~(VII) and Pediatrics.~~

1073 (VI) Operations.

1074 (B) The current national standards published for CPR,
1075 foreign body airway obstruction (FBAO), and defibrillation and
1076 patient care appropriate to the level of certification.

1077 (C) County medical program director (MPD) protocols,
1078 regional patient care procedures, ~~and~~ county operating
1079 procedures and the state trauma triage destination procedures.

1080 (D) Training updates in standards as identified by the
1081 department.

1082 (ii) Must provide cognitive, affective and psychomotor
1083 evaluations following completion of each topic presentation to
1084 determine student competence of topic content.

1085 Psychomotor skill evaluations must be recorded on skill
1086 evaluation forms from nationally recognized training programs,
1087 or on forms provided in approved curricula identified in WAC
1088 246-976-021, for the level of certification being taught. If an
1089 evaluation form is not provided, a skill evaluation form must be
1090 developed and approved by the MPD and the department to evaluate
1091 the skill.

1092 (iii) Must be approved by the MPD and the department; any
1093 additions or major changes to ~~an approved program~~ an approved
1094 within the OTEP method requires documented approval from the
1095 county MPD and the department.

1096 (iv) Must be presented and evaluated by course personnel
1097 meeting the following qualifications:

1098 (A) Evaluators must: NOTE: endorsement at time of EMS
1099 certification and signed off on the app. Different cards, show
1100 on EMSOnline?

1101 (I) Be a currently certified BLS or ALS Washington EMS
1102 provider (put in definitions) who has completed at least one
1103 certification cycle. Certification must be at or above the
1104 level of certification being evaluated.

1105 (II) Complete an MPD approved evaluator's workshop,
1106 specific to the level of certification being evaluated, and
1107 teach proficiency in utilizing skill evaluation forms identified

1108 in (d) (ii) of this subsection;

1109 (III) Complete the evaluator application, DOH Form 530-012;

1110 (IV) Be approved by the county MPD and the department.

1111 (B) Instructors must:

1112 (I) Be a currently certified ~~BLS or ALS~~ Washington EMS

1113 provider who has completed at least one certification cycle at

1114 or above the level of certification being taught.

1115 (II) Be a currently approved evaluator certified at or

1116 above the level of certification being taught.

1117 (III) Be approved by the county MPD to instruct and

1118 evaluate EMS topics.

1119 (C) Guest lecturers, when utilized, must have specific

1120 knowledge and experience in the skills of the prehospital

1121 emergency care field for the topic being presented and be

1122 approved by the county MPD to instruct EMS topics.

1123 (v) May incorporate nationally recognized training programs

1124 within an OTEP for the core content areas identified in

1125 (d)(i)(A) of this subsection.

1126 (vi) Online training may be used to provide all or a

1127 portion of an OTEP when:

1128 (A) Online training provides sufficient topics to meet

1129 all annual and certification period requirements.

1130 (B) Each didactic training topic requires an online

1131 cognitive evaluation after the training. Successful

1132 completion of the topic evaluation is required to

1133 receive credit for topic.

1134 (C) Instruction and demonstration of all psychomotor

1135 skill are provided in person by an SEI or qualified

1136 EMS Evaluator approved by the MPD to instruct the

1137 psychomotor skills.

1138 (D) Each psychomotor evaluation is completed and

1139 scored in the presence of a state approved EMS

1140 Evaluator or SEI. Each evaluation must be

1141 successfully completed to receive credit for the

1142 psychomotor skill

1143

1144 (e) **To complete the OTEP method you must:**

1145 (i) Complete a County MPD and program approved by the

1146 department— and an MPD approved for the approved OTEP method—

1147 that includes requirements indicated in Table A of this section,

1148 appropriate to your level of certification.

1149 (ii) Complete and document the skills maintenance

1150 requirements, indicated in Table B-C of this section,

1151 appropriate to your level of certification.


1152 (A) IV starts for IV technicians, combined IV/airway

1153 technicians, ILS technicians, combined ILS/airway technicians,

1154 or paramedics:

1155 (I) During your first certification period, you must

1156 perform a minimum of thirty-six successful IV starts.

1157  During the first year, you must perform a minimum of

1158 twelve successful IV starts.

1159 ✎ During the second and third year, you must perform a
1160 minimum of twelve successful IV starts per year, which may be
1161 averaged over the second and third years of the certification
1162 period.

1163 (II) If you have completed a certification period, you must
1164 demonstrate proficiency in starting IVs to the satisfaction of
1165 | the MPD (see later certification periods in Table BC of this
1166 section).

1167 (B) Endotracheal intubations for airway technicians,
1168 combined IV/airway technicians, combined ILS/airway technicians
1169 or paramedics:

1170 (I) During your first certification period, you must
1171 perform a minimum of twelve successful endotracheal intubations.

1172 ✎ During the first year, you must perform a minimum of four
1173 successful human endotracheal intubations.

1174 ✎ During the second and third year, you must perform a
1175 minimum of four human endotracheal intubations per year, which
1176 may be averaged over the second and third years of the
1177 certification period.

1178 (II) If you have completed a certification period, you must
1179 perform a minimum of two successful human endotracheal
1180 intubations per year, which may be averaged over the three-year
1181 certification period (see later certification periods in Table
1182 | BC of this section).

1183 (C) Skills maintenance requirements may be obtained as part
1184 | of the OTEP method.

1185 | (D) Individuals ~~participating in an~~ using the OTEP method
1186 meet skill maintenance requirements by demonstrating proficiency
1187 in the application of those skills to the county MPD during the
1188 | OTEP method process.

1189 | (f) Any applicant changing from the OTEP method to the CMEE
1190 method must meet all requirements of the CMEE method.

1191
1192

(g) Education requirements for recertification - Table A:

TABLE A: EDUCATION REQUIREMENTS FOR RECERTIFICATION	Basic Life Support		Intermediate Life Support (EMT-Intermediate Levels)					Paramedic (ALS) <u>Advanced Life support</u>
	FR	EMT	IV	Air	IV/ Air	ILS	ILS/ Air	Paramedic
Annual Requirements								
CPR & Airway	X	X	X	X	X	X	X	<u>X</u>
Spinal Immobilization	X	X	X	X	X	X	X	<u>X</u>
Patient Assessment	X	X	X	X	X	X	X	<u>X</u>
Certification Period Requirements								
Infectious Disease	X	X	X	X	X	X	X	X
Trauma		X	X	X	X	X	X	X
Pharmacology		X	X	X	X	X	X	<u>X</u>
Other Pediatric Topics	X	X	X	X	X	X	X	X
* <u>Total minimum education hours per certification period. Additional education course hours totaling:</u>	15 hrs	30 hrs	45 hrs	45 hrs	60 hrs	60 hrs	75 hrs	150 hrs

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"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.

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(h) Skill maintenance requirements for the CME method -

Table B:

TABLE B: SKILLS MAINTENANCE- REQUIREMENTS	Intermediate Life Support (EMT-Intermediate Levels)					Paramedic (ALS)
	IV	Air	IV/Air	ILS	ILS/Air	Paramedic
First Certification Period						
First Year of Certification						
IV Starts						
Continuing Education- Method may not be averaged	36		36	36	36	36
OTEP Method	12		12	12	12	12
Endotracheal intubations (4 must be performed on humans for each method)						
Continuing Education- Method may not be averaged		12	12		12	12
OTEP Method		4	4		4	4
Intraosseous infusion placement	X		X	X	X	X
Second and Third Years of Certification						

Annual Requirements						
IV Starts*						
Continuing Education-Method	36		36	36	36	36
OTEP Method	12		12	12	12	12
Endotracheal intubations* (4 per year must be performed on humans for each method)						
Continuing Education-Method		12	12		12	12
OTEP Method		4	4		4	4
Intraosseous infusion placement	X		X	X	X	X
During the Certification Period						
Pediatric airway management		X	X		X	X
Multi-lumen airway placement				X	X	
Defibrillation				X	X	
Later Certification Periods						
Annual Requirements						
IV Starts	X		X	X	X	X
Endotracheal intubations (2 per year must be performed on humans for each method)						
Continuing Education-Method		4	4		4	4
OTEP Method		2	2		2	2
Intraosseous infusion placement	X		X	X	X	X
During the Certification Period						
Pediatric airway management		X	X		X	X
Multi-lumen airway placement				X	X	
Defibrillation				X	X	

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

*The second and third year requirements may be averaged over the two years.

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<u>Table B:</u> <u>SKILLS MAINTENANCE</u> <u>REQUIREMENTS FOR THE</u> <u>CMEE METHOD</u>	<u>Intermediate Life Support</u> <u>(EMT-Intermediate Levels)</u>					<u>((Paramedic</u> <u>(ALS)))</u> <u>Advanced</u> <u>Life</u> <u>Support</u> <u>Paramedic</u>
	<u>IV</u>	<u>Air</u>	<u>IV/Air</u>	<u>ILS</u>	<u>ILS/Air</u>	
<u>First Certification Period</u>						
<u>• First Year of Certification</u>						
<u>IV Starts</u> (may not be averaged)	<u>36</u>		<u>36</u>	<u>36</u>	<u>36</u>	<u>36</u>
<u>Endotracheal intubations</u> (may not be averaged, and 4 must be performed on humans)		<u>12</u>	<u>12</u>		<u>12</u>	<u>12</u>
<u>Intraosseous infusion placement</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Second and Third Years of Certification</u>						
<u>• Annual Requirements</u>						
<u>IV Starts*</u>	<u>36</u>		<u>36</u>	<u>36</u>	<u>36</u>	<u>36</u>
<u>Endotracheal intubations*</u> (4 per year must be performed on humans)		<u>12</u>	<u>12</u>		<u>12</u>	<u>12</u>
<u>Intraosseous infusion placement</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>During the Certification Period</u>						
<u>Pediatric airway management</u>		<u>X</u>	<u>X</u>		<u>X</u>	<u>X</u>
<u>Multi-lumen airway placement</u>				<u>X</u>	<u>X</u>	
<u>Defibrillation</u>				<u>X</u>	<u>X</u>	
<u>Later Certification Periods</u>						
<u>• Annual Requirements</u>						
<u>IV Starts</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Endotracheal intubations</u> (2 per year must be performed on humans)		<u>4</u>	<u>4</u>		<u>4</u>	<u>4</u>
<u>Intraosseous infusion placement</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>• During the Certification Period</u>						
<u>Pediatric airway management</u>		<u>X</u>	<u>X</u>		<u>X</u>	<u>X</u>
<u>Multi-lumen airway placement</u>				<u>X</u>	<u>X</u>	
<u>Defibrillation</u>				<u>X</u>	<u>X</u>	

1208 "X" indicates an individual must demonstrate proficiency of the skill to the satisfaction of the MPD.

