PURPOSE: To establish standards ensuring that Basic Life Support (BLS) education offered in West Virginia is provided by qualified and approved educational institutes.

POLICY: Any entity that conducts BLS education must be evaluated and endorsed by the West Virginia Office of Emergency Medical Services (WVOEMS) as a BLS Educational Institute. Application and evaluation processes shall be completed in a manner prescribed by WVOEMS. Such entities must be eligible, as determined by WVOEMS, to provide BLS education. BLS Institute approval shall be granted for a period of five (5) years, provided that the institute maintains the requirements of policy and rule.

PROCEDURE/REQUIREMENTS:

I. General Institute Characteristics:
   A. Qualifications:
      1. Only entities, authorized under applicable law to provide post-secondary education, or;
      2. Those entities authorized by legislative rule and determined by WVOEMS to be qualified to deliver EMS education shall be considered for endorsement.
   
   B. Responsibilities:
      1. Management of student admissions,
      2. Curriculum planning,
      3. Coordination of classroom teaching,
      4. Appointment and management of qualified faculty,
      5. Management of clinical and laboratory practice appropriate to the education of BLS personnel,
      6. Compilation and documentation of student educational records,
      7. Compliance with WVOEMS requirements related to the provision of BLS education.

   C. Administration:
      1. The Institute shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the BLS education program.

II. Required Resources:
   A. Required Personnel Positions (more than one individual is not required):
      1. Administrative Director:
         a. Qualifications:
            i. Possess the minimum of an Associate's Degree from an accredited institution of higher education with experience in educational program administration or;
            ii. Have demonstrated experience in managing BLS education,
iii. Knowledge of methodologies of instruction, guidance and evaluation of student
iv. Field experience in the delivery of pre-hospital emergency care
v. Academic training and preparation that is at least equivalent to that of the BLS Education Program graduates,
vi. Possess knowledge of current national curriculum, and requirements for national registration and state certification or licensure.

b. Responsibilities:
   i. Organization and supervision of the BLS Education Program
   ii. Continuous quality review and improvement of the BLS Education Program,
   iii. Processing of applications and oversight of the student selection process,
   iv. Course scheduling and the assignment of instructors
   v. Provision and maintenance of required educational equipment,
   vi. Submission of course and student records in a manner specified by WVOEMS,
   vii. Request written and practical examinations,
   viii. Management of the BLS program budget,
   ix. Management of the student grievance procedure for the BLS program,
   x. Oversight of the selection and supervision of qualified faculty, and,
   xi. May delegate responsibilities to other faculty as appropriate; provided that written policies and procedures are in place to assure responsibility for delegated task completion.

2. Medical Director:
   a. Qualifications:
      i. Shall be a licensed physician and in good standing with no restrictions in the State of West Virginia,
      ii. Shall have current knowledge of emergency care of acutely ill and injured patients,
      iii. It is recommended that the Medical Director be knowledgeable of EMS personnel education, including all professional, legislative, and regulatory aspects of this education.

   b. Responsibilities:
      i. Assume responsibility for all medical aspects of the BLS education program,
Policy Name: Basic Life Support Educational Institute Requirements  
Policy Number: 8.1-020113  

ii. Assist with practical skills development and testing,  
iii. Assist with selection and orientation of faculty and clinical preceptors,  
iv. Provide medical advice and assistance to the BLS education program faculty and students.  

3. Instructional Faculty:  
a. A Lead Instructor, meeting the requirements of WVOEMS Policy 5.03.11, must be appointed for each BLS course presented.  
b. Visiting instructors, meeting the requirements of WVOEMS policy 5.03.11, may be utilized as appropriate within an individual course.  
c. Institute selected and trained clinical preceptors shall be utilized to assist students during clinical rotations if applicable.  
d. There should be sufficient instructional faculty to maintain a student- to-teacher ratio that provides students with adequate didactic, psychomotor instruction and supervised practice.  

