

APPENDIX B

COUNTY OPERATING POLICIES (COPS)

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BENTON FRANKLIN COUNTIES PATIENT CARE GUIDELINES

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PROTOCOL TITLE: COUNTY OPERATING POLICY #1

COUNTY OPERATING POLICY # 1	Effective Date: 4/1/91 Reviewed: 08/21/2018	Page: 1 of 1
SUBJECT: ACLS AND PALS REQUIREMENT		

I. STANDARD

To retain Protocol Privilege within Benton-Franklin Counties all pre-hospital ALS personnel shall maintain a current ACLS certification and a current PALS certification.

II. PURPOSE

To ensure that the ALS care giver has the most current information provided by the American Heart Association for the treatment of a broad range of patients with life-threatening cardiac rhythms and other life threatening illnesses and injuries.

III. PROCEDURE

1. Participate and pass an approved AHA ACLS class at least once every 2 years.
2. Participate and pass an approved AHA PALS course at least once every 2 years.

IV. QUALITY ASSURANCE:

ACLS codes will be reviewed by the MPD and/or designee. Deviation from a standard algorithm may require on-line physician consultation. These algorithms should not be construed as prohibiting flexibility as long as each action is justified and thoroughly documented. Critical or otherwise atypical/interesting cases may be reviewed by the MPD QA/QI process.

COUNTY OPERATING POLICY #1



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June 18, 2019
Date

PROTOCOL TITLE: COUNTY OPERATING POLICY #2

COUNTY OPERATING POLICY # 2	Effective Date: 1/1/98 Reviewed: 9/12/11	Page: 1 of 2
SUBJECT: ALS INITIAL CERTIFICATION BENTON -FRANKLIN COUNTY		

I. STANDARD

To provide a uniform method for ALS EMS personnel either new to field, or new to the area, to become familiar with local, regional and state patient care protocols and procedures.

II. PURPOSE

1. To ensure EMS providers are qualified to provide an advanced level of medical care in the pre-hospital setting.
2. To ensure the EMS providers are familiar with local, regional and state patient care protocols and precedents.

III. PROCEDURE

1. Prior to the MPD recommending ALS personnel for state certification and the ability to practice in Benton-Franklin Co. the following shall be accomplished.
 - a. Pass the National Registry Exam or Washington State Paramedic Exam(s) and provide proof of current certification.
 - b. Meet all state requirements for certification identified in WAC 246-976-142.
 - c. Pass the County Protocol Exam with a minimum score of 80%.
 - d. Provide documentation of satisfactory completion in ACLS, PALS and PHTLS (or equivalent).
 - e. Provide letters of recommendation, on official letterhead, from (1) most recent employer or agency of association in the field of emergency medical service, and (2) MPD and/or Paramedic Course Instructor/Physician Advisor.

COUNTY OPERATING POLICY #2


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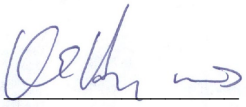
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PROTOCOL TITLE: COUNTY OPERATING POLICY #2

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SUBJECT: ALS INITIAL CERTIFICATION BENTON -FRANKLIN COUNTY		

- 2. After the above has been accomplished and the provider receives his/her state certification card, the following should be completed to the satisfaction of the MPD before functioning in the field in an unsupervised setting, (as the sole lead Paramedic).
 - a. Render care in the field in conjunction with a jointly approved agency preceptor, to a minimum of twenty (20) ALS patients.
 - b. ALS patient contacts should include but are not limited to;
 - i. One ACLS code
 - ii. One trauma that meets the criteria for modified or full trauma team activation at the receiving facility.
 - c. Administering medications, starting IV's, I.O.'s Oral-tracheal Intubation, etc.
 - d. Demonstrate proficiency at writing Patient Care Reports and radio communication
 - e. Meet with the MPD for an oral interview. At this time proof of completion of the above must be presented to the MPD office.
 - f. The above requirements are meant as a general guideline and are not meant to cause an undue burden on a paramedic or agency. In any event a "good faith" effort is expected and exceptions to the above must have the express written permission of the MPD.