1209 *The second and third year requirements may be averaged over the two years.

1210

1211 Notes: Not new language. Separated CMEE and OTEP requirements out into separate tables.

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1213

(i) Skills maintenance requirements for the OTEP method – Table C:

Table C: SKILLS MAINTENANCE REQUIREMENTS FOR THE OTEP METHOD	Intermediate Life Support (EMT-Intermediate Levels)					((Paramedic (ALS))) Advanced Life Support Paramedic
	IV	Air	IV/Air	ILS	ILS/Air	
First Certification Period						
• First Year of Certification						
<u>IV Starts</u>	<u>12</u>		<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
<u>Endotracheal intubations (4 must be performed on humans)</u>		<u>4</u>	<u>4</u>		<u>4</u>	<u>4</u>
<u>Intraosseous infusion placement</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
Second and Third Years of Certification						
• Annual Requirements						
<u>IV Starts*</u>	<u>12</u>		<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
<u>Endotracheal intubations* (4 per year must be performed on humans)</u>		<u>4</u>	<u>4</u>		<u>4</u>	<u>4</u>
<u>Intraosseous infusion placement</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
During the Certification Period						
<u>Pediatric airway management</u>		<u>X</u>	<u>X</u>		<u>X</u>	<u>X</u>
<u>Multi-lumen airway placement</u>				<u>X</u>	<u>X</u>	
<u>Defibrillation</u>				<u>X</u>	<u>X</u>	
Later Certification Periods						
• Annual Requirements						
<u>IV Starts</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Endotracheal intubations (2 per year must be performed on humans)</u>		<u>2</u>	<u>2</u>		<u>2</u>	<u>2</u>
<u>Intraosseous infusion placement</u>	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
• During the Certification Period						
<u>Pediatric airway management</u>		<u>X</u>	<u>X</u>		<u>X</u>	<u>X</u>
<u>Multi-lumen airway placement</u>				<u>X</u>	<u>X</u>	
<u>Defibrillation</u>				<u>X</u>	<u>X</u>	

1214 "X" indicates an individual must demonstrate proficiency of the skill to the satisfaction of the MPD.

1215 *The second and third year requirements may be averaged over the two years.

1216
1217 **Note: Not new language. Separated CMEE and OTEP requirements out into separate tables.**

1218
1219 (j) Skill maintenance requirements for individuals
1220 requesting reciprocal certification:
1221 (i) Reciprocity candidates credentialed less than three
1222 years must meet Washington ~~state's~~State's skill maintenance
1223 requirements for the initial certification period identified

1224 above.

1225 (ii) Reciprocity candidates credentialed three years or
1226 | more must meet Washington ~~state's~~State's skill maintenance
1227 requirements for second and subsequent certification periods.

1228 (iii) The county MPD may evaluate an individual's skills to
1229 determine if the individual is proficient in the application of
1230 those skills prior to recommending certification. The MPD may
1231 recommend an individual obtain specific training to become
1232 proficient in any skills deemed insufficient by the MPD or
1233 delegate.

1234 | ~~(j)~~(k) Description of selected terms used in Tables A, B and
1235 BC:

1236 ~~(i) Class hours: Actual hours spent to become~~
1237 ~~knowledgeable in a topic(s) or proficient in a skill(s).~~

1238 ~~(ii) Course hours: The predetermined time scheduled to~~
1239 ~~conduct a course or topic.~~

1240 (iii) CPR and airway management includes foreign body
1241 obstruction (FBAO) and the use of airway adjuncts appropriate to
1242 the level of certification, for adults, children and infants
1243 following national standards, ~~assuring the following pediatric~~
1244 ~~objectives are covered.~~

1245 ~~Pediatric objectives – The EMS provider must be able to:~~

1246 ~~(A) Identify and demonstrate airway management techniques~~
1247 ~~for infants and children.~~

1248 ~~(B) Demonstrate infant and child CPR.~~

1249 ~~(C) Demonstrate FBAO technique for infants and children.~~

1250 (iv) Endotracheal intubation: Proficiency includes the
1251 verification of proper tube placement and continued placement of
1252 the endotracheal tube in the trachea through procedures
1253 identified in county MPD protocols.

1254 (v) Infectious disease: Infectious disease training must
1255 meet the requirements of chapter 70.24 RCW.

1256 (vi) Intraosseous infusion: Proficiency in intraosseous
1257 | line placement ~~in pediatric patients.~~

1258 (vii) IV starts: Proficiency in intravenous
1259 catheterization performed on sick, injured, or preoperative
1260 adult and pediatric patients. With written authorization of the
1261 MPD, IV starts may be performed on artificial training aids.

1262 (viii) Multi-lumen airway placement: Proficiency includes
1263 the verification of tube placement and continued placement of
1264 the multi-lumen airway through procedures identified in county
1265 MPD protocols.

1266 (ix) Other pediatric topics: This includes anatomy and
1267 physiology and medical problems including special needs patients
1268 appropriate to the level of certification, ~~assuring the~~
1269 ~~following pediatric objectives are covered.~~

1270 ~~(A) Anatomy and physiology – The EMS provider must be able~~
1271 ~~to:~~

1272 ~~(I) Identify the anatomy and physiology and define the~~
1273 ~~differences in children of all ages.~~

1274 ~~———— (II) Identify developmental differences between infants,~~
1275 ~~toddlers, preschool, school age and adolescents, including~~
1276 ~~special needs children.~~
1277 ~~———— (B) Medical problems including special needs patients — The~~
1278 ~~EMS provider must be able to:~~
1279 ~~———— (I) Identify the differentiation between respiratory~~
1280 ~~distress and respiratory failure.~~
1281 ~~———— (II) Identify the importance of early recognition and~~
1282 ~~treatment of shock in the infant and child patient.~~
1283 ~~———— (III) Identify causes and treatments for seizures.~~
1284 ~~———— (IV) Identify life threatening complications of meningitis~~
1285 ~~and sepsis.~~
1286 ~~———— (V) Identify signs and symptoms of dehydration.~~
1287 ~~———— (VI) Identify signs and symptoms of hypoglycemia.~~
1288 ~~———— (VII) Identify how hypoglycemia may mimic hypoxemia.~~
1289 ~~———— (VIII) Identify special needs pediatric patients that are~~
1290 ~~technologically dependant dependent (tracheotomy tube, central~~
1291 ~~line, GI or feeding tubes, ventilators, community specific~~
1292 ~~needs).~~
1293 ~~———— (IX) Identify the signs and symptoms of suspected child~~
1294 ~~abuse.~~
1295 ~~———— (X) Identify the signs and symptoms of anaphylaxis and~~
1296 ~~treatment priorities.~~
1297 ~~———— (XI) Identify the importance of rapid transport of the sick~~
1298 ~~infant and child patient.~~
1299 ~~(x) Patient assessment: This includes adult, pediatric and~~
1300 ~~geriatric patients appropriate to the level of certification,~~
1301 ~~assuring the following pediatric objectives are covered.~~
1302 ~~———— Pediatric objectives — The EMS provider must be able to:~~
1303 ~~———— (A) Identify and demonstrate basic assessment skills~~
1304 ~~according to the child's age and development.~~
1305 ~~———— (B) Demonstrate the initial assessment skills needed to~~
1306 ~~rapidly differentiate between the critically ill or injured and~~
1307 ~~the stable infant and child patient.~~
1308 ~~———— (C) Identify and demonstrate the correct sequence of~~
1309 ~~priorities to be used in managing the infant and child patient~~
1310 ~~with life threatening injury or illness.~~
1311 ~~———— (D) Identify that the priorities for a severely injured and~~
1312 ~~critically ill infant and child are:~~
1313 ~~———— ✎ Airway management,~~
1314 ~~———— ✎ Oxygenation,~~
1315 ~~———— ✎ Early recognition and treatment of shock,~~
1316 ~~———— ✎ Spinal immobilization,~~
1317 ~~———— ✎ Psychological support.~~
1318 ~~———— (E) Demonstrate a complete focused assessment of an infant~~
1319 ~~and a child.~~
1320 ~~———— (F) Demonstrate ongoing assessment of an infant and a~~
1321 ~~child.~~
1322 ~~———— (G) Identify the differences between the injury patterns of~~
1323 ~~an infant and a child compared to that of an adult.~~

1324 | ~~————(H) Identify the psychological dynamics between an infant~~
1325 | ~~and a child, parent or caregiver and EMS provider.~~

1326 | (xi) Pharmacology: Pharmacology specific to the
1327 | medications approved by the MPD (not required for first
1328 | responders).

