



# PROPOSED RULE MAKING

## CR-102 (June 2004)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

**Agency:** Department of Health

- Preproposal Statement of Inquiry was filed as WSR 08-16-037 ; or**
- Expedited Rule Making--Proposed notice was filed as WSR \_ ; or**
- Proposal is exempt under RCW 34.05.310(4).**

- Original Notice**
- Supplemental Notice to WSR**
- Continuance of WSR**

**Title of rule and other identifying information:** (Describe Subject)

WAC 246-976-001 through -400, -890, -920, and -950--EMS and Trauma System Prehospital rules and standards for training, licensure and verification, and prehospital system administration.

**Hearing location(s):** Department of Health

Town Center 2 Building  
1st Floor, Conference Room 158  
111 Israel Road SE  
Tumwater, WA 98501

Date: 5/11/10

Time: 10:30 a.m.

**Submit written comments to:**

Name: Michael Lopez  
Address: Department of Health  
Office of Community Health Systems  
P.O. Box 47853  
Olympia, WA 98504-7853  
Website: <http://www3.doh.wa.gov/policyreview/>  
fax (360) 236-2830 by (date) 05/11/2010

**Assistance for persons with disabilities:** Contact

Michael Lopez by 05/05/2010

TTY (800) 833-6388 or () 711

**Date of intended adoption:** 05/14/2010

(Note: This is NOT the effective date)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The purpose of the proposal is to update EMS and Trauma System (EMS & TS) Prehospital rules and standards that pertain to licensure of EMS services and certification of individuals to be in alignment with national industry standards, guidelines, and best practice. The anticipated effect will be more lives saved and rehabilitated because of greater efficiencies and best practices incorporated into the delivery of emergency medical and trauma services.

**Reasons supporting proposal:**

Regular reviews of EMS rules are needed to keep EMS & TS regulations in alignment with industry standards and guidelines. Existing rules also require biennial review and comment on the EMS & TS Prehospital rules. Current rules do not reflect recent changes in EMS industry standards and practice. Proposed rules will reflect these changes and objectives recommended by the Governor's Steering Committee for EMS & TS in its 2006 strategic plan.

**Statutory authority for adoption:**

RCWs 70.168.050 and 70.168.060

**Statute being implemented:**

chapter 18.71 RCW, chapter 18.73 RCW, RCW 70.24.260

**Is rule necessary because of a:**

- Federal Law?  Yes  No
  - Federal Court Decision?  Yes  No
  - State Court Decision?  Yes  No
- If yes, CITATION:

**DATE** 04/05/10

**NAME** (type or print)

Mary C. Selecky

**SIGNATURE**

**TITLE**

Secretary

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE:** April 06, 2010

**TIME:** 5:17 PM

**WSR 10-08-092**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

None.

**Name of proponent:** (person or organization) Department of Health - Office of Community Health Systems

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Dane Kessler	243 Israel Rd, SE, Tumwater, WA 98501	(360) 236-2842
Implementation.... Michael Lopez	243 Israel Rd, SE, Tumwater, WA 98501	(360) 236-2841
Enforcement..... Michael Lopez	243 Israel Rd, SE, Tumwater, WA 98501	(360) 236-2841

**Has a small business economic impact statement been prepared under chapter 19.85 RCW?**

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Michael Lopez

Address: P.O. Box 47853

Olympia, WA 98504-7853

phone (360) 236-2841

fax (360) 236-2830

e-mail [michael.lopez@doh.wa.gov](mailto:michael.lopez@doh.wa.gov)

No: Please explain:

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

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

(1) This chapter establishes criteria for:

(a) Training and certification of (~~basic, intermediate and advanced life support technicians~~) EMS providers;

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

(c) Verification of prehospital trauma services;

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

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

(f) A statewide emergency medical communication system;

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

~~((3))~~ (2) This chapter does not contain detailed procedures to implement the state EMS/TC system. Request procedures, guidelines, or any publications referred to in this chapter from the Office of (~~Emergency Medical and Trauma Prevention~~) Community Health Systems, Department of Health, Olympia, WA 98504-7853 or on the internet at [www.doh.wa.gov](http://www.doh.wa.gov).

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

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

(~~"ACLS" means advanced cardiac life support, a course developed by the American Heart Association.~~)

"Activation of the trauma system" means mobilizing resources to care for a trauma patient in accordance with regional patient care procedures. (~~When the prehospital provider identifies a major trauma patient, using approved prehospital trauma triage procedures, he or she notifies both dispatch and medical control from the field.~~)

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

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

"Advanced emergency medical technician (AEMT)" means a person who has been examined and certified by the department as an intermediate life support technician as defined in RCW 18.71.200 and 18.71.205.

"Advanced first aid((7))" for the purposes of RCW 18.73.120, 18.73.150, and 18.73.170, as of January 1, 2012, means ((a course of at least twenty-four hours of instruction, which includes at least:

- ~~CPR;~~
- ~~Airway management;~~
- ~~Trauma/wound care;~~
- ~~Immobilization)) a department-certified EMR qualification.~~

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

"Agency" means an aid or ambulance service licensed by the department.

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

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

~~(("Airway technician" means a person who:~~

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

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

~~"ALS" means advanced life support.))~~

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

"Approved" means approved by the department of health.

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

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

"Available" for designated trauma services described in WAC

246-976-485 through 246-976-890 means physically present in the facility and able to deliver care to the patient within the time specified. If no time is specified, the equipment or personnel must be available as reasonable and appropriate for the needs of the patient.

~~(( "BLS" means basic life support. ))~~

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

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

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

"BP" means blood pressure.

"Certification" means the department ~~((recognizes))~~ has documentation that an individual has met predetermined qualifications, and authorizes the individual to perform certain procedures.

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

"Continuing medical education ~~((CME))~~ method" or ~~(( "continuing medical education method" or "CME" or ))~~ "CME method" is the completion of prehospital EMS recertification education requirements after initial ~~((prehospital))~~ EMS certification to maintain and enhance skill and knowledge. CME requires the successful completion of ~~((a written))~~ department-approved knowledge and practical skill ~~((s))~~ certification examinations to recertify.

"County operating procedures" or "COPS" means the written operational procedures adopted by the county MPD and the local EMS council specific to county needs. COPS may not conflict with regional patient care procedures.

"CPR" means cardiopulmonary resuscitation.

"Critical care transport" means the interfacility transport of a patient whose condition requires care by a paramedic who has received special training and approval by the MPD.

"Department" means the Washington state department of health.

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

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

"E-code" means external cause code, an etiology included in

the International Classification of Diseases (ICD).

"ED" means emergency department.

"Emergency medical procedures" means the scope of practice associated with EMS personnel certified by the department in this chapter.

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

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

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

"EMS" means emergency medical services.

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

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

~~(("EMT" means emergency medical technician.) )~~

"First aid" for the purposes of chapter 18.73 RCW and this chapter means advanced first aid as identified in RCW 18.73.120.

"First responder" means emergency medical responder (EMR).

"General surgeon" means a licensed physician who has completed a residency program in surgery and who has surgical privileges delineated by the facility.

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

~~(("ILS" means intermediate life support.) )~~

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

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

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

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

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

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

~~"Intravenous therapy technician" means a person who:~~

- ~~• Has been trained in an approved program to initiate IV access and administer intravenous solutions under written or oral authorization of an MPD or approved physician delegate; and~~
  - ~~• Has been examined and certified as an intravenous therapy technician by the department or by the University of Washington's school of medicine.)~~
- an advanced emergency medical technician (AEMT) who has been trained in an approved program to perform specific phases of advanced cardiac and trauma life support as specified in this chapter.

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

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

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

"Local medical community" means the organized local medical society existing in a county or counties((; or)). In the absence of an organized medical society, ((majority physician consensus)) it means the group of physicians in the county or counties.

"Medical control" means ((MPD authority to direct)) direction of the medical care provided by certified EMS personnel in the prehospital EMS system by the MPD or MPD delegate.

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

"Medical program director (MPD)" means ((medical program director:

"Must" means shall.) a person who meets the requirements of chapters 18.71 and 18.73 RCW and is certified by the department. The MPD is responsible for both the supervision of training and medical control of EMS providers.

"MPD delegate" means a physician appointed by the MPD and recognized and approved by the department. An MPD delegate may be one or both of the following:

- Prehospital training physician who supervises specified aspects of training EMS personnel;
- Prehospital supervising physician means a physician who provides on-line medical control of EMS personnel.

"Ongoing training and evaluation program (OTEP)" ((or "ongoing training and evaluation program (OTEP)" or "OTEP" or "OTEP program" or "OTEP method" is)) means a continuing program of prehospital EMS education for EMS personnel ((that)). An OTEP is approved by the MPD and the department ((to)). An OTEP must meet the EMS education requirements and core topic content required for recertification. The OTEP method includes ((cognitive, affective and psychomotor)) evaluations of the knowledge and skills covered in the topic content following ((completion of)) each topic presentation ((to determine student competence of topic content)).

"PALS" means a department-approved course in pediatric

advanced life support (~~(, a course developed by the American Heart Association)~~).

"Paramedic" or "physician's trained emergency medical service paramedic" means a person who (~~(:~~

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

- ~~Has been examined and certified as a paramedic by the department or by the University of Washington's school of medicine.)~~ has been trained in an approved program to perform all phases of prehospital emergency medical care, including advanced life support, under written or oral authorization of an MPD or approved physician delegate, and examined and certified by the department as specified in this chapter.

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

"PEPP" means pediatric education for prehospital professionals.

"PHTLS" means a department-approved prehospital trauma life support course.

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

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

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

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

"Prehospital (~~(agencies)~~) agency" means a provider(~~(s)~~) of prehospital care or interfacility ambulance transport licensed by the department.

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

"Prehospital patient care protocols" means the department-approved, written ((procedures)) orders adopted by the MPD under RCW 18.73.030(13) and 70.168.015(26) which direct the out-of-hospital (~~(emergency)~~) care of (~~(the emergency)~~) patients (~~(which includes the trauma care patient)~~). These protocols are related

only to delivery and documentation of direct patient treatment. The protocols shall meet or exceed statewide minimum standards developed by the department in rule as authorized in chapter 70.168 RCW.

"Prehospital provider" means EMS provider.

"Prehospital trauma care services" means ~~((agencies))~~ an agency that ~~((are))~~ is verified by the department to provide prehospital trauma care.

