



**Standards for State Endorsement of Emergency
Medical Services Educational Institutes**

Educational Policies and Procedures

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Standards for State Endorsement of Emergency Medical Services

-Education Training Institutes-

I. Goal

To establish, maintain and promote appropriate standards of quality for educational programs in the Emergency Medical Services Professions in the State of West Virginia.

II. Introduction

The purpose of the following sections is to establish standards to ensure that Emergency Medical Services (EMS) education offered in West Virginia is provided by approved, qualified, and standardized educational institutes and instructors. These standards are regulated by the West Virginia Office of Emergency Medical Services (WVOEMS) with recommendations from the Emergency Medical Services Advisory Council (EMSAC), Medical Policy and Care Committee, and endorsement by the Commissioner of the Bureau for Public Health.

This policy shall define the minimum standards to which State recognized providers of Emergency Medical Services education will be held accountable.

Authority to establish EMS education standards is granted to the department WVOEMS in Legislative Rule §64 CSR 48. State-recognized EMS initial education centers shall comply with all federal and state statutes and rules as applicable.

Unless otherwise noted, these standards are effective upon approval by the West Virginia Office of Emergency Medical Services.

III. Definitions

A. **Class** - An individual or isolated topic or presentation.

B. **Clinical Education** - Education conducted under real patient conditions consists of two types:

1. Facility clinical education - Clinical education conducted within a medical facility such as a hospital, clinic, long or short-term care facility, etc. in the context of a specific and defined program with documented goals and objectives for the experience.
2. Field internship clinical education - Clinical education conducted in conjunction with an EMS transport or non-transport response agency in the context of a specific and defined program with documented goals and objectives for the experience.

C. **High-Fidelity Simulation** - Healthcare education methodology that involves the use of sophisticated life-like manikins in realistic patient environments. Simulation scenarios can take place anywhere, from austere environments for EMS simulations to clinical environments like surgical simulations inside a simulation center. These complex manikins, which are also known as human patient simulators or high-fidelity simulators, mimic human anatomy and physiology.

D. **Community of interest** - Groups or individuals who can affect or are affected by the activities, goals, and outcomes of the education center. Communities of interest may include, but are not limited to, students, graduates, faculty, education center administration local hospital/clinic physicians and staff, employers, EMS agencies, government officials, and the public.

E. **Continuing Education** - Education that consists of individual stand-alone topics conducted real-time by an

instructor or completed through independent learning. Content of an initial, refresher, transition or other relevant course work may be accepted as continuing education topics.

- F. **Course** - A series of connected topics within a defined curriculum.
- G. **Department** - Within these standards, the use of the term "Department" shall refer to the West Virginia Office of Emergency Medical Services.
- H. **EMS Training Institute** - Any entity approved by the West Virginia Office of EMS to provide EMS Education. Training Institutes shall be categorized as follows:
 - 1. Initial Education Center
 - 2. Continuing Education Group
 - 3. Critical Care Transport Education Centers (CCT)
- I. **Initial Education Center** (*BLS/ALS Educational Institute*) - A State recognized provider of initial courses. Centers may also offer continuing education topics and/or refresher courses that qualify graduates for state and/or National Registry EMS Provider certification.
- J. **Continuing Education Group** (*Sponsor of Continuing Education*) - A state recognized provider of continuing education topics and/or refresher courses that qualify individuals for renewal of a State Licensed Only (SLO) and/or National Registry EMS Provider certification.
- K. **Critical Care Transport Education Center** (*CCT Educational Institute*) - A State recognized provider of CCT courses to include C2 IFT, MCCP, and MCCN who maintain the educational standards of those respective programs.
- L. **Distributive Education** (*or asynchronous*) **learning** - Education that is conducted without direct communication with an instructor. This may include, but is not limited to, internet-based education, trade journal articles, computer-based audio/video presentations.
- M. **Electronic Course Management System** - the current state approved data management system
- N. **Individual Component** - constitutes 25% of the total recertification requirements
- O. **Initial Course** - initial course that has been approved by National Registry or WVOEMS and is used for initial certification or endorsement of a provider level.
- P. **Instructor-led Non-Distributive Education** (*or synchronized*) **learning** - Education that is conducted in a classroom setting or via video conference or other methods that utilizes online technology to deliver educational programs in a virtual classroom (blended learning). There must be an ability to see teaching materials and interact with an instructor during a live session.
- Q. **Just culture** - An accountable culture supporting open communication of errors in a non-punitive environment for improving safety, and where leadership fosters fair treatment, an atmosphere of safety and not intimidation. This must include clear expectations about what constitutes acceptable and unacceptable behavior.
- R. **Learning domains** - The three areas of knowledge acquisition: cognitive (factual or conceptual knowledge), affective (emotional or behavioral growth), and psychomotor (manual or physical skills).
- S. **Local Component** - constitutes 25% of the total recertification requirements.

- T. **National Component** - constitutes 50% of the total recertification requirements.
- U. **National Continued Competency Program (NCCP)** - constructed using methodology similar to that of the American Board of Medical Specialties requirements and streamlines the recertification process into three strategic categories of continuing education: National, Local, and Individual
- V. **National Standard Curriculum** - the standards created by the National Highway Traffic Safety Administration outlining the education that prepares EMS providers for their roles.
- W. **Practical skills examination** - A skills test consisting of psychomotor evaluation using a hands-on demonstration of specified competencies.
- X. **Pre-Approved Course** - a course that has been pre-approved by WVOEMS for initial certification and recertification.
- Y. **Recognition** - A process of application and verification that EMS education centers meet State recognition standards. Recognition results in the access of graduates to National Registry of Emergency Medical Technicians (NREMT) and State EMS Provider credentialing process. Only authorized representatives of education centers or education groups recognized by the State of West Virginia shall be allowed to verify certification/recertification education. Renewal recognition is valid for five (5) years. All Initial Education Centers will be placed on 3-year probation and reassessed at the end of the probationary period to determine if they need to be re-categorized.
- Z. **Supplemental Course** - Agency-specific course submitted to WVOEMS for approval. Supplemental courses must contribute directly to the professional competence, skills, and education of the emergency medical services personnel.
- AA. **Transition course** - A course that provides new material to an EMS Provider level to meet new state or national standards of practice at the same level.

Standards for State Recognition of Emergency Medical Services

-Agency Training Coordinator / Agency Training Officer-

I. Goal

To provide a resource within each West Virginia EMS Agency and West Virginia Office of EMS (WVOEMS) endorsed educational institute to ensure adherence to the legislative rule with respect to education, certification, and recertification.