1329 | (xii) Proficiency: Ability to demonstrate and perform all
1330 | aspects of a skill properly to the satisfaction of the MPD or
1331 | delegate.

1332 | (xiii) Spinal immobilization and packaging: This includes
1333 | adult, pediatric and geriatric patients appropriate to the level
1334 | of certification, ~~assuring the following pediatric objectives~~
1335 | ~~are covered.~~

1336 | ~~————Pediatric objectives — The EMS provider must be able to:~~

1337 | ~~————(A) Demonstrate the correct techniques for immobilizing the~~
1338 | ~~infant and child patient.~~

1339 | ~~————(B) Identify the importance of using the correct size of~~
1340 | ~~equipment for the infant and child patient.~~

1341 | ~~————(C) Demonstrate techniques for adapting adult equipment to~~
1342 | ~~effectively immobilize the infant and child patient.~~

1343 | (xiv) Trauma: For adult, pediatric and geriatric patients
1344 | appropriate to the level of certification, ~~assuring the~~
1345 | ~~following pediatric objectives are covered.~~

1346 | ~~————Pediatric objectives — The EMS provider must be able to:~~

1347 | ~~————(A) Identify the importance of early recognition and~~
1348 | ~~treatment of shock in the infant and child patient.~~

1349 | ~~————(B) Identify the importance of early recognition and~~
1350 | ~~treatment of the multiple trauma infant and child patient.~~

1351 | ~~————(C) Identify the importance of rapid transport of the~~
1352 | ~~injured infant and child patient.~~

1353 |
1354 | [Statutory Authority: Chapters 18.71 and 18.73 RCW. 04-08-103,
1355 | § 246-976-161, filed 4/6/04, effective 5/7/04. Statutory
1356 | Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, §
1357 | 246-976-161, filed 4/5/00, effective 5/6/00.]

1358 |

1359 |

1360 | **WAC 246-976-171 To apply for recertification/renewal.**

1361 | To apply for recertification/renewal, the applicant must:

1362 |

1363 | (1) Complete an department approved application providing ~~To~~
1364 | ~~apply for recertification, the applicant must p~~ Provide
1365 | information that meets the requirements identified in WAC 246-
1366 | 976-141(2); EXCEPT current Washington state certification is
1367 | considered proof of course completion, age, and initial
1368 | infectious disease training.

1369 | (2) Provide proof of successful completion of education and
1370 | skills maintenance, required for the level of certification, as
1371 | defined in this chapter and identified in Tables A, ~~and~~ and B or
1372 | C of WAC 246-976-161. Note: must complete training
1373 | requirements (table A and skills requirements (Table B or C)).

1374 NOTE: What is meant by proof? If documentation, what about
1375 online renewal? Attest??

1376 (3) Demonstrate knowledge and practical skills competency:

1377 (a) For individuals participating in the OTEP method of
1378 education ~~at the level of certification~~, successful completion
1379 of the OTEP method, ~~at the level of certification being sought,~~
1380 fulfills the requirement of the ~~DOH written and practical skills-~~
1381 ~~examinations~~ department approved cognitive and psychomotor
1382 certification examinations.

1383 (b) Individuals completing the CME method of education
1384 must provide proof of successful ~~completion of the DOH written-~~
1385 ~~examination and practical skills examination~~ completion the
1386 department approved cognitive and psychomotor certification
1387 examinations for the level of certification being sought, within
1388 twelve months prior to application.

1389
1390 (c) If County MPD protocols differ from department approved
1391 protocols, applicants must successfully complete skills
1392 evaluations required by the County MPD to determine competency
1393 with the County MPD protocols.

1394 ~~—(i) Basic life support (BLS) and intermediate life support-~~
1395 ~~(ILS) personnel must successfully complete the DOH approved-~~
1396 ~~practical skills examination for the level of certification.~~

1397 ~~—(ii) Paramedics must successfully complete practical skills-~~
1398 ~~evaluations required by the MPD to determine ongoing competence.~~

1399
1400 [Statutory Authority: Chapters 18.71 and 18.73 RCW. 04-08-103,
1401 § 246-976-171, filed 4/6/04, effective 5/7/04. Statutory
1402 Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, §
1403 246-976-171, filed 4/5/00, effective 5/6/00.]

1404
1405
1406 **WAC 246-976-182 Authorized care - Scope of Practice.** (1)

1407 Certified EMS/~~TE~~ personnel are only authorized to provide
1408 patient care in a prehospital, emergency setting or during
1409 interfacility ambulance transport that is: NOTE: this needs to
1410 be added. This is not restricted to just hospitals and need to
1411 consider clinics, plasma centers, etc. Do we need to add
1412 definition?

1413 (a) Included in the approved curriculum for the
1414 individual's level of certification;

1415 (b) Included in approved specialized training; and

1416 (c) ~~That is i~~Included in state approved county MPD
1417 protocols.

1418 (2) ~~When a patient is identified as needing care which is-~~
1419 ~~not authorized for the providers, the certified person in charge-~~
1420 ~~of that patient must consult with medical control as soon as-~~
1421 ~~possible, i~~If protocols and regional patient care procedures do
1422 not provide adequate off-line direction for the situation, the
1423 certified person in charge of the patient must consult with their

1424 online medical control as soon as possible. Medical control can
1425 only authorize a certified person to perform within their scope
1426 of practice.

1427 (3) ~~For trauma patients, a~~All prehospital providers must
1428 follow ~~the state~~ approved ~~trauma~~ triage procedures, regional
1429 patient care procedures and County MPD patient care protocols.

1430 (4) Specialty Care Transport services. The interfacility
1431 transportation and care of the critically injured or ill patient
1432 requiring specialty care during transport. Ground critical care
1433 may be provided by Registered Nurses accompanying EMS personnel
1434 (unless RM is EMS credentialed) or Washington State certified
1435 Paramedics who have received additional, department approved
1436 specialty care training. Specialty care service programs must
1437 be approved by the department and County MPD with patient care
1438 protocols specific to specialty care services.

1439
1440 Note: Steve Romines asked to add: see notes Dr Nania suggested
1441 following CAAMTS standards.

1442 It was suggested: 1. to develop minimum standards for CCT (for
1443 agencies that want to provide it. 2. The National definition for
1444 CCT should be put in WAC definitions and 3. To also check out
1445 the CCT Standards.

1446
1447 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
1448 00-08-102, § 246-976-182, filed 4/5/00, effective 5/6/00.]

1449 Mandatory reporting??

1450
1451
1452 **WAC 246-976-191 Disciplinary actions.** (1) The department
1453 will publish procedures for modification, suspension,
1454 revocation, or denial of certification. The procedures will be
1455 consistent with the requirements of the Administrative Procedure
1456 Act (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter
1457 18.130 RCW), and practice and procedure (chapter 246-10 WAC).

1458 (2) The department will publish procedures:

1459 (a) To investigate complaints and allegations against
1460 certified personnel;

1461 (b) For MPDs to ~~recommend corrective action perform~~
1462 counseling regarding certified individuals.

1463 (3) Before recommending revocation, suspension,
1464 modification, or denial of a certificate, the MPD must initiate
1465 ~~corrective action counseling~~ with the certified individual,
1466 consistent with department procedures.

1467 (4) The MPD may request the department to summarily suspend
1468 certification of an individual if the MPD believes that
1469 continued certification ~~will be detrimental to patient care is~~
1470 an immediate and critical threat to public health and safety.

1471
1472 Discuss 246-976-191 this issue and make consistent with
1473 discipline flow.

1474
1475 (5) In cases where the MPD recommends denial of
1476 recertification, the department will investigate the individual,
1477 and may revoke his or her certification.

1478 (6) If an employing or sponsoring agency disciplines a
1479 certified individual for conduct or circumstances as described
1480 in RCW 18.130.070, the Uniform Disciplinary Act, the agency must
1481 report the cause and the **action taken to the department.**

1482
1483 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
1484 00-08-102, § 246-976-191, filed 4/5/00, effective 5/6/00.]

1485
1486
1487 **LICENSURE AND VERIFICATION**
1488

1489
1490
1491 **Note: address licensing and verification re: regional plans.**

1492
1493 **WAC 246-976-260 Licenses required.** (1) The department will
1494 publish procedures to license ambulance and aid services and
1495 vehicles, to provide service that is consistent with the state
1496 plan and approved regional plans.

1497 (2) To become licensed as an ambulance or aid service, an
1498 applicant must submit department approved application forms to
1499 the department, including:

1500 (a) An declaration-affirmation that the service is able to
1501 comply with standards, rules, and regulations of this chapter;

1502 (b) An declaration-affirmation that staffing will meet the
1503 personnel requirements of **RCW 18.73.150** and 18.73.170;

1504 (c) An declaration-affirmation that operation will be
1505 consistent with the statewide and regional EMS/TC plans and
1506 approved patient care procedures; and meets emergency response
1507 times for the response area to be covered

1508
1509 **Note: define "emergency" using Medicare's definition**

1510
1511 (d) Evidence of the following liability insurance coverage:
1512 (i) Motor vehicle liability coverage required in RCW
1513 46.30.20.

1514 (ii) Professional and General liability coverage.

