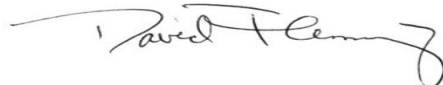


Title Emergency Medical Services (EMS) System Policy	Document Code No. PHL 9-1 (DPH DP)
Department/Issuing Agency Public Health – Seattle & King County	Effective Date. 9/21/12
Approved 	DPH Director

1.0 SUBJECT TITLE: Emergency Medical Services (EMS) System Policy

1.1 EFFECTIVE DATE: 9/21/12

1.2 TYPE OF ACTION: NEW

1.3 KEY WORDS: Emergency Medical Services (EMS), EMS Strategic Plan, EMS System, Medical Program Director, Paramedic Certification & Recertification, Paramedic Training

2.0 PURPOSE:

Establish a general framework for medical oversight and management of Emergency Medical Services (EMS) in King County.

3.0 ORGANIZATIONS AFFECTED:

EMS agencies that provide pre-hospital care in King County and receive funding from the Emergency Medical Services (EMS) levy, and the University of Washington/Harborview Medical Center Paramedic Training Program.

4.0 REFERENCES

4.1 RCW Chapter 18.73 - Emergency medical care and transportation services

4.2 RCW 84.52.069 - Emergency medical care and service levies

4.3 EMS Levy Ordinance #15861 - Submission of EMS levy to voters

4.4 King County Code - Section 2.16.080.C

4.5 EMS Levy Ordinance #15740 - Medic One/EMS 2008-2013 Strategic Plan

4.6 EMS Levy Ordinance #15862 - EMS Audit and Task Force (amendment #17145)

4.7 Updated EMS Financial Plans - approved annually through King County budget process

4.8 PHL 9-2 (DPH DP) Emergency Medical Services (EMS) Financial Policy

5.0 DEFINITIONS:

5.1 “Advanced Life Support (ALS)” means invasive emergency medical services requiring advanced medical treatment skills as defined by chapter [18.71](#) RCW.

5.2 “Agency” means an aid or ambulance service licensed by the Washington Department of Health to provide pre-hospital care or inter-facility ambulance transport.

5.3 “ALS Response” means the established standard for responding to ALS calls to 9-1-1 that ensures the highest quality in pre-hospital emergency care.

5.4 “ALS Unit” means a vehicle staffed by two paramedics providing ALS response and transport.

5.5 “Basic Life Support (BLS)” means non-invasive emergency medical services requiring basic medical treatment skills as defined in chapter [18.73](#) RCW.

5.6 “Emergency Medical Services (EMS)” means medical treatment and care which may be rendered at the scene of any medical emergency or while transporting any patient in an ambulance to an appropriate medical facility, including ambulance transportation between medical facilities.

5.7 “EMS Responder” means a person who has been examined and certified by the secretary as a first responder to render pre-hospital EMS care as defined in RCW [18.73.081](#).

5.8 “EMS Strategic Plan” means the document approved by the King County Council for a specified period of time that defines the roles, responsibilities and programs for an EMS system, and includes the EMS financial plan designed to fund these activities.

5.9 “EMS System” means the framework that enables the provision of pre-hospital care in a predefined manner.

5.10 “Integrated Regional System” means the coordination of EMS system components, including fire departments and paramedic providers, responding in a seamless manner regardless of jurisdictional boundaries to achieve the highest level of pre-hospital patient care.

5.11 “Medical Program Director” means a person who meets the requirements of chapters [18.71](#) and [18.73](#) RCW and is certified by the secretary. The MPD is responsible for both the supervision of training and medical control of EMS providers.

5.12 “Paramedic” means a person who has been trained in an approved program to perform all phases of pre-hospital emergency medical care, including advanced life support, under

written or oral authorization of an MPD or approved physician delegate, examined and certified by the secretary under chapter [18.71](#) RCW.

5.13 “Paramedic Certification & Recertification” means the Washington Department of Health recognizes that a paramedic has proof of meeting predetermined qualifications, and authorizes the individual to perform such procedures.