II. Introduction

All WVOEMS Endorsed Educational Institutes shall have a designated Agency Training Coordinator for the purpose of overseeing and maintaining training and certification/recertification for each respective agency that has an MOU with the educational institute.

III. Agency Training Officers (ATO) and Agency Training Coordinators (ATC) fall into 3 facility categories.

A. WVOEMS approved Educational Institute ONLY

1. Agency Training Coordinator ONLY
2. Not WVOEMS Licensed EMS agencies and provide educational training only.
3. Records maintained to the specifications outlined in this policy for the appropriate level.

B. WVOEMS Licensed EMS Agencies that are WVOEMS Endorsed Educational Institutes

1. Agency Training Officer and Agency Training Coordinator
 - May be two separate positions or a combined position.
2. Responsible for maintaining agency personnel training records (ATO) as well as educational institute training records (ATC).
 - Personnel records and educational institute records must be kept separate.
 - Personnel training records must be kept separate from all other personnel records.

C. WVOEMS Licensed EMS Agency ONLY

1. Agency Training Officer ONLY
2. This is nonapplicable for the purpose of this policy.

IV. Agency Training Coordinator (ATC)

A. Be designated by a West Virginia Office of EMS (WVOEMS) WVOEMS Endorsed Educational Institute.

B. May be an administrative (non-teaching) position only but is not required to be a non-teaching position.

1. If this is a teaching position:
 - The ATC must be a WVOEMS-endorsed instructor.
 - Possess a current West Virginia EMT certification for BLS topics.
 - Possess a current West Virginia Paramedic certification for ALS topics.
 - Possess a current WVOEMS MNNP/MCCN endorsement for CCT topics.

C. Responsibilities include:

1. Coordinate education courses for the institute including:
2. Assists Instructors in the following:
 - Scheduling facilities
 - Planning logistics

3. Ensuring that instructors maintain proper qualifications.
4. Maintain and submit all required records and documentation.
5. Skills attestation when applicable

D. Complete the WVOEMS-approved ATC/ATO program.

E. Attend the WVOEMS ATC/ATO update programs as required.

V. Agency Training Officer (ATO)

A. Be designated by a WVOEMS-licensed EMS agency.

B. Responsibilities include:

1. Maintaining personnel training records.
2. Ensuring all certified personnel meet certification requirements set forth in Legislative Rule §64.48.6.
3. Assist personnel in finding courses needed for certification and recertification.

C. Complete the WVOEMS-approved ATC/ATO program.

D. Attend the WVOEMS ATO/ATC update programs as required.

Standards for State Endorsement of Emergency Medical Services -Initial Education Institute-

I. Educational Institute Goals and Outcomes

A. Educational Institute Goals

1. There shall be a written statement of the educational institute's goals and objectives consistent with and responsive to the expressed needs and expectations of the various communities of interest served by the education center.
2. Course or class-specific statements of goals and objectives provide the basis for program planning, implementation, and evaluation. Such goals and learning domains shall be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the expressed needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Objectives

1. The education center shall assess its goals and objectives a minimum of once during an endorsement period. Education center personnel shall identify and respond to changes in the needs and/or expectations of its communities of interest.
2. An advisory committee, which is representative of the community being served, shall meet at least annually, to assist program and education center personnel in formulating and periodically revising appropriate goals and competencies, monitoring needs and expectations, and ensuring program responsiveness to change.
 - a. Clinical/internship representatives may include supervisory and administrative personnel who provide training sites for students.
 - b. Physician representatives may include the emergency physicians to whom students and/or graduates deliver their patients as well as trauma surgeons, internists, cardiologists, pediatricians, and family physicians.
 - c. Employer representatives may include employers of the program graduates.
 - d. Other interested parties may include government officials, training coordinators, field providers, current or former students, and representatives of receiving facilities.

C. Fields of Educational Study

1. Emergency Medical Dispatcher – EMD
2. Emergency Medical Vehicle Operator – EMVO
3. Emergency Medical Responder – EMR
4. Emergency Medical Technician – EMT
5. West Virginia Advanced Emergency Medical Technician – WVAEMT
6. Paramedic

D. Minimum Expectations

1. The education center shall have one of the following goals establishing minimum expectations:
 - a. To prepare competent entry-level EMRs and EMTs in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

- b. To prepare competent entry-level AEMTs in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- c. To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- d. Each continuing education course or class will review or increase the knowledge and/or competencies of the EMS Provider level for which the course is intended.
- e. Education centers not offering Associate's or Bachelor's degrees are encouraged to establish articulation agreements that provide for maximum transfer of related coursework.
- f. Initial Educational Institutes shall not certify or approve any individual for National Registry testing until they have completed all required clinical requirements including patient contacts at all levels respectively.

II. Education Center Eligibility

- A. Entities shall apply in a format prescribed by the commissioner.
- B. An education center shall operate within one of the following:
 - 1. A secondary or post-secondary academic institution or a consortium of secondary or postsecondary academic institutions located in West Virginia and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, **or**;
 - 2. Other entities determined by WVOEMS to be qualified to deliver emergency medical services education.
 - a. A West Virginia based EMS provider agency in good standing.
 - b. A West Virginia based independent training organization in good standing.
 - c. All entities must meet the requirements set forth in this policy
- C. AEMT/Paramedic education centers shall obtain and maintain accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or a Letter of Review by the Committee on Accreditation for EMS Professions (CoAEMSP).

III. Responsibilities of the Education Center

- A. The education center shall assure that the provisions of these Standards are met.
- B. Every approved Initial Education Center shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the education program.

IV. Resources

- A. Type and Amount
 - 1. Center Resources - Center resources shall be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to:
 - a. Clerical/administrative staff
 - b. Curriculum
 - c. Classroom/laboratory facilities
 - d. Finances
 - e. Access to facilities
 - f. Equipment/supplies
 - g. Computer resources
 - h. Instructional aids
 - i. Instructional reference materials

- j. Faculty/staff continuing education

2. Clinical Affiliations and Internship Affiliations

- a. Every approved Education Center shall establish written agreements with licensed EMS agencies, hospitals, or other institutions to provide appropriate clinical experiences for their students, if applicable. Agreements shall clearly define learning goals and objectives the students should obtain, including the clinical site's role and responsibilities to students.
- b. For all affiliations, students shall have access to adequate numbers of patient contacts proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of training being offered.
- c. Clinical education should include exposure to an adequate number and variety of patients.
- d. EMT clinical education may include experience in field settings, clinics, and emergency departments.
- e. Prehospital internship sites shall ensure appropriate oversight and accountability where students are operating as independent practitioners and students operate under appropriate treatment protocols as authorized by the WVOEMS.
- f. Hospitals and Healthcare Facilities internship sites shall provide patient care similar to the pre-hospital setting or as an extension of pre-hospital care and ensure appropriate oversight and accountability when students are not operating as independent practitioners.
- g. AEMT and Paramedic clinical education should include the operating room, recovery room, intensive care unit, coronary care unit, labor and delivery room, pediatrics, and emergency department. Hi-Fidelity Simulation may be utilized to enhance these in-person experiences but not as a complete substitute for live patient experience.