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

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

"Quality improvement (QI)" or ~~(("QI" or))~~ "quality assurance (QA)" means a process/program to monitor and evaluate care provided in trauma services and EMS/TC systems.

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

"Regional patient care procedures ~~((RPCP))~~" means ~~((procedures adopted by a regional council under RCW 18.73.030(14) and 70.168.015(23), and approved by the department. Regional patient care procedures do not relate to direct patient care.))~~ department-approved written operating guidelines adopted by the regional emergency medical services and trauma care council, in consultation with the local emergency medical services and trauma care councils, emergency communication centers, and the emergency medical services medical program director, in accordance with statewide minimum standards. The patient care procedures shall identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be consistent with the transfer procedures in chapter 70.170 RCW. Patient care procedures do not relate to direct patient care.

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

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

~~(("Response area" means a service coverage zone identified in an approved regional plan.))~~

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

"Senior EMS instructor (SEI)" means an individual approved by the department to be responsible for the administration, quality of instruction and the conduct of ~~((basic life support))~~ initial

emergency medical responder (EMR) and emergency medical technician (EMT) training courses.

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

- For physicians, by the facility's medical staff;
- For registered nurses, by the facility's department of nursing;
- For physician assistants and advanced registered nurse practitioners, as defined in the facility's bylaws.

"Specialized training" means MPD and department-approved training of certified EMS personnel to use a special skill, technique, or equipment that is not included in the ((standard course curriculum)) instructional standards and guidelines.

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

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

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

"System response time" for trauma means the interval from discovery of an injury until the patient arrives at a designated trauma facility. It includes:

● "Discovery time": The interval from injury to discovery of the injury((7)).

~~((("System access time": The interval from discovery to call received;~~

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

- ~~● Process the call, including citizen interview; and~~
- ~~● Give the information to the dispatcher;~~

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

~~● "Activation time": The interval from agency notification to start of response;~~

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

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

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

~~● "Transport time": The interval from leaving the scene to arrival at a health care facility;))~~

● "System access time": The interval from discovery of the injury to call received by 9-1-1 public safety answering point (PSAP).

● "Call processing time": The interval from the time the PSAP answers the call and the time it takes the PSAP to:

- Process the call, including caller interrogation; and  
- Provide the call interrogation information to the EMS dispatcher.

● "Dispatch time": The total time interval, including the call processing time, from when the call is received by the PSAP until the EMS agency is notified.

● "En route time": The time interval from the time the agency is notified until the EMS vehicle is en route to the call.

● "Arrival time": The time interval from when the EMS vehicle is en route until arrival at the incident scene.

● "On scene time": The time interval from arrival at the scene until the EMS transport vehicle departs the incident scene.

● "Transport time": The time interval from when the EMS transport vehicle leaves the incident scene until arriving at the health care facility.

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

~~(( "Training physician" means a physician delegated by the MPD and approved by the department to be responsible for specified aspects of training of EMS personnel.))~~

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

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

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

"Urban" means:

- An incorporated area over thirty thousand; or
- An incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square mile.

"Verification" means the credentialing of a prehospital agency capable of providing verified trauma care services and shall be a part of the licensure process required in chapter 18.73 RCW.

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

#### NEW SECTION

**WAC 246-976-022 EMS training program requirements, approval, reapproval, discipline.** (1) The department will: Provide the DOH EMS training program application and make it available on-line and by mail upon request.

(2) EMS training program requirements, responsibilities:

(a) Training program requirements: To apply for initial

department approval as an EMS training program, applicants must:

(i) Be one of the following:

(A) A local EMS and trauma care council or a county office responsible for EMS training for the county;

(B) A regional EMS and trauma care council providing EMS training throughout the region;

(C) An accredited institution of higher education; or

(D) A private educational business, licensed as a private vocational school.

In the absence of entities in (a)(i)(A) through (D) of this subsection, or their inability to provide an EMS training program, the local EMS and trauma care council may recommend another entity that is able to provide training. In the absence of a local EMS council, the regional EMS and trauma care council may provide such recommendation.

(E) Initial training courses may be conducted for licensed EMS agencies when under the oversight of a department-approved EMS training program.

(ii) Complete a DOH EMS training program application in which the applicant will provide:

(A) A description of classroom and laboratory facilities;

(B) A list of equipment and supplies on hand (or accessible) for use in the training program;

(C) A description of course entry prerequisites, selection criteria, and the process used to screen applicants for each EMS level of training being conducted;

(D) A student handbook for each level of training to be conducted that provides:

(I) Training program policies, including minimum standards to enter training consistent with this chapter;

(II) Course requirements and minimum standards required for successful completion of examinations, clinical/field internship rotations, and the EMS course;

(III) Initial certification requirements the student must meet to become certified as identified in WAC 246-976-141; and

(IV) A listing of clinical and field internship sites available to students.

(iii) Demonstrate need for new or additional EMS training programs.

(b) Local government agencies: The department recognizes county agencies established by ordinance and approved by the MPD to coordinate and conduct EMS programs. These agencies must comply with the requirements of this section.

(c) Training program approval is for a period of five years.

(d) Training program responsibilities. An approved training program must:

(i) Conduct courses following department requirements;

(ii) In conjunction with the course instructor, screen course applicants and approve or deny applicants consistent with WAC 246-976-041;

(iii) Maintain clinical and field internship sites to meet course requirements, including the requirement that internship

rotations on EMS vehicles must be performed as a third person, not replacing required staff on the vehicle;

(iv) For the purposes of program and course evaluation, provide access to all course related materials to the department, county MPD, or MPD delegate;

(v) Conduct examinations over course lessons and other Washington state required topics;

(vi) Coordinate activities with the department-approved certification examination provider, including:

(A) Register the training;

(B) Assisting students in registering with the examination provider;

(C) Providing verification of cognitive knowledge and psychomotor skills for students successfully completing the EMS course; and

(D) Assisting students in scheduling the examination.

(vii) Maintain student records for a minimum of four years;

(viii) Monitor and evaluate the quality of instruction for the purposes of quality improvement, including course examination scores for each level taught;

(ix) Submit an annual report to the department which includes:

(A) Annual, overall certification examination results;

(B) A summary of complaints against the training program and what was done to resolve the issues;

(C) Quality improvement activities including a summary of issues and actions to improve training results; and

(x) Participate in local/regional EMS and trauma care council educational planning.

(3) Training program reapproval: To obtain reapproval from the department, an EMS training program must:

(a) Be in good standing with the department and:

(i) Have no violations of the statute and rules;

(ii) Have no pending disciplinary actions;

(iii) Maintain an overall pass rate of eighty percent on department-approved state certification examinations;

(b) Complete the requirements in subsection (2) of this section; and

(c) Complete and submit an updated EMS training program application to the department at least six months prior to the program expiration date.

(4) Discipline of EMS training programs.

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

(i) Violations of chapter 246-976 WAC;

(ii) Pending disciplinary actions;

(iii) Failure to maintain an overall pass rate of eighty percent on department-approved state certification examinations;

(iv) Falsification of EMS course documents; or

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

(b) The training program may request a hearing to contest department decisions in regard to denial, suspension, modification,

or revocation of training program approval in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and associated administrative codes.

NEW SECTION

**WAC 246-976-023 EMS training course requirements, course approval, specialized training.** (1) A department-approved EMS training program must complete the DOH EMS training course application. The department will make the DOH EMS training course application available on-line and by mail upon request. Applications must be postmarked or delivered to the department at least three weeks prior to the beginning of the course.

(2) Training course requirements.

(a) General requirements:

(i) A course instructor responsible for the quality of instruction and the conduct of the course as identified in subsection (3) of this section;

(ii) Instruction in multicultural health appropriate to the level of training;

(iii) Written course approval from the department;

(iv) Students must meet the minimum standards identified in WAC 246-976-041 as a prerequisite to enter training;

(v) Each student must receive a student handbook;

(vi) Prior to beginning their field internship rotations, students must receive current, county specific, county medical program director field protocols and any specific information they will need while completing the internship; and

(vii) Field internship preceptors are used to monitor and evaluate students in a standard and consistent manner.

(b) Course curriculum or instructor guidelines:

(i) The emergency medical responder (EMR) instructional materials include:

(A) *The National Emergency Medical Services Training Standards - Emergency Medical Responder Instructor Guidelines* published January 2009;

(B) A department-approved, four hour infectious disease training that meets the requirements of chapter 70.24 RCW; and

(C) Other Washington state required content.

(ii) The emergency medical technician (EMT) instructional materials include:

(A) *The National Emergency Medical Services Training Standards - Emergency Medical Technician Instructor Guidelines* published January 2009;

(B) A department-approved, four hour infectious disease training program that meets the requirements of chapter 70.24 RCW; and

(C) Other Washington state required content.

- (iii) The advanced EMT (AEMT) instructional materials include:
  - (A) *The National Emergency Medical Services Training Standards - Advance EMT Instructor Guidelines* published January 2009; and
  - (B) Other Washington state required content.
- (iv) Paramedic - EMS training programs training paramedics must be accredited by a national accrediting organization approved by the department. Instructional materials include:
  - (A) *The National Emergency Medical Services Training Standards - Paramedic Instructor Guidelines* published January 2009; and
  - (B) Other Washington state required content.
  - (3) EMS course instructional personnel requirements.
    - (a) For emergency medical responder (EMR) and EMT courses:
      - (i) The training program and the senior EMS instructor are required to screen EMS course applicants and allow entrance only to those meeting the requirements in WAC 246-976-041.
      - (ii) A department-approved senior EMS instructor (SEI) is required to supervise and instruct emergency medical responders (EMR) and EMT courses with the following substitutions:
        - (A) Senior EMS instructor candidates for the purpose of demonstrating instructional proficiency to the SEI;
        - (B) The MPD, MPD delegate or other physicians approved by the MPD;
        - (C) Guest instructors when knowledgeable and skilled in the topic and approved by the MPD;
        - (D) Department-approved EMS evaluators, if knowledgeable and skilled in the topic and approved by the MPD, may instruct individual lessons to assist the SEI in the instruction of the course.
      - (iii) The SEI identified as the course instructor must be available on-site during each class to provide instruction or to supervise any other course instruction, unless arrangements have been made for another SEI to fulfill this responsibility. For substitutes listed in (a)(ii)(B) through (D) of this subsection, the supervisor need not be physically present but must be immediately available for consultation by the substitute course instructor.
    - (iv) Department-approved SEIs or EMS evaluators to conduct psychomotor evaluations and provide corrective instruction for students. For EMR and EMT courses, evaluators must be certified as an EMT or higher level.
      - (b) Advanced EMT (AEMT) (ILS) courses:
        - (i) The training program and the course instructor are required to screen EMS course applicants and allow entrance only to those meeting the requirements in WAC 246-976-041.
        - (ii) The course instructor for advanced EMT courses must be:
          - (A) An AEMT that is recognized by the department as an SEI; or
          - (B) A paramedic; or
          - (C) Program instructional staff when training is provided by an accredited paramedic training program; or
          - (D) An RN with prehospital EMS knowledge, skills, and experience; or
          - (E) The MPD, MPD delegate or other licensed physician; or

(F) Guest instructors may instruct individual lessons if knowledgeable and skilled in the topic; and

(G) Approved by the county medical program director.