COUNTY OPERATING POLICY #2


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June 18, 2019
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PROTOCOL TITLE: COUNTY OPERATING POLICY #3

COUNTY OPERATING POLICY #3	Effective Date: 1/1/98 Reviewed: 9/12/11	Page: 1 of 2
SUBJECT: AED & KING LT CONTINUING EDUCATION. REQUIREMENTS		

I. STANDARD

All EMS providers that have a special skills endorsement for a King LT are required to maintain additional CME to remain certified in Benton Franklin Co.

AED updates will be covered in BLS OTEP.

II. PURPOSE

To assure that providers maintain proficiency in the use of AED and/or King LT.

III. PROCEDURE

1. Participate in approved skill maintenance continuing education annually.
2. Training Components – AED.
 - a. CE shall be completed on appropriate time schedule.
 - b. Each person will be evaluated as team leader on three simulated cardiac arrest exercises to include: VF, a non-treatable rhythm, and some type of equipment malfunction or other type of problem.
3. Training Components – King LT.
 - a. CE shall be completed on appropriate time schedule.
 - b. Each person must successfully complete practical skills exam which includes intubation and extubation on an airway manikin. Practices session must include simulated “megacode” situations.
4. Each individual’s CE will need to be documented and a record kept on file for audit by the MPD and/or designee.

COUNTY OPERATING POLICY #3



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PROTOCOL TITLE: COUNTY OPERATING POLICY #3

COUNTY OPERATING POLICY #3	Effective Date: 1/1/98 Reviewed: 08/21/18	Page: 2 of 2
SUBJECT: AED & KING LT CONTINUING EDUCATION. REQUIREMENTS		

IV. QUALITY ASSURANCE

Actual occurrences will be reviewed on a regular basis by MPD and/or designee.

Training records will be audited for compliance. Failure to maintain CE may result in the loss of the MPD's permission to perform these special skills.

COUNTY OPERATING POLICY #3



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PROTOCOL TITLE: COUNTY OPERATING POLICY #4

COUNTY OPERATING POLICY # 4	Effective Date: 1/1/01 Reviewed: 08/21/18	Page: 1 of 2
SUBJECT: MPD MANDATORY MEETING REQUIREMENT		

I. STANDARD

To maintain protocol privileges in Benton-Franklin Counties all paramedics are required to physically attend a minimum of 6 (50%), MPD meetings within their 3 year certification period. All Paramedics are required to view the recordings of all MPD meetings they did not attend. All online cognitive and practical skills tests must be completed.

II. PURPOSE

The purpose of this requirement is to insure that all Paramedics have an on-going forum to:

1. Develop a Dialogue with the County MPD.
2. Review and receive feedback on patient care issues.
3. Receive information on new protocols and protocol changes.
4. Share system problems and goals.
5. Have periodic formal evaluation of skills and knowledge.

III. PROCEDURE

MPD meetings will be held quarterly. Individuals must attend at least 6 (50%), MPD meetings within the individual's 3 year certification period.

Individuals are responsible for registering their attendance at these meetings by signing the roster. The roster shall be maintained by the MPD Assistant Your attendance will be tracked for compliance. Your agency supervisor will be notified of non-compliance to this policy. Failure to maintain these annual requirements may result in the loss of the Protocol privileges in Benton-Franklin Co. Reinstatement will occur once the provider has successfully made up the meetings missed or completed other remediation and education tasks to the satisfaction of the MPD.

COUNTY OPERATING POLICY #4



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PROTOCOL TITLE: COUNTY OPERATING POLICY #4

COUNTY OPERATING POLICY # 4	Effective Date: 1/1/01 Reviewed: 08/21/18	Page: 2 of 2
SUBJECT: MPD MANDATORY MEETING REQUIREMENT		

IV. QUALITY ASSURANCE

Strive to link the CME programs to CQI. Provide a mechanism to help ensure a uniform application of performance standards and enhance the system's ability to provide quality patient care.

COUNTY OPERATING POLICY #4



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PROTOCOL TITLE: COUNTY OPERATING POLICY #5

COUNTY OPERATING POLICY #5	Effective Date: 9/3/96 Reviewed 08/21/18	Page: 1 of 2
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SUBJECT:
HELICOPTER ALERT & RESPONSE

I. STANDARD

To appropriately request an aero medical evacuation of a critically ill or injured patient in an expeditious manner when ground transport could likely put the patient at increased risk of morbidity or mortality.

II. PURPOSE

To define the criteria for requesting an aero medical evacuation, and who may initiate the request.