B. Personnel

The education center shall appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes. At a minimum, faculty and staff shall include:

1. Education Center Administrative Director (Educational Institute Official Representative)

a. BLS Education Center Administrative Director

- Qualifications – The BLS education center director shall
 - Have experience in educational administration.
 - Have a minimum of two years of experience in the delivery of EMT-level care
- Responsibilities – The BLS education center director shall be responsible for all aspects of the center, including, but not limited to:
 - The administration, organization, and supervision of the educational program.
 - Oversight of the student selection process and application processing
 - The provision and maintenance of required training equipment.
 - Management of the budget for the institute.
 - Administering the grievance procedure.
 - The continuous quality review and improvement of the educational program.
 - Long-range planning and ongoing development of the program.
 - Demonstrate the effectiveness of the program.
 - Cooperative involvement with the medical director.
 - Adequate controls to assure the quality of the delegated responsibilities.
 - Skill attestation oversight.
 - Assure compliance with all local, State, and National guidelines.
 - Requesting written and practical examinations.

b. ALS Education Center Administrative Director

- Qualifications – The ALS education center director shall
 - Have experience in educational administration.
 - Hold a bachelor's degree in a related field.
 - Have a minimum of three years of experience in education administration.
 - Have a minimum of three years of experience in ALS patient care.
- Responsibilities – The ALS education center director shall be responsible for all aspects of the center, including, but not limited to:
 - The administration, organization, and supervision of the educational program.
 - Oversight of the student selection process and application processing
 - The provision and maintenance of required training equipment.
 - Management of the budget for the institute
 - Administering the grievance procedure
 - The continuous quality review and improvement of the educational program.
 - Long-range planning and ongoing development of the program.
 - Demonstrate the effectiveness of the program.
 - Cooperative involvement with the medical director.
 - Adequate controls to assure the quality of the delegated responsibilities.
 - Skill attestation oversight.
 - Assure compliance with all local, State, and National guidelines.
 - Requesting written and practical examinations.

2. Agency Training Coordinator (ATC)

- a. As described in the ATO/ATC section of this policy

3. Education Center Medical Director

- a. Qualifications - The education center medical director:
- Shall be a physician holding an active West Virginia medical license in good standing.
 - Must be experienced in emergency medical care.
 - Should be an active member of the local medical community and participate in professional activities related to out-of-hospital care.
 - Must be knowledgeable about the education of the Emergency Medical Services Professions.
- b. Responsibilities - The education center medical director is responsible for all medical education aspects of the education center, including but not limited to:
- Reviewing and approving the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy.
 - Reviewing and approving the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 - Granting authority to students for the performance of course clinical and/or field internship requirements.
 - Participating in the evaluation of education center instructional quality.
 - Reviewing and approving the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress.
 - Assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains.
 - Function in cooperative involvement with the education center director.
 - Providing adequate controls to assure the quality of the delegated responsibilities.

4. Education Center Instructional Faculty

a. Roles

- Lead Instructor, meeting requirements of the WVOEMS Instructor Credentialing Policy, must be appointed for each BLS course presented.
- Visiting instructors or subject matter experts, meeting requirements of the WVOEMS Instructor Credentialing Policy, may be utilized as appropriate within an individual course.
 - WVOEMS may request additional information regarding Subject Matter Experts
- Institute-selected and trained clinical preceptors shall be utilized to assist students during clinical rotations if applicable.
- There should be sufficient instructional faculty to maintain a student-to-teacher ratio that provides students with adequate didactic and psychomotor instruction and supervised practice.

b. Responsibilities - The education center faculty shall:

- Provide content or facilitate learning which meets the goals and objectives of the course.
- Participate in the evaluation of student progress in the three learning domains (cognitive, psychomotor, affective)
- Participate in the evaluation of education center instructional quality.
- Function in cooperation with the education center director and medical director.
- In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the student's progress in achieving acceptable program requirements.

c. Qualifications

- Faculty shall be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training, and experience to teach the courses or topics to which they are assigned.
- Faculty members shall be educated at an equal or higher level of professional training than the level for the training which is being offered.

d. Evaluations

- Student evaluations of instructors shall be conducted at the end of each course. These evaluations shall be conducted in a manner that ensures the confidentiality and anonymity of the student.
- WVOEMS reserves the right to evaluate any class performed by an approved training agency. An online survey link may be given to the students and results reported directly to WVOEMS Education.

C. Curriculum

1. The curriculum shall:

- a. Ensure the achievement of program goals and objectives.
- b. Have an appropriate sequence of classroom, laboratory, clinical, and field/internship activities.
- c. Have clearly written course syllabi describing learning goals, course objectives, and competencies required for course completion.
- d. Meet or exceed the content and competency requirements of the latest edition of national standards from the National Highway Traffic Safety Administration, United States Department of Transportation education standards.

2. The education center shall track the number of times each student successfully performs each of the competencies required for the appropriate level of training.

3. For AEMT and Paramedic students, the field internship/capstone shall provide the student with an opportunity to serve as a team leader in a variety of pre-hospital emergency medical situations.

- a. Sufficient didactic and clinical competencies of the curriculum should be accomplished prior to the commencement of the field internship. Some didactic material may be taught concurrently with the field internship.

D. Resource Assessment

1. The education center shall, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment shall be the basis for ongoing planning and appropriate change. An action plan shall be developed when deficiencies are identified in the program resources. Implementation of the action plan shall be documented, and results measured by ongoing resource assessment.

V. Student and Graduate Evaluation/Assessment

A. Guidance

1. There shall be written policies and procedures to establish guidance and counseling systems to assist students pertaining to their understanding of course content, observing program policies, and provision of counseling or referral for evaluation of challenges that may interfere with students' progress.
 - a. There shall be documentation of all guidance and counseling sessions maintained in the student record.
 - 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 completion of the course.