(iii) Department-approved evaluators for advanced EMT courses must be certified at the AEMT or paramedic level.

(c) Paramedic/EMT-paramedic courses:

(i) The training program and the course instructor are required to screen EMS course applicants and allow entrance only to those meeting the requirements in WAC 246-976-041.

(ii) The course instructor for paramedic courses:

(A) Must have clinical experience at the paramedic level or above;

(B) May also hold a current credential as paramedic, RN, MD, DO or PA; and

(C) Must have the approval of the training program's medical director and the county medical program director.

(d) The EMS course instructors identified in this section, under the general supervision of the county medical program director (MPD) are responsible:

(i) For the overall conduct of the course, quality of instruction, and administrative paperwork;

(ii) For following the course curricula or instructional guidelines identified in this section;

(iii) For evaluating the students' knowledge and practical skills throughout the course.

(4) Specialized training. The department may approve pilot training programs to determine the need for additional training. This approval would allow MPDs to research field use of skills, techniques, or equipment that is not included in standard course curricula/instructional guidelines.

(a) To obtain approval of a pilot training program, the following documents must be provided to the licensing and certification (L&C) advisory committee for review:

(i) Course curriculum/lesson plans;

(ii) Type of instructional personnel required to conduct the pilot training;

(iii) Course prerequisites;

(iv) Criteria for successful course completion, including student evaluations and/or examinations; and

(v) Prehospital patient care protocols for use in the pilot program.

(A) The L&C committee may consult with other groups, in its review before making its recommendation to the department.

(B) The department will approve or deny pilot training programs.

(b) Pilot training programs must report the results of the pilot training to the L&C committee and the department.

(c) The L&C committee will recommend to the department to approve or deny the pilot training program for statewide use.

(d) If approved, the department will adopt it as specialized training and notify the county MPDs to advise if the skill is required or not.

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

**WAC 246-976-031 Senior EMS instructor (SEI). (1)**  
**Responsibilities.**

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

(b) The SEI must ~~((conduct courses following))~~:

(i) Follow department-approved curricula/instructional guidelines identified in WAC ~~((246-976-021. The SEI candidate shall))~~ 246-976-023;

(ii) Approve or deny applicants for training consistent with requirements in WAC 246-976-041 and 246-976-141; and

(iii) Document the completion of requirements for initial and renewal recognition as a senior EMS instructor on forms provided by the department.

(2) **Initial recognition as a senior EMS instructor.** ~~((The department will publish *Initial Recognition Application Procedures for Senior EMS Instructors (IRAP)*, which include the *Initial Senior EMS Instructor Application and Agreement*, instructor objectives, instructions and forms necessary for initial recognition.))~~

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

(i) Current Washington state certification ~~((as an))~~ at the EMT or higher EMS certification level;

(ii) At least three years prehospital EMS experience ~~((as an))~~ at the EMT or higher EMS certification level, with at least one recertification;

(iii) ~~((Successful completion of an approved ongoing training and evaluation program (OTEP)/basic life support (BLS) evaluator workshop;))~~ Approval as an EMS evaluator as identified in WAC 246-976-161 (4) (e) (i);

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

(v) Successful completion of an instructor training course by the U.S. Department of Transportation, National Highway Traffic Safety Administration, ~~((or))~~ an instructor training course from an accredited institution of higher education, or equivalent instructor course approved by the department;

(vi) Successful completion of an examination developed and administered by the department on current EMS training and

certification statutes, Washington Administrative Code (WAC) ~~((and)),~~ the Uniform Disciplinary Act (UDA) and course administration.

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

~~((i))~~ Candidates meeting the prerequisites will be issued the ~~((IRAP by the department))~~ Initial Recognition Application Procedures (IRAP) for Senior EMS Instructors, which include the Initial Senior EMS Instructor Application and Agreement, instructor objectives, instructions and forms necessary for initial recognition.

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

(c) **Candidate objectives.** Candidates ~~((who have been issued the IRAP and received instructions on the recognition process))~~ must successfully complete the IRAP ~~((7))~~ under the supervision of a currently recognized ~~((7 EMT-basic course lead))~~ SEI ~~((7))~~.

As part of an initial EMT ~~((basic))~~ course, the candidate must demonstrate to the course lead SEI ~~((7))~~ the knowledge and skills necessary to complete the following instructor objectives ~~((7))~~:

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

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

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

(iv) Maintain course records ~~((adequately))~~;

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

(vi) Assist in the coordination and instruction of one entire EMT ~~((basic))~~ course, including practical skills, under the supervision of the course lead SEI ~~((7))~~ utilizing the EMT ~~((basic))~~ training course ~~((curriculum))~~ instructor guidelines identified in WAC ~~((246-976-021))~~ 246-976-023, and be evaluated on the instruction of each of the following sections/lessons:

(A) ~~((Lesson 1-2--Well Being of the EMT-Basic))~~ Preparatory section, including Infectious Disease Prevention for EMS Providers, Revised ~~((10/1997))~~ 01/2009 (available from the department of health, office of ~~((emergency medical and trauma prevention))~~ community health systems);

(B) ~~((Lesson 2-1--))~~ Airway section;

(C) ~~((Lesson 3-2--Initial))~~ Assessment section;

(D) ~~((Lesson 3-3--Focused History and Physical Exam:--Trauma))~~ Pharmacology section;

(E) ~~((Lesson 3-4--Focused History and Physical Exam:))~~ Medical section, Cardiovascular and Respiratory lessons;

(F) ~~((Lesson 3-5--Detailed Physical Exam))~~ Special Patient Populations section, Obstetrics, Neonatal Care, and Pediatrics lessons;

(G) ~~((Lesson 3-6--Ongoing Assessment))~~ Trauma section, Head,

Facial, Neck and Spine Trauma and Chest Trauma lessons;

(H) (~~Lesson 3-9-Practical Lab: Patient Assessment~~) EMS Operations section, Vehicle Extrication, Incident Management, and Multiple Casualty Incidents lessons; and

(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).)~~ Multicultural Awareness lesson; and

(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; and

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

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

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

(b) **Candidate objectives.** Candidates (~~who have been issued the RAP~~) must successfully complete the (~~RAP during each approval~~

~~period, which includes the~~) following ~~((instructor))~~ objectives for each recognition period:

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

(ii) Receive performance evaluations from a currently recognized SEI, on two candidate instructed EMR (first responder) or EMT~~((-basic))~~ course lessons;

(iii) Perform two performance evaluations on the instruction of first responder or EMT~~((-basic))~~ course lessons for SEI initial or renewal recognition candidates; and

(iv) Attend one ~~((DOH))~~ department-approved SEI or instructor improvement workshop.

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

(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~~((-))~~; and

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

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

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

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

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

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

(e) **Application and approval.**

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

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

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

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

(C) The original completed RAP document and all forms used for

evaluation, quality improvement purposes and verification of successful completion as identified in the RAP.

(4) **Length of recognition period.** The recognition period as ~~((a))~~ an SEI is ~~((for))~~ three years.

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

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

(i) ~~((Violations of))~~ Violated chapter 18.130 RCW, the Uniform Disciplinary Act;

(ii) ~~((A failure))~~ Failed to:

(A) Maintain EMS certification;

(B) Update the following personal information with ~~((DOH))~~ the department as changes occur:

(I) Name;

(II) Address;

(III) Home and work phone numbers;

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

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

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

(F) ~~((Adequately))~~ Complete all forms and ~~((adequately))~~ maintain records in accordance with this chapter;

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

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

(I) Maintain security on all department-approved examination materials.

(b) The candidate or SEI may request a hearing to contest department decisions in regard to denial, suspension, modification or revocation of SEI recognition in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and associated administrative codes.

(6) Reactivation. Any SEI recognition expired for longer than twelve months must complete the initial recognition process.

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

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

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

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

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

department.

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

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

(2) An applicant for training at the intermediate ((IV, airway and ILS technicians)) AEMT ((and advanced life support (paramedic) levels, you)) level, must ((have completed)) be currently certified as an EMT with at least one year ((as a certified EMT or above)) of experience.

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

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

**WAC 246-976-141 To apply for certification.** (1) Department responsibilities ~~((The department will publish procedures for initial certification which include))~~:

(a) ~~((Examinations. An applicant may have up to three attempts within six months after course completion to successfully complete the examinations;))~~ Identify department-approved certification examinations including the process for registration and administration;

(b) ~~((The process for administration of examinations; and~~  
(c) ~~Administrative requirements and the necessary forms.))~~ Provide the requirements, instructions and forms necessary to apply for certification.

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

(a) ~~((An))~~ Proof of qualifying education:  
(i) For an applicant completing an initial Washington state approved EMS course: Successful course completion of a Washington state approved initial EMS course for the level of certification sought, which:

(A) Includes additional training as required in chapter 70.24 RCW and WAC 246-976-023; and

(B) May include Washington state approved EMT special skills training as identified in WAC 246-976-023;

(ii) For an (out-of-state) applicant seeking certification under reciprocity:

(A) Current certification from another state or national certifying agency approved by the department;

(B) For paramedic applicants whose training started after June 30, 1996: Proof of successful course completion from a paramedic training program accredited by a national organization approved by the department; and

(C) A four-hour infectious disease course or a seven-hour HIV/AIDS course approved by the department as required by chapter 70.24 RCW;

(iii) An applicant who holds an active, valid health care credential may apply for certification and challenge the department's education requirements. The applicant must document equivalent EMS training including:

(A) Course completion documents showing education equivalent to the knowledge and skills at the EMR, EMT, or AEMT level;

(B) Paramedic applicants must complete a course from a paramedic training program accredited by a national organization approved by the department;

(C) A four-hour infectious disease course or a seven-hour HIV/AIDS course approved by the department as required by chapter 70.24 RCW; and

(D) Acceptance of the documentation for the purposes of issuing a certification is at the discretion of the department.