4. Support Staff:  
It is recommended that the BLS Education Institute provide secretarial/clerical staff to assist the Administrative Director and Instructional staff.  

5. Professional Development:  
It is recommended that the BLS Institute develop and implement written policies and procedures to ensure continued professional growth of the faculty.  

B. Financial:  
1. The Institute shall demonstrate commitment of adequate financial resources to operate and sustain the provided BLS educational programs.  
2. The Institute shall provide evidence of professional liability, errors and omissions insurance in the amount of one million dollars ($1,000,000) for EMS faculty and programs offered by the institution.  

C. Physical Resources:  
1. Facilities:  
a. The Institute shall maintain, or by agreement make available for all courses, facilities for the provision of BLS education in a suitable setting for the purpose of the course, including, but not limited to:  
   i. Classroom areas,  
   ii. Laboratory/skills practice areas  
   iii. Appropriate clinical sites, if applicable  
b. Facilities shall have adequate storage space for all equipment and supplies required.
c. Facilities shall be in compliance with all Federal and State Laws and Codes.

2. Equipment and Learning Resources:
   a. The Institute shall provide appropriate and sufficient medical equipment, supplies for student use, and for teaching the didactic and psychomotor components of the curriculum. (Required equipment is in Appendix 1 list).
   b. Audio/visual and/or computer hardware and software shall be available to enhance student learning experience.
   c. It is recommended that students have access to adequate reference resources related to the curriculum to enhance learning opportunities.

D. Clinical Resources:
   1. Affiliations:
      a. Institutes shall establish written agreements with licensed EMS agencies, hospitals, or other institutions to provide clinical experiences for their students if applicable.
      b. Agreements shall clearly define the learning goals the student should obtain, and the clinical site’s role and responsibilities to the student.

   2. Settings:
      a. Clinical areas must be appropriate to ensure student experiences are efficient and effective in achieving clinical objectives, such as;
      b. Pre-hospital EMS:
         i. Ensure appropriate oversight and accountability when students are operating as independent practitioners
         ii. Ensure students operate under the appropriate treatment protocols as authorized by medical command.
      c. Hospitals or Health Facilities:
         i. Areas utilized must provide patient care similar to the pre-hospital setting, or is an extension of pre-hospital care.
         ii. Ensure appropriate oversight and accountability when students are not operating as independent practitioners.

   3. Patient Encounters:
      a. The Institute shall document all student encounters with patients.
      b. The Institute and clinical facility will insure that any assessment and care provided by students is within their scope of education and practice.

   4. Student Supervision:
      a. Shall be provided by appropriate Institute staff or by
preceptors approved by the Institute.
b. The Institute shall have written policies and documentation
regarding the process of selecting, training and orientating clinical
preceptors.

5. Student Identification:
a. Students shall be clearly identified by use of nametags, uniforms, or
other means to distinguish them from agency or facility personnel.

E. Advisory Committee:
1. It is recommended that an advisory committee representing
communities of interest be selected and charged with assisting the
Institute in formulating appropriate goals, standards, monitoring needs
and expectations, ensuring program effectiveness, and
responsiveness to community needs.

III. Student Affairs:
A. Admission Policies and Procedures:
1. Admission of students shall be made in accordance with clearly
defined and published practices of the Institute.
2. Specific academic and technical standards required for program
admission shall be clearly defined and published, and shall be
readily accessible to prospective students and the public.
3. If the Institute admits students on the basis of “ability-to-benefit”, it
shall employ appropriate methods, such as a pre-admission testing
or evaluation, to determine that such students are capable of
benefitting from the education.

B. Health:
1. The Institute shall establish a written policy and procedure to
determine whether or not the health of the applicant or student will
allow them to meet written technical standards.

C. Evaluation:
1. There shall be written policies and procedures that define the
evaluation process for students in BLS education programs. These
policies shall include, but not be limited to:
   a. The frequency which students will be evaluated.
   b. The methods used to evaluate students.
   c. The process used to report outcomes.