5.14 “Paramedic Training Content” means the required academic curriculum for paramedic students designed to impart advanced knowledge in the evaluation and treatment of acute medical emergencies and the psychomotor skills necessary to accomplish this task.

5.15 “Paramedic Training Program” means the University of Washington/Harborview Medical Center (UW/HMC)-based comprehensive program approved by the Washington State Department of Health, including classroom lectures, clinical rotations, and field practicums resulting in proficiency in the principles of pre-hospital evaluation and treatment of the critically ill or injured.

5.16 “Regional Medical Oversight” means the coordinated and comprehensive mechanism of EMS System review and quality improvement to ensure the provision of the highest level of pre-hospital patient care.

5.17 “Tiered Response System” means an EMS response system that utilizes dispatch criteria to differentiate between provider levels in response to 9-1-1 calls. King County tiered response system consists of primarily Advanced Life Support (ALS) and Basic Life Support (BLS) services. There are also alternative response models for some lower acuity 9-1-1 calls.

6.0 POLICIES:

6.1 The EMS Division will work in partnership with regional EMS partners to regularly review and assess EMS system needs and develop financial and programmatic policies and procedures necessary to meet those needs in accordance with the EMS strategic plan, the EMS financial plan, and associated ordinances as adopted by the King County Council.

6.2 The EMS Division will ensure the EMS system in King County remains an integrated regional system that provides cohesive, medically-based patient care within a tiered response system to ensure the highest level of patient care.

6.3 The EMS Division will ensure the EMS system in King County provides paramedic training through the UW/HMC-based educational program that meets or exceeds the standards as allowed in King County Code Section 2.16.080.C and RCW 18.71.200.

6.3.1 The paramedic training program in King County will reflect the core principle of providing excellence in paramedic training to ensure the provision of ALS services in King County is of the highest quality.

6.3.2 The paramedic training program in King County will utilize the UW/HMC-based academic setting and maintain national accreditation as allowed under RCW

18.71.200. See Appendix 9.1 - University of Washington/ Harborview Medical Center Paramedic Program for details.

6.3.3 The paramedic training program requirements in King County may exceed Washington State certification and recertification requirements, including educational content, skills management, and the recertification cycle. See Appendix 9.2 Requirements for University of Washington/ Harborview Medical Center Paramedic Certification and Recertification for details.

6.3.4 Paramedic training applicants must obtain sponsorship through an ALS agency in King County before being accepted into the paramedic training program.

6.4 The EMS Division will maintain a rigorous and evidence-based system with medical oversight of the EMS system to ensure the provision of quality patient care.

6.5 The Medical Program Director will adhere to the principles of regional medical oversight of EMS personnel, including the development of patient care protocols, delegation of duties, and monitoring of patient care performance.

7.0 PROCEDURES:

Action By: EMS Division and regional EMS partners

Action:

7.1 Work in partnership to review and assess EMS system needs and develop financial and programmatic policies to meet those needs.

7.2 Ensure the EMS system remains an integrated regional system and provides cohesive, medically-based patient care within a tiered response system.

7.3 Ensure the paramedic training program provides the highest level of training through the UW/HMC-based educational program.

7.4 Ensure a rigorous and evidence-based system of regional medical oversight of the EMS system.

Action By: University of Washington/Harborview Medical Center (UW/HMC) Paramedic Training Program

Action:

7.5 Oversee and manage the paramedic training program in King County.

7.6 Ensure the paramedic training content meets or exceeds Washington State requirements and maintain national accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Action By: Paramedic Applicants

Action:

7.7 Applicants intending to work in King County will submit to the UW/HMC paramedic training program the required documentation for review by the UW/HMC paramedic training program, including a letter of sponsorship by a King County ALS agency.

Action By: Paramedic Students

Action:

7.8 Paramedic students must successfully complete initial training through the UW/HMC paramedic training program and meet certification requirements, including affiliation with a King County ALS agency, in order to practice as a paramedic in King County.