B. Student Evaluation

1. Initial Educational Institutes shall have a documented policy and procedure for pre-admission testing or evaluations with documentation that students admitted on the basis of "ability to benefit" are evaluated for the purpose of determining that the student is capable of benefitting from the education.
 - a. This is not intended as an evaluation for entrance into the program, but to determine the amount of assistance the individual may need to help them succeed.
2. Student evaluations shall emphasize the collection and analysis of data regarding the effectiveness of the program in meeting stated objectives, standards, and competencies.
 - a. Cognitive examinations:
 - Examination content shall be National in scope, with uniform passing standards and a means to perform statistical reporting.
 - Examinations/quizzes shall be given at suitable intervals throughout the course.
 - A comprehensive final examination shall be given.
 - Examinations should be developed by a qualified independent organization.
 - Examinations should evaluate entry-level competency.
 - Examinations should be based on current practice analysis.
 - b. Psychomotor evaluations:
 - Evaluations shall be based upon criteria developed by the appropriate certifying authority.
 - Evaluations shall be conducted at suitable intervals throughout the course.
 - A comprehensive final evaluation shall be given.
 - Evaluations shall be conducted by WVOEMS-endorsed instructors or approved skills evaluators.

3. Frequency and Purpose

- a. Evaluation of students shall be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and objectives stated in the curriculum.
4. Documentation
 - a. Records of student evaluations shall be maintained in sufficient detail to document learning progress and achievements.
5. Outcomes
 - a. Outcomes Assessment
 - The program shall periodically assess its effectiveness in achieving its stated goals and objectives. The results of this evaluation shall be reflected in the review and timely revision of the program. Outcome assessments may include but are not limited to: retention, graduate satisfaction, employer satisfaction, job placement, state credentialing and/or national registration.
 - It is recommended that the program track its goal(s), learning domains, evaluation systems (e.g., type, cut score, validity, and reliability), outcomes, analyze outcomes, and develop an appropriate action plan based on the analysis.
 - b. Outcomes Reporting
 - Program evaluation should be a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students, and graduates. Other dimensions of the program may merit consideration such as the admission criteria and process, the curriculum design, and the purpose and productivity of an advisory committee. The department may periodically request a report of the above outcomes assessments and other pertinent information.

VI. Fair Practices

A. Publications

1. Announcements, catalogs, publications, and advertising shall accurately reflect the program offered.

B. Disclosures

1. The following minimum information shall be made known to all applicants:
 - a. The education center's program endorsement/accreditation status as well as the name address and phone number of the endorsing/accrediting agencies
 - b. Admission policies and practices, including technical standards related to the functional job analysis(es) of the Emergency Medical Services Profession(s) for which training is being offered.
 - c. Any policies on advanced placement
 - d. Any policies for transfer of credits, and credits for experiential learning
 - e. Number of credits required for completion of the program.
 - f. Tuition/fees and other costs required to complete the program.
 - g. Policies and processes for withdrawal and for refunds of tuition/fees

- h. Three-year average pass rate for NREMT cognitive exam for programs established three or more years.
- 2. The following minimum information shall be made known to all students:
 - a. Academic calendar
 - b. Student grievance procedure
 - c. Liability and worker's compensation information
 - d. Criteria for successful completion of each segment of the curriculum and graduation
 - e. Policies and processes by which students may perform clinical work while enrolled in the program
 - f. Criteria for national and state credentialing
 - g. Compliance reporting procedures

VII. Lawful and Non-discriminatory Practices

- A. All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, shall be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. Each individual shall be provided with the opportunity to learn and work in a professional atmosphere that promotes equal opportunities and prohibits discriminatory practices. Such practices include harassment or retaliation based on a person's disability, race, creed, color, sex, sexual orientation, religion, marital status, veteran status, age, or national origin or ancestry. Harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. Center staff is responsible for creating an environment in which individuals feel free to raise concerns and are confident that those concerns will be addressed.

VIII. Safeguards

- A. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded. All activities required in the program shall be educational and students shall not be substituted for staff.
- B. Medical control/accountability exists when there is unequivocal evidence that Emergency Medical Services Professionals are not operating as independent practitioners, and when Emergency Medical Services Professionals are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.
- C. The education center should embrace a just culture that encourages and does not penalize self-reporting of errors or opportunities for improvement by students, staff, and faculty. Specific behaviors that are not tolerable should be made clear and explicit.
- D. The education center must adopt a non-discrimination policy, to include a grievance process, and this policy shall be conspicuously posted throughout the center in areas accessible to students and staff members. The policy shall appear in the student handbook. The center shall develop and implement training for students and staff on this policy and on means for effectively promoting the goals of this policy.
- E. The education center must establish an effective faculty and student grievance process and take immediate and appropriate action when an individual presents a grievance.
- F. The approved EMS Education Center shall provide evidence of professional liability and errors and omissions

insurance in the amount of one million dollars (\$1,000,000) for EMS faculty and programs offered by the institution.

IX. Education Center Records

- A. Education center records shall be maintained at the Educational Institute, in a safe and secure location. This may be electronically filed or by hard copy. Records shall be maintained for a minimum of seven (7) years.
- B. Transcripts of course completion or duplicate course completion certificates shall be available indefinitely from the Educational Institute. Should an educational Institute cease to exist, all records shall be transferred electronically to the WVOEMS education department or an educational institute assuming the duties of the outgoing educational institute.
- C. Satisfactory records shall be maintained for all students including, but not limited to:
 - 1. Student admission
 - 2. Advisement and counseling
 - 3. Evaluations
 - 4. Grades and credits for courses
 - 5. Completion Certificates
 - a. Certificates shall include the following:
 - Student name
 - Date of course completion
 - Number of credits, Hours, or Continuing education units awarded
 - Course topic, Course name or description of content covered
 - Instructor name (training provider name, CAPCE provider number as available)
 - Name of course approver
 - Training agency/institution name
 - WVOEMS approved course number or “pre-approved” if the course falls in that category.
- D. Satisfactory records shall be maintained for all courses and classes including, but not limited to:
 - 1. Objectives
 - 2. Content or curriculum
 - 3. Attendance records that demonstrate attendance at class sessions
 - 4. Faculty
 - a. Qualifications
 - b. Student Evaluations
 - 5. Lists of supplemental reference materials

X. Substantive Change

- A. The education center shall report substantive changes, by a revised application, to the department within 10 days of the change. These changes include changes in program status, changes to program level, change of director (official representative), medical director, or agency training coordinator.

XI. Agreements

- A. There shall be a current written affiliation agreement or memorandum of understanding between the education center and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the education center and that entity.

XII. Inspections

- A. WVOEMS may inspect all areas of the educational institute at any time for compliance with this policy.
 - 1. This is in addition to other federal, state, local, or accreditation inspections.