(b) Proof of successful completion of a department-approved certification examination:

(i) A candidate is allowed three attempts to successfully complete the examination within twelve months of course completion.

(ii) After three unsuccessful attempts to pass the certification examination, the candidate must repeat a training course meeting the requirements of this section in order to be certified.

(iii) Results of department-approved examination:

(A) For an applicant completing initial Washington EMS course, the results are valid for twelve months from the date of course completion.

(B) For reciprocal and challenge certification applicants, the results are valid for twelve months from the date of examination.

(c) A completed application for certification on forms provided by the department ((7)):

((7)) (i) Within the application period:

(A) For applicants completing an initial Washington EMS course, within twelve months from the date of course completion.

(B) For reciprocal and challenge applicants, within twelve months from the date of examination; and

(ii) Provide the following information:

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

~~((c))~~ (B) Proof of age: You must be at least eighteen years of age to apply. Variances to this age requirement will not be granted;

~~((d)) Proof of completion of an approved course or courses for the level of certification sought;~~

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

~~(f) Proof of successful completion of an approved examination within eighteen months prior to application;~~

~~(g))~~ (C) For EMTs, proof of high school graduation, GED, or equivalent;

(D) Proof of active membership, paid or volunteer, in one of the following ((EMS/TC)) organizations:

~~((i))~~ (I) Licensed ((provider of aid or)) ambulance service or aid service((s)); or

~~((ii))~~ (II) Law enforcement agency; or

~~((iii) Other affiliated EMS/TC service;))~~ (III) Businesses with organized safety response teams, who perform exclusively on company property. These organizations must integrate into all aspects of the local EMS system;

~~((h))~~ (E) The MPD's recommendation for certification and specialized training; and

~~((i) For EMTs, proof of high school graduation, GED, or equivalent;~~

~~(j) Other information required by this chapter))~~ (F) Information as required by the department related to information discovered while conducting required background checks.

(3) Certification is effective on the date the department issues the certificate(~~, and will be~~). The certification is valid for three years ((except as extended by)). The department ((for)) may extend this time period to accommodate the efficient processing of ((license renewals)) recertification applications. The expiration date will be indicated on the certification card.

~~((4))~~ (a) Certification of ((intermediate level technicians)) advanced EMTs and paramedics is valid only:

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

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

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

With approval of the MPD,)) .

(b) A certified ((intermediate level technician)) advanced EMT or paramedic may function ((as an EMT)) at a lower certification level in counties other than those described in (a)(i) through ((c)) (iii) of this subsection, with approval of that county's MPD.

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

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

**WAC 246-976-161 Education requirements for ((certification)) recertification.** ((+i)) Education is required for the recertification of all certified EMS personnel. This education may be obtained by completing the continuing medical education and examination (CME) method, **or** through the ongoing training and evaluation program (OTEP) method, identified below.

((+a)) (1) CME topic content:

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

((+A) ~~Cognitive, affective and psychomotor objectives~~) (i) Knowledge and skills found in ((curricula)) instructor guidelines identified in WAC ((246-976-021)) 246-976-023, for the level of certification being taught((-));

((+B)) (ii) Current national standards at the health care provider level published for CPR, foreign body airway obstruction (FBAO), and automatic defibrillation((-));

((+C)) (iii) County medical program director (MPD) protocols, regional patient care procedures, ((and)) county operating procedures((-) and state triage destination procedures; and

((+D)) (iv) Training updates in standards as identified by the department((-));

((+ii)) (b) Must be approved by the MPD((-)); and

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

((+b)) (2) To complete the CME method you must:

((+i)) (a) Complete and document the ((educational)) requirements, indicated in Table A of this section, ((appropriate to)) for your level of certification.

((+ii)) (b) Complete and document the skills maintenance requirements, indicated in Table B of this section, ((appropriate to)) for your level of certification.

((+A)) (i) IV starts for ((IV technicians, combined IV/airway technicians, ILS technicians, combined ILS/airway technicians)) EMTs with IV therapy skill, AEMTs, or paramedics:

((+I) ~~During your first certification period, you must perform a minimum of~~) (A) Perform at least one hundred eight successful IV starts the first certification period or three years.

• ((During)) The first year, you must perform a minimum of thirty-six successful IV starts.

• ((During)) The second and third year, you must perform a minimum of ((thirty-six)) seventy-two successful IV starts ((per year, which may be averaged)) over the ((second and third years of

~~the certification))~~ two-year period.

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

~~((B))~~ (ii) Endotracheal intubations for ~~((airway technicians, combined IV/airway technicians, combined ILS/airway technicians or))~~ paramedics:

~~((I) During your first certification period, you must perform a minimum of))~~ (A) Perform at least thirty-six successful endotracheal intubations the first certification period or three years.

- ~~((During))~~ The first year, you must perform a minimum of twelve successful endotracheal intubations ~~((of which)).~~ Four of ((the)) these endotracheal intubations must be performed on humans.

- During the second and third year, you must perform a minimum of ~~((twelve))~~ twenty-four endotracheal intubations ~~((per year, which may be averaged))~~ over the ~~((second and third years of the certification))~~ two-year period. Four of these endotracheal intubations per year must be performed on humans.

~~((II))~~ (B) If you have completed a certification period, you must perform a minimum of ~~((four))~~ twelve successful human endotracheal intubations ~~((per year, which may be averaged))~~ over the three-year certification period (see later certification periods in Table B of this section). Two of these endotracheal intubations per year must be performed on humans.

~~((III))~~ (C) Upon approval of the MPD, individuals unable to complete the required endotracheal intubations during the certification period, may meet the endotracheal intubation requirements by completing ~~((a))~~ an MPD and department-approved intensive airway management training program, ~~((utilizing cognitive, affective and psychomotor objectives))~~ covering all knowledge and skill aspects of emergency airway management.

~~((iii))~~ (c) Successfully complete ~~((the Washington state written examination))~~ department-approved knowledge and practical skill((s)) examinations as identified in WAC 246-976-171.

~~((c))~~ (3) Any applicant changing from the CME method to the OTEP method must meet all requirements of the OTEP method.

~~((d))~~ (4) **Ongoing training and evaluation programs:**

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

~~((A) Cognitive, affective and psychomotor objectives))~~ (i) Knowledge and skills found in ((curricula)) instructor guidelines identified in WAC ((246-976-021)) 246-976-023, for the level of certification being taught, in the following core content areas:

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

~~((II))~~ (B) Cardiovascular.

~~((III))~~ (C) Medical emergencies/behavioral.

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

~~((V))~~ (E) Obstetrics ~~((and pediatrics))~~.

~~((VI))~~ (F) Geriatrics.

(G) Pediatrics.

(H) Operations.

~~((B))~~ (ii) The current national standards at the health care provider level published for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification.

~~((C))~~ (iii) County medical program director (MPD) protocols, regional patient care procedures, ~~((and))~~ county operating procedures and state triage destination procedures.

~~((D))~~ (iv) Training updates in standards as identified by the department~~(( ))~~;

~~((ii))~~ (b) Must provide ~~((cognitive, affective and psychomotor))~~ knowledge and skill evaluations following completion of each topic presentation to determine student competence of topic content.

~~((Psychomotor))~~ (i) Practical skill evaluations must be recorded on skill evaluation forms from nationally recognized training programs, or on department-approved practical skill evaluation forms ~~((provided in approved curricula identified in WAC 246-976-021)),~~ for the level of certification being taught.

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

~~((iii))~~ (c) Must be conducted at least on a quarterly basis;

(d) Must be approved by the MPD and the department; any additions or major changes to an approved OTEP requires documented approval from the county MPD and the department~~(( ))~~;

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

~~((A))~~ (i) Evaluators must:

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

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

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

~~((IV))~~ (D) Be approved by the county MPD and the department~~(( ))~~;

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

(F) Be recommended for reapproval by the county medical program director upon EMS credential recertification.

~~((B))~~ (ii) Instructors must:

~~((I))~~ (A) Be a currently certified ~~((BLS or ALS))~~ Washington EMS provider who has completed at least one certification cycle at or above the level of certification being taught~~((-))~~;

~~((II))~~ (B) Be a currently approved evaluator certified at or above the level of certification being taught~~((-))~~;

~~((III))~~ (C) Be approved by the county MPD to instruct and evaluate EMS topics.

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

~~((v))~~ (f) May incorporate nationally recognized training programs within an OTEP for the core content areas identified in ~~((d)(i)(A))~~ (a)(i) of this subsection.

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

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

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

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

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

~~((e))~~ (5) **To complete the OTEP method you must:**

~~((i))~~ (a) Complete a ~~((department and MPD approved))~~ county MPD and department-approved OTEP that includes requirements indicated in Table A of this section, appropriate to your level of certification~~((-))~~;

~~((ii))~~ (b) Complete and document the skills maintenance requirements, indicated in Table ~~((B))~~ C of this section, appropriate to your level of certification.

~~((A))~~ (i) IV starts for EMTs with IV ~~((technicians, combined IV/airway technicians))~~ therapy skill, ~~((ILS technicians, combined ILS/airway technicians))~~ advanced EMTs, or paramedics:

~~((I During your))~~ (A) Perform at least thirty-six successful IV starts the first certification period~~((, you must perform a minimum of thirty-six successful IV starts))~~ or three years.

• ~~((During))~~ The first year, you must perform a minimum of twelve successful IV starts.

• During the second and third year, you must perform a minimum of ~~((twelve))~~ twenty-four successful IV starts ~~((per year, which may be averaged))~~ over the ~~((second and third years of the certification))~~ two-year period.

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

~~((B))~~ (ii) Endotracheal intubations for ~~((airway technicians, combined IV/airway technicians, combined ILS/airway technicians or))~~ paramedics:

~~((I))~~ During your first certification period, you must) (A) Perform ~~((a minimum of))~~ at least twelve successful endotracheal intubations the first certification period or three years.

- ~~((During))~~ The first year, you must perform a minimum of four successful human endotracheal intubations.