Action By: Paramedics

Action:

7.9 Paramedics must maintain certification and adhere to standards of practice as established by RCW 18.71.205 and the Medical Program Director.

Action By: University of Washington/Harborview Medical Center (UW/HMC) Paramedic Training Program

Action:

7.10 The UW/HMC paramedic training program in King County will maintain a rigorous and evidence-based system of medical oversight through pursuit of academic research and quality improvement activities for the purposes of ensuring excellence in pre-hospital emergency care.

8.0 RESPONSIBILITIES:

8.1 The EMS Division and regional EMS partners will:

8.1.1 Work in partnership to review and assess EMS needs, develop financial and programmatic policies to meet those needs.

8.1.2 Ensure the EMS system remains an integrated regional system and provides cohesive, medically-based patient care within a tiered response system.

8.1.3 Ensure the paramedic training program provides the highest level of training through the UW/HMC-based educational program.

8.1.4 Ensure a rigorous and evidence-based system of regional medical oversight of the EMS system

8.2 The UW/HMC Paramedic Training Program will oversee the paramedic training program in King County, ensuring the paramedic training content meets and/or exceeds Washington State requirements and maintains national accreditation. The UW/HMC Paramedic Training Program will maintain a rigorous and evidence-based system of medical oversight of the program for the purposes of ensuring excellence in pre-hospital emergency care.

8.3 Paramedic applicants intending to work in King County will submit the required documentation to the UW/HMC paramedic training program.

8.4 Paramedic students will successfully complete requirements in order to practice as a paramedic in King County.

8.5 Paramedics will maintain their certification in order to practice as a paramedic in King County.

9.0 APPENDICES:

9.1 University of Washington/Harborview Medical Center Paramedic Training Program.

Policy Owner	Last Review Date	Comments
Michele Plorde	July 2011	

University of Washington/Harborview Medical Center Paramedic Training Program

The University of Washington School of Medicine/Harborview Medical Center (UW/HMC) Paramedic Training Program will facilitate Washington State paramedic certification for students who complete the educational requirements of the program.

Introduction / History

The UW/HMC Paramedic Training Program has been certifying paramedics for regional pre-hospital emergency medical service since 1969.

The University of Washington's involvement in paramedic education began in the late 1960's when a group of Seattle physicians led by Dr. Leonard A. Cobb, a UW Professor of Medicine and Cardiologist at Harborview Medical Center, recognized the potential for saving the lives of heart attack victims in the streets of the communities. In order to accomplish this they knew it would be necessary to train and equip a group of providers to perform medical procedures in the pre-hospital setting. This began in 1969 as a collaborative effort with the Seattle Fire Department and is currently enjoying its 5th decade of partnership.

The first class of 15 Seattle Fire Department personnel began the training course in 1969. This class was designed to provide pre-hospital treatment of patients with cardiac complaints. The students learned the essentials of coronary care. The course included 200 hours of classroom instruction, and 700 hours of internship at Harborview Medical Center under physician supervision. March 7, 1970 marked the first day of operation for Seattle Fire Department paramedics. Washington State law at the time required that paramedics be accompanied by a physician on every emergency call.

Shortly after its inception, Medic One began to produce positive results. Patients who were dead on the paramedics' arrival were successfully resuscitated, hospitalized, and eventually released from the hospital. With its growing success, the leaders of Medic One elected to use their knowledge gained in cardiac care and expand the paramedic's scope to include critical situations where paramedics could make a difference in survival and quality of life. This led to an expansion of paramedic training to include all types of medical emergencies that occur in the pre-hospital setting.

By 1972, the Paramedic Training Program had evolved into the entity that now exists. The program is a physician-led didactic training experience that features extensive patient contact on Seattle Medic One vehicles and at several Seattle area hospitals. The University of Washington/Harborview Medical Center has been the regional training site for the paramedic training program since its inception. Changes in Washington State law in 1972 (RCW 18.71.200) gave the University of Washington School of Medicine the legal authority to certify paramedics.