III. PROCEDURE

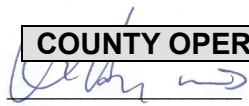
1. On-scene ALS helicopter may be requested for time critical patients in areas where air transport will save 15 minutes or more over ground ambulance transport.

Responding EMS or Fire shall consider alerting helicopter service to a stand-by or launch mode in those cases where there are prolonged response and return times, gravity of the incident, prolonged extrications, or seriousness of the patient's condition, .

2. Ideally the highest level EMS certified person on-scene should determine the need for helicopter response; however, on-scene law enforcement personnel may request helicopter response where EMS personnel are not readily available.
3. Request for on-scene ALS helicopter shall be initiated through the appropriate emergency-dispatching agency. The dispatching agency will provide the helicopter with the correct radio frequency to use to contact the ground unit.
4. If the patient meets trauma system or triage criteria 1 the ALS helicopter will transport the trauma patient to the highest-level trauma facility within 30 minutes air transport time and the helicopter crew is expected to make contact with the receiving trauma facility in a timely manner while transporting the patient.

COUNTY OPERATING POLICY #5

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PROTOCOL TITLE: COUNTY OPERATING POLICY #5

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SUBJECT: HELICOPTER ALERT & RESPONSE		

IV. QUALITY ASSURANCE

1. The Benton-Franklin Counties CQI Committee and/or local MPD will review all helicopter emergency launches, including cancellations.

COUNTY OPERATING POLICY #5



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June 18, 2019
Date

PROTOCOL TITLE: COUNTY OPERATING POLICY #6

COUNTY OPERATING POLICY # 6	Effective Date: 10/18/97 Reviewed: 08/21/18	Page: 1 of 1
SUBJECT: EMS/MEDICAL CONTROL COMMUNICATION		

I. STANDARD

Communications between Pre-hospital personnel and Medical Control will be standardized for all complicated medical and trauma patients.

Reference "Communication with the Hospital Protocol" in Benton-Franklin County Patient Care Guidelines for additional information.

II. PURPOSE

To define methods of expedient communications between Pre-hospital personnel and Medical Control.

III. PROCEDURE

1. Contact Medical Control as often as necessary to provide adequate notification and instructions for all complicated medical and trauma patients.

This may include, but is not limited to contact:

- a. En Route.
- b. At the scene, with quick scene size-up.
- c. Report with pertinent patient information.

IV. QUALITY ASSURANCE

1. Communication problems will be reviewed through local measures and reported to the Regional CQI committee for review if necessary.
2. Communication problems effecting patient care will be reviewed locally and reported to the Regional CQI committee for review.

COUNTY OPERATING POLICY #6



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June 18, 2019

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PROTOCOL TITLE: COUNTY OPERATING POLICY #7

COUNTY OPERATING POLICY # 7	Effective Date: Reviewed: 6/5/2023	Page: 1 of 2
SUBJECT: HOSPITAL DESTINATION		

I. STANDARD

To define a standard method in Benton/Franklin Counties for determining patient's destination.

II. PURPOSE

To assure prompt transport to the appropriate Hospital.

III. PROCEDURE:


In general, patients with non life-threatening injuries or illnesses may request transport to the hospital of their choice. This destination may also be selected by the patient's family members or private physician as appropriate. This hospital choice should be within reasonable range of the ambulance and not unnecessarily take the transporting unit out of service for an extended period of time. For example, a patient in Prosser may request transportation to a Tri-Cities hospital or to Sunnyside, however transport to Ellensburg or Spokane would likely be unreasonable.

In certain cases, the choice of hospital destination may be determined by protocol. Such cases include the need for immediate PCI/cath lab, Trauma System entries, or need for a hyperbaric chamber or other hospital-specific resources. (RCW 70.168.015). Trauma patients shall be triaged in the field by EMS and transported to the trauma facility with the appropriate resources.

In the event of an unstable airway uncontrolled in the field, the patient should be transported to the nearest Emergency Department for stabilization regardless of eventual destination.

Hospital destination choice shall be made prior to leaving the scene. On selecting a hospital destination, and before initiating transport, the transporting unit will contact their dispatcher to determine the "Ambulance Status" of the hospital of choice. If the hospital of choice is currently diverting ambulances the transporting unit and the dispatcher shall work together to select the next closest appropriate facility with the ability to accept the patient.