Standards for State Endorsement of Emergency Medical Service -Continuing Education Group-

I. Continuing Education Group Goals and Outcomes

A. Continuing Education Group Goals

1. There shall be a written statement of the education group's goals and objectives consistent with and responsive to the expressed needs and expectations of the various communities of interest served by the education center.
2. Course or class specific statements of goals and objectives provide the basis for program planning, implementation, and evaluation. Such goals and learning domains shall be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the expressed needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Objectives

1. The education group shall regularly assess its goals and objectives. Education group personnel shall identify and respond to changes in the needs and/or expectations of its communities of interest.
2. An advisory group, which is representative of the community being served, shall meet at least annually to assist education group personnel in formulating quality assurance (QA) programs and periodically revising appropriate goals and competencies based on the QA process, monitoring needs and expectations of the community of interest, and ensuring education group responsiveness to changes at the local, state and national level.

C. Fields of Educational Study

1. Refresher courses for all levels
 - a. EMD
 - b. EMR
 - c. EMT
 - d. WV AEMT
 - e. Paramedic
 - f. CCT
 - Initial and Refresher
 - Must meet the requirements for the CCT educational Group.
2. Pre-approved courses
3. Supplementary Courses

D. Minimum Expectations

1. The education group shall have the following goal(s) establishing minimum expectations:
 - a. Provide education for candidates seeking EMVO certification.
 - b. Provide continuing education for training at the level required for your educational institute respectively.
 - c. Provide in-service training or agency-specific training approved by the West Virginia Office of EMS
 - d. Provide continuing education courses that will review or increase the knowledge and/or competencies of the EMS provider level for which the course is intended.
 - e. If the continuing education sponsor is a licensed EMS agency, the agency shall be in compliance with the WVOEMS standards for Agency Training Officer Programs. The Agency Training Officer Program must have at a minimum:
 - An Agency Training Coordinator -- Must meet the standards and policies set forth by WVOEMS --or--
 - An Agency Training Officer -- Must meet the standards and policies set forth by WVOEMS.

II. Education Group Eligibility

- A. Entities shall apply in a format prescribed by the commissioner.
- B. The Sponsors of Continuing Education Institute shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the CE program.
- C. An education group shall operate within one of the following:
 - 1. A secondary or post-secondary academic institution or a consortium of secondary or postsecondary academic institution located in West Virginia and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and shall be authorized under applicable law or other acceptable authority to provide a secondary or post-secondary program or to approve college credit, **or**;
 - 2. Other entities determined by WVOEMS to be qualified to deliver emergency medical services education.
 - a. A West Virginia based EMS provider agency in good standing.
 - b. A West Virginia based independent training organization in good standing.
 - c. All entities must meet the requirements set forth in this policy.

III. Responsibilities of Education Group

- C. The education group shall assure that the provisions of these Standards are met.

IV. Resources

- C. Type and Amount
 - 1. Group Resources - Group resources shall be sufficient to ensure the achievement of the course's goals and outcomes. Resources include, but are not limited to:
 - a. Curriculum
 - b. Finances
 - c. Access to facilities
 - d. Equipment/supplies (appendix B)
 - e. Instructional reference materials
 - 2. Clinical Affiliations shall:
 - a. Establish agency affiliations and/or memorandums of understanding with all off-site entities that address responsibility for student's liability insurance and/or worker's compensation, that assure students have access to adequate numbers of patient contacts, and that state that the clinical entity understands and provides appropriate course objectives.

D. Personnel

The education group shall appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes. At minimum, faculty and staff shall include:

- 1. Education Group Program Director (Educational Institute Official Representative)
 - a. Qualifications
 - i. Demonstrate competence in the administration of educational programs,
 - ii. Be knowledgeable concerning current relevant national standards, national registration, and the requirements for state certification and recertification.

- b. Responsibilities
 - i. Administration, organization, and supervision of the educational program.
 - ii. Continuous quality review and improvement of the educational program.
 - iii. Long range planning and ongoing development of the program.
 - iv. Demonstrate the effectiveness of the program.
 - v. Cooperative involvement with the medical director.
 - vi. Adequate controls to assure the quality of the delegated responsibilities.
 - vii. Continuing education requirement oversight.
 - viii. Skill attestation oversight.
- 2. Agency Training Coordinator (ATC)
 - a. As described in the ATO/ATC section of this policy
- 3. Education Group Medical Director
 - a. Responsibilities - The education group medical director shall be responsible for all medical education aspects of the education group, including but not limited to:
 - i. functioning as the medical authority regarding course content and to review and approve medical content of utilized curricula.
 - ii. Granting authority to students for the performance of course clinical and/or field internship requirements.
 - iii. Participating in the evaluation of education group instructional quality.
 - iv. Establishing regular communication with the education group program director.
 - b. Qualifications - The education group medical director:
 - i. Shall be a physician holding an active West Virginia license in good standing.
 - ii. Should have knowledge of the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care.
 - iii. Should be an active member of the local medical community and participate in professional activities related to out-of-hospital care.
 - iv. Should be knowledgeable about the education of the Emergency Medical Services professions
- 4. Continuing Education Group Faculty
 - a. Faculty
 - i. A Lead Instructor meeting the requirements of the WVOEMS Instructor Credentialing Policy must be identified for each CE course.
 - ii. Visiting/Guest instructors meeting the requirements of the WVOEMS Instructor Credentialing Policy may be utilized as appropriate within an individual course.
 - iii. Subject Matter Expert
 - Subject matter expertise shall be determined by the educational institute. Additional information may be requested by WVOEMS.
 - b. Responsibilities - The education group faculty shall:
 - i. Provide content or facilitate learning which meets the goals and objectives of a class or course and that follow state and/or national guidelines or standards for minimum content,
 - ii. Participate in the evaluation of education group instructional quality,
 - iii. Function in cooperation with the education group director and medical director.
 - iv. In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

5. Qualifications

- a. The faculty shall be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

6. Evaluations

- a. Student evaluations of instructors shall be conducted at the end of each class or course.
 - i. Student evaluations of instructors shall be conducted at the end of each course. These evaluations shall be conducted in a manner that ensures the confidentiality and anonymity of the student.
 - ii. WVOEMS reserves the right to evaluate any class performed by an approved training agency. An online survey link may be given to the students and results reported directly to WVOEMS Education.

E. Curriculum

1. The curriculum shall ensure the achievement of course goals and learning objectives. Instruction shall be an appropriate sequence of classroom, laboratory, clinical, and field/internship activities, as necessitated by the course.
2. The curriculum shall meet the current NHTSA National Emergency Medical Services Education Standards
3. Continuing education topic presentations
 - a. Continuing education topics must contribute directly to the professional competence, skills, and education of emergency medical personnel.
 - i. Courses must be directly related to patient care.
 - b. Education group may submit for review and approval of outside sources of continuing education to emseducation@wv.gov.
 - i. Records shall be kept by the program for any approval of education not presented by the program.