In 1975, the program began training paramedics throughout King County in response to increased regional demand. The program has since expanded its scope to include students from throughout Western Washington. With the completion of the most recent class in 2011, more than 600 paramedics have graduated from the UW/HMC Paramedic Training Program.

Emergency Medical Services (EMS), as a profession, is now barely a generation old. In 1996 the National Highway Traffic Administration's (NHTSA) Emergency Medical Services Agenda for the Future noted a desire to create a comprehensive plan for EMS education that will result in enhanced consistency in educational quality and greater entry-level student competency. This vision has moved the profession forward to develop a new National Education Standard structured on a competency based educational model.

Accreditation

The UW/HMC Training Program has always strived to exceed this EMS vision by maintaining accreditation thru the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Through annual self assessments and re-accreditation site visits, the program has more than met all CAAHEP requirements and recommendations.

Relationship to Institutional Role & Mission of the UW

The primary mission of the University of Washington is the preservation, advancement, and dissemination of knowledge. The Paramedic Training Program enhances this mission through its dedication to research activities in the EMS system, its service and commitment to the local Western Washington communities.

The UW/HMC Paramedic Training Program draws students from throughout Western Washington. Responding to local needs, communities and EMS agencies sponsor each student to attend the training program. The communities often pass levies to support these needs. The UW/HMC Paramedic Training Program has become the primary educator and training agency for much of this region. A core principle of the program is to provide excellence in training the region's paramedics who then return to serve their communities.

Paramedics have become an essential component of the continuum of care and serve as a link among health resources within Western Washington communities. Emerging roles and responsibilities of the paramedic include public education, health promotion and participation in injury prevention programs. As the scope of service continues to expand, the paramedic is likely to function as a facilitator of access to care for the underserved, as well as an initial treatment provider.

The Seattle/King County Medic One system has gained international recognition as the pre-eminent EMS system in the world, again noted in the September 24, 2008 issue of the Journal of the American Medical Association where Seattle/King County was shown to have the best pre-hospital resuscitation outcomes of 10 North American cities examined.¹ The driving force behind this success is the legacy of research conducted by UW School of Medicine faculty since Medic One's inception five decades ago. Research activities at all levels of the Seattle/King County EMS system have led to advances in medicine that are practiced throughout the world. This has made the UW a recognized international leader in pre-hospital and resuscitation research. The research focus of Medic One has significantly influenced the training regimen used to educate paramedics enhancing the evidence based didactic and field internship format.

Program Objective

The objective of UW/HMC Paramedic Training Program is to train non-physicians in the principles of evaluation and resuscitation of the critically ill or injured patient. The educational goals of the paramedic student will be to attain advanced knowledge in the evaluation of acute medical emergencies and the psychomotor skills necessary to accomplish this task.

Admission Requirements

Application

Paramedic students are pre-screened by their sponsoring agencies. Candidates will submit an application and resume to the Paramedic Program.

Cover Letter

A brief cover letter will be submitted by the employer, verifying employment and recommending admission to the Paramedic Training Program. This information will be used by the Paramedic Program to assess the candidate's admission qualifications and fit with the program.

Prerequisites

Students must have completed college freshman level courses or the equivalent in:

- English Composition
- Intermediate Algebra (example: Math 098, Math 104 or 107)
- A 5 credit Science Course such as Human Anatomy and Physiology, Biology, Microbiology or Chemistry.

Records

Students must submit copies of the following records:

- Current Washington State EMT card that is valid through the certification year
- Valid Washington State Drivers License
- Verification of Health Insurance
- Current Immunizations
- Criminal Background Check

Curriculum

The paramedic curriculum is a fast pace and intense competency based learning environment. In addition to the classroom lecture, labs, and clinical rotations, students are required to participate in field practicums on Medic One vehicles. This provides extensive patient contact under direct supervision of fire department paramedics and allows for immediate feedback. These field practicums are an unusually large time commitment in addition to the normal classroom studies.