1515 **Note: Add wording to cover insurance, risk pool, self-insured**
1516 **etc and etc and discuss amounts; NOTE: see separate handout. 1**
1517 **million and check this out with Insurance Commissioner.**
1518 **certificate of insurance or additional insured.**

1519 (e) A description of the general area to be served and the
1520 number of vehicles to be used. The description includes:

1521 (i) The services to be offered (e.g., emergency response
1522 and/or interfacility transports);

1523 (ii) The dispatch process, including a backup plan if the
1524 primary unit is unavailable;

1525 (iii) A plan for tiered response that is consistent with

1526 approved regional patient care procedures;
1527 (iv) A plan for rendezvous with other services that is
1528 consistent with approved regional patient care procedures;
1529 (v) A map of the proposed response area;
1530 (vi) The level of service to be provided: Basic Life
1531 Support (BLS), Intermediate Life Support "ILS", or Advanced Life
1532 Support (ALS) or paramedic; and the scheduled hours of operation;
1533 and

1534 (A) For aid vehicle first response:

1535 I. A BLS level service will provide at least one First Responder.

1536 II. An ILS level service will provide at least one ILS Technician.

1537 III. An Advanced Life Support (ALS) level service will provide at least one
1538 Paramedic.

1539 (B) For transport services:

1540 I. A BLS level service will provide at least one Emergency Medical Technician
1541 (EMT) and one Advanced First Aid or First Responder.

1542 II. An ILS service will provide at least one Technician from an ILS certification and
1543 one EMT.

1544 III. An ALS service will provide at least one paramedic and one EMT or higher level
1545 of EMS certification.

1546 IV. For critical care interfacility transports: Add to definitions? Note: Must have one
1547 EMS person EMT or higher.

1548 (a) Have sufficient medical personnel on each response to provide adequate patient
1549 care, specific to the mission, including:

1550 (i) One specially trained, experienced registered nurse or paramedic; and

1551 (ii) One other person who must be a physician, nurse, physician's assistant,
1552 respiratory therapist, paramedic, EMT, or other appropriate specialist
1553 appointed by the physician director. If an ambulance service responds
1554 directly to the scene of an incident, at least one of the medical personnel
1555 must be trained in prehospital emergency care;

1556 (vii) For licensed ambulance services, a written plan to
1557 continue patient transport if a vehicle becomes disabled,
1558 consistent with regional patient care procedures.

1559 (3) To renew a license, submit application forms to the
1560 department at least thirty days before the expiration of the
1561 current license.

1562 (4) Licensed ambulance and aid services must comply with
1563 the approved prehospital trauma triage procedures defined in WAC
1564 246-976-010.

1565
1566 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
1567 00-08-102, § 246-976-260, filed 4/5/00, effective 5/6/00.
1568 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
1569 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-260, filed
1570 12/23/92, effective 1/23/93.]

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WAC 246-976-270 Denial, suspension, revocation of license.

(1) The department may suspend, modify, or revoke any ambulance or aid service license issued under this chapter, or deny licensure to an applicant when it finds:

(a) Failure to comply with the requirements of chapters 18.71, 18.73, 18.130, 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.

(E) Failure to consistently meet response times identified by the Regional Plan and approved by the department. NOTE: - review.

(2) Under the provisions of the Administrative Procedure Act, chapter 34.05 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW, the department may impose sanctions against a licensed service as provided in chapter 18.130 RCW. The department will not take action against a licensed, non-verified 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.]

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 appropriate 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 seat.**

~~(3) Tires must be in good condition with not less than two thirty seconds inch useable tread, appropriately sized to support the weight of the vehicle when loaded Meet Federal Motor Carrier Safety Administration Regulations.~~ **NOTE: What is the WSP standard (Emergency Equipment) Answer: None specific for carrier tires**

1621 (4) The electrical system must meet the following
1622 requirements:

1623 (a) Interior lighting in the driver compartment must be
1624 designed and located so that no glare is reflected from
1625 surrounding areas to the driver's eyes or line of vision from
1626 the instrument panel, switch panel, or other areas which may
1627 require illumination while the vehicle is in motion;

1628 (b) Interior lighting in the patient compartment must be
1629 adequate throughout the compartment, and provide an intensity of
1630 twenty foot-candles at the level of the patient;

1631 (c) Exterior lights must comply with the appropriate
1632 sections of Federal Motor Vehicle Safety Standards Carrier
1633 Safety Administration Regulations, and include body-mounted
1634 flood lights over the rear doors which provide adequate loading
1635 visibility;

1636 (d) Emergency warning lights must be provided in accordance
1637 with RCW 46.37.380, as administered by the state commission on
1638 equipment. NOTE: is this still appropriate? Yes, 46.37.190 and
1639 670 also pertain. NOTE: 670 pertains to signal preemptive
1640 devices and is not applicable to (d).

1641 380 - Any authorized emergency vehicle may be equipped with a
1642 siren, whistle, or bell capable of emitting sound audible under
1643 normal conditions from a distance of not less than five hundred
1644 feet and of a type conforming to rules adopted by the state
1645 patrol, but the siren shall not be used except when the vehicle
1646 is operated in response to an emergency call or in the immediate
1647 pursuit of an actual or suspected violator of the law, in which
1648 latter events the driver of the vehicle shall sound the siren
1649 when reasonably necessary to warn pedestrians and other drivers
1650 of its approach.

1651
1652 Note: Should we be trying to enforce general motor vehicle
1653 laws. If not, (5) through (8) should be: The vehicle and all
1654 vehicle systems must function as intended by the manufacturer
1655 and must be maintained as recommended by the manufacturer.
1656 (Vehicles are designed and built following the Federal Motor
1657 Carrier Safety Administration Regulations. It is not something
1658 we can enforce or require after the vehicle is manufactured.)

1659 (5) Windshield wipers and washers must be dual, electric,
1660 multispeed, and maintained in good condition functional at all
1661 times.

1662 (6) Battery and generator system:

1663 (a) Battery with a minimum seventy ampere hour rating must
1664 be capable of sustaining all systems. It must be located in a
1665 ventilated area sealed off from the vehicle interior, and
1666 completely accessible for checking and removal;

1667 (b) Generating system capable of supplying the maximum
1668 built-in DC electrical current requirements of the ambulance.
1669 Extra fuses must be provided.

1670 (7) Seat belts that comply with Federal Motor Vehicle

1671 Safety Standards 207, 208, 209, and 210. Restraints must be
1672 provided in all seat positions in the vehicle, including the
1673 attendant station.

1674 (8) Mirrors on the left side and right side of the vehicle.
1675 The location of mounting must provide maximum rear vision from
1676 the driver's seated position.

1677 (9) ~~One Two ABC two and one-half pound fire extinguishers,~~
1678 ~~at least one of which must be in the driver compartment.~~

1679 (10) Ambulance body: NOTE: KKK specs currently exceed
1680 these requirements. Also, if we do not want to enforce these
1681 requirements, we should consider more general possibly flexible
1682 language.

1683 (a) The length of the patient compartment must be at least
1684 one hundred twelve inches in length, measured from the partition
1685 to the inside edge of the rear loading doors;

1686 (b) The width of the patient compartment, after cabinet and
1687 cot installation, must provide at least nine inches of clear
1688 walkway between cots or the squad bench;

1689 (c) The height of the patient compartment must be at least
1690 fifty-three inches at the center of the patient area, measured
1691 from floor to ceiling, exclusive of cabinets or equipment;

1692 (d) There must be secondary egress from the ~~curb side of~~
1693 ~~the patient compartment vehicle;~~

1694 (e) Back doors must open in a manner to increase the width
1695 for loading patients without blocking existing working lights of
1696 the vehicle;

1697 (f) The floor at the lowest level permitted by clearances.
1698 It must be flat and unencumbered in the access and work area,
1699 with no voids or pockets in the floor to side wall areas where
1700 water or moisture can become trapped to cause rusting and/or
1701 unsanitary conditions;

1702 (g) Floor covering applied to the top side of the floor
1703 surface. It must withstand washing with soap and water or
1704 disinfectant without damage to the surface. All joints in the
1705 floor covering must have minimal void between matching edges,
1706 cemented with a suitable water-proof and chemical-proof cement
1707 to eliminate the possibility of joints loosening or lifting;

1708 (h) The finish of the entire patient compartment must be
1709 impervious to soap and water and disinfectants to permit washing
1710 and sanitizing;

1711 (i) Exterior surfaces must be smooth, with appurtenances
1712 kept to a minimum;

1713 (j) Restraints provided for all litters. If the litter is
1714 floor supported on its own support wheels, a means must be
1715 provided to secure it in position. These restraints must permit
1716 quick attachment and detachment for quick transfer of patient.

1717 (11) Vehicle brakes, tires, regular and special electrical
1718 equipment, windshield wipers, heating and cooling units, safety
1719 belts, and window glass, must be ~~in good working order~~
1720 ~~functional~~
~~at all times.~~

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[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.]

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

Note: "asst" means assortment

TABLE C: EQUIPMENT

	AMBULANCE	AID VEHICLE
AIRWAY MANAGEMENT		
Airway Adjuncts		
Oral airway (adult: sm, med, lg)	1ea	1ea
Oral airway (pediatric: 00, 0, 1, 2, 3, 4)	1ea	1ea
Suction		
Portable, manual	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	<u>1</u>	<u>1</u>
Oxygen delivery system built in	1	0
3000 L Oxygen cylinders <u>supply, with regulator, 500 Lbs</u> PSI minimum, or equivalent liquid oxygen system	1	0
300 L Oxygen cylinders <u>supply, with regulator, 500 Lbs</u> PSI minimum, or equivalent liquid oxygen system	2	1
Regulator, oxygen (0-15+ Liter)	+	+
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	1	1
Pediatric (<u>with masks</u> /sized neonatal, <u>pediatric and</u> to -adult)	1	1
Pocket mask or equivalent	+	+

PATIENT ASSESSMENT AND CARE

Assessment

Sphygmomanometer

Adult, large	1	0
Adult, regular	1	1
Pediatric	1	0

Stethoscope, adult 1 1

Thermometer, ~~hypothermia and hyperthermia~~ per county protocol 1 0

Flashlight, w/spare or rechargeable batteries & bulb 1 1

* Defibrillation capability appropriate to the level of personnel. (~~*Note: The requirement for defibrillation takes effect January 1, 2002.~~) 1 1

Personal infection control and protective equipment as required by the department of labor and industries

TRAUMA EMERGENCIES

~~Trauma registry identification bands NOTE: check with Melody~~ Yes Yes

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

~~Burn sheets~~ 2 2

Scissors, bandage 1 1

Irrigation solution 2 1

Splinting

Backboard with straps 2 1

Head immobilizer 1 1

Pediatric immobilization device 1 0

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)	2ea	1ea
Splint, pediatric (arm and leg)	1ea	1ea

General

Litter, wheeled, collapsible	1	0
Pillows, plastic covered or disposable	2	0
Pillow case, cloth or disposable	4	0
Sheets, cloth or disposable	4	02
Blankets	2	2
Towels, cloth or disposable 12" X 23" minimum	4	02
Emesis collection device	1	1
Urinal	1	0
Bed pan	1	0
OB kit	1	1

Epinephrine appropriate for level of certification

<u>Adult</u>	<u>1</u>	<u>1</u>
<u>Pediatric</u>	<u>1</u>	<u>1</u>

Storage and handling of pharmaceuticals in emergency vehicles and ambulances must be in compliance with the Unites States Pharmacopeia. Note: reword as needed.