- During the second and third year, you must perform a minimum of ~~((four))~~ eight human endotracheal intubations ~~((per year, which may be averaged))~~ over the ~~((second and third years of the certification))~~ two-year period.

~~((II))~~ (B) If you have completed a certification period, you must perform a minimum of ~~((two))~~ six successful human endotracheal intubations ~~((per year, which may be averaged))~~ over the three-year certification period (see later certification periods in Table ~~((B))~~ C of this section).

~~((C))~~ (iii) Skills maintenance requirements may be obtained as part of the OTEP.

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

~~((f))~~ (6) Any applicant changing from the OTEP method to the CME method must meet all requirements of the CME method.

~~((g))~~ (7) Education requirements for recertification - Table A:

((TABLE A: EDUCATION REQUIREMENTS FOR RECERTIFICATION	Basic Life Support		Intermediate Life Support (EMT-Intermediate Levels)					Paramedic (ALS)
	FR	EMT	IV	Air	IV/ Air	ILS	ILS/ Air	Paramedic
<b>Annual Requirements</b>								
CPR & Airway	X	X	X	X	X	X	X	
Spinal Immobilization	X	X	X	X	X	X	X	
Patient Assessment	X	X	X	X	X	X	X	
<b>Certification Period Requirements</b>								
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	
Other Pediatric Topics	X	X	X	X	X	X	X	X
*Additional education course hours totaling:	15 hrs	30 hrs	45 hrs	45 hrs	60 hrs	60 hrs	75 hrs	150 hrs))

**Table A: Education Requirements for Recertification**

	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
<b>Annual Requirements</b>				
Cardiovascular	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
Spinal immobilization	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Patient assessment	X	X	X	X
<b>Certification Period Requirements</b>				
Infectious disease	X	X	X	X
Trauma	X	X	X	X
Pharmacology		X	X	X
Other pediatric topics	X	X	X	X
* Total minimum education hours per certification period:	15 hrs	30 hrs	60 hrs	150 hrs

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

\*Individuals obtaining education through the CME method must complete the total number of educational course hours indicated above. However, due to the competency-based nature of OTEP, fewer class hours may be needed to complete these requirements than the total course hours indicated above.

((h)) (8) 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
<b>First Certification Period</b>						
• <b>First Year of Certification</b>						
IV Starts						
<b>Continuing Education Method may not be averaged</b>	36		36	36	36	36
<b>OTEP Method</b>	12		12	12	12	12
Endotracheal intubations (4 must be performed on humans for each method)						
<b>Continuing Education Method may not be averaged</b>		12	12		12	12
<b>OTEP Method</b>		4	4		4	4
Intraosseous infusion placement	X		X	X	X	X
• <b>Second and Third Years of Certification</b>						
• <b>Annual Requirements</b>						
IV Starts*						
<b>Continuing Education Method</b>	36		36	36	36	36
<b>OTEP Method</b>	12		12	12	12	12
Endotracheal intubations* (4 per year must be performed on humans for each method)						
<b>Continuing Education Method</b>		12	12		12	12
<b>OTEP Method</b>		4	4		4	4
Intraosseous infusion placement	X		X	X	X	X
• <b>During the Certification Period</b>						
Pediatric airway management		X	X		X	X
Multi-lumen airway placement				X	X	

<b>((TABLE B: SKILLS MAINTENANCE REQUIREMENTS</b>	<b>Intermediate Life Support (EMT-Intermediate Levels)</b>					<b>Paramedic (ALS)</b>
Defibrillation				✕	✕	
<b>Later Certification Periods</b>						
<b>• Annual Requirements</b>						
IV Starts	✕		✕	✕	✕	✕
Endotracheal intubations (2 per year must be performed on humans for each method)						
<b>Continuing Education Method</b>		4	4		4	4
<b>OTEP Method</b>		2	2		2	2
Intraosseous infusion placement	✕		✕	✕	✕	✕
<b>• During the Certification Period</b>						
Pediatric airway management		✕	✕		✕	✕
Multi-lumen airway placement				✕	✕	
Defibrillation				✕	✕	

"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.)

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

	<u>EMR</u>	<u>EMT</u>	<u>Advanced EMT</u>	<u>Paramedic</u>
<b>First certification period or three years</b>				
<b>• First year</b>				
<u>IV starts</u>		<u>EMT w/IV therapy skill 36</u>	<u>36</u>	<u>36</u>
<u>Endotracheal intubations (4 must be performed on humans)</u>				<u>12</u>
<u>Intraosseous infusion placement</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>
<b>• Second &amp; third years</b>				
<u>IV starts over the two-year period</u>		<u>EMT w/IV therapy skill 72</u>	<u>72</u>	<u>72</u>
<u>Endotracheal intubations over the two-year period (4 per year must be performed on humans)</u>				<u>24</u>
<u>Intraosseous infusion placement</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>
<b>During the certification period</b>				
<u>Pediatric airway management</u>				<u>X</u>
<u>Supraglottic airway placement</u>		<u>EMT w/supraglottic airway skill X</u>	<u>X</u>	<u>X</u>
<u>Defibrillation</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<b>Later certification periods</b>				
<b>• Annual requirements</b>				
<u>IV starts</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>

	<u>EMR</u>	<u>EMT</u>	<u>Advanced EMT</u>	<u>Paramedic</u>
<u>Endotracheal intubations (2 per year must be performed on humans)</u>				<u>4</u>
<u>Intraosseous infusion placement</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>
● <b><u>During the certification period</u></b>				
<u>Pediatric airway management</u>				<u>X</u>
<u>Supraglottic airway placement</u>		<u>EMT w/supraglottic airway skill X</u>	<u>X</u>	<u>X</u>
<u>Defibrillation</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

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

(9) Skills maintenance requirements for the OTEP method - Table C:

**Table C: Skills Maintenance Requirements for the OTEP Method**

	<u>EMR</u>	<u>EMT</u>	<u>Advanced EMT</u>	<u>Paramedic</u>
<b><u>First certification period or three years</u></b>				
● <b><u>First year</u></b>				
<u>IV starts</u>		<u>EMT w/IV therapy skill 12</u>	<u>12</u>	<u>12</u>
<u>Human endotracheal intubations</u>				<u>4</u>
<u>Intraosseous infusion placement</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>
● <b><u>Second &amp; third years</u></b>				
<u>IV starts over the two-year period</u>		<u>EMT w/IV therapy skill 12</u>	<u>24</u>	<u>24</u>
<u>Human endotracheal intubations over the two-year period</u>				<u>8</u>
<u>Intraosseous infusion placement</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>
<b><u>During the certification period</u></b>				
<u>Pediatric airway management</u>		<u>EMR &amp; EMT X</u>	<u>X</u>	<u>X</u>
<u>Supraglottic airway placement</u>		<u>EMT w/supraglottic airway skill X</u>	<u>X</u>	<u>X</u>
<u>Defibrillation</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<b><u>Later certification periods</u></b>				
● <b><u>Annual requirements</u></b>				
<u>IV starts</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>
<u>Human endotracheal intubations</u>				<u>2</u>
<u>Intraosseous infusion placement</u>		<u>EMT w/IV therapy skill X</u>	<u>X</u>	<u>X</u>
● <b><u>During the certification period</u></b>				
<u>Pediatric airway management</u>		<u>EMR &amp; EMT X</u>	<u>X</u>	<u>X</u>

	<u>EMR</u>	<u>EMT</u>	<u>Advanced EMT</u>	<u>Paramedic</u>
<u>Supraglottic airway placement</u>		<u>EMT w/supraglottic airway skill X</u>	<u>X</u>	<u>X</u>
<u>Defibrillation</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

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

~~((+i))~~ (10) Skill maintenance requirements for individuals requesting reciprocal certification:

~~((+i))~~ (a) Reciprocity candidates credentialed less than three years must meet Washington state's skill maintenance requirements for the initial certification period identified above.

~~((+ii))~~ (b) Reciprocity candidates credentialed three years or more must meet Washington state's skill maintenance requirements for second and subsequent certification periods.

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

~~((+j))~~ (11) Description of selected terms used in Tables A, B and ~~((B))~~ C:

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

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

~~((+iii) CPR and airway management))~~ (a) Cardiovascular includes health care provider level CPR, foreign body obstruction (FBAO), and the use of airway adjuncts appropriate to the level of certification, for adults, children and infants following national standards, ~~((assuring the following pediatric objectives are covered:~~

~~Pediatric objectives - The EMS provider must be able to:~~

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

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

~~(C) Demonstrate FBAO technique for infants and children))~~ and training in the care of cardiac and stroke patients.

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

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

~~((+vi))~~ (d) Intraosseous infusion: Proficiency in intraosseous line placement ~~((in pediatric patients))~~.

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

~~((+viii) Multi-lumen))~~ (f) Supraglottic airway placement:

Proficiency includes the verification of tube placement and continued placement of the ((multi-lumen)) supraglottic airway through procedures identified in county MPD protocols.