COUNTY OPERATING POLICY #7



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PROTOCOL TITLE: COUNTY OPERATING POLICY #7

COUNTY OPERATING POLICY # 7	Effective Date: Reviewed: 6/5/2023	Page: 2 of 2
SUBJECT: HOSPITAL DESTINATION		

Hospital Ambulance Status shall be according to the following designations:

- GREEN:** Hospital is accepting all ambulance patients.
- YELLOW:** Hospital is selectively diverting ambulance traffic (for example, unable to accept critical patients due to lack of OR or ICU beds).
- RED:** Hospital is diverting all ambulance patients.


Policies for changing a hospital's Ambulance Status are the discretion of the receiving hospital. For the good of the patient and the community, notification of "ambulance divert" status (YELLOW or RED) must be made to the 911 dispatch service in advance and should not affect a transporting unit already enroute with a patient. It is the duty of the hospital to notify the 911 dispatch service any time the status of the hospital changes.

Exceptions to intended transport destinations in extreme circumstances may be requested by online medical control and should be immediately honored by the transporting unit. Any exceptions will be referred by the transporting unit to be reviewed by the county Medical Program Director.

- V. QUALITY ASSURANCE**
Hospital Destination Issues will be reviewed through local measures and reported to the regional CQI Committee for review if necessary.

Emergency Department	Trauma Level	Stroke Level	Cardiac Level
Kadlec Regional Medical Center	II/III P	II	I
Trios Health (Southridge)	III	II	I
Lourdes Medical Center	IV	II	II
Prosser Memorial Hospital	IV	III	II

COUNTY OPERATING POLICY #7


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June 18, 2019
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PROTOCOL TITLE: COUNTY OPERATING POLICY #8

COUNTY OPERATING POLICY # 8	Effective Date: Reviewed: 08/21/18	Page: 1 of 18
SUBJECT: CONTINUING EDUCATION REQUIREMENTS		

I. STANDARD

Continuing education is a requirement for recertification at the state and local level. EMS Personnel maintaining certification within Benton/Franklin County will follow WAC 246-976-161 - Educational Requirements for Recertification. Additional skill and or educational requirements specific to Benton and Franklin counties have been added to this document.

Educational requirements for the recertification or renewal of Washington State EMS certification, (EMR, EMT, AEMT or Paramedic) may be completed through the two following methods:

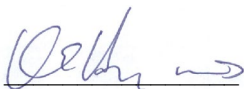
1. **The "Continuing medical education (CME) method"** WAC 246-976-162 is a series of education courses following initial certification to maintain and enhance skill and knowledge to meet educational requirements for recertification. CME requires the successful completion of a written and practical skills certification examination as part of the recertification requirements.
2. **The "Ongoing training and evaluation program (OTEP) method"** WAC 246-976-163 is a program of education for EMS personnel, approved by the MPD and the Department of Health to meet the education requirements and core topic content for recertification. OTEP includes cognitive, affective and psychomotor evaluations following completion of each topic presentation to determine student competence of topic content.

To retain Protocol Privileges within Benton-Franklin Counties all paramedics shall document completion of CME requirements of one of the above methods.

II. PURPOSE

To provide uniformed on-going continuing medical education training program that focuses on continuous quality improvement in a wide variety of EMS subjects and skill sets.

COUNTY OPERATING POLICY #8


 Kevin Hodges, M.D
 Medical Program Director
 Benton-Franklin Counties

June 18, 2019
 Date

PROTOCOL TITLE: COUNTY OPERATING POLICY #8

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SUBJECT: CONTINUING EDUCATION REQUIREMENTS		

III. PROCEDURE

When completing recertification through traditional CME method, a wide variety of formats for CE can be observed including case reviews, hands-on skill review sessions, formal lectures, satellite / internet programs and self-instructional programs. All non-OTEP CME training must be approved by the MPD; pre-approval is strongly recommended.