D. Guidance:
1. There shall be written policies and procedures to establish
guidance and counseling systems to assist students with
understanding course content, observing program policies and
provide counseling or referral for problems that may interfere with student progress.
   a. There shall be documentation of all guidance and counseling sessions.
   b. Students shall have ample time to correct any identified deficiencies in knowledge and/or performance documented during guidance or counseling sessions, and be given time to correct these deficiencies prior to the completion of the course.

IV. Operational Policies:
   A. Fair Practices:
      1. Institutes shall have written policies and procedures addressing student and faculty recruitment, student admission, and faculty employment practices.
         a. These shall be non-discriminatory and in accordance with applicable Federal and State mandates.
      2. Institute course announcements, catalogs, publications, and advertising shall accurately reflect the BLS education offered.
         a. Institutes shall publish an academic calendar for BLS programs.
         b. Materials shall specify the number of credit or clock hours required for successful completion of each program, including:
            i. Didactic hours
            ii. Lab/Psychomotor hours
            iii. Clinical hours
         c. Institutes shall publish accurate statements of all tuition, fees, books, uniforms, and other items.
      3. Institutes shall establish written educational objectives, standards, and competencies of each BLS program.
      4. Institutes shall have a written policy to provide a mechanism by which students and faculty may appeal decisions made by Institute staff regarding dismissal or other disciplinary actions.
      5. Institutes shall have written policies and procedures for student withdrawal and refunds of tuition and fees, and these policies shall be made known to all applicants.
      6. Institutes shall have written policies and procedures concerning the health and safety of students and faculty.

   B. Student Records:
      1. All records and documentation for each student shall be permanently maintained by the Institute, including:
         a. Evidence of satisfactory completion of all didactic, psychomotor, and clinical requirements.
Policy Name: Basic Life Support Educational Institute Requirements  
Policy Number: 8.1-020113

b. Documentation of class and laboratory participation.
c. Documentation of competencies attained.
d. Copies of examinations and assessments.
e. Records of student admission, attendance, academic counseling, and evaluation.

C. Student Default Rates and Title IV responsibilities.
   1. Institutes that participate in Title IV (or any other Federal or State Program), shall have a written default management plan and comply with prevailing governmental guidelines regarding program responsibilities.
   2. Institutes with responsibilities under Title IV (or other Federal or State programs), shall comply with any results of financial or compliance audits, program review, and such other information may be provided to WVOEMS.

D. It is recommended that the programs offered by the Institute maximize student attainment of academic credit and minimize the duplication of learning experiences and loss of time in continuing education. Institutes that do not offer academic credit are encouraged to establish agreements or memorandums of understanding with post-secondary institutions to provide students with the ability to receive maximum credit for coursework taken.

V. Evaluation Processes:
   A. Policies:
      1. Institutes shall have written policies and procedures detailing an ongoing system review that evaluates students, courses and the effectiveness of the program with achieving stated objectives, standards and competencies, and shall demonstrate that these measured outcomes are consistent with national guidelines.

   B. Methods:
      1. Student evaluations shall emphasize the collection and analysis of data regarding the effectiveness of the program meeting stated objectives, standards and competencies.
         a. Cognitive examinations:
            i. Examination content shall be national in scope, with uniform passing standards and a means to perform statistical reporting.
            ii. Examinations shall be given at suitable intervals throughout the course.
            iii. A comprehensive final examination shall be given.
            iv. Examinations should be developed by a qualified independent organization.
v. Examinations should evaluate entry level competency.
vi. Examinations should be based on current practice analysis.

b. Psychomotor evaluations:
   i. Evaluations shall be based upon criteria developed by West Virginia Office of Emergency Medical Services.
   ii. Evaluations shall be conducted at suitable intervals throughout the course.
   iii. A comprehensive final evaluation shall be given.
   iv. Evaluations shall be conducted by WVOEMS approved skill evaluators.