Instrumentation

<u>Shovel</u>	<u>+</u>	<u>+</u>
<u>Hammer</u>	<u>+</u>	<u>+</u>
<u>Adjustable wrench, 8"</u>	<u>+</u>	<u>+</u>
<u>Hack saw, with blades</u>	<u>+</u>	<u>+</u>
<u>Crowbar, pinch point, 36" minimum</u>	<u>+</u>	<u>+</u>
<u>Screwdriver, straight tip, 10" minimum</u>	<u>+</u>	<u>+</u>
<u>Screwdriver, 3 Phillips, 10" minimum</u>	<u>+</u>	<u>+</u>
<u>Wrecking bar, 3' minimum</u>	<u>+</u>	<u>+</u>
<u>Locking pliers</u>	<u>+</u>	<u>+</u>
<u>Bolt cutters, 1/2" min. jaw spread</u>	<u>+</u>	<u>+</u>
<u>Rope, utility, 50' x 3/8"</u>	<u>+</u>	<u>+</u>

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1736 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
1737 00-08-102, § 246-976-300, filed 4/5/00, effective 5/6/00.
1738 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73

1739 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-300, filed
1740 12/23/92, effective 1/23/93.]

1741
1742 **WAC 246-976-310 Ground ambulance and aid vehicles--**
1743 **Communications equipment. (1) Licensed services must provide**
1744 each licensed ambulance and aid vehicle with communication
1745 equipment which:

1746 (a) Is consistent with state and regional plans;
1747 (b) Is in good working order;
1748 (c) Allows direct two-way communication between the vehicle
1749 and its dispatch control point;

1750 (d) Allows communication with medical control.

1751 (2) If cellular telephones are used, there must also be
1752 another method of radio contact with dispatch and medical
1753 control for use when cellular service is unavailable.

1754 (3) Licensed services must provide each licensed ambulance
1755 with communication equipment which:

1756 (a) Allows direct two-way communication with all hospitals
1757 in the service area of the vehicle, from both the driver's and
1758 patient's compartment;

1759 (b) Incorporates appropriate encoding and selective
1760 signaling devices; and

1761 (c) When transporting patients, allows communications with
1762 medical control and designated EMS/TC receiving facilities.

1763
1764 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
1765 00-08-102, § 246-976-310, filed 4/5/00, effective 5/6/00.
1766 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
1767 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-310, filed
1768 12/23/92, effective 1/23/93.]

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1773 **WAC 246-976-320 Air ambulance services. The purpose of**
1774 **this rule is to ensure the consistent quality of medical care**
1775 **delivered by air ambulance services in the State of Washington.**

1776 (1) Air ambulance services must:

1777 (a) Comply with all regulations in this chapter pertaining
1778 to ambulance services and vehicles, except that WAC 246-976-290
1779 and 246-976-300 are replaced for air ambulance services by
1780 subsection (4)(b) and (c) of this section; Must document current
1781 FAA Licensure NOTE: refer to AAG, on ability to determine FAA
1782 licensure (or maintain FAA licensure)

1783 (b) Comply with the standards in this section for all types
1784 of transports, including interfacility and prehospital
1785 transports;

1786 ~~_____ (c) Be in current compliance with all state and Federal~~
1787 ~~Aviation Administration statutes and regulations that apply to~~
1788 ~~air carriers, including, but not limited to, those regulations~~

1789 ~~that apply to certification requirements, operations, equipment,~~
1790 ~~crew members, and maintenance, and any specific regulations that~~
1791 ~~apply to air ambulance services;~~

1792 ~~—— (d) Air ambulance services must provide a physician~~
1793 ~~director who is practicing medicine in the response area of the~~
1794 ~~aircraft, as identified in the state EMS/TC plan.~~

1795 (2) Air ambulance services ~~currently licensed or seeking~~
1796 ~~relicensure after July 31, 2001, must comply with the standards~~
1797 ~~identified in the department approved clinical guidelines for~~
1798 ~~air medical services (DOH Publication Number), dated Revised~~
1799 ~~XXXXX. Air medical services may meet these clinical standards~~
1800 ~~through optional CAMTS accreditation. have and maintain~~
1801 ~~accreditation by the commission on accreditation of medical~~
1802 ~~transport services or another accrediting organization approved~~
1803 ~~by the department as having equivalent requirements as CAMTS for~~
1804 ~~aeromedical transport. Until August 1, 2001, subsections (4)~~
1805 ~~and (5) of this section apply to air ambulance services~~
1806 ~~currently licensed or seeking relicensure.~~

1807 ~~—— (3) Air ambulance services requesting initial licensure~~
1808 ~~that are ineligible to attain accreditation because they lack a~~
1809 ~~history of operation at the site, must meet the criteria of~~
1810 ~~subsections (4) and (5) of this section and within four months~~
1811 ~~of licensure must have completed an initial consultation with~~
1812 ~~CAMTS or another accrediting organization approved by the~~
1813 ~~department as having equivalent requirements as CAMTS for~~
1814 ~~aeromedical transport. A provisional license will be granted~~
1815 ~~for no longer than two years at which time the service must~~
1816 ~~provide documentation that it is accredited by CAMTS or another~~
1817 ~~accrediting organization approved by the department as having~~
1818 ~~equivalent requirements as CAMTS for aeromedical transport.~~

1819 (4) Air ambulance services must provide:

1820 (a) A physician director who is:

1821 (i) ~~Practicing medicine in the response area of the~~
1822 ~~aircraft, as identified in the state EMS/TC plan~~ Licensed to
1823 practice in the State of Washington;

1824 (ii) Trained and experienced in emergency, trauma, and
1825 critical care;

1826 (iii) Knowledgeable of the operation of air medical
1827 services; and

1828 (iv) Responsible for supervising and evaluating the quality
1829 of patient care provided by the air medical flight personnel;

1830 (v) If the air medical service utilizes Washington-
1831 certified EMS personnel, the physician director must be a
1832 delegate of the MPD in the County where the air service
1833 is declares its primary based of operation.

1834 (vi) Certified EMS personnel must follow department
1835 approved MPD protocols when providing care.

1836 (b) Sufficient air medical personnel on each response to
1837 provide adequate patient care, specific to the mission,
1838 including:

1839 (i) One specially trained, experienced registered nurse or
1840 paramedic as identified in the department approved air medical
1841 guidelines dated (DOH Publication Number), Revised XXXX; and
1842 (ii) One other person who must be a physician, nurse,
1843 physician's assistant, respiratory therapist, paramedic, EMT, or
1844 other appropriate specialist appointed by the physician
1845 director. If an air ambulance responds directly to trauma
1846 the emergency scenes, the service must be trauma verified. of an
1847 incident, at least one of the air medical personnel must be
1848 trained in prehospital emergency care; **Note: needs discussion**
1849 **re: Statute.**

1850 (c) Aircraft that, when operated as air ambulances:
1851 (i) Are configured so that the medical attendants can
1852 access the patient to begin and maintain advanced life support
1853 and other treatment;
1854 (ii) Allow loading and unloading the patient without
1855 excessive maneuvering or tilting of the stretcher;
1856 (iii) Have appropriate communication equipment:
1857 (A) The capability to insure communication between
1858 internal crew and air to ground exchange of
1859 information between flight personnel and hospitals,
1860 medical control, the flight operations services
1861 communication center, and air traffic control
1862 facilities^[M2]; **Note: Include the communication with**
1863 **ground services and public safety vehicles?**
1864 (B) Helicopters must also have the capability to
1865 communicate with ground EMS/TC services and public
1866 safety vehicles.

1867
1868 (iv) Are equipped with: **Note: consider requirement for**
1869 **medical personnel to equip ambulance with necessary equipment**
1870 **and supplies.**

1871 ~~(A) Appropriate navigational aids;~~
1872 (BA) Airway management equipment, including:
1873 (I) Oxygen;
1874 (II) Suction;
1875 (III) Ventilation and intubation equipment, adult and
1876 pediatric;
1877 (EB) Cardiac monitor/defibrillator;
1878 (DC) Supplies, equipment, and medication as required by the
1879 program physician director, for emergency, cardiac, trauma,
1880 pediatric care, and other missions; and
1881 (ED) The ability to maintain appropriate patient
1882 temperature; and
1883 (vi) Have adequate interior lighting for patient care
1884 ~~arranged so as not to interfere with the pilot's vision;~~
1885 ~~(d) If using fixed wing aircraft, pressurized, multiengine~~
1886 ~~aircraft when appropriate to the mission;~~
1887 ~~(e) If using helicopter aircraft;~~
1888 ~~(i) A protective barrier sufficiently isolating the~~

1889 | ~~cockpit, to minimize in flight distraction or interference;~~
1890 | (ii) Appropriate specific to helicopter communication
1891 | equipment to communicate with ground EMS/TC services and public
1892 | safety vehicles, in addition to the communication equipment
1893 | specified in (c)(iii) of this subsection.