Quarters 1 & 2 Schedule

Quarter I	1st Summer Session	Contact Hours
MEDEX 451	Anatomy & Physiology	60
Quarter 2	(24 credit hours)	
MEDEX 401	Introduction to Paramedicine	167
MEDEX 402	Airway Management	66
MEDEX 403	Patient Assessment	67
MEDEX 414	<i>Paramedic Clinical Practicum I</i>	73
MEDEX 415	<i>Paramedic Field Practicum I</i>	240
	Total	673

Quarters 1 & 2 Terminal Objectives

At the completion of these courses, the paramedic student will be able to:

- Define his or her roles and responsibilities within an EMS system, and how these roles and responsibilities differ from other levels of providers.
- Explain and value the importance of personal wellness in EMS and serve as a healthy role model for peers.
- Define the role that ethics plays in decision making in the out of hospital environment.

- Apply the general concepts of pathophysiology for assessment and management of emergency patients.
- Describe the legal issues that impact decisions made in the out of hospital environment.
- Integrate pathophysiological principles of pharmacology and the assessment findings to formulate a field impression and implement a pharmacologic management plan.
- Safely and precisely access the venous circulation and administer medications.
- Integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.
- Establish and/or maintain a patent airway, oxygenate, and ventilate a patient.
- Use the appropriate techniques to obtain a medical history from a patient.
- Explain the pathophysiological significance of physical exam findings.
- Integrate the principles of history taking and techniques of physical exam to perform a patient assessment.
- Apply a process of clinical decision making to use the assessment findings to help form a field impression.
- Follow an accepted format for dissemination of patient information in verbal form.
- Effectively document the essential elements of patient assessment, care, and transport.

Quarters 3 & 4 Schedule

Quarter 3	(20 credit hours)	Contact Hours
MEDEX 404	Medical Emergencies I	73
MEDEX 405	Trauma Emergencies	63
MEDEX 424	<i>Paramedic Clinical Practicum II</i>	72
MEDEX 425	<i>Paramedic Field Practicum II</i>	350
	Total	558
Quarter 4	(19 credit hours)	
MEDEX 406	Medical Emergencies II	55
MEDEX 407	Special Considerations for Paramedicine	70
MEDEX 434	<i>Paramedic Clinical Practicum III</i>	92
MEDEX 435	<i>Paramedic Field Practicum III</i>	400
	Total	617

Quarters 3 & 4 Terminal Objectives

At the completion of these courses, the paramedic student will be able to demonstrate the knowledge and principles associated with the acute management of medical or traumatic emergencies including:

- Cardiac arrest
- Shock and hemorrhage
- Soft tissue injuries and burns
- Spinal and thoracic injury
- Musculoskeletal injury
- Endocrine emergencies
- Allergic or anaphylactic reactions
- Gastroenterological emergencies and abdominal trauma
- Renal or urologic emergencies
- Environmental and behavioral emergencies
- Infectious and communicable diseases
- Respiratory emergencies
- Cardiovascular emergencies

- Gynecological, Neonatal, and Pediatric emergencies.
- Childbirth and childbirth emergencies
- Emergencies relating to abuse or assault.
- Diverse patients and those who face physical, mental, social, and financial challenges.
- Acute deterioration of the chronic care patient.
- Patients with suspected head injury.
- Patients with neurologic emergencies

Quarter 5 Schedule

Quarter 5	1st Summer session (19 credit hours)	Contact Hours
MEDEX 408	Advanced Certifications	121
MEDEX 444	<i>Paramedic Clinical Practicum IV</i>	51
MEDEX 445	<i>Paramedic Field Practicum IV</i>	480
	Total	652

Quarter 5 Terminal Objectives

At the completion of these courses, the paramedic student will also be able to demonstrate the professional attributes and skills required to:

- Describe and demonstrate key concepts, cognitive domains and psychomotor skill sets required to care for the critically ill and injured neonate or pediatric patient.
- Describe and demonstrate key concepts, cognitive domains and psychomotor skill sets required to perform standard of care resuscitation of the adult patient with acute coronary syndrome, stroke or cardiac arrest.
- Describe and demonstrate key concepts, cognitive domains and psychomotor skill sets required to perform standard of care resuscitation of the adult trauma patient.
- Integrate the principles of the Incident Command System (ICS) and Multiple Casualty Incident (MCI) management techniques in order to function effectively and safely in fire based EMS systems.
- Integrate the principles of rescue awareness and operations to safely rescue patients.
- Evaluate hazardous material emergencies, call for appropriate resources, and work in the cold zone.
- Describe awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