2. The Institute shall analyze the effectiveness of the program through a consistent evaluation of program graduates. Sources of data include, but are not limited to:
   a. Surveys of graduates and employers regarding:
      i. Employment settings
      ii. Type and scope of practice
      iii. Salary and benefit information
      iv. Job satisfaction
   b. Interviews with program graduates and employers
   c. Data on student performance on the certifying examinations and other recognized standardized tests.

C. Evaluation Utilization
   1. The findings of ongoing evaluations shall be appropriately adapted into all operational dimensions of the Institute.
   2. The Institute shall systematically use the information obtained from evaluations to improve student achievement.
      a. There shall be a demonstrated systematic process with internal and external results validation; areas for review include, but are not limited to:
         i. Admission criteria and processes.
         ii. Curriculum delivery.
         iii. Student evaluation processes.
         iv. Instructor effectiveness.
         v. Involvement of the advisory committee.

APPLICABLE CODE/RULE: WV Code §16-4-C §6 (a) (4), WV Code §22.A §10 (c), WV Code §24-6 §5 (e) (2) and 64-CSR-48 §8.2 & 8.5.
Special Note: Existing BLS educational programs, which have not been formally evaluated by WVOEMS as of the implementation date of this policy, may continue to operate, provided that such programs complete the endorsement process by January 1, 2014.
APPENDIX 1: Institute Application

Institution Information

Name

Address

Phone Fax

Institution Administrator

Name

Title

Address

Phone email

Education Director

Name

Title

Address

Phone email
Policy Name: Basic Life Support Educational Institute Requirements
Policy Number: 8.1-020113

Medical Director

Name

Title

Address

Phone  email

Level of Endorsement Sought  (Check all that apply)

BLS  ALS  CCT  Continuing Education

Education Programs to be conducted  (Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Int</th>
<th>CE</th>
<th></th>
<th>Int</th>
<th>CE</th>
<th>Int</th>
<th>CE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR</td>
<td></td>
<td>BLS</td>
<td></td>
<td></td>
<td>Paramedic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMTM</td>
<td></td>
<td>BLS</td>
<td></td>
<td></td>
<td>CCT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Institution Administrator Signature  Date

Education Director Signature  Date

Medical Director Signature  Date
### Educational Institution Personnel

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

- Educational Institution has an organizational chart and written job descriptions that define the individual responsibilities of the administration and program management.
- The Administrative Director meets the qualification requirements set forth in the Endorsement Standards.
- The Medical Director meets the qualification requirements set forth in the Endorsement Standards.
- The program instructional and skills evaluator staff meet the qualification requirements set forth in the Endorsement Standards.

### Educational Institution Finances

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

- Educational Institution has a written budget that documents the institute's ability to financially support itself.
- Educational Institution has proof of professional liability and errors and omissions insurance in the amount of one million dollars ($1,000,000) for all educational programs offered.

### Educational Institution Physical Resources

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

- Educational Institution maintains, or has written agreements in place to have adequate facilities available for each program offered.
- All facilities utilized by the Educational Institution meet all Federal and State Laws and Codes, including all ADA requirements.
- Educational Institution has at its disposal all equipment and supplies needed for instructor and student use during any program offered.

### Educational Institution Clinical Resources

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

- Educational Institution has written agreements or memoranda of understandings with all institutions or agencies that will be providing clinical experience for program students.
- Educational Institution has clearly documented and defined roles and responsibilities for each clinical site.
- Educational Institution has a means of documenting and tracking student's patient encounters.
- Educational Institution has written policies outlining the process for selecting clinical preceptors, preceptor training and orientation process, and has documentation of preceptor training and orientation.
## Policy Name: Basic Life Support Educational Institute Requirements