1894 | ~~————(5) All air medical personnel must: Note: Add to~~
1895 | guidelines

1896 | ~~————(a) Be certified in ACLS;~~

1897 | ~~————(b) Be trained in:~~

1898 | ~~————(i) Emergency, trauma, and critical care;~~

1899 | ~~————(ii) Altitude physiology;~~

1900 | ~~————(iii) EMS communications;~~

1901 | ~~————(iv) Aircraft and flight safety; and~~

1902 | ~~————(v) The use of all patient care equipment on board the~~
1903 | ~~aircraft;~~

1904 | ~~————(c) Be familiar with survival techniques appropriate to the~~
1905 | ~~terrain;~~

1906 | ~~————(d) Perform under protocols.~~

1907 | (6) Exceptions:

1908 | (a) If aeromedical evacuation of a patient is necessary
1909 | because of a life threatening condition and a licensed air
1910 | ambulance is not available, the nearest available aircraft that
1911 | can accommodate the patient may transport. The physician
1912 | ordering the transport must justify the need for air transport
1913 | of the patient in writing to the department within thirty days
1914 | after the incident.

1915 | (b) Excluded from licensure requirements those services
1916 | operating aircraft for primary purposes other than civilian air
1917 | medical transport, but which may be called into service to
1918 | initiate an emergency air medical transport of a patient to the
1919 | nearest available treatment facility or rendezvous point with
1920 | other means of transportation. Examples are: United States
1921 | Army Military Assistance to Safety and Traffic, United States
1922 | Navy, United States Coast Guard, Search and Rescue, and the
1923 | United States Department of Transportation.

1924 |
1925 | [Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-320,
1926 | filed 11/1/00, effective 12/2/00. Statutory Authority:
1927 | Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-
1928 | 320, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW
1929 | 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148
1930 | (Order 323), § 246-976-320, filed 12/23/92, effective 1/23/93.]
1931 |
1932 |

1933 | **WAC 246-976-330 Ambulance and aid services--Record**
1934 | **requirements.** (1) Each ambulance and aid service must maintain
1935 | a record of:

1936 | (a) Current certification levels of all personnel;

1937 | (b) Make, model, and license number of all EMS response
1938 | vehicles; and

1939 (c) Each patient contact with at least the following
1940 information:
1941 (i) Names and certification levels of all personnel;
1942 (ii) Date and time of medical emergency;
1943 (iii) Age of patient;
1944 (iv) Applicable components of system response time as
1945 defined in this chapter;
1946 (v) Patient vital signs;
1947 (vii) Patient assessment findings;
1948 (vi) Procedures performed on the patient;
1949 (viii) Mechanism of injury or type of illness;
1950 (viii) Patient destination;
1951 (ix) For trauma patients, other data points identified in
1952 WAC 246-976-430 for the trauma registry.

1953 (2) Transporting agencies must provide an initial written
1954 report of patient care to appropriate licensed staff at the
1955 receiving facility at the time the patient is delivered. For
1956 patients meeting the state of Washington prehospital trauma
1957 triage (destination) procedures, as described in WAC 246-976-
1958 930(3), the transporting agency must provide additional trauma
1959 data elements described in WAC 246-976-430 to the receiving
1960 facility within ten days.

1961 ???? (3) Licensed services must make all EMS service, vehicle
1962 and patient care records available for inspection and
1963 duplication upon request of County MPD or the department. NOTE
1964 does "the department" include the MPD as an agent of the state?
1965 Make consistent with QI section? Review documents pertinent to
1966 their (MPD) responsibilities.

1967 (4) Patient care reports must be documented by EMS personnel
1968 providing that patient's care. Note, check placement

1970 [Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-
1971 077, § 246-976-330, filed 12/31/01, effective 1/31/02.

1972 Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
1973 00-08-102, § 246-976-330, filed 4/5/00, effective 5/6/00.

1974 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
1975 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-330, filed
1976 12/23/92, effective 1/23/93.]

1978 **WAC 246-976-340 Ambulance and aid services--Inspections**
1979 **and investigations.**

1980 (1) The department may conduct periodic,
1981 unannounced inspections of licensed ambulances and aid vehicles
1982 and services.

1983 (2) If the service is also verified in accordance with WAC
1984 246-976-390, the department will include a review for compliance
1985 with verification standards as part of the inspections described
1986 in this section.

1987 (3) Licensed services shall make available to the
1988 department and provide copies of any printed or written
materials relevant to the inspection, verification review, or

1989 investigative process in a timely manner.

1990

1991 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
1992 00-08-102, § 246-976-340, filed 4/5/00, effective 5/6/00.

1993 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
1994 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-340, filed
1995 12/23/92, effective 1/23/93.]

1996

1997

1998 **WAC 246-976-390 Verification of ~~trauma care~~ Prehospital**
1999 **EMS services.** (1) ~~The department will:~~

2000 ~~—— (a) Publish procedures for verification. Verification will~~
2001 ~~expire with the period of licensure. The application for~~
2002 ~~verification will be incorporated in the application for~~
2003 ~~licensure;~~

2004 ~~—— (b) Verify prehospital trauma care services in the~~
2005 ~~following categories:~~

2006 ~~—— (i) Aid service: Basic, intermediate and advanced~~
2007 ~~(paramedic) life support;~~

2008 ~~—— (ii) Ground ambulance service: Basic, intermediate and~~
2009 ~~advanced (paramedic) life support;~~

2010 ~~—— (iii) Air ambulance service: After July 31, 2001, the~~
2011 ~~department will consider that an air ambulance service has met~~
2012 ~~the requirements of subsections (4), (6), and (9) of this~~
2013 ~~section if it has been accredited by CAMTS or another~~
2014 ~~accrediting organization approved by the department as having~~
2015 ~~equivalent requirements as CAMTS for aeromedical transport;~~

2016 ~~—— (c) Review the minimum response times for verified~~
2017 ~~prehospital trauma services at least biennially, considering~~
2018 ~~data available from the trauma registry and with the advice of~~
2019 ~~the steering committee;~~

2020 ~~—— (d) Forward applications for verification for aid and~~
2021 ~~ground ambulance services to the appropriate regional council~~
2022 ~~for review and comment;~~

2023 ~~—— (e) Approve an applicant to provide verified prehospital~~
2024 ~~trauma care, based on satisfactory evaluations as described in~~
2025 ~~this section;~~

2026 ~~—— (f) Notify the regional council and the MPD in writing of~~
2027 ~~the name, location, and level of verified services;~~

2028 ~~—— (g) Renew approval of a verified service upon~~
2029 ~~reapplication, if the service continues to meet standards~~
2030 ~~established in this chapter and verification remains consistent~~
2031 ~~with the regional plan.~~

2032 DOH verifies prehospital EMS services. Verification is a higher
2033 form of licensure that requires 24 hour, 7 day a week compliance
2034 with the standards outlined in chapter 70.168 RCW and chapter
2035 246-976 WAC. Verification will expire with the prehospital EMS
2036 service's period of licensure.

2037

2038 | (2) ~~The department will identify minimum and maximum~~

2039 numbers of prehospital services, based on the approved regional
2040 and state plans. The department will:

2041 ~~—— (a) Establish and review biennially the minimum and maximum~~
2042 ~~number of prehospital services based upon distribution and level~~
2043 ~~of service identified for each response area in the approved~~
2044 ~~regional plan.~~

2045 ~~—— (b) Evaluate an applicant for trauma verification based~~
2046 ~~upon demonstrated ability of the provider to meet standards~~
2047 ~~defined in this section 24 hours every day.~~

2048 ~~—— (c) Verify the trauma capabilities of a licensed~~
2049 ~~prehospital service if it determines that the applicant:~~

2050 ~~—— (i) Proposes services that are identified in the regional~~
2051 ~~plan for ground services, or the state plan for air ambulance~~
2052 ~~services, in the proposed response areas.~~

2053 ~~—— (ii) Agrees to operate under approved regional patient care~~
2054 ~~procedures and prehospital patient care protocols.~~

2055 To qualify you must be a licensed ~~prehospital EMS and Trauma~~
2056 ~~care~~ ambulance or aid service as specified in WAC 246-976-
2057 260.

2058 (3) ~~Regional council responsibilities regarding~~
2059 ~~verification are described in WAC 246-976-960. Note: Covered in~~
2060 ~~new WAC section - paragraph (1)(c). ~~Prehospital EMS and trauma~~~~
2061 ~~~~care~~ services ~~are may~~ be verified in the following categories:~~

2062 (a) Aid service: Basic, intermediate and advanced
2063 (paramedic) life support;

2064 (b) Ground ambulance service: Basic, intermediate and
2065 advanced (paramedic) life support;

2066 (c) Air ambulance service.

