

TRAINING NOTICE



EMT-Enhanced Course

The EMT-Enhanced: Virginia Standard Curriculum represents an entry level advanced care provider and can be used as either a terminal objective in itself or a transition to higher levels of education and/or certification at the EMT-Intermediate or EMT-Paramedic levels. This curriculum was developed as a sub-set of lessons from the Emergency Medical Technician-Intermediate: National Standard Curriculum and contains lessons and didactic information also included in the EMT-Intermediate program. As a sub-set of the EMT-Intermediate program, the EMT-Enhanced: Virginia Standard Curriculum is designed to maintain consistency with national prehospital care guidelines, while meeting the specific needs of Virginia's EMS agencies and providers.

Location: Waynesboro First Aid Crew
Waynesboro, VA

Dates: Starts: September 7, 2006
Ends: January 20, 2007

Times: 6:30 PM to 10:00 PM
Mondays and Thursdays and two Saturday classes

Text: TBA

Faculty: Course Coordinator: Gary Critzer
Lead instructor: George Maupin

Prerequisites: Refer to the EMT-Enhanced Application Packet for a complete listing of course prerequisites.

Cost: \$175 payable at time of registration to reserve your spot. **Note:** The student can seek reimbursement of \$100 from the Office of EMS after certifying at the EMT-Enhanced level.

Registration: To register, complete the EMT-Enhanced Application Packet and contact George Maupin at 540-649-4543 or nremtp138@adelphia.net.

Class size is limited to 20 students.

EMT-Enhanced Application Packet

Return completed application packet to:

**George Maupin
43 Court Circle
Waynesboro, VA 22980**

Admission Policy and Enrollment Requirements

All candidates must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section **12 VAC 5-31-1460, ALS student enrollment requirements** and hold current certification in CPR. Candidates must provide documentation of minimum requirements prior to entry into an Advanced Life Support program.

For entrance into the EMT-Enhanced program,

- 1) The candidate shall be an active member, in good standing, of an EMS agency.
- 2) The candidate shall have been a released EMT-Basic, practicing as an attendant-in-charge with an EMS agency, for a minimum of six (6) months.
- 3) If the candidate has been an EMT-B less than 6 months with an EMS agency, the candidate must complete the Assessment and Skill Proficiency Form (page 8) to enter the course.

Health Care Provider Statement

All students are required to submit a Personal Health History form. The document is to be completed by the student and their health care provider. All documents must be legible and dated in order to be accepted. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to the form.

Students who do not provide a Personal Health History form will not be permitted to participate clinical or laboratory sessions until the information has been provided.

REQUIRED IMMUNIZATIONS AND MEDICAL RECORDS:

Documentation of all immunizations must be submitted to the course coordinator on a date specified prior to the beginning of laboratory sessions.

1. Proof of immunization or results of rubella (German measles) titer.
2. Proof of immunization or results of mumps titer.
3. Proof of immunization or results of rubeola (measles) titer.
4. Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, turn in a signed statement specifying such).
5. Results of PPD.
6. Results of chest x-ray if PPD is positive.
7. Hepatitis B vaccine status.

Most immunizations are offered at no charge through local health departments. Call the Health Department in the County in which you reside, or call your private physician for information. Students should maintain the originals of all documents in a personal portfolio for future reference. Students are required to copy their records. NO copies will be made by the Course Coordinator.

STATE BOARD OF HEALTH - VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS - Article 4.

12 VAC 5-31-900. General requirements.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, or any training program or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)
2. Be clean and neat in appearance;

3. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.
4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

12 VAC 5-31-910. Criminal or enforcement history.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.
5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
6. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

12 VAC 5-31-1460. ALS student enrollment requirements.

An enrolled student in an ALS certification program (EMT-Enhanced, EMT-Intermediate or EMT-Paramedic) must comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.
2. Be a minimum of 18 years of age at the beginning date of the certification program.
3. Hold current certification as an EMT or higher EMS certification level.
4. Hold, at a minimum, a high school or general equivalency diploma.
5. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical performance skills must include the ability of the student to function and communicate independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant.
6. Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.
7. Meet requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.
8. If in an ALS bridge certification program between certification levels, have completed the eligibility requirements for certification at the prerequisite lower ALS level at the beginning date of the ALS bridge certification program. He shall also become certified at the lower ALS certification level before certification testing for the higher level of the ALS bridge certification program.

EMT-Enhanced Course Application

Section-1: APPLICANT INFORMATION [PLEASE PRINT CLEARLY]

_____ Last Name	_____ First Name	_____ MI	_____ Certification Number	_____ Expires
_____ Street Address			_____ Social Security Number	
_____ City/Town	_____ State	_____ Zip Code	_____ Phone (Home)	
_____ E-mail address			_____ Phone (Alternate – <i>specify type</i>)	
_____ EMS Agency Affiliation			_____ Date of Birth	

Check one of the following: EMT-Basic for at least six (6) months prior to the start date of course.
 Successful completion of Assessment and Skill Proficiency Form.