**Policy Number:** 8.1-020113

<table>
<thead>
<tr>
<th>Student and Operational Policies</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Educational Institution's admission practices and academic and technical standards are clearly defined and published and are readily accessible to students and the public.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. The Educational Institution has a documented policy and procedure for pre-admission testing or evaluations with documentation that students admitted on the basis of &quot;ability-to-benefit&quot; are evaluated for the purpose of determining that the student is capable of benefiting from the education.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. The Educational Institution has written policies and procedures for determining that the applicants' or students' health will permit them to meet the written technical standards of the education program.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. The Educational Institution has written policies and procedures that define the student evaluation process and the institution has a means of documenting and reporting student evaluations.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. The Educational Institution has written policies and procedures to establish a system of guidance and counseling to assist students, and there is a means of documenting any student counseling sessions.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6. Educational Institution has a student handbook.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Educational Institution has written policies and procedures regarding student and faculty recruitment, student admission, and faculty employment.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. The Educational Institution has a published academic calendar for all education programs offered.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>9. All publications specify the number of didactic, lab/psychomotor, and clinical hours required for completion of the course.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>10. The Educational Institution publishes a statement of all tuition and fees. To include books, uniforms, and fees for testing and certification.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>11. The Educational Institution has written policies to provide students and faculty with a means of appealing decisions made by the institute regarding dismissal or other disciplinary actions.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>12. The Educational Institution has written policies and procedures that are made known to all applicants for student withdrawal and for refund of tuition and fees.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Policy Name: Basic Life Support Educational Institute Requirements  
Policy Number: 8.1-020113

<table>
<thead>
<tr>
<th>Student and Operational Policies (Cont.)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. The Educational Institution has written policies and procedures concerning the health and safety of students, faculty, and any patients the student may come in contact with.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>14. The Educational Institution maintains permanent records and documentation for each student that has attended.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>15. The Educational Institution has a written default management plan that complies with any governmental, federal or state, guidelines with respect to the programs responsibilities.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational Institution Quality Assurance</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Educational Institution has written policies and procedures for continuing system review, and a means of documenting and reporting the outcomes of the review.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. The Education Institution has written policies and procedures to gather and document information on graduate's performance once they have finished the program.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
APPENDIX 3: BLS EQUIPMENT LIST

The following equipment is required for conduct of an Emergency Medical Technician course. The Institute will provide an adequate amount of equipment to allow all enrolled students the ability to practice the psychomotor skills required to meet competency. Each section contains a general list of equipment needed to perform specific skills. Other equipment may be used as the program deems fit.

A. General Patient Assessment:
   ✓ Stethoscopes (Adult and Pediatric)
   ✓ Teaching Stethoscopes
   ✓ Blood Pressure Cuffs (Adult and Pediatric)
   ✓ Pen Lights
   ✓ Trauma Shears
   ✓ Examination Gloves, Small
   ✓ Examination Gloves, Medium
   ✓ Examination Gloves, Large
   ✓ Examination Gloves, Extra Large

B. Airway (Adult & Pediatric):
   Supplies and mannequins capable of simulating multiple airway management techniques including; manual maneuvers, oropharyngeal & nasopharyngeal airway placement, Combi-Tube and King Airway placement, ventilation with chest rise, supplemental oxygen administration.

   ✓ Adult airway mannequin
   ✓ Child airway mannequin
   ✓ Infant airway mannequin
   ✓ Full set of oropharyngeal airways (40, 60, 80, 90, 100 & 110 mm)
   ✓ Full set of nasopharyngeal airways (20, 22, 24, 26, 28 & 30 fr)
   ✓ Adult non-rebreather mask
   ✓ Pediatric non-rebreather masks
   ✓ Adult nasal cannula
   ✓ Pediatric nasal cannula
   ✓ Adult Venturi mask
   ✓ Adult simple mask
   ✓ Adult pocket mask
   ✓ Pediatric pocket mask
   ✓ Adult BVM with oxygen reservoir & tubing
   ✓ Pediatric BVM with oxygen reservoir & tubing
   ✓ Infant BVM with oxygen reservoir & tubing
   ✓ Oxygen cylinder, valve seal, regulator & flow meter

