

# Advanced First Aid Course

## BOOT CAMP

Yakima County Department of EMS is sponsoring an Advanced First Aid Course Boot Camp for those agencies that are interested in sending members. Participants **must** be able to attend all days.

The course includes the AHA Healthcare Provider Course. There is no charge for the class, **unless** an AHA Healthcare Provider card is required. Then the charge is \$10 per card.

Dates: Friday, April 19, 2019      1800 – 2100  
Saturday April 20, 2019      0900 – 1700  
Sunday, April 21, 2019      0900 – 1700  
Location: Yakima County Dept of EMS, Classrooms  
2403 S. 18<sup>th</sup> Street, Classrooms, Union Gap, WA 98903

The course will be completed in 3 days and held in the YCDEMS Classrooms.

Only those who complete an application and pre-register, will be in the class. Applications must be received by April 5, 2019, 5 pm. Applications may be emailed to [diane.koch@co.yakima.wa.us](mailto:diane.koch@co.yakima.wa.us) or [wendy.moudy@co.yakima.wa.us](mailto:wendy.moudy@co.yakima.wa.us). They may also be faxed to 509-574-2159 or mailed/dropped off at the above address.

If you have any questions, please contact Wendy Moudy at [wendy.moudy@co.yakima.wa.us](mailto:wendy.moudy@co.yakima.wa.us).

**Include these other items with your First Aid kit when you get ready to battle zombies...**





<b>ADVANCED FIRST AID BOOT CAMP SCHEDULE</b>			
<b>DATE</b>	<b>TIME</b>	<b>SUBJECT</b>	<b>LOCATION</b>
4/19/19 Fri	1800-2100	Wellness and Safety of First Responder Introduction to Anatomy Lifting & Moving/Positioning Injured & Ill Patients Airway Management and Rescue Breathing	Yakima County DEMS, Classrooms
4/20/19 Sat	0900-1700	AHA HCP Caring for Soft Tissue Injuries & Shock Muscle & Bone Injuries Caring for Medical Emergencies Poisoning & Substance Abuse Transportation Operations Vehicle Extrication & Special Operations Skills	Yakima County DEMS, Classrooms
4/21/19 Sun	0900-1700	Caring for Injuries to the Head & Spine, Environmental Emergencies - Drowning & Water Resuscitation MCI Principles of Triage Childbirth Practical Final Skills Exam Final Written Exam	Yakima County DEMS, Classrooms

YCDEMS



 <b>Yakima County Department of Emergency Medical Services</b> 2403 S. 18 <sup>th</sup> Street, Suite C, Union Gap, WA 98903 (509) 574-2145 FAX: 574-2159		<b>Application for Advanced First Aid Course</b>	
<b>Personal Data</b>			
Name (Last, First, MI)			Date:
Birthdate:	Age:	Phone ( ) can receive text y/n	Message Phone ( )
E-Mail (Mandatory for Class):			
Mailing Address:			
Street Address (if different):			
City:		State:	Zip Code:
Applicants Signature:			
<b>EMS Agency Data</b>			
EMS Agency Affiliation:			<input type="checkbox"/> None
Fire Chief or Supervisor:		Daytime Phone: ( )	
Agency Mailing Address:			
E-Mail:			
<b>Will an AHA Healthcare Provider Card be required? Yes _____ No _____ If, yes who is paying?</b>			
<input type="checkbox"/> EMS Agency		<input type="checkbox"/> Student	
<b>Agency Approval Signature(s)</b>			
<input type="checkbox"/> 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. <input type="checkbox"/> I understand, that there is a \$10 fee for the AHA HCP card if it is required. The EMS Office will be notified if a card is required, and who is responsible for payment. <input type="checkbox"/> I checked on this application whether the agency wishes to be billed or we are requiring the student to pay for the AHA HCP card. <input type="checkbox"/> Both student and I understand that the course book is loaned to the student and must be returned in good condition. Any books that are no longer useable, must be replaced. The current replacement cost is \$50. <input type="checkbox"/> As an employee or member of our organization, this individual will have total professional liability, health, and accident insurance, while involved in any training activities and/or clinical experiences if applicable.			
Fire Chief or Supervisor:			Date:
The course requirements/syllabus has been reviewed and are understood by the agency Training Officer and/or Chief/Supervisor		Training Officer Signature: Date:	
<b>Method of Payment</b>			
<input type="checkbox"/> Bill to EMS Organization		<input type="checkbox"/> Applicant will Pay Before the First Night of Class	
<b>Course Requirements:</b>			
<input type="checkbox"/> Must be at least 17 years old – <b>all applicants</b> <input type="checkbox"/> AHA HCP certification will be completed during the course – there is a <b>\$10 charge</b> if an AHA HCP card is required. Agencies may request to be billed for the cost of the cards. Otherwise the student <b>must</b> pay for the card before the class. <input type="checkbox"/> Total professional liability, health, and accident insurance, while involved in any training activities and/or clinical experiences if applicable.			