Section-2: IN CASE OF EMERGENCY, PLEASE NOTIFY [PLEASE PRINT CLEARLY]

_____ Last Name	_____ First Name	_____ MI	_____ Relationship
_____ Street Address			_____ Phone (Home)
_____ City/Town	_____ State	_____ Zip Code	_____ Phone (Alternate – <i>specify type</i>)

Section-3: AFFIRMATION AND SIGNATURE

I certify that I meet all requirements of the Central Shenandoah EMS Council and the Virginia Office of Emergency Medical Services, which are necessary to enroll in this course.

Signature

Date

Section-4: RECOMMENDATIONS

Complete two (2) **Recommendation for EMT-Enhanced Program** forms. Recommendation forms must be completed by:

- Your agency EMS Physician (OMD).
- Your agency chief operational officer.

Personal Health History

If you have any physical or emotional impairment that may require accommodations, please indicate these under the Pertinent Health Information section below so that we may make plans to meet your needs.

Students will not be permitted to participate in clinical or laboratory sessions until this information has been provided.

Completely fill out all information below. [PLEASE PRINT CLEARLY]

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Street Address	City/Town	State
_____	_____	_____
Phone Number	E-mail address (if available)	
_____	_____	
SSN	Program of Study	
_____	_____	

Pertinent Health Information

Please list any disabilities, special needs, allergies or required medication.

The information given on this form is correct to the best of my knowledge. I authorize the course coordinator to contact the health professional for verification or clarification of information contained on this form.

Student Signature

Date

Print Name

******* OVER *** OVER *** OVER *******

IMMUNIZATION RECORD

Date: _____

Complete and return this form. Attach additional sheets of paper if more space is required. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to this form.

MMR (Measles, Mumps, Rubella)

- Immunization Dose 1..... _____ / _____
Month Year
- Immunization Dose 2..... _____ / _____
Month Year

RUBEOLA (Measles) – If given instead of MMR. Check appropriate boxes.

- Immunization Dose 1..... _____ / _____
Month Year
- Immunization Dose 2..... _____ / _____
Month Year
- Report of immune titer..... _____ / _____
Month Year
- Documentation of diagnosed measles disease..... _____ / _____
Month Year

MUMPS – If given instead of MMR. Check appropriate boxes.

- Immunization Dose..... _____ / _____
Month Year
- Documentation of diagnosed mumps disease..... _____ / _____
Month Year

RUBELLA (German Measles) – If given instead of MMR. Check appropriate boxes.

- Immunization Dose..... _____ / _____
Month Year
- Report of immune titer..... _____ / _____
Month Year

VARICELLA (Chicken Pox) – Check appropriate boxes.

- Varicella vaccine..... _____ / _____
Month Year
- Serologic evidence of immunity..... _____ / _____
Month Year
- Reliable history of chicken pox..... _____ / _____
Month Year

TUBERCULOSIS – Required within the past year. Check appropriate boxes.

- Result of PPD: _____ mm of induration..... _____ / _____
Month Year
- Results of chest x-ray if PPD is positive – _____
Chest x-ray may be substituted for a PPD test if x-ray taken within the past year. _____ / _____
Month Year

HEPATITIS-B – Check appropriate boxes.

- Hepatitis-B Series.....

Dose 1	Dose 2	Dose 3
_____ / _____ Month Year	_____ / _____ Month Year	_____ / _____ Month Year
- Has not completed Hepatitis-B series.

Health Officer Signature	Name (Print) / Credential
Address	

Assessment and Skill Proficiency Form – EMT-Enhanced

Applicants to the EMT-Enhanced program that have been a released EMT-Basic for less than six (6) months must complete this form as a prerequisite to the course. Submit form by indicated deadline. The following skills and assessments must be performed in the presence of a senior ALS or BLS technician, as applicable, on live patients, except as noted.

Provider Name

Agency

Date	Skill	Preceptor Signature and Comments
	Cardiac Emergency	
	AED (may demonstrate)	
	Respiratory Emergency	
	Diabetic Emergency	
	Multiple Trauma	
	Abdominal Pain	
	Musculoskeletal Injury	
	Neurological Emergency	
	Pediatric Emergency (patient age 0-12 years)	
	Geriatric Emergency (patient age > 75 years)	
	Airway Management (suctioning, BVM, oral airway, etc.)	

*** OVER ***

Preceptors: List all providers that precepted on the above patient contacts.

I attest that the above named provider has appropriately assessed and treated patients presenting with the complaints listed and appropriately performed the skills listed.

_____	_____	_____
Name (Print)	Certification Number	Signature

_____	_____	_____
Name (Print)	Certification Number	Signature

_____	_____	_____
Name (Print)	Certification Number	Signature

_____	_____	_____
Name (Print)	Certification Number	Signature

_____	_____	_____
Name (Print)	Certification Number	Signature

