

Yakima County Department of Emergency Medical Services 2403 S. 18th Street, Suite 300, Union Gap, WA 98903 • (509) 574-2145 • FAX (509) 574-2159



ANNOUNCEMENT

Fall 2023 EMT Academy

The Yakima County Department of EMS has schedule a Winter 2023 EMT Academy for 25 qualified individuals. Unfortunately, at this time, we are unable to take students who are not affiliated with a pre-hospital EMS agency.

Monday, August 7, 2023, 18:00-22:00 Mandatory ASHI CPR Course (Covers Lesson 1 of class) Date:

Saturday, August 12, 2023, 13:00-17:00 Pre-Course Mandatory Meeting

Pre-Course work from August 29 to September 7, 2023

September 7, 2023 - December 21, 2023

18:00 - 21:00 on Thursdays, unless otherwise noted Time:

08:00 - 16:00 on Saturdays, unless otherwise noted

Location: Yakima County Resource Building - Classroom, 2403 S. 18th Street, Classrooms, Union Gap Eligibility: Must be affiliated with a Yakima County Prehospital EMS Agency. We do not accept any students

who are not with a Yakima County Prehospital EMS agency.

\$0 affiliated with a Yakima County EMS agency supported by the Yakima County EMS levy Cost:

\$1500 for all providers with other Yakima County agencies

To register for the class please fill out the enclosed application and attach copies of all pre-requisites required. Return completed applications to the Yakima County Department of EMS, 2403 S. 18th Street, Suite 300, Union Gap, WA 98903 no later than May 25, 2023. If your application and all required documentation have not been received by this time, your application may be denied without notice. Only up to 25 students will be allowed in the course.

All applicants are required to attend a scheduled pre-course screening interview during June. There will be a precourse exam that must be completed on your interview date. Applicants will receive an email with the dates and times that the interviews/exams will be held. Applicants are required to respond to the email to set the date and time for the interview. Applicants must attend the ASHI CPR-BLS for Healthcare Provider Course August 7, 2023, and the pre-course mandatory meeting August 12, 2023 - NO EXCEPTIONS.

Current CPR-BLS for Healthcare Provider credential - All Students will be required to attend an ASHI course on Monday, 8/7/2023. Students will receive an ASHI HCP CPR card upon successful completion.

Applicants that are not able to attend the pre-course mandatory class and meeting, and/or the screening interview and orientation may be considered for the following year.

Hepatitis A vaccine - Documentation of completion of the 2-dose Hepatitis A vaccine series COVID-19 VACCINE - REQUIRED / RECOMMENDATIONS PER CHANGING LAWS

The	The minimum qualifications and pre-requisites (must be attached to application) for all students are:					
•	Must be at least 17 years old when course begins	•	High School Diploma or GED at the beginning of course (a			
•	Copy of a driver's license or other photo identification		copy of a higher learning degree is also acceptable)			
•	Professional liability insurance (generally covered by	•	Health insurance that covers the student (generally			
	agency)		covered by agency or employer)			
•	NIMS certification IS 100.c,	•	NIMS IS 700.b			
	https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c		https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b			
•	WSP Background Check within the last 10 years (see below)	•	Drug Screening by Certified Lab within the last year (see below)			
•	One-Step Tuberculosis Skin Test (TST) with in the last year (no exceptions) Students with a history of positive					
	TST must have documentation of a negative chest x-ray, negative QuantiFERON gold, or documented completion					
	of INH treatment for Tuberculosis.					
	Required Vaccinations per MPD Protocol – a vaccination record, titer or letter from physician must be					
	received					
•	Tetanus, Diphtheria, Pertussis (Tdap, not DTP/DTaP) vaccine – Documentation that the 1-dose Tdap vaccine					
	has been received after 2005					
•	Hepatitis B vaccine - Documentation of completion of	the	3-dose Hepatitis B vaccine series or a positive hepatitis			
	B surface antibody titer (HBSAB). (This titer should test	for b	ooth A and B Hepatitis)			
	Strongly Recommended Vaccines based on MPD and CDC recommendations**					
•	Measles, Mumps Rubella - Proof of immunity as evide	nce	d by one of the following:			
	 Vaccine records that include 2-dose of MMR vacci 	ne.				
•	Varicella (Chickenpox) - Proof of immunity as evidence	ed b	by one of the following:			
	 Vaccine records that include 2-dose of varicella vac 	cine	e or			
	 Year of infection with the chickenpox 					
•	Influenza vaccine - strongly recommended, annually b	etw	een November 1-May 1			



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• The State of Washington and WADOH require all licensed or certified patient care providers to be completely vaccinated with the COVID 19 vaccination by October 18, 2021, in order to provide patient care. This new law governs patient care provided by students. The YCDEMS does not require you to receive this vaccination to start this course. It is required that you have either completed the COVID vaccination or submit proof of an approved waiver by your agency* in order to complete the required field experience portion necessary for course completion. Please provide proof of vaccination or waiver no later than September 21, 2023, and take your vaccination record or waiver with you for your schedule ride time. If for some reason the law changes, we will adjust as needed to comply with the law.