Faculty / Staffing

The Administration of Paramedic Training consists of six paid employees:

Faculty	Michael K. Copass, MD	Professor of Medicine, Department of Neurology Director of Paramedic Training
Pro Staff	C. Dean Brooke, MICP	Assistant Director of Paramedic Training Student Advisor/Counselor
Pro Staff	Jerry M. Erhler	Education Coordinator; Student Advisor/Counselor
Pro Staff	Katrina Jordan	Admin. Specialist; Student Advisor/Counselor
Classified Staff	Michelle Prock	Program Coordinator
Ltd Term Appt	Keir Warner, BS	Research / Quality Assurance Coordinator

The majority of teaching staff consists of UW/Harborview faculty. Here is a sampling.

Hugh M. Foy, MD	Professor of Surgery
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PHL 9-1, Appendix 9.1 University of Washington/Harborview Medical Center Paramedic Training Program

Graham Nichol, MD, MPH, FRCP(C), FACP	Professor, Center for Prehospital Emer. Care
Sam R. Sharer, MD	Professor of Anesthesia
David J. Carlbom, MD	Assistant Professor of Medicine
	Division of Pulmonary and Critical Care
Samuel A. Warren, MD	Associate Director, Emergency Services
	Acting Instructor, General Internal Medicine,
	Division of Emergency Services
Thomas D. Rea, MD	Associate Professor of Medicine,
	General Internal Medicine
Peter J. Kudenchuk, MD	Professor of Medicine
	Department of Cardiology
	Arrhythmia Services, UWMC
Mickey S. Eisenberg, MD	Professor of Medicine
	Division of Emergency Medicine UWMC
	Medical Program Director
	King County Emergency Medical Services
Alice B. Brownstein, MD	Assistant Professor, General Internal Medicine
Amy Baernstein, MD	Associate Professor of Medicine,
	General Internal Medicine
Robert Kalus, MD	Assistant Professor, General Internal Medicine
Francis Kim, MD	Associate Professor of Medicine,
	Division of Cardiology
Michael A. Chen, MD	Attending Physician
	Division of Cardiology
Andrew Luks, MD	Associate Professor of Medicine
Margaret Neff, MD	Associate Professor of Medicine,
	Division of Pulmonary and Critical Care
Erik Van Eaton, MD	Surgical Critical Care Fellow
	Department of Surgery
Andreas Grabinsky, MD	Assistant Professor, Anesthesiology
Jared W. Remington, MD	Acting Instructor, Emergency Services
Wendell Patrick Fleet, MD	Professor of Medicine,
	Division of Nephrology
Edward A. Gill, MD	Associate Professor of Medicine
	Division of Cardiology
	Director of Echocardiography Lab
David R. Park, MD	Associate Professor,
	Pulmonary & Critical Care Medicine
Milton L. Routt, MD	Associate Professor,
	Orthopedics and Sports Medicine
William E. Kriegsman, MD	Clinical Instructor, Family Medicine
Dane K. Wingerson	Assistant Professor,
	Psychiatry and Behavioral Sciences

Classroom instructors are comprised of UW/HMC physicians. Over the course of the ten month program, paramedic training utilizes approximately 30-40 of the top physicians in their field, e.g. Cardiology, Pulmonology, Neurology, Pharmacology etc., covering all of the pre-hospital subjects set forth by the National Standard Curriculum. Field internship is then carefully administered by approximately 75 Seattle Fire Department senior paramedics.