C. Blood Glucose Monitoring:
   ✓ Antiseptic site prep pad
   ✓ Adhesive bandage
Policy Name: Basic Life Support Educational Institute Requirements
Policy Number: 8.1-020113

✓ Lancet
✓ Test strip sample
✓ Calibration strip
✓ Test solution or strip
✓ Puncture resistant sharp container

D. Suction:
   Must include a fully functional suction unit of each of the following types:
   ✓ Battery or electric powered
   ✓ Manual powered
   ✓ Suction canister
   ✓ Suction tubing
   ✓ Hard suction catheter
   ✓ Soft suction catheter

E. Medication Administration:
   Simulated medications or medication trainers:
   ✓ Metered dose inhaler
   ✓ Nebulizer
   ✓ Oral medication
   ✓ Auto-injector Trainer

F. Splinting:
   Equipment to splint the following injuries: dislocated joints, fractured long bones, traction splinting of femur and pelvic splinting.
   ✓ KED or equivalent
   ✓ Rigid splint set or FracPak
   ✓ Formable splint:
   ✓ SAM splint or equivalent
   ✓ Pneumatic splint set
   ✓ Vacuum splint set
   ✓ Traction splint
   ✓ Various items to use as improvised splinting material

G. Dressing & Bandaging:
   Supplies must include all equipment necessary to dress and bandage all wounds at all locations on the human body.
   ✓ Towels
   ✓ Dressings (large quantities)
   ✓ Sterile gauze – various sizes
   ✓ Non-sterile gauze – various sizes
   ✓ Occlusive dressing
   ✓ Non-adherent dressing
   ✓ Dry burn dressing
   ✓ Abdominal dressings
✓ Adhesive bandages
✓ Tape
✓ Roller gauze, 2 – 3" (12)
✓ Roller gauze, 4 – 6" (12)
✓ Triangular bandages (18)
✓ Commercially available tourniquet
✓ Commercially available clotting dressing

H. Spinal Immobilization (Adult):
✓ Long spine board
✓ Rigid cervical collar (Various adult & pediatric sizes)
✓ Cervical immobilization device with head blocks and securing devices
✓ Body securing straps or a spider strap type device
✓ Vest type immobilization device (KED or similar)
✓ Towels

I. Spinal Immobilization (Pediatric):
✓ Pediatric long spine board
✓ Rigid cervical collar (pediatric and infant)
✓ Cervical immobilization device with head blocks and securing devices
✓ Body securing straps or a spider strap type device
✓ Vest type immobilization device (KED or similar)
✓ Towels

J. Cardiac:
Includes mannequins capable of simulating chest compressions and ventilations as indicated for CPR. The AED trainer must be capable of adult and pediatric defibrillation.
✓ Cardiopulmonary resuscitation mannequin (adult, child, & infant)
✓ Automated external defibrillator trainer
✓ Automated external defibrillator pads (Adult & pediatric)
✓ Appropriate respiratory equipment as covered above

K. Patient Movement:
✓ Ambulance Stretcher
  Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.
✓ Pedi Mate
✓ Stair-chair
  Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts and attachments in place and operational.
✓ Child Car Seat
  Capabilities: A standard child’s car seat with all parts and attachments in working order by manufacturer’s recommendation.
✓ Scoop-type Stretcher
Capabilities: Able to carry 250 lbs. with all manufacturers recommended parts in place and operational.

L. Miscellaneous:
These are items that must be available for limited use, demonstration and reference purposes:
✓ Anatomical models, all body systems
✓ Tympanic thermometer
✓ Oral thermometer
✓ Rectal thermometer
✓ Stokes stretcher
✓ Mass casualty triage tags
✓ Emergency Response Guidebook (1 book: 6 students)
✓ Helmets (Open faced, closed faced and athletic)