F. Resource Assessment

1. The education group shall, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment shall be the basis for ongoing planning and appropriate change. An action plan shall be developed when deficiencies are identified in the program resources. Implementation of the action plan shall be documented, and results measured by ongoing resource assessment. This assessment will be required for the renewal of recognition and submitted to the department concurrent with the renewal application.

V. Student and Graduate Evaluation/Assessment

C. Student Evaluation

1. Each course providing renewal or refresher education or educational content beyond entry-level competence shall evaluate students to assure that competency is achieved.
2. Continuing education classes are not required to; but may evaluate student competency.

D. Documentation

1. Records of student evaluations shall be maintained in sufficient detail to document learning progress and achievements.

VI. Fair Practices

- A. Publications Announcements, catalogs, publications, and advertising shall accurately reflect the program

offered.

B. Disclosures

1. If applicable, the following information shall be provided to all applicants:
 - a. Prerequisites for the course
 - b. Admissions policies and practices
 - c. Requirements for completion of the course
 - d. Tuition/fees and other costs required to complete the course
 - e. Policies and processes for withdrawal and for refunds of tuition/fees
2. If applicable, the following minimum information shall be made known to all students:
 - a. Academic calendar
 - b. Student grievance procedure
 - c. Criteria for successful completion of each segment of the course
 - d. Policies and processes by which students may perform clinical work while enrolled in the program.
3. The above items may not apply to agencies providing continuing education unless outside students are allowed to attend class and/or course offerings on a regular basis.

VII. Lawful and Non-discriminatory Practices

- A. All activities associated with the education group, including student and faculty recruitment, student admission, and faculty employment practices, shall be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. Each individual shall be provided with the opportunity to learn and work in a professional atmosphere that promotes equal opportunities and prohibits discriminatory practices. Such practices include harassment or retaliation based on a person's disability, race, creed, color, sex, sexual orientation, religion, marital status, veteran status, age, or national origin or ancestry. Harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. Center staff is responsible for creating an environment in which individuals feel free to raise concerns and are confident that those concerns will be addressed.

VIII. Safeguards

- A. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded. All activities required in the program shall be educational and students shall not be substituted for staff.
- B. Medical control/accountability exists when:
1. There is unequivocal evidence that Emergency Medical Services Providers are not operating as independent practitioners
 2. When Emergency Medical Services Providers are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.
- C. The education group should embrace a just culture that encourages and does not penalize self-reporting of errors or opportunities for improvement by students, staff, and faculty. Specific behaviors that are not tolerable should be made clear and explicit.
- D. The education group must adopt a non-discrimination policy, to include a grievance process, and this policy shall be conspicuously posted throughout the center in areas accessible to students and staff members. The policy shall appear in the student handbook. The center shall develop and implement training for students and staff on this policy and on means for effectively promoting the goals of this policy.
- E. The education group must establish an effective faculty and student grievance process and take immediate and appropriate action when an individual presents a grievance.

- F. The approved Continuing Education Group shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars (\$1,000,000) for EMS faculty and programs offered by the institution.

IX. Continuing Education Group Records

- A. Continuing Education group records shall be maintained in a safe and secure location. This may be electronically filed or by hard copy. Records shall be maintained for a minimum of seven (7) years.
- B. Transcripts of course completion or duplicate course completion certificates shall be available indefinitely from the Educational Institute. Should an educational Institute cease to exist, all records shall be transferred electronically to the WVOEMS education department.
- C. Satisfactory records shall be maintained for all students if applicable including, but not limited to:
 - 1. Student admission
 - 2. Advisement and counseling
 - 3. Evaluations
 - 4. Grades and credits
 - 5. Completion Certificates
 - a. Certificates shall include the following:
 - i. Student name
 - ii. Date of course completion
 - iii. Number of credits, Hours, or Continuing education units awarded
 - iv. Course topic, Course name or description of content covered
 - v. Instructor name (training provider name, CAPCE provider number as available)
 - vi. Name of course approver
 - vii. Training agency/institution name
 - viii. WVOEMS approved course number or “pre-approved” if the course falls in that category.
- D. Satisfactory records shall be maintained for all courses and classes including, but not limited to:
 - 1. Objectives
 - 2. Content or curriculum
 - 3. Attendance records that demonstrate attendance at class sessions
 - 4. Faculty
 - a. Qualifications
 - b. Student Evaluations
 - 5. List of supplemental reference materials

X. Substantive Change

- A. The education center shall report substantive changes, by a revised application, to the department within 10 days of the change. These changes include changes in program status, changes to program level, change of director (official representative), medical director, or agency training coordinator.

XI. Agreements

- A. There shall be current written affiliation agreements or memorandums of understanding between the education group and all other entities that participate in the education of students, describing the relationship, role and responsibilities between the education group and that entity.

Standards for State Endorsement of Emergency Medical Service -CCT Education Center-

I. CCT Education Center Goals and Outcomes

A. Education Center Goals

1. There shall be a written statement of the education center's goals and objectives consistent with and responsive to the expressed needs and expectations of the various communities of interest served by the education center.
2. Course or class specific statements of goals and objectives provide the basis for program planning, implementation, and evaluation. Such goals and learning domains shall be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the expressed needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Objectives

1. The education group shall regularly assess its goals and objectives. Education group personnel shall identify and respond to changes in the needs and/or expectations of its communities of interest.
2. An advisory group, which is representative of the community being served, shall meet at least annually to assist education group personnel in formulating quality assurance (QA) programs and periodically revising appropriate goals and competencies based on the QA process, monitoring needs and expectations of the community of interest, and ensuring education group responsiveness to changes at the local, state and national level.

C. Minimum Expectations

1. The education group shall have the following goal(s) establishing minimum expectations:
 - a. Provide education for candidates seeking C2 IFT, M CCP, and MCCN endorsement.
 - b. Provide CCT continuing education courses that will review or increase the knowledge and/or competencies of the EMS provider level for which the course is intended.

II. Education Center Eligibility

- A. Entities shall apply in a format prescribed by the commissioner by submitting an application utilizing the WVOEMS data management system.
- B. The CCT Education Center shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the education program.
- C. An education center shall operate within one of the following:
 1. A secondary or post-secondary academic institution or a consortium of secondary or postsecondary academic institution located in West Virginia and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and shall be authorized under applicable law or other acceptable authority to provide a secondary or post-secondary program or to approve college credit, **or**;
 2. An organization with an education department consisting of staff whose primary job description is EMS education.