All students are required to dress professionally at all class days. Shirts may be provided, but all students must have the following:

- Dark colored EMS Pants, Jeans or Slacks Zero tolerance for "fashion jeans" or holes in the jeans.
- Black or dark colored closed toe shoes or boots
- Belt that is black or dark colored
- Shirts should be tucked in

All students are required to provide proof that they have medical insurance and professional liability insurance that covers the student during the course (through work or private insurance or department).

All students must have a background check with in the last 10 years, a drug screening within the last year and a TB 1-Step test within the last year.

Contact the EMS office (<u>diane.koch@co.yakima.wa.us</u>) if you need to obtain a drug screening (the drug screenings are generally completed through your agency). If you do not have a drug screening through your agency, any drug screening will be at your own expense. Proof is required.

Background checks may be done on-line with the Washington State Patrol https://watch.wsp.wa.gov/WATCH/Home/Index Proof must be provided.

Students will receive a course completion certificate from the YCDEMS, provided all requirements of the course have been successfully completed.

To receive a Washington State issued EMT card, students must also:

- Successfully complete the National Registry Exam within 24 months. Students are strongly encouraged to take the NREMT cognitive exam as soon as they are released to do so. Preferably within 3 months of the last scheduled day of class. (Statistics have been kept, and those students who take the exam early generally pass. The longer students wait, the more likely they will fail.)
- Complete the Washington State Initial Certification paperwork
- Return the completed Washington State Initial Certification paperwork to the YCDEMS Office for MPD signature
- YCDEMS will be forward your application, with the appropriate attachments to the Washington State DOH

The schedule is subject to change, as needed. If you have any questions, or concerns, please call the office at 509-574-2145.

Please note:

*The approved waiver from your agency may not be accepted at all clinical sights. If a student has a waiver, then they may be required to wear an N-95 mask, while completing their clinical ride time, unless actively eating or drinking.

**There are patient contacts, commonly referred to as "clinicals or ride time" required by the Washington State
Department of Health in order to complete the EMT course per State WACs and the EMS Training Program and
Instructor Manual. Due the variances in agencies and facilities, facilities/agencies may refuse entrance if a student is
not fully immunized. The Yakima County Department of EMS does not regulate EMS agencies or hospital facilities. **



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	DATE	TIME			
1	Monday, August 7, 2023	1800-2200			
2	Saturday, August 12, 2023	1300-1700			
2A	Saturday, August 19, 2023	Online Classes to			
2B	Saturday, August 26, 2023	be completed in Ninth Brain			
3	Thursday, September 7, 2023	1800-2100			
4	Saturday, September 9, 2023	1800-2100			
5	Thursday, September 14, 2023	1800-2100			
6	Saturday, September 16, 2023	0800-1600			
7	Thursday, September 21, 2023	1800-2100			
8	Saturday, September 23, 2023	0800-1600			
9	Thursday, September 28, 2023	1800-2100			
10	Saturday, September 30, 2023	0800-1600			
11	Thursday, October 5, 2023	1800-2100			
12	Saturday, October 7, 2023	0800-1600			
13	Thursday, October 12, 2023	1800-2100			
14	Saturday, October 14, 2023	0800-1600			
15	Thursday, October 19, 2023	1800-2100			
16	Saturday, October 21, 2023	0800-1600			
17	Thursday, October 26, 2023	1800-2100			
18	Saturday, October 28, 2023	0800-1600			
19	Thursday, November 2, 2023	0800-1600			
20	Saturday, November 4, 2023	1800-2100			
21	Thursday, November 9, 2023	0800-1600			
22	Saturday, November 11, 2023	1800-2100			
23	Thursday, November 16, 2023	0800-1600			
24	Saturday, November 18, 2023	1800-2000			
	Week off for Thanksgiving	_			
25	Thursday, November 30, 2023	0800-1600			
26	Saturday, December 2, 2023	1800-2100			
27	Thursday, December 7, 2023	0800-1600			
28	Saturday, December 9, 2023	1800-2100			
29	Thursday, December 14, 2023	0800-1600			
30	Saturday, December 16, 2023	1800-2100			
31	Thursday, December 21, 2023	0800-1600			
	Monday, February 27, 2023 – Monday, A RIDE TIME/CLINICAL TIME TO BE CO (10 patient contacts) –				
00	Must be fully vaccinated for COVID-19 by				
32	Thursday, September 21, 2023, or provide an agency approved waiver (no guarantees regarding being allowed to complete ride time, if not fully vaccinated)				