2067 (4) ~~To apply for verification, a licensed ambulance or aid~~
2068 ~~service must submit application on forms provided by the~~
2069 ~~department, including:~~

2070 ~~—— (a) Documentation required for licensure specified by WAC~~
2071 ~~246-976-260(2);~~

2072 ~~—— (b) A policy that a trauma training program is required for~~
2073 ~~all personnel responding to trauma incidents. The program must~~
2074 ~~meet learning objectives established by the department and be~~
2075 ~~approved by the MPD;~~

2076 ~~—— (c) Documentation that the provider has the ability twenty~~
2077 ~~four hours every day to deliver personnel and equipment required~~
2078 ~~for verification to the scene of a trauma within the agency~~
2079 ~~response times identified in this section; and~~

2080 ~~—— (d) Documentation that the provider will participate in an~~
2081 ~~approved regional quality assurance program.~~

2082 Personnel Requirements:

2083 (a) Verified aid services must provide personnel on each
2084 trauma response including:

2085 (i) Basic life support: At least one individual,
2086 first responder or above;

2087 (ii) Intermediate life support: at least one
2088 intermediate technician;

2089 (iii) Advanced life support - Paramedic: At least
2090 one paramedic;

2091 (b) Verified ambulance services must provide personnel on
2092 each trauma response including:

2093 (i) Basic life support: At least two certified
2094 individuals --one EMT plus one first responder;

2095 (ii) Intermediate life support: One intermediate
2096 technician, plus one EMT;

2097 (iii) Advanced life support - Paramedic: At least
2098 two certified individuals - one paramedic and
2099 one EMT.

2100 (c) Verified air ambulance services must provide
2101 personnel as identified in WAC 246-976-320:

2102 ~~(5) Verified aid services must provide personnel on each~~
2103 ~~trauma response including:~~

2104 ~~—— (a) Basic life support: At least one individual, first~~
2105 ~~responder or above;~~

2106 ~~—— (b) Intermediate life support:——~~

2107 ~~—— (i) At least one ILS technician; or~~

2108 ~~—— (ii) At least one IV/airway technician; or~~

2109 ~~—— (iii) At least two individuals, one IV technician and one~~
2110 ~~airway technician.~~

2111 ~~—— (c) Advanced life support — Paramedic: At least one~~
2112 ~~paramedic.~~

2113 Equipment requirements:

2114 (a) Verified BLS vehicles must carry equipment identified in
2115 WAC 246-976-300, Table C.

2116 (b) Verified ILS and paramedic vehicles must provide
2117 equipment identified in Table D below, in addition to
2118 meeting the requirements of WAC 246-976-300:

2119 (c) Verified air ambulance services must meet **patient care**
2120 equipment requirements described in WAC 246-976-320.

NOTE: MOVED TABLE D FROM (8) BELOW.

TABLE D: EQUIPMENT FOR VERIFIED TRAUMA SERVICES
(NOTE: "ASST" MEANS ASSORTMENTS)

	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)	1ea	1ea	1ea	1ea
Pediatric blades, curved (2)	1ea	1ea	1ea	1ea
McGill forceps, adult & pediatric	1	1	1	1
ET tubes, adult ($\pm 1/2$ mm)	1ea	1ea	1ea	1ea
ET tubes, pediatric, with stylet				
Uncuffed (2.5 - 5.0 mm)	1ea	1ea	1ea	1ea
Cuffed or uncuffed (6.0 mm)	1ea	1ea	1ea	1ea
End-tidal CO ² detector	1ea	1ea	1ea	1ea
Oxygen saturation monitor	1ea	1ea	1ea	1ea
Suction NOTE: Required in WAC 246-976-300 Ground ambulance and aid vehicles-Equipment Portable, powered	±	±	±	±
PATIENT ASSESSMENT AND CARE				
Sphygmomanometer				
Adult, large	1	1	1	1
Pediatric	1	1	1	1
TRAUMA EMERGENCIES				
IV access				
Administration sets and intravenous fluids per protocol				
Adult	±4	±4	±2	±2
Pediatric, w/volume control	42	42	21	21
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

	asst	asst	asst	asst
Syringes				
Glucose measuring supplies	Yes	Yes	Yes	Yes
Pressure infusion device	1	1	<u>1</u>	<u>1</u>
Length based tool for estimating pediatric medication and equipment sizes	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Medications according to local patient care protocols				

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~~(6) Verified ambulance services must provide personnel on each trauma response including:~~
~~(a) Basic life support: At least two certified individuals — one EMT plus one first responder;~~
~~(b) Intermediate life support:~~
~~(i) One ILS technician, plus one EMT; or~~
~~(ii) One IV/airway technician, plus one EMT; or~~
~~(iii) One IV technician and one airway technician;~~
~~(c) Advanced life support — Paramedic: At least two certified individuals — one paramedic and one EMT.~~
Aid service response time requirements:

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(a) Verified aid services must meet the following minimum agency response times as defined by the department and identified in the regional plan:
(i) To urban core response areas: Eight minutes or less, eighty percent of the time;
(ii) To rural/urban fringe response areas and large town response areas: Fifteen minutes or less, eighty percent of the time;
(iii) To small town and isolated rural response areas: Forty-five minutes or less, eighty percent of the time;
(iv) To isolated rural/wilderness response areas: As soon as possible.

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~~(7) Verified BLS vehicles must carry equipment identified in WAC 246-976-300, Table C. Ground ambulance service response time requirements:~~

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(a) 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:
(i) To urban core response areas: Ten minutes or less, eighty percent of the time;
(ii) To rural/urban fringe response areas and large town response areas: Twenty minutes or

2161 | less, eighty percent of the time;
 2162 | (iii) To small town and isolated rural response
 2163 | areas: Forty-five minutes or less, eighty
 2164 | percent of the time;
 2165 | (iv) To isolated rural/wilderness response areas:
 2166 | As soon as possible.

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 2168 | ~~(8) Verified ILS and paramedic vehicles must provide~~
 2169 | ~~equipment identified in Table D, in addition to meeting the~~
 2170 | ~~requirements of WAC 246-976-300. Verified air ambulance services~~
 2171 | ~~must meet minimum agency response times as identified in the~~
 2172 | ~~state plan.~~
 2173 |

TABLE D: EQUIPMENT FOR VERIFIED TRAUMA SERVICES
 (NOTE: "ASST" MEANS ASSORTMENTS)

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
AIRWAY MANAGEMENT				
Airway Adjuncts				
Adjunctive airways, assorted per protocol	X	X	X	X
Laryngoscope handle, spare batteries	+	+	+	+
Adult blades, set	+	+	+	+
Pediatric blades, straight (0, 1, 2)	lea	lea	lea	lea
Pediatric blades, curved (2)	lea	lea	lea	lea
McGill forceps, adult & pediatric	+	+	+	+
ET tubes, adult (±1/2 mm)	lea	lea	lea	lea
ET tubes, pediatric, with stylet				
Uncuffed (2.5–5.0 mm)	lea	lea	lea	lea
Cuffed or uncuffed (6.0 mm)	lea	lea	lea	lea
End-tidal CO ² detector	lea	lea	lea	lea
Oxygen saturation monitor	lea	lea	lea	lea
Suction				
Portable, powered	+	+	+	+
PATIENT ASSESSMENT AND CARE				
Sphygmomanometer				
Adult, large	+	+	+	+
Pediatric	+	+	+	+
TRAUMA EMERGENCIES				
IV access				

Administration sets and intravenous fluids Per protocol

Adult	+	+	+	+
Pediatric, w/volume control	4	4	2	2
Catheters, intravenous (14-24 ga)	asst	asst	asst	asst
Needles				
—Hypodermic	asst	asst	asst	asst
—Intraosseous, per protocol	2	2	+	+
Sharps container	+	+	+	+
Syringes	asst	asst	asst	asst
Glucose measuring supplies	Yes	Yes	Yes	Yes
Pressure infusion device	+	+	+	+

Medications according to local patient care protocols

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~~(9) Verified air ambulance services must meet equipment requirements described in WAC 246-976-320.~~

The department will: NOTE: Return to discuss

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

(i) The approved Regional EMS and Trauma plans, including:

(A) Distribution and level of service identified for each response area; and

(ii) The Washington State EMS and Trauma Plan;

(b) Review the **minimum** response time standards for verified prehospital trauma services at least biennially, considering data available. ~~from the trauma registry and with the advice of the steering committee;~~

(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 ((recommendations)) 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

2200 the name, location, and level of verified services;
2201 (h) Will approve renewal of a verified service upon
2202 reapplication, if the service continues to meet
2203 standards established in this chapter and verification
2204 remains consistent with the regional plan.

2205 ~~(10) Verified aid services must meet the following minimum-~~
2206 ~~agency response times for all major trauma responses to response-~~
2207 ~~areas as defined by the department and identified in the-~~
2208 ~~regional plan:~~

2209 ~~—— (a) To urban response areas: Eight minutes or less, eighty-~~
2210 ~~percent of the time;~~

2211 ~~—— (b) To suburban response areas: Fifteen minutes or less,~~
2212 ~~eighty percent of the time;~~

2213 ~~—— (c) To rural response areas: Forty five minutes or less,~~
2214 ~~eighty percent of the time;~~

2215 ~~—— (d) To wilderness response areas: As soon as possible.~~
2216 The department may:

2217 (a) Conduct a pre-verification site visit; and

2218 (b) Grant a provisional verification not to exceed 120
2219 days. The department may withdraw the provisional
2220 verification status if provisions of the service's
2221 proposal are not implemented within the 120-day period
2222 or as otherwise as provided in chapter 70.168 RCW and
2223 chapter 246-976 WAC.