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

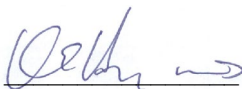
a. CME topic content:

- i. Must meet annual and certification period educational requirements identified in Table A of this section, utilizing:
 - A. Cognitive, affective and psychomotor objectives for the level of certification being taught.
 - B. Current national standards published for CPR, foreign body airway obstruction (FBAO), and automatic defibrillation.
 - C. County medical program director (MPD) protocols, regional patient care procedures, and county operating procedures.
 - D. Training updates in standards as identified by the department.
- ii. Must be approved by the MPD.
- iii. May incorporate nationally recognized training programs as part of CME for content identified in this subsection.

b. To complete the CME method you must:

- i. Complete and document the educational requirements, indicated in Table A of this section, appropriate to your level of certification.

COUNTY OPERATING POLICY #8


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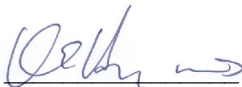
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SUBJECT: CONTINUIN G EDUCATION REQUIREMENTS		

- ii. Complete and document the skills maintenance requirements, indicated in Table B of this section, appropriate to your level of certification.
 - A. IV starts for IV technicians, combined IV/airway technicians, ILS technicians, combined ILS/airway technicians, or paramedics:
 - I. During your first certification period, you must perform a minimum of one hundred eight successful IV starts.
 - a. During the first year, you must perform a minimum of thirty-six successful IV starts.
 - b. During the second and third year, you must perform a minimum of thirty-six successful IV starts per year, which may be averaged over the second and third years of the certification period.
 - II. 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. 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 thirty-six successful endotracheal intubations.
 - a. During the first year, you must perform a minimum of twelve successful endotracheal intubations of which four of the endotracheal intubations must be performed on humans.
 - b. During the second and third year, you must perform a minimum of twelve endotracheal intubations per year, which may be averaged over the second and third years of the certification period.
- Four of these endotracheal intubations per year must be performed on humans.

COUNTY OPERATING POLICY #8


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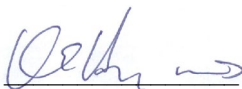
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COUNTY OPERATING POLICY #8

- II. If you have completed a certification period, you must perform a minimum of four 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).
 - III. All individuals will complete an approved difficult airway / advanced airway course every two years.
 - IV. 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 MPD and department-approved intensive airway management training program, utilizing cognitive, affective and psychomotor objectives covering all aspects of emergency airway management.
- iii. Successfully complete the Washington state written examination and practical skills examination as identified in WAC [246-976-171](#).
 - c. Any applicant changing from the CME method to the OTEP method must meet all requirements of the OTEP method.
 - d. **(OTEP) Ongoing training and evaluation programs:**
 - i. Must meet annual and certification period educational requirements identified in Table A, utilizing:
 - A. Cognitive, affective and psychomotor objectives for the level of certification being taught, in the following core content areas:
 - I. Airway/ventilation (including intensive airway management training for personnel with advanced airway qualifications to determine competency).


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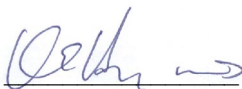
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- I. Cardiovascular.
- II. Medical emergencies/behavioral.
- III. Trauma (including intensive IV therapy training for personnel with qualifications to determine competency).
- IV. Obstetrics and pediatrics.
- V. Operations.
- B. The current national standards published for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification.
- C. County medical program director (MPD) protocols, regional patient care procedures, and county operating procedures.
- D. Training updates in standards as identified by the department.
 - I. Must provide cognitive, affective and psychomotor evaluations following completion of each topic presentation to determine student competence of topic content.

Psychomotor skill evaluations may be recorded on skill evaluation forms from nationally recognized training programs with approval of the MPD. The MPD may also approve skill evaluation forms created by the ALS OTEP committee.
 - II. Must be approved by the MPD; any additions or major changes to an approved OTEP require documented approval from the county MPD and the department.
 - III. Must be presented and evaluated by course personnel meeting the following qualifications:
- E. Evaluators must:

COUNTY OPERATING POLICY #8


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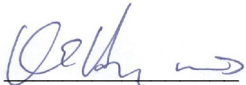
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- I. Be a currently certified BLS or ALS provider who has completed at least one certification cycle. Certification must be at or above the level of certification being evaluated.
 - II. Complete an MPD approved evaluator's workshop, specific to the level of certification being evaluated.
 - III. Complete the evaluator application, DOH Form 530-012;
 - IV. Be approved by the county MPD and the department.
- F. Instructors must:
- I. Be a currently certified BLS or ALS provider who has completed at least one certification cycle at or above the level of certification being taught.
 - II. Be a currently approved evaluator at the level of certification being taught.
 - III. Be approved by the county MPD to instruct and evaluate EMS topics.
- G. 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.
- I. May incorporate nationally recognized training programs within an OTEP for the core content areas identified in WAC 246-976-162 and 246-976-163.
- e. To complete the OTEP method you must:
- i. Complete a department- and MPD-approved OTEP that includes requirements indicated in Table A of this section, appropriate to your level of certification.