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Application for EMT Training

(please see course requirements at end)

Personal Data	nal Data Please print or type legibly		Cours	e:				
Name (Last, First, MI)							Date:	
Social Security Num	Social Security Number: Current					t Certifica	Certification (if applicable):	
Birthdate:		Age:	Phone () Can receive text message: □ Y or □ N		Messa	Message Phone ()		
E-Mail (Mandatory f	E-Mail (Mandatory for Class):							
Mailing Address:								
Street Address (if di	fferent):							
City:		Sta			ate:	Zip Code:		
Applicants Signature	e:				·			
EMS Agency Da	ata							
EMS Agency Affiliat	ion:							
Fire Chief or Superv	visor:					Da	ytime Phone: ()	
Agency Mailing Add	ress:							
E-Mail:								
Who will provide	profession	onal liability insurand	ce and h	nealth ins	urance	that cov	ers student?	
☐ EMS Agency			☐ Self					
Agency Approva	Agency Approval Signature							
I, the undersigned, hereby approve attendance to this training course by the individual named on this application. As an employee or member of our organization, a background check (within the last 10 years), drug screening (within the last year) and a TB 1 step (within the last year) has been completed on the individual (proof will be provided). This individual will also have professional liability and health insurance while involved in any training activities or clinical experiences and proof of such will be provided to DEMS with this application. This individual has received his/her Hepatitis B Vaccination Series (3) or titer, MMR vaccines (2) or titer, 1 Tdap vaccine (after 2005) or titer, flu vaccine between November 1-May 1 is strongly recommended, and COVID-19 vaccine or waiver (as required by law – see explanation in the announcement) proof of such will be provided to DEMS with the application.								
Fire Chief or Supe	ervisor:						Date:	
Date Received:			ffice use o	nly)				
Tuition Amount Owed:	:	Tuition Amount Paid:						



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Co	urse Requirements:
	Must be at least 17 years old when course begins, no exception – all applicants
	Copy of Current Driver's License or other photo identification – all applicants
	If photo ID expires during course a copy of the new photo ID must be given to the office
	Proof of High School Diploma or GED. <i>Must</i> have completed high school or GED at beginning of course (proof of higher education is also acceptable) – all applicants
П	Copy of Professional Liability Insurance (a memo verifying such from agency is acceptable) – all applicants.
	Copy of Health Insurance that covers applicant (a memo verifying such from agency is acceptable) – all applicants.
	Copy NIMS Certificates for IS-100.c, IS-700.c – all applicants
	Proof of background check performed by the Washington State Patrol or through agency within last 10 years (a memo verifying such from the agency is acceptable) – all applicants.
	Proof of a drug screening performed by a certified lab within the last year (a memo from the agency verifying such is acceptable) – all applicants.
	Proof of Tuberculosis Screening (TB 1 Step) with in the last year – all applicants
Pro	oof of the following Vaccinations or Titer showing antibodies – all applicants:
	Hepatitis B – Series of 3 vaccinations or titer
	Tdap – vaccination (Tetanus, Diphtheria & Pertussis) after 2005
Str	ongly Recommended Vaccinations – all applicants **
	Measles, Mumps, Rubella – Series of 2 vaccinations
	Varicella (Chicken Pox) – vaccination, titer, or <i>history (year that you had chicken pox)</i>
	Influenza – vaccination between November 1st and May 1st is strongly recommended
	Hepatitis A – Series of 2 vaccinations
	VID-19 VACCINE – REQUIRED / RECOMMENDATION PER CHANGING LAWS
	COVID-19 vaccine – The State of Washington and WADOH require all licensed or certified patient care providers to be completely vaccinated with the COVID 19 vaccination by October 18, 2021, in order to provide patient care. This new law governs patient care provided by students. The YCDEMS does not require you to receive this vaccination to start this course. It is required that you have either completed the COVID vaccination or submit proof of
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	a waiver, then they may be required to wear an N-95 mask, while completing their clinical ride time, unless actively eating or drinking. Please provide proof of vaccination or waiver no later than September 21, 2023
	and take your vaccination record or waiver with you for your schedule ride time. If for some reason the law
_	changes, we will adjust as needed to comply with the law.
ı)re	ess Requirements:

Dress Requirements:

☐ Dark colored pants, belt and closed toe shoes or boots – all applicants

**There are patient contacts, commonly referred to as "clinicals or ride time" required by the Washington State
Department of Health in order to complete the EMT course per State WACs and the EMS Training Program and
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