2224 ~~(11) Verified ground ambulance services must meet the-~~
2225 ~~following minimum agency response times for all major trauma-~~
2226 ~~responses to response areas as defined by the department and-~~
2227 ~~identified in the regional plan:~~

2228 ~~—— (a) To urban response areas: Ten minutes or less, eighty-~~
2229 ~~percent of the time;~~

2230 ~~—— (b) To suburban response areas: Twenty minutes or less,~~
2231 ~~eighty percent of the time;~~

2232 ~~—— (c) To rural response areas: Forty five minutes or less,~~
2233 ~~eighty percent of the time;~~

2234 ~~—— (d) To wilderness response areas: As soon as possible.~~

2235 ~~(12) Verified air ambulance services must meet minimum-~~
2236 ~~agency response times as identified in the state plan.~~

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2238 [Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-390,
2239 filed 11/1/00, effective 12/2/00. Statutory Authority:
2240 Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-
2241 390, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW
2242 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148
2243 (Order 323), § 246-976-390, filed 12/23/92, effective 1/23/93.]
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- New Section -

WAC 246-976-39X To Apply For Initial Verification Or To Change Verification Status As An Prehospital EMS and Trauma Care Service.

- (1) The department uses the following process to select verified prehospital EMS and trauma care services, including:
- (a) A description of the documents you must submit to demonstrate that you meet the standards as identified in chapter 70.168 RCW and chapter 246-976-390 WAC;
 - (b) A pre-verification on-site review for:
 - (i) All ALS ambulance applications;
 - (ii) All ILS ambulance applications; and
 - (iii) All BLS ((transport)) ambulance if and when there is any question of inefficient duplication of services and lack of ~~cost~~ containment coordination of prehospital services within the region. ((applications when there are more applicants than available positions as identified in the State approved Regional EMS and Trauma Plan.))
 - (c) ~~Solicit Request~~ Request comments from a region in which a verification application is received to be used in departments review; and ~~comment ((recommendation)) from the respective Regional council(s) in the region(s) that your application(s) reference, following the responsibilities regarding verification as described in WAC 246-976-960;~~
 - (d) The department's evaluation criteria; and NOTE: (d) and (e) may have to be changed to identify the actual criteria document, as identified in xyz document, dated xxxxxxxx.
 - (e) The department's decision criteria.
- (2) To apply for verification you must:
- (a) Be a licensed prehospital EMS and Trauma care ambulance or aid service as specified in WAC 246-976-260;
 - (b) Submit a completed application. ~~(If you are applying for verification in more than one region, you must submit a single separate application for each region);~~
 - (i) When an agency responds to 9-1-1 emergencies as part of its role in the EMS and Trauma System. NOTE: Check if authorized by statute
 - (ii) When a new business or legal entity (new UBI) is formed through consolidation of existing services or a newly formed EMS agency
 - (iii) Whenever an EMS agency seeks to provide prehospital emergency response service in a Region in which it previously has not been operating. NOTE: Parking lot
 - (iv) When a service changes its type of verification or verification status ~~role from aid service to ambulance service.~~
 - (c) Provide evidence of current liability insurance coverage, including:
 - (i) A copy of the liability insurance coverage policy; or

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~~(ii) An ACCORD certificate of insurance; or~~

~~(iii) A letter from a licensed insurer verifying the required insurance will be in place for the applicant agency at the time verification goes into effect.~~ **Note: Requirement in 246-976-300**

~~(43) The department will verify/evaluate the each prehospital EMS and trauma care service it considers applicant on a point system. Verification will be provided if the service is qualified. In the event there are two or more applicants, determined the department will verify the most qualified to provide trauma care services applicant. The decision to verify will be based on at least the following: NOTE: establish minimums and criteria in code, but remainder in guidelines or instructions?~~

~~(a) Total evaluation points received on all completed applications;~~

~~-(i) Applicants must receive a minimum of 150 points of the total 200 points possible in from the overall evaluation scoring tool to qualify for verification.~~

~~(ii) An applicants must receive a minimum of 30 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 ((Recommendations)) 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 and/or services. ((as outlined in their approved Regional EMS and Trauma Plan "Needs and Distribution of Services" provisions));~~

~~(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) Consistency with the approved Regional EMS and Trauma Plan;~~

~~(n) Consistency with 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 Medical Program Director (MPD) protocols, and their obligation to comply with the MPD protocols;~~

~~(p) Agreement to participate in the department approved Regional Quality~~

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Improvement Program; and

~~(q) Policy that the applicant service's certified EMS personnel will complete an MPD approved trauma training program before responding to any trauma incidents.~~ **NOTE: All initial training includes trauma training now.**

(54). Regional EMS and Trauma Care Councils will provide comments to the department regarding the verification application. The Regional Council's comments should include written statements on the following information:

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 enhance impact care in the Region to include discussion on:

(i) eClinical care

(ii) Response time to prehospital incidents

(iii) Resource availability and

(iv) Un-served or under served trauma response areas in the region.

d)c) How the applicant's proposed service will impact add to 1 (c) above 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.

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, 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 council 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 department may suspend or revoke the verification. The department shall promptly notify the regional council and the MPD of any revocation or suspension of verification.

If the MPD or the 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 ~~or~~ 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

2374 | fulfilling the terms of the approved plan.

2375 | (6) A verified prehospital service that is not in compliance with verification standards will not
2376 | receive a participation grant.

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2379 | [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
2380 | 00-08-102, § 246-976-400, filed 4/5/00, effective 5/6/00.

2381 | Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
2382 | and 70.168 RCW. 93-01-148 (Order 323), § 246-976-400, filed
2383 | 12/23/92, effective 1/23/93.]

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WAC 246-976-890 Interhospital transfer guidelines and agreements. **NOTE: This section is referred to the hospital TAC for possible inclusion in the designation rules.** Designated

trauma services must:

(1) Have written guidelines consistent with your 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 your 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. **NOTE: check with AAG on amb lic vs air amb serv from statute**

[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.]

2417
2418 **WAC 246-976-920 Medical program director.** (1) The MPD
2419 must:
2420 (a) Be knowledgeable in the administration and management
2421 of prehospital emergency medical care and services;
2422 | (b) Provide medical control and direction of EMS/~~TC~~
2423 certified personnel in their medical duties, by oral or written
2424 communication;
2425 (c) Develop and adopt written prehospital patient care
2426 | protocols to direct EMS/~~TC~~ certified personnel in patient care.
2427 These protocols may not conflict with regional patient care
2428 | procedures or with the authorized care - scope of practice of
2429 the certified prehospital personnel as described in WAC 246-976-
2430 182;
2431 | (d) Establish ~~protocols~~ policies and procedures for
2432 storing, dispensing, and administering controlled substances, in
2433 accordance with state and federal regulations and guidelines;
2434 (e) Participate with:
2435 | (i) ~~the~~ local and regional EMS/~~TC~~ councils to develop and
2436 revise:
2437 | (I) Regional patient care procedures;
2438 | (II) County operating procedures when applicable
2439 | (ii) ~~and~~ emergency communications centers to;
2440 | (III) Provide medical control and direction in the
2441 | development and implementation of medical dispatch.
2442 | ~~-develop and revise regional patient care procedures;~~
2443 (f) Participate with the local and regional EMS/TC councils
2444 to develop and revise regional plans and make timely
2445 recommendations to the regional council;
2446 (g) Work within the parameters of the approved regional
2447 patient care procedures and the regional plan;
2448 | (h) Supervise training of all EMS/~~TC~~ certified personnel;
2449 (i) Develop protocols for special training described in WAC
2450 | 246-976-021(56);
2451 (j) Periodically audit the medical care performance of
2452 | EMS/~~TC~~ certified personnel;
2453 (k) Recommend to the department certification,
2454 | recertification, or denial of certification of EMS/~~TC~~ personnel;
2455 (l) Recommend to the department disciplinary action to be
2456 | taken against EMS/~~TC~~ personnel, which may include modification,
2457 suspension, or revocation of certification;
2458 (m) Recommend to the department individuals applying for
2459 recognition as senior EMS instructors.
2460 (2) In accordance with department policies and procedures,
2461 the MPD may:

2462 (a) Delegate duties to other physicians, except for duties
2463 | described in subsection (1)(c), (e), (k), and (l) of this
2464 section. The delegation must be in writing;
2465 (i) The MPD must notify the department in writing of the

2466 names and duties of individuals so delegated, within fourteen
2467 days;

2468 (ii) The MPD may remove delegated authority at any time,
2469 which shall be effective upon written notice to the delegate and
2470 the department;

2471 (b) Delegate duties relating to training, evaluation, or
2472 | examination of certified EMS/~~TE~~ personnel, to qualified non-
2473 physicians. The delegation must be in writing;

2474 | (c) Enter into EMS/~~TE~~ medical control agreements with other
2475 MPDs;

2476 (d) Recommend denial of certification to the department for
2477 any applicant the MPD can document is unable to function as an
2478 EMS provider, regardless of successful completion of training,
2479 evaluation, or examinations; and

2480 (e) Utilize examinations to determine the knowledge and
2481 | abilities of ~~IV technicians, airway technicians, intermediate-~~
2482 ~~life support technicians, or paramedics certified EMS personnel~~
2483 prior to recommending applicants for certification or
2484 recertification.

2485 (3) The department may withdraw the certification of an MPD
2486 for failure to comply with the Uniform Disciplinary Act (chapter
2487 18.130 RCW) and other applicable statutes and regulations.

2488

2489 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
2490 00-08-102, § 246-976-920, filed 4/5/00, effective 5/6/00.
2491 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
2492 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-920, filed
2493 12/23/92, effective 1/23/93.]
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2495
2496 **WAC 246-976-950 Licensing and certification committee.** In
2497 addition to the requirements of RCW 18.73.050, the licensing and
2498 certification committee will review and comment biennially on
2499 | the department's EMS/~~TC~~ rules and standards pertaining to
2500 licensure of vehicles and services, verification of services,
2501 and to certification of individuals.

2502
2503 [Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
2504 00-08-102, § 246-976-950, filed 4/5/00, effective 5/6/00.

2505 Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73
2506 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-950, filed
2507 | 12/23/92, effective 1/23/93.]
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