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

~~(A) Anatomy and physiology - The EMS provider must be able to:~~

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

~~(II) Identify developmental differences between infants, toddlers, preschool, school age and adolescents, including special needs children.~~

~~(B) Medical problems including special needs patients - The EMS provider must be able to:~~

~~(I) Identify the differentiation between respiratory distress and respiratory failure.~~

~~(II) Identify the importance of early recognition and treatment of shock in the infant and child patient.~~

~~(III) Identify causes and treatments for seizures.~~

~~(IV) Identify life-threatening complications of meningitis and sepsis.~~

~~(V) Identify signs and symptoms of dehydration.~~

~~(VI) Identify signs and symptoms of hypoglycemia.~~

~~(VII) Identify how hypoglycemia may mimic hypoxemia.~~

~~(VIII) Identify special needs pediatric patients that are technologically dependant (tracheotomy tube, central line, GI or feeding tubes, ventilators, community specific needs).~~

~~(IX) Identify the signs and symptoms of suspected child abuse.~~

~~(X) Identify the signs and symptoms of anaphylaxis and treatment priorities.~~

~~(XI) Identify the importance of rapid transport of the sick infant and child patient).~~

~~((x))~~ (h) Patient assessment: This includes adult, pediatric and geriatric patients appropriate to the level of certification (~~(, assuring the following pediatric objectives are covered.~~

~~Pediatric objectives - The EMS provider must be able to:~~

~~(A) Identify and demonstrate basic assessment skills according to the child's age and development.~~

~~(B) Demonstrate the initial assessment skills needed to rapidly differentiate between the critically ill or injured and the stable infant and child patient.~~

~~(C) Identify and demonstrate the correct sequence of priorities to be used in managing the infant and child patient with life threatening injury or illness.~~

~~(D) Identify that the priorities for a severely injured and critically ill infant and child are:~~

~~● Airway management,~~

~~● Oxygenation,~~

~~● Early recognition and treatment of shock,~~

~~● Spinal immobilization,~~

- ~~● Psychological support.~~
- ~~(E) Demonstrate a complete focused assessment of an infant and a child.~~
- ~~(F) Demonstrate ongoing assessment of an infant and a child.~~
- ~~(G) Identify the differences between the injury patterns of an infant and a child compared to that of an adult.~~
- ~~(H) Identify the psychological dynamics between an infant and a child, parent or caregiver and EMS provider)).~~
- ~~((xi)) (i) Pharmacology: Pharmacology specific to the medications approved by the MPD (not required for ((first responders)) EMRs).~~
- ~~((xii)) (j) Proficiency: Ability to demonstrate and perform all aspects of a skill properly to the satisfaction of the MPD or delegate.~~
- ~~((xiii)) (k) Spinal immobilization and packaging: This includes adult, pediatric and geriatric patients appropriate to the level of certification((, assuring the following pediatric objectives are covered.~~
- ~~Pediatric objectives - The EMS provider must be able to:~~
- ~~(A) Demonstrate the correct techniques for immobilizing the infant and child patient.~~
- ~~(B) Identify the importance of using the correct size of equipment for the infant and child patient.~~
- ~~(C) Demonstrate techniques for adapting adult equipment to effectively immobilize the infant and child patient)).~~
- ~~((xiv)) (l) Trauma: For adult, pediatric and geriatric patients appropriate to the level of certification((, assuring the following pediatric objectives are covered.~~
- ~~Pediatric objectives - The EMS provider must be able to:~~
- ~~(A) Identify the importance of early recognition and treatment of shock in the infant and child patient.~~
- ~~(B) Identify the importance of early recognition and treatment of the multiple trauma infant and child patient.~~
- ~~(C) Identify the importance of rapid transport of the injured infant and child patient)).~~

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

**WAC 246-976-171 ((To apply for)) Recertification( (/renewal)) , reversion, reactivation and reinstatement of certification. ((+1) To apply for recertification, the applicant must provide information that meets the requirements identified in WAC 246-976-141(2); EXCEPT current Washington state certification is considered proof of course completion, age, and initial infectious disease training.**

~~(2) Proof of successful completion of education and skills maintenance, required for the level of certification, as defined in~~

~~this chapter and identified in Tables A and B of WAC 246-976-161.~~

~~(3) Demonstrate knowledge and practical skills competency:~~

~~(a) For individuals participating in the OTEP method of education at the level of certification, successful completion of the OTEP fulfills the requirement of the DOH written and practical skills examinations.~~

~~(b) Individuals completing the CME method of education must provide proof of successful completion of the DOH written examination and practical skills examination for the level of certification.~~

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

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

(1) Recertification:

(a) Complete the education requirements for recertification identified in WAC 246-96-161, Tables A, B, and C.

(i) Individuals participating in the CME method of education must provide the following to the MPD or delegate:

(A) Proof of successfully obtaining the educational requirements at the level of certification being sought;

(B) Proof of successful completion of department-approved knowledge and practical skill certification examinations for the level of certification being sought, within twelve months prior to application.

(ii) Individuals participating in the OTEP method of education must provide the following to the MPD or delegate:

(A) Documentation of successfully completing the OTEP educational requirements at the level of certification being sought;

(B) Documentation of successful completion of the OTEP knowledge and skill evaluations at the level of certification being sought. These evaluations fulfill the requirement of department-approved knowledge and practical skill certification examinations.

(iii) Provide the county medical program director documentation of successful completion of skills maintenance, required for the level of certification, as specified in this chapter and identified in WAC 246-96-161, Tables A, B, and C.

(iv) The county MPD may require additional knowledge and/or skill examinations to determine competency on department-approved MPD protocols prior to recommendation of recertification.

(b) Complete the recertification application; obtain the MPD recommendation for recertification and endorsement of EMT specialized training, then submit the recertification application to the department.

(2) Voluntary reversion to a lower level of certification.

Meet the current educational requirements for recertification:

(a) CME.

(i) Document education;

(ii) Complete recertification application;

(iii) Provide proof of successful completion of department-

approved knowledge and practical skill examinations for the level of certification desired in the recertification application; and

(iv) Submit the application to the department.

(b) OTEP.

(i) Document completion of OTEP, including knowledge and skill evaluations;

(ii) Complete recertification application; and

(iii) Submit the application to the department.

(3) Reactivation of an expired Washington state EMS certification:

(a) The EMS provider must not provide EMS care until the certification is returned to active status;

(b) A certification is returned to active status by complying with the following:

(i) Expired for one year or less:

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

(B) Complete one year of annual recertification education requirements;

(C) Successfully complete the department-approved knowledge and practical skill certification examinations; and

(D) Complete the recertification application, obtain the MPD recommendation for recertification and submit the recertification application to the department;

(ii) Expired for greater than one and less than two years:

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

(B) Complete one year of annual recertification education requirements;

(C) Complete twenty-four hours of educational topics and hours specified by the department and the county MPD;

(D) Successfully complete the department-approved knowledge and practical skill certification examinations; and

(E) Complete the recertification application, obtain the MPD recommendation for recertification and submit the application to the department;

(iii) Expired for more than two years:

(A) Nonparamedic EMS personnel must:

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

(II) Complete the initial certification application process as identified in WAC 246-976-141;

(B) Paramedics whose certification has been expired between two and six years must:

(I) Document current status as a provider or instructor in the following: ACLS, PHTLS or BTLs, PALS or PEPPS, or state approved equivalent;

(II) Document current status in health care provider level CPR;

(III) Document completion of a state approved forty-eight hour EMT-paramedic refresher training program or completes forty-eight

hours of ALS training that consists of the following core content:

- Airway, breathing and cardiology - sixteen hours.
- Medical emergencies - eight hours.
- Trauma - six hours.
- Obstetrics and pediatrics - sixteen hours.
- Operations - two hours;

(IV) Document completion of any additional required MPD and department-approved program of refresher training;

(V) Document MPD required clinical and field evaluation;

(VI) Document successful completion of department-approved knowledge and practical skill certification examinations;

(VII) Complete the recertification application process as identified in WAC 246-976-141;

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

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

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

(b) The EMS provider must not provide EMS care until the certification is returned to active status.

(c) If reinstatement is granted, prior to reinstatement of the certification, the petitioner must:

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

(ii) Meet the reactivation requirements in this section.

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

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

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

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

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

(c) Within the scope of care that is:

~~((a))~~ (i) Included in the approved curriculum for the individual's level of certification; or

~~((b))~~ (ii) Included in approved specialized training; and

~~((c) That is)~~ (iii) Included in state approved county MPD protocols.

~~(2) ((When a patient is identified as needing care which is not authorized for the providers, the certified person in charge of that patient must consult with medical control as soon as possible,))~~ If protocols and regional patient care procedures do not provide ((adequate)) off-line direction for the situation, the certified person in charge of the patient must consult with their on-line medical control as soon as possible. Medical control can only authorize a certified person to perform within their scope of practice.

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

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

**WAC 246-976-191 Disciplinary actions.** ~~(1) The department ((will publish procedures for))~~ is the disciplining authority under RCW 18.130.040 (2) (a).

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

~~((2) The department will publish procedures:~~

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

~~(b) For))~~ (3) MPDs ((to recommend corrective action)) may perform counseling regarding certified individuals.

~~((3))~~ (4) Before recommending ((revocation, suspension, modification, or denial of a certificate)) disciplinary action, the MPD must initiate ((corrective action)) counseling with the certified individual, consistent with department ((procedures)) guidelines.

~~((4))~~ (5) The MPD may request the department to summarily suspend certification of an individual if the MPD believes that continued certification ((will be detrimental to patient care)) is an immediate and critical threat to public health and safety.

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

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

(7) As required by RCW 18.130.080 an employing or sponsoring agency ((disciplines a certified individual for conduct or circumstances as described in RCW 18.130.070, the Uniform Disciplinary Act, the agency must report the cause and the action

~~taken to the department)) is subject to the reporting requirements identified in chapter 246-16 WAC. An employing or sponsoring agency must report to the department the following:~~

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

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

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

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

**WAC 246-976-260 Licenses required.** (1) The department (~~will publish procedures to~~) licenses ambulance and aid services and vehicles (~~(r)~~) to provide service that is consistent with the state plan and approved regional plans.

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

~~(a) (A declaration that the service is able to comply with standards, rules, and regulations of this chapter;~~

~~(b) A declaration that staffing will meet the personnel requirements of RCW 18.73.150 and 18.73.170;~~

~~(c) A declaration that operation will be consistent with the statewide and regional EMS/TC plans and approved patient care procedures;~~

~~(d) Evidence))~~ A completed application for licensure on forms provided by the department;

(b) Proof of ((liability)) the following insurance coverage:

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

(ii) Professional and general liability coverage;

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

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

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

~~(iii) A plan for tiered response that is consistent with approved regional patient care procedures;~~

~~(iv) A plan for rendezvous with other services that is consistent with approved regional patient care procedures;~~

~~(v)~~) (c) A map of the proposed response area;  
~~((vi))~~) (d) The level of service to be provided: Basic life support (BLS), intermediate life support (ILS), or advanced life support (ALS) (paramedic); and the scheduled hours of operation  
~~and~~  
~~(vii))~~). Minimum staffing required for each level is as follows:  
(i) For aid service response:  
(A) A BLS level service will provide care with at least one person qualified in advanced first aid (after January 1, 2012, at least one emergency medical responder);  
(B) An ILS level service will provide care with at least one ILS technician (AEMT);  
(C) An ALS level service will provide care with at least one paramedic.  
(ii) For ambulance services:  
(A) A BLS level service will provide care and transport with at least one emergency medical technician (EMT) and one person trained in advanced first aid. Beginning January 1, 2012, emergency medical responder (EMR) will replace the advanced first aid requirement;  
(B) An ILS service will provide care and transport with at least one ILS technician and one EMT;  
(C) An ALS service will provide care and transport with at least one paramedic and one EMT or higher level of EMS certification;  
(D) For critical care interfacility ambulance transports, have sufficient medical personnel on each response to provide patient care specific to the transport;  
(e) For licensed ambulance services, a written plan to continue patient transport if a vehicle becomes disabled, consistent with regional patient care procedures.  
(3) To renew a license, submit application forms to the department at least thirty days before the expiration of the current license.  
(4) Licensed ambulance and aid services must comply with ~~((the))~~ department-approved ~~((trauma))~~ prehospital ~~((trauma))~~ triage procedures ~~((defined in WAC 246-976-010)).~~

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

**WAC 246-976-270 Denial, suspension, revocation ((of license)).** (1) The department may suspend, modify, or revoke ~~((any ambulance or aid service))~~ an agency's license or verification issued under this chapter ~~((, or))~~. The department may deny licensure or verification 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; or

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

(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, nonverified service under this section for providing emergency trauma care consistent with regional patient care procedures when the wait for the arrival of a verified service would place the life of the patient in jeopardy or seriously compromise patient outcome.