3. A West Virginia based Educational Institute EMS agency that provides CCT education.

III. Responsibilities of Education Group

- A. The education center shall assure that the provisions of these Standards are met.

II. Resources

- A. Type and Amount

1. Center Resources - shall be sufficient to ensure the achievement of the course's goals and outcomes. Resources include, but are not limited to:
 - a. Curriculum
 - b. Finances
 - c. Access to facilities
 - d. Equipment/supplies
 - e. Instructional reference materials
2. Clinical Affiliations shall:
 - a. Establish agency affiliations and/or memorandums of understanding with all off-site entities that address responsibility for student's liability insurance and/or worker's compensation, that assure students have access to adequate numbers of patient contacts, and that state that the clinical entity understands and provides appropriate course objectives.

- B. Personnel

The education center shall appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes. At minimum, faculty and staff shall include:

1. CCT Education Center Program Director
 - a. Qualifications
 - Demonstrate competence in the administration of educational programs
 - Be knowledgeable concerning current relevant national standards, national registration, and the requirements for state certification and recertification.
 - b. Responsibilities
 - The administration, organization, and supervision of the educational program.
 - The continuous quality review and improvement of the educational program.
 - Long range planning and ongoing development of the program.
 - Demonstrate the effectiveness of the program.
 - Cooperative involvement with the medical director.
 - Adequate controls to assure the quality of the delegated responsibilities and.
 - Continuing education requirement oversight.
 - Skill attestation oversight.
2. Agency Training Coordinator
 - a. As described in the ATO/ATC section of this policy
3. Education Center Medical Director
 - a. Responsibilities - The education center medical director shall be responsible for all medical education

aspects of the education center, including but not limited to:

- Functioning as the medical authority regarding course content and to review and approve medical content of utilized curricula.
- Granting authority to students for performance of course clinical and/or field internship requirements.
- Participating in the evaluation of education group instructional quality.
- Establishing regular communication with the education group program director.

b. Qualifications - The education center medical director:

- Shall be a physician holding an active West Virginia license in good standing.
- Should have knowledge of the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care.
- Should be an active member of the local medical community and participate in professional activities related to out-of-hospital care.
- Should be knowledgeable about the education of the Emergency Medical Services professions

4. CCT Education Center Faculty

a. Faculty

- A Lead Instructor meeting the requirements of the WVOEMS Instructor Credentialing Policy must be identified for each CE course.
- Visiting/Guest instructors meeting the requirements of the WVOEMS Instructor Credentialing Policy may be utilized as appropriate within an individual course.
- Subject Matter Expert
 - Subject matter expertise shall be determined by the educational institute. Additional information may be requested by WVOEMS.

b. Responsibilities - The education center faculty shall:

- Provide content or facilitate learning which meets the goals and objectives of a class or course and that follow state and/or national guidelines or standards for minimum content,
- Participate in the evaluation of education group instructional quality,
- Function in cooperation with the education group director and medical director.
- In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

c. Qualifications

- d. The faculty shall be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned. Student evaluations of instructors shall be conducted at the end of each class or course.
- Student evaluations of instructors shall be conducted at the end of each course. These evaluations shall be conducted in a manner that ensures the confidentiality and anonymity of the student.
 - WVOEMS reserves the right to evaluate any class performed by an approved training agency. An online survey link may be given to the students and results reported directly to WVOEMS Education.

C. Curriculum

1. The curriculum shall ensure the achievement of course goals and learning objectives. Instruction shall be an appropriate sequence of classroom, laboratory, clinical, and field/internship activities, as necessitated by the course.
2. Continuing education topic presentations
 - a. Continuing education topics shall be relevant to the EMS Provider level for which the topic is intended. Presentations may include content on various EMS Provider levels to facilitate interaction between providers.
 - b. Topic selection should include content on core concepts, enrichment of core concepts, and/or on new developments in the EMS Provider's level practice. Topic selection should be determined, in part, by local quality improvement needs of practicing providers.
 - c. Education topics shall contribute directly to the professional competence, skills, and education of emergency medical services personnel
 - d. WVOEMS shall review and approve outside sources of continuing education. Records shall be kept by the program for any approval of education not presented by the program.

D. Resource Assessment

1. The education group shall, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment shall be the basis for ongoing planning and appropriate change. An action plan shall be developed when deficiencies are identified in the program resources. Implementation of the action plan shall be documented and results measured by ongoing resource assessment. This assessment will be required for the renewal of recognition and submitted to the department concurrent with the renewal application.

III. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Each course providing renewal or refresher education or educational content beyond entry-level competence shall evaluate students to assure that competency is achieved.
2. Continuing education classes are not required to; but may evaluate student competency.
3. Documentation
 - a. Records of student evaluations shall be maintained in sufficient detail to document learning progress and achievements.

IV. Fair Practices

- A. Publications Announcements, catalogs, publications, and advertising shall accurately reflect the program offered.
- B. Disclosures
 1. If applicable, the following information shall be provided to all applicants:
 - a. Prerequisites for the course
 - b. Admissions policies and practices
 - c. Requirements for completion of the course
 - d. Tuition/fees and other costs required to complete the course
 - e. Policies and processes for withdrawal and for refunds of tuition/fees

2. If applicable, the following minimum information shall be made known to all students:

- a. Academic calendar
- b. Student grievance procedure
- c. Criteria for successful completion of each segment of the course
- d. Policies and processes by which students may perform clinical work while enrolled in the program.

V. Lawful and Non-discriminatory Practices

- A. All activities associated with the education group, including student and faculty recruitment, student admission, and faculty employment practices, shall be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. Each individual shall be provided with the opportunity to learn and work in a professional atmosphere which promotes equal opportunities and prohibits discriminatory practices. Such practices include harassment or retaliation based on a person's disability, race, creed, color, sex, sexual orientation, religion, marital status, veteran status, age, or national origin or ancestry. Harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. Center staff is responsible for creating an environment in which individuals feel free to raise concerns and are confident that those concerns will be addressed.

VI. Safeguards

- A. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded. All activities required in the program shall be educational and students shall not be substituted for staff.
- B. Medical control/accountability exists when there is unequivocal evidence that Emergency Medical Services Providers are not operating as independent practitioners, and when Emergency Medical Services Providers are under direct medical control or in a system utilizing standing orders where timely medical audits and reviews provide for quality assurance.
- C. The education group should embrace a just culture that encourages and does not penalize self-reporting of errors or opportunities for improvement by students, staff, and faculty. Specific behaviors that are not tolerable should be made clear and explicit.
- D. The education group must adopt a non-discrimination policy, to include a grievance process, and this policy shall be conspicuously posted throughout the center in areas accessible to students and staff members. The policy shall appear in the student handbook. The center shall develop and implement training for students and staff on this policy and on means for effectively promoting the goals of this policy. The education group must establish an effective faculty and student grievance process and take immediate and appropriate action when an individual presents a grievance.
- E. The approved Continuing Education Group shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars (\$1,000,000) for EMS faculty and programs offered by the institution.