Diversity

Paramedic Training enjoys a naturally diverse student body by virtue of the fact that candidates are pre-selected by the agencies that send them to this facility for training. The paramedic providers in this region are fire and EMS based agencies that are required to follow local and federal regulations with regard to hiring practices. As a result of equal opportunity employers, the student population is without bias or discrimination with regard to race, color, creed, gender, sexual orientation, national origin, or religion.

We enjoy a diverse student group including female, male, Asian, Caucasian, African-American, American Indian and Hispanic as well as those who are disadvantaged. Due to state mandated hiring practices, we would expect to continue training a fairly broad, consistent, and ethnically diverse group of students each year. Through our counseling, advising and mentorship we will continue to identify, encourage and advise all candidates in their preparation to be admissible to our program.

Summary

The University of Washington /Harborview Medical Center Paramedic Training Program is a training program, not an educational program: it builds leaders. As a result, this program will always endeavor to and succeed in training non-physicians in the principles of the medical resuscitation of urgently ill or severely injured individuals, and to perform physician level techniques which these patients require.

1. Nichol G, Thomas E, Callaway CW, et al. Regional variation in out-of-hospital cardiac arrest incidence and outcome. JAMA. 2008-09-24. Vol. 300, Iss. 12; p. 1423-31
2. Washington Higher Education Coordinating Board; 2008 Strategic Master Plan for Higher Education in Washington. p. 25-26. <http://www.hecb.wa.gov/news/newsreports/newsreportsindex.asp> Accessed November 22, 2008.
3. The Medic One Foundation. <http://www.mediconefoundation.org/> Accessed November 22, 2008.

9.2 Requirements for University of Washington/Harborview Medical Center
Paramedic Certification and Recertification.

Requirements for University of Washington Paramedic Certification and Recertification

Whereas RCW 18.71.200 authorizes the University of Washington, School of Medicine to certify physician trained mobile intensive care paramedics, this document outlines the requirements for that certification and the requirements to maintain that certification. In all respects, these requirements will meet or exceed Washington State requirements as outlined in Chapter 246-976 WAC.

I. Certification as a physician trained mobile intensive care paramedic.

Initial certification as a physician trained mobile intensive care paramedic will be granted to persons who successfully complete the following requirements:

- 1) An application for certification submitted by a sponsoring provider agency¹ to include:
 - a) Proof of a valid driver's license
 - b) Proof of current immunizations
 - c) Proof of current EMT certification
 - d) Proof of affiliation with sponsoring provider agency
 - e) Proof of current Washington State Patrol Background check
- 2) Completion of the nationally accredited course work and testing from University of Washington School of Medicine/Harborview Medical Center Paramedic Training Program (hereafter referred to as UW/HMC)
- 3) National Registry Paramedic Certification
- 4) Recommendation for certification by UW/HMC Medical Director to the Dean of University of Washington School of Medicine

II. Recertification as a physician's trained mobile intensive care paramedic

Recertification is required every two years for UW/HMC Certified Paramedics (recertification "year" shall be 1 July through 30 June) and will be granted to UW/HMC Certified Paramedics who successfully complete the following requirements:

- 1) An application for recertification submitted by a sponsoring provider agency to include:
 - a) Satisfactory documentation of Continuing Medical Education (CME) requirements
 - b) Satisfactory documentation of minimum skills requirements
 - c) Recommendation of the provider agency Medical Program Director (MPD)
 - d) Current Healthcare Provider Card (HPC) or equivalent training
 - e) Current Advance Cardiac Life Support (ACLS) Card or equivalent training
 - f) Current Pediatric Advanced Life Support (PALS) Card or Pediatric Education for Prehospital Professionals (PEPP) or equivalency
- 2) Successful completion of an examination tendered by UW/HMC
- 3) Completion of the Washington State Personal Information Form Part "D"

¹ Sponsoring provider groups are Seattle Fire, Everett Fire, Bellevue Fire, Shoreline Fire, Marysville Fire, King County EMS, Edmonds Fire, Vashon Fire & Rescue, Bainbridge Island Fire, Camano Island Fire, Redmond Fire, Lynnwood Fire, and Snohomish County Fire District's 1, 7 & 8.