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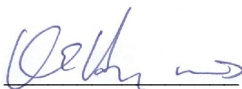
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- ii. Complete and document the skills maintenance requirements, indicated in Table C OTEP Table of this section, appropriate to your level of certification.
 - A. IV starts for IV technicians, combined IV/airway technicians, ILS technicians, combined ILS/airway technicians, or paramedics:
 - I. During your first certification period, you must perform a minimum of thirty-six successful IV starts.
 - 1. During the first year, you must perform a minimum of twelve successful IV starts.
 - 2. During the second and third year, you must perform a minimum of twelve successful IV starts per year, which may be averaged over the second and third years of the certification period.
 - II. 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 C of this section).
 - B. 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 twelve successful endotracheal intubations.
 - 1. During the first year, you must perform a minimum of four successful human endotracheal intubations.
 - 2. During the second and third year, you must perform a minimum of four human endotracheal intubations per year, which may be averaged over the second and third years of the certification period.

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Medical Program Director
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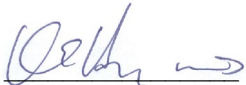
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- II. If you have completed a certification period, you must perform a minimum of two successful human endotracheal intubations per year, which may be averaged over the three-year certification period (see later certification periods in Table C of this section).
 - III. All individuals will complete an approved difficult airway / advanced airway course once during each certification period.
 - IV. If you have completed a certification period, you may choose to satisfy the live human intubation requirement referenced in section II above, by attending one MPD approved difficult airway / advanced airway course and two MPD approved comprehensive airway management courses during your certification period. One course should be completed each year.
 - V. Paramedics must average a minimum of 4 ALS pt. contacts per month as the lead transporting paramedic. This may be averaged over a 12 month period.
- C. Skills maintenance requirements may be obtained as part of the OTEP.
 - D. Individuals participating in an OTEP meet skill maintenance requirements by demonstrating proficiency in the application of those skills to the county MPD during the OTEP.
 - a. Any applicant changing from the OTEP method to the CME method must meet all requirements of the CME method.
 - b. Education requirements for recertification - **Table A**

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OTEP classes will be created to meet the educational requirement of the WAC 246-976-163. 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 in Table A.

- c. Skill maintenance requirements for recertification - **Table B CME Skills**
- d. Skill maintenance requirements for individuals requesting reciprocal certification:
 - i. Reciprocity candidates credentialed less than three years must meet Washington state's skill maintenance requirements for the initial certification period identified above.
 - ii. Reciprocity candidates credentialed three years or more must meet Washington state's skill maintenance requirements for second and subsequent certification periods.
 - iii. 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.
- e. Description of selected terms used in **Tables A, B and 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 includes 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:

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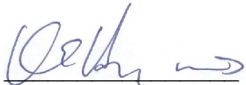
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- A. Identify and demonstrate airway management techniques for infants and children.
- B. Demonstrate infant and child CPR.
- C. Demonstrate FBAO technique for infants and children.
- iv. Endotracheal intubation: Proficiency includes the verification of proper tube placement and continued placement of the endotracheal tube in the trachea through procedures identified in county MPD protocols.
- v. Infectious disease: Infectious disease training must meet the requirements of chapter [70.24](#) RCW.
- vi. Intraosseous infusion: Proficiency in intraosseous line placement .
- vii. 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 airway placement: Proficiency includes the verification of tube placement and continued placement of the multi-lumen airway through procedures identified in county MPD protocols.
- ix. 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.

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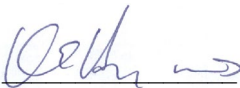

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- II. Identify developmental differences between infants, toddlers, preschool, school age and adolescents, including special needs children.
- B. Medical problems including special needs patients - The EMS provider must be able to:
 - I. Identify the 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 dependent (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. Patient assessment: This includes adult, pediatric and geriatric patients appropriate to the level of certification, assuring the following pediatric objectives are covered.