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

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

(2) All ambulance vehicles must be clearly identified as an EMS vehicle and display the agency identification by ~~((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's 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))~~.

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

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

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

(c) Exterior lights must ~~((comply with the appropriate sections of Federal Motor Vehicle Safety Standards))~~ be fully

operational, and include body-mounted flood lights over the ~~((rear))~~ patient loading doors ~~((which))~~ to provide ~~((adequate))~~ loading visibility; and

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

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

(6) Battery and generator system:

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

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

(7) The ambulance must be equipped with:

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

~~((+8))~~ (b) Mirrors on the left side and right side of the vehicle. The location of mounting must provide maximum rear vision from the driver's seated position~~((-))~~; and

~~((+9))~~ (c) One ABC two and one-half pound fire extinguisher.

~~((+10))~~ (8) Ambulance body requirements:

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

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

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

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

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

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

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

eliminate the possibility of joints loosening or lifting; and

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

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

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

~~((11))~~ (9) Vehicle brakes, ~~((tires,))~~ regular and special electrical equipment, ~~((windshield wipers,))~~ heating and cooling units, safety belts, and window glass, must be ~~((in good working order))~~ functional at all times.

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

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

Note: "asst" means assortment

TABLE <del>((E))</del> <u>D</u> : EQUIPMENT	AMBULANCE	AID VEHICLE
AIRWAY MANAGEMENT		
Airway Adjuncts		
Oral airway <del>((adult, sm, med, lg))</del> <u>adult and pediatric</u> <del>((Oral airway (pediatric: 00, 0, 1, 2, 3, 4)</del>	<del>((tea))</del> <u>asst</u> <del>tea</del>	<del>((tea))</del> <u>asst</u> <del>tea</del> )
Suction		
Portable <del>((manual))</del>	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 <del>((cylinder))</del> <u>supply, with regulator, 500 <del>((lbs))</del></u> PSI minimum, or equivalent liquid oxygen system	1	0
300 L Oxygen <del>((cylinder))</del> <u>supply, with regulator, 500 <del>((lbs))</del></u> PSI minimum, or equivalent liquid oxygen system <del>((Regulator, oxygen (0-15+ Liter)</del>	2 <del>+</del>	1 <del>+)</del>
Cannula, nasal, adult	4	2
O <sub>2</sub> mask, nonrebreather, adult	4	2
O <sub>2</sub> mask, nonrebreather, pediatric	2	1
BVM, with O <sub>2</sub> reservoir		
Adult, pediatric, infant	1 <u>ea</u>	1 <u>ea</u>
<del>((Pediatric (w/sizes neonatal to adult)</del>	<del>+</del>	<del>+</del>

<u>Pocket mask or equivalent</u>	+	+) )
PATIENT ASSESSMENT AND CARE		
Assessment		
Sphygmomanometer		
Adult, large	1	((0)) 1
Adult, regular	1	1
Pediatric	1	((0)) 1
Stethoscope, adult	1	1
Thermometer, ((hypothermia and hyperthermia)) <u>per county protocol</u>	1((ea))	0
Flashlight, w/spare or rechargeable batteries & bulb	1	1
((*) Defibrillation capability appropriate to the level of personnel. (( <del>*Note: The requirement for defibrillation takes effect January 1, 2002.</del> ))	1	1
Personal infection control and protective equipment as required by the department of labor and industries		
<u>Length based tool for estimating pediatric medication and equipment sizes</u>	1	1
TRAUMA EMERGENCIES		
<del>((Trauma registry identification bands</del>	<del>Yes</del>	<del>Yes))</del>
Triage identification for 12 patients <u>per county protocol</u>	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
<del>((Burn sheets</del>	<del>2</del>	<del>2))</del>
Scissors, bandage	1	1
Irrigation solution	2	1
Splinting		
Backboard with straps	2	1
Head <del>((immobilizer))</del> <u>immobilization equipment</u>	1	1
Pediatric immobilization device	1	((0)) 1
Extrication collars, rigid		
Adult (small, medium, large)	asst	asst
Pediatric or functionally equivalent sizes	asst	asst
Immobilizer, cervical/thoracic, adult	1	0
Splint, traction, adult w/straps	1	0
Splint, traction, pediatric, w/straps	1	0
Splint, adult (arm and leg)	2 ea	1 ea
Splint, pediatric (arm and leg)	1 ea	1 ea
General		
Litter, wheeled, collapsible, <u>with a functional restraint system per the manufacturer</u>	1	0
Pillows, plastic covered or disposable	2	0
Pillow case, <u>cloth or disposable</u>	4	0
Sheets, <u>cloth or disposable</u>	4	((0)) 2
Blankets	2	2
Towels, cloth <u>or disposable 12" x 23" minimum</u>	4	((0)) 2
Emesis collection device	1	1
Urinal	1	0
Bed pan	1	0
OB kit	1	1
<u>Epinephrine appropriate for level of certification</u>		
<u>Adult</u>	1	1
<u>Pediatric</u>	1	1

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

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

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

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

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

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

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

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

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

(b) Incorporates appropriate encoding and selective signaling devices (~~and~~

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

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

**WAC 246-976-320 Air ambulance services.** The purpose of this rule is to ensure the consistent quality of medical care delivered

by air ambulance services in the state of Washington.

(1) Air ambulance services must:

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

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

~~(c) Be in current compliance with all state and Federal Aviation Administration statutes and regulations that apply to air carriers, including, but not limited to, those regulations that apply to certification requirements, operations, equipment, crew members, and maintenance, and any specific regulations that apply to air ambulance services;~~

~~(d) Air ambulance services must provide a physician director who is practicing medicine in the response area of the aircraft, as identified in the state EMS/TC plan.))~~ Comply with the standards in this section for all types of transports, including interfacility and prehospital transports;

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

(2) Air ambulance services currently licensed or seeking relicensure ~~((after July 31, 2001,))~~ must have and maintain accreditation by the commission on accreditation of medical transport services (CAMTS) or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport. ~~((Until August 1, 2001, subsections (4) and (5) of this section apply to air ambulance services currently licensed or seeking relicensure.))~~

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

(4) Air ambulance services must provide:

(a) A physician director ~~((who is))~~:

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

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

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

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

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

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

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

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

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

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

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

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

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

(iii) Have appropriate communication equipment:

(A) The capability to ~~((insure internal crew and air-to-ground exchange of information))~~ communicate between flight personnel ~~((and)),~~ hospitals, medical control, and the ~~((flight operations))~~ services communication center ~~((, and air traffic control facilities))~~;

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

(iv) Are equipped with:

~~((A))~~ (A) ~~((Appropriate navigational aids;~~

~~((B))~~ (B) Airway management equipment, including:

(I) Oxygen;

(II) Suction;

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

~~((C))~~ (B) Cardiac monitor/defibrillator;

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

~~((E))~~ (D) The ability to maintain appropriate patient temperature; ~~((and))~~

(v) Have ~~((adequate))~~ interior lighting for patient care ~~((arranged so as not to interfere with the pilot's vision;~~

~~((d))~~ If using fixed-wing aircraft, pressurized, multiengine aircraft when appropriate to the mission;

~~(e) If using helicopter aircraft:~~

~~(i) A protective barrier sufficiently isolating the cockpit, to minimize in-flight distraction or interference;~~

~~(ii) Appropriate communication equipment to communicate with ground EMS/TC services and public safety vehicles, in addition to the communication equipment specified in (c)(iii) of this subsection.); and~~

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

(5) All air medical personnel must:

(a) Be certified in ACLS;

(b) Be trained in:

(i) Emergency, trauma, and critical care;

(ii) Altitude physiology;

(iii) EMS communications;

(iv) Aircraft and flight safety; and

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

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

(d) Perform under protocols.

(6) Exceptions:

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

(b) Excluded from licensure requirements (~~those~~) are:

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

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

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

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

(a) Current certification levels of all personnel;  
(b) Any changes in staff affiliation with the ambulance and aid service to include new employees or employee severance; and  
(c) Make, model, and license number of all EMS response vehicles (; and

~~(c) Each patient contact with at least the following information:~~

~~(i) Names and certification levels of all personnel;  
(ii) Date and time of medical emergency;  
(iii) Age of patient;  
(iv) Applicable components of system response time as defined in this chapter;  
(v) Patient vital signs;  
(vi) Procedures performed on the patient;  
(vii) Mechanism of injury or type of illness;  
(viii) Patient destination;  
(ix) For trauma patients, other data points identified in WAC 246-976-430 for the trauma registry).~~

(2) ~~((Transporting agencies))~~ The certified EMS provider in charge of patient care must provide ((an initial written report of patient care to the receiving facility at the time the patient is delivered. For patients meeting the state of Washington prehospital trauma triage (destination) procedures, as described in WAC 246-976-930(3), the transporting agency must provide additional trauma data elements described in WAC 246-976-430 to the receiving facility within ten days)) the following information to the receiving facility staff:

(a) At the time of arrival at the receiving facility, a minimum of a brief patient report including:

(i) Date and time of the medical emergency;  
(ii) Patient vital signs including serial vital signs where applicable;  
(iii) Patient assessment findings;  
(iv) Procedures and therapies provided by EMS personnel;  
(v) Any changes in patient condition while in the care of the EMS personnel;  
(vi) Mechanism of injury or type of illness.