COMPONENTS OF RECERTIFICATION

1. Application for Recertification: The employer of each expiring paramedic will submit a completed application form on his/her behalf. Forms will be provided by UW/HMC and must be submitted no later than the third Thursday of June, in order to be processed before the expiration (30 June) of their current certification.

2. Continuing Medical Education (CME): A **minimum of 50 hours each year** of approved CME, as outlined below, is required for recertification. An additional 2 hours each year must be training in infectious disease prevention to meet chapter 70.24 RCW and will be provided by the employer (as per WAC 246-976-085).

CME hours currently approved by MPD

- Physical attendance at HMC Tuesday Series (**9 hours/year is a minimum requirement**).
- Current academic year HMC Tuesday Series tapes or EMS Online of unattended Tuesday Series Lectures may be viewed for credit (a maximum of 18 hours) and notes/passing test score submitted to MPD or their delegate.
- Current CME offered by King County Emergency Medical Services.
- Physical attendance at scheduled Paramedic Training Core Curriculum classes at HMC
- Pre-approved formal lectures or instruction related to health care and classes taught by hospital physicians and documented with notes reviewed by MPD or their delegate.
- 2 hours per year must be devoted to pediatric medical education.
- Formal CPR, ACLS, PHTLS, ATLS, PALS, PEPP, EMSC Instructors/Training Courses.
- Pre-approved National or Regional EMS seminars, with certification of attendance.
- Teaching of emergency care subjects to EMS personnel, if it serves to maintain or improve paramedic skills (must be pre-approved, with a maximum of 20 hours/year).
- Medical Director run reviews and approved training sessions.

3. Skills Maintenance: The following skills procedures must be performed **annually**:

- Minimum of **36 IV** catheter insertions
- Minimum of **12 intubations** (10 of which must be performed on humans)

4. Practical Skills Evaluation: Demonstration of proficiency will be witnessed and documented as satisfactory by the MPD or their delegate.

- Placement of an interosseous line.
- Rapid Sequence Intubation on a mannequin.
- Management of the Pediatric Airway
- Participation in Surgical Airway Lab sponsored by UW/HMC

5. Recertification Examination: This examination will be developed, conducted and scored by the UW/HMC. The examination dates will be announced to coordinate with the first Tuesday Series in May. If for any reason a recertifying paramedic is unavailable for the announced dates, due to extenuating circumstances, a request for special arrangements must be submitted in writing to UW/HMC two weeks before the announced dates of the test.

6. Recertification Statement: As per RCW 18.130 or the Uniform Disciplinary Act, each paramedic requesting recertification from UW/HMC will be asked to complete the Washington State Personal Information Form Part “D” provided by the Department of Health, Licensing and Certification Section.

7. MPD Recommendation: Upon completion of all recertification criteria the MPD shall authorize submission of the application for recertification by signature. Applications will be reviewed and validated or returned for corrections by UW/HMC. Cards will be issued for all validated applicants by UW/HMC.

Record Keeping

Each employer is required to maintain files on member’s CME hours and other recertification requirements. Files shall be maintained in yearly blocks that coincide with the recertification cycle, and will be made available for review by a representative of UW/HMC. However, it is the paramedic’s responsibility to submit this information in a timely manner so that the files are up to date. The paramedic is responsible for accomplishing the recertification requirements before the deadline in June. **All classes, lectures and seminars outside the University system must be pre-approved by the MPD or delegate to validate their use for CME hours.**

Paramedics who wish to maintain a National Registry or Washington State Certification are responsible to monitor and document these requirements independent of University of Washington Certification. The paperwork for these certifications is the responsibility of the member. All paperwork that requires the signature of the Medical Director for validation will be completed by the member and submitted in a timely manner to the Paramedic Training office.

Approved by:

Michael K. Copass, MD Date
Professor of Medicine
Director, Paramedic Training

Leonard A. Cobb, MD Date
Professor Emeritus of Medicine
Associate Medical Director, Medic One

J. Richard Goss, MD, MPH Date
Acting Medical Director, Harborview Medical Center

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