VII. Continuing Education Center Group Records

- A. CCT Education Center records shall be maintained in a safe and secure location. This may be electronically filed or by hard copy. Records shall be maintained for a minimum of seven (7) years.
- B. Transcripts of course completion or duplicate course completion certificates shall be available indefinitely from the Educational Institute. Should an educational Institute cease to exist, all records shall be transferred electronically to the WVOEMS education department.
- C. Satisfactory records shall be maintained for all students if applicable including, but not limited to:
 - 1. Student admission
 - 2. Advisement and counseling

3. Evaluations
4. Grades and credits
5. Completion Certificates
 - a. Certificates shall include the following:
 - Student name
 - Date of course completion
 - Number of credits, Hours, or Continuing education units awarded
 - Course topic, Course name or description of content covered
 - Instructor name (training provider name, CAPCE provider number as available)
 - Name of course approver
 - Training agency/institution name
 - WVOEMS approved course number or “pre-approved” if the course falls in that category.

D. Satisfactory records shall be maintained for all courses and classes including, but not limited to:

1. Objectives
2. Content or curriculum
3. Attendance records that demonstrate attendance at class sessions
4. Faculty
 - a. Qualifications
 - b. Student Evaluations
5. List of supplemental reference materials

VIII. Substantive Change

- A. The education center shall report substantive changes, by a revised application, to the department within 10 days of the change. These changes include changes in program status, changes to program level, change of director (official representative), medical director, or agency training coordinator.

IX. Agreements

- A. There shall be current written affiliation agreements or memorandums of understanding between the education group and all other entities that participate in the education of students, describing the relationship, role and responsibilities between the education group and that entity.

Standards for State Endorsement of Emergency Medical Service -Educational Institute Endorsement Procedures-

- I. Submit an Educational Institute Endorsement application including the self-study in a format prescribed by the commissioner.**
- II. Educational Institutes shall be required to maintain endorsement at the highest level they have been endorsed through WVOEMS and shall be allowed to assume the roles of all lower endorsements.**
- III. Educational Institutes shall maintain and have available upon audit the following:**
 - A. Self-Study Survey
 - B. Improvement Plan
 1. Knowledge of the Standards combined with the survey should allow those seeking endorsement from the WVOEMS to identify areas of improvement. With this complete, the Institution will need to compose a written Improvement Plan to address any changes needing to be made.
 - C. Credential Information Forms for:
 1. Administrative Director
 2. Medical Director
 - D. A list of all Lead Instructional Staff that will be used by the institution.
 1. Rosters are required to be maintained and current on the license management system as well.
 - E. A copy of the Student Policy Handbook
 - F. A copy of the Educational Institute policy and procedure manual
- IV. Upon receipt and review of the above materials, the WVOEMS will arrange for a site visit with the applicant. The site visit will consist of, but is not limited to, the following:**
 - A. Interviews with the program administration, Administrative Director, and Medical Director
 - B. Review of the implementation of the Improvement Plan
 - C. Review of the Educational Institution policies and procedures
 - D. Review of Educational Institution Finances
 - E. Review of the Student Policy Handbook
 - F. Review of Instructor credentials
 - G. Inspection of classrooms, labs, storage facilities, and equipment
 - H. Review of clinical agreements and preceptor training and orientation
- V. After the site visit the Educational Institute will receive a report from the WVOEMS. This report will:**
 - A. Identify areas of strengths and weakness
 - B. Suggestions for improvements that shall be made by the institution seeking endorsement.

VI. Renewal, Suspension, Probation, or Revocation of Institute Endorsement

A. Renewal

1. Educational Institutes seeking re-endorsement shall apply in a format prescribed by the Commissioner.
 - The institute must reapply at least 90 days prior to the expiration of the program's endorsement.
2. The Commissioner may renew the institute's endorsement if the following criteria are met.
 - The Sponsor has offered within the five-year endorsement period, at least:
 - Initial Institutes (BLS, ALS, and CCT)
 - Three approved initial courses at the level of endorsement with a cumulative 60 percent completion rate for initially enrolled students
 - Sponsors of continuing Education
 - Ten approved educational courses that meet the standards of this policy.
 - The institute has maintained continual compliance with all requirements of Legislative Rule 64.48 and this policy.

B. Probationary Period

1. Upon initial endorsement all educational institutes will be placed on a 2 year probationary period
 - At the end of the probationary period, the institute will be re-evaluated to determine if the level of endorsement is appropriate for the needs of the institute.

C. Suspension and Revocation

1. The Commissioner may suspend or revoke the endorsement of a training institute for one or more of the following:
 - Failure to maintain compliance with all criteria and standards of Legislative Rule 64.48, and this policy.
 - Absence of completed programs or student enrollment in programs for two consecutive years.
 - This absence will result in an automatic revocation of endorsement.
 - Evidence of falsification of any program activity or student records
 - Loss of independent program accreditation status, if applicable
 - Any other reason determined by the Commissioner which may pose a threat to the health and safety of the public, or expose the public to risk, or loss of life or property.
2. Written notice will be given to the institute's administrative director 30 days prior to withdrawing the endorsement.
 - The notice will identify specific reasons for withdrawing (suspension or revocation) of the endorsement.
3. The institute has 15 days from the date of the notice to respond.
 - The Commissioner will determine whether to verify or reconsider the withdraw.

Standards for State Endorsement of Emergency Medical Service -EMS Instructor Requirements and Regulations-

I. Goals

- A. The goal of any instructor shall be to create the best possible educational experience to the student while maintaining classroom discipline, accountability, and high educational standards. Instructors shall strive to produce competent EMS providers at all levels.
- B. Lead instructors must possess the necessary practical and academic skills to conduct programs effectively and comply with all instructor standards specified by OEMS.

II. Recognized EMS Instructor Levels

- A. Skills Evaluator
- B. BLS Lead Instructor
- C. ALS Lead Instructor
- D. CCT Lead Instructor
- E. Supervising Instructor
- F. Visiting Instructor/Subject Matter Expert

III. Skills Evaluators

- A. Basic Life Support minimum criteria:
 - 1. Current unrestricted WVOEMS or National Registry EMT or higher certification