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

(i) Names and certification levels of all personnel;  
(ii) Date and time of medical emergency;  
(iii) Age of patient;  
(iv) Applicable components of system response time as defined in this chapter;  
(v) Patient vital signs, including serial vital signs if applicable;  
(vi) Patient assessment findings;  
(vii) Procedures performed and therapies provided to the patient; this includes the times each procedure or therapy was provided;  
(viii) Document patient response to procedures and therapies while in the care of the EMS provider;

(ix) Mechanism of injury or type of illness;

(x) Patient destination.

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

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

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

**WAC 246-976-390 Trauma verification of ((trauma care))  
prehospital EMS services.** ((1) The department will:

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

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

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

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

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

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

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

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

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

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

(2) ~~The department will identify minimum and maximum numbers of prehospital services, based on the approved regional and state plans. The department will:~~

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

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

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

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

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

~~(3) Regional council responsibilities regarding verification are described in WAC 246-976-960.~~

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

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

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

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

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

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

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

~~(b) Intermediate life support:~~

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

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

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

~~(c) Advanced life support - Paramedic: At least one paramedic.~~

~~(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.~~

~~(7) Verified BLS vehicles must carry equipment identified in WAC 246-976-300, Table C.~~

~~(8) Verified ILS and paramedic vehicles must provide equipment identified in Table D, in addition to meeting the requirements of WAC 246-976-300.~~

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

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

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

~~(10) Verified aid services must meet the following minimum agency response times for all major trauma responses to response~~

~~areas as defined by the department and identified in the regional plan:~~

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

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

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

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

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

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

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

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

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

~~(12) Verified air ambulance services must meet minimum agency response times as identified in the state plan.) (1) The department verifies prehospital EMS services. Verification is a higher form of licensure that requires twenty-four-hour, seven day a week compliance with the standards outlined in chapter 70.168 RCW and this chapter. Verification will expire with the prehospital EMS service's period of licensure.~~

~~(2) To qualify you must be a licensed ambulance or aid service as specified in WAC 246-976-260.~~

~~(3) The following EMS services may be verified:~~

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

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

~~(c) Air ambulance service.~~

~~(4) Personnel requirements:~~

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

~~(i) Basic life support: At least one individual, EMR or above;~~

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

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

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

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

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

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

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

(5) Equipment requirements:

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

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

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

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

	<u>AMBULANCE</u>		<u>AID VEHICLE</u>	
	<u>PAR</u>	<u>ILS</u>	<u>PAR</u>	<u>ILS</u>
<u>AIRWAY MANAGEMENT</u>				
<u>Airway adjuncts</u>				
<u>Adjunctive airways, assorted per protocol</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Laryngoscope handle, spare batteries</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Adult blades, set</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Pediatric blades, straight (0, 1, 2)</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>
<u>Pediatric blades, curved (2)</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>
<u>McGill forceps, adult &amp; pediatric</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>ET tubes, adult and pediatric</u>	<u>asst</u>	<u>0</u>	<u>asst</u>	<u>0</u>
<u>Supraglottic airways per MPD protocol</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>End-tidal CO<sub>2</sub> detector</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>
<u>Oxygen saturation monitor</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>	<u>1 ea</u>
<u>TRAUMA EMERGENCIES</u>				
<u>IV access</u>				
<u>Administration sets and intravenous fluids per protocol:</u>				
<u>Adult</u>	<u>4</u>	<u>4</u>	<u>2</u>	<u>2</u>
<u>Pediatric volume control device</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>1</u>
<u>Catheters, intravenous (14-24 ga)</u>	<u>asst</u>	<u>asst</u>	<u>asst</u>	<u>asst</u>
<u>Needles</u>				
<u>Hypodermic</u>	<u>asst</u>	<u>asst</u>	<u>asst</u>	<u>asst</u>
<u>Intraosseous, per protocol</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>1</u>
<u>Sharps container</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Syringes</u>	<u>asst</u>	<u>asst</u>	<u>asst</u>	<u>asst</u>
<u>Glucose measuring supplies</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<u>Pressure infusion device</u>	<u>1</u>	<u>1</u>		
<u>Length based tool for estimating pediatric medication and equipment sizes</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Medications according to local patient care protocols</u>				

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

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

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

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

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

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

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

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

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

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

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

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

(10) The department will:

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

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

(ii) The Washington state EMS and trauma plan;

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

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

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

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

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

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

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

(11) The department may:

(a) Conduct a preverification site visit; and

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

NEW SECTION

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

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

(b) Conduct a preverification on-site review for:

(i) All ALS ambulance service applications;

(ii) All ILS ambulance service applications; and

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

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

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

(e) Apply the department's decision criteria.

(2) To apply for verification you must:

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

(b) Submit a completed application:

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

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

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

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

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

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

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

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

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

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

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

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

(d) Dispatch plan;

- (e) Response plan;
  - (f) Level of service;
  - (g) Type of transport, if applicable;
  - (h) Tiered response and rendezvous plan;
  - (i) Back-up plan to respond;
  - (j) Interagency relations;
  - (k) How the applicant's proposal avoids unnecessary duplication of resources or services;
  - (l) How the applicant's service is consistent with and will meet the specific needs as outlined in their approved regional EMS and trauma plan including the patient care procedures;
  - (m) Ability to meet vehicle requirements;
  - (n) Ability to meet staffing requirements;
  - (o) How certified EMS personnel have been, or will be, trained so they have the necessary understanding of department-approved medical program director (MPD) protocols, and their obligation to comply with the MPD protocols;
  - (p) Agreement to participate in the department-approved regional quality improvement program.
- (4) Regional EMS and trauma care councils may provide comments to the department regarding the verification application, including written statements on the following if applicable:
- (a) Compliance with the department-approved minimum and maximum number of verified trauma services for the level of verification being sought by the applicant;
  - (b) How the proposed service will impact care in the region to include discussion on:
    - (i) Clinical care;
    - (ii) Response time to prehospital incidents;
    - (iii) Resource availability; and
    - (iv) Unserved or under served trauma response areas;
  - (c) How the applicant's proposed service will impact existing verified services in the region.
- (5) Regional EMS/TC councils will solicit and consider input from local EMS/TC councils where local councils exist.

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

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

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

- (1) The department shall promptly notify in writing: The service, the MPD, and the local and regional EMS/TC councils.
- (2) Within thirty days of the department's notification, the service must submit a corrective plan to the department, the MPD, and the local and regional councils outlining proposed action to return to compliance.

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

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

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

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

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

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

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

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

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

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

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

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

**WAC 246-976-920 Medical program director.** (~~(1) The MPD must:~~

~~(a) Be knowledgeable in the administration and management of prehospital emergency medical care and services;~~

~~(b) Provide medical control and direction of EMS/TC certified personnel in their medical duties, by oral or written communication;~~

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

~~(d) Establish protocols for storing, dispensing, and administering controlled substances, in accordance with state and federal regulations and guidelines;~~

~~(e) Participate with the local and regional EMS/TC councils and emergency communications centers to develop and revise regional patient care procedures;~~

~~(f) Participate with the local and regional EMS/TC councils to develop and revise regional plans and make timely recommendations to the regional council;~~

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

~~(h) Supervise training of all EMS/TC certified personnel;~~

~~(i) Develop protocols for special training described in WAC 246-976-021(5);~~

~~(j) Periodically audit the medical care performance of EMS/TC certified personnel;~~

~~(k) Recommend to the department certification, recertification, or denial of certification of EMS/TC personnel;~~

~~(l) Recommend to the department disciplinary action to be taken against EMS/TC personnel, which may include modification, suspension, or revocation of certification;~~

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

~~(2) In accordance with department policies and procedures, the MPD may:~~

~~(a) Delegate duties to other physicians, except for duties described in subsection (1)(c), (k), and (l) of this section. The delegation must be in writing;~~

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

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

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

~~(c) Enter into EMS/TC medical control agreements with other~~

MPDs;

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

~~(e) Utilize examinations to determine the knowledge and abilities of IV technicians, airway technicians, intermediate life support technicians, or paramedics prior to recommending applicants for certification or recertification.~~

~~(3) The department may withdraw the certification of an MPD for failure to comply with the Uniform Disciplinary Act (chapter 18.130 RCW) and other applicable statutes and regulations.))~~ (1) Qualifications - applicants for certification as a medical program director (MPD) must:

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

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

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

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

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

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

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

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

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

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

(f) Make final appointment of the MPD.

(3) The certified MPD must:

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

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

(c) Establish policies for storing, dispensing, and administering controlled substances. Policies must be in accordance with state and federal regulations and guidelines;

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

(i) Regional patient care procedures;

(ii) County operating procedures when applicable; and  
(iii) Participate with the local and regional EMS/TC councils to develop and revise regional plans;  
(e) Work within the parameters of the approved regional patient care procedures and the regional plan;  
(f) Supervise training of all EMS certified personnel;  
(g) Develop protocols for special training described in WAC 246-976-023(4);  
(h) Periodically audit the medical care performance of EMS certified personnel;  
(i) Recommend to the department certification, recertification, or denial of certification of EMS personnel;  
(j) Recommend to the department disciplinary action to be taken against EMS personnel, which may include modification, suspension, or revocation of certification; and  
(k) Recommend to the department individuals applying for recognition as senior EMS instructors.  
(4) In accordance with department policies and procedures, the MPD may:  
(a) Delegate duties to other physicians, except for duties described in subsection (3)(b), (i), (j), and (k) of this section. The delegation must be in writing;  
(i) The MPD must notify the department in writing of the names and duties of individuals so delegated, within fourteen days;  
(ii) The MPD may remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department.  
(b) Delegate duties relating to training, evaluation, or examination of certified EMS personnel, to qualified nonphysicians. The delegation must be in writing;  
(c) Enter into EMS medical control agreements with other MPDs;  
(d) Recommend denial of certification to the department for any applicant the MPD can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations; and  
(e) Utilize examinations to determine the knowledge and abilities of certified EMS personnel prior to recommending applicants for certification or recertification.  
(5) The department may withdraw the certification of an MPD for failure to comply with the Uniform Disciplinary Act (chapter 18.130 RCW) and other applicable statutes and regulations.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-976-021	Training course requirements.
WAC 246-976-151	Reciprocity, challenges,

reinstatement and other actions.