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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:
 - I. Airway management
 - II. Oxygenation
 - III. Early recognition and treatment of shock
 - IV. Spinal immobilization
 - V. 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.



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- xi. Pharmacology: Pharmacology specific to the medications approved by the MPD (not required for first responders).
- xii. Proficiency: Ability to demonstrate and perform all aspects of a skill properly to the satisfaction of the MPD or delegate.
- xiii. 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. 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.



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SPECIAL NOTE:

For additional information regarding recertification at any EMS level, reference:
<http://www.doh.wa.gov/hsqa/emstrauma/educreq.htm>

Individual Educational Requirements for certified EMS personnel:


<u>Emergency Medical Responder (EMR)</u>
<u>EMT</u>
<u>Advanced Emergency Medical Technician (AEMT)</u>
<u>Paramedic</u>

IV. QUALITY ASSURANCE

1. Evaluation of the Continuing Education methods utilized within Benton/Franklin Counties at all EMS levels will include:
 - a. testing of knowledge through written exams
 - b. testing of skill ability through practical skill assessment
 - c. retrospective evaluation of the care actually given to patients

VI. Benton/Franklin County BLS OTEP

1. Agencies choosing to utilize OTEP as a method of accomplishing BLS Training shall use the MPD Approved "King County EMS On-line BLS OTEP" plan.


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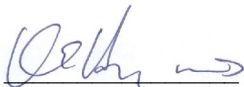
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VI. Benton/Franklin County ALS OTEP

1. Agencies choosing to utilize OTEP as a method of accomplishing ALS Training shall use the MPD Approved program administered by Columbia Basin College and overseen by the ALS OTEP Committee, comprised of one member from each of the user agencies.

NOTE: For more information on the specific ALS OTEP Curriculum and plan, contact your agencies EMS Administrator.

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Table A
Education Requirements for Recertification

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

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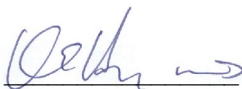
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Table B

Skills Maintenance Requirements for the CME Method

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

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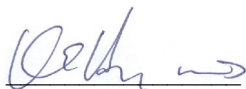

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	Endotracheal intubations over the two-year period (4 per year must be performed on humans)				24
	Intraosseous infusion placement		EMT w/IV therapy skill		
			X		
During the Certification Period					
	Pediatric airway management				X
	Supraglottic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

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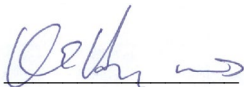

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<input type="checkbox"/>	During the Certification Period				
	Pediatric airway management				X
	Supraglottic airway placement		EMT w/supraglottic airway skill	X	X
			X		
	Defibrillation	X	X	X	X

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Table C

Skills Maintenance Requirements for the OTEP Method

	EMR	EMT	AEMT	Paramedic
First Certification Period or Three Years				
<input type="checkbox"/> First Year				
IV starts		EMT w/IV therapy skill	12	12
		12		
Human endotracheal intubations				4
Intraosseous infusion placement		EMT w/IV therapy skill	X	X
		X		
<input type="checkbox"/> Second and Third Years				
IV starts over the two-year period		EMT w/IV therapy skill	24	24
		12		
Human endotracheal intubations over the two-year period				8
Intraosseous infusion placement		EMT w/IV therapy skill	X	X
		X		
During the Certification Period				

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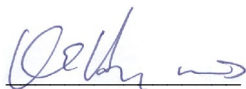

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	Pediatric airway management		EMR & EMT	X	X
			X		
	Supraglottic airway placement		EMT w/supraglottic airway skill	X	X
			X		
	Defibrillation	X	X	X	X
Later Certification Periods					
<input type="checkbox"/>	Annual Requirements				
	IV starts		EMT w/IV therapy skill	X	X
			X		
	Human endotracheal intubation				2
	Intraosseous infusion placement		EMT w/IV therapy skill	X	X
			X		
<input type="checkbox"/>	During the Certification Period				
	Pediatric airway management		EMR & EMT	X	X
			X		
	Supraglottic airway placement		EMT w/supraglottic airway skill	X	X
			X		
	Defibrillation	X	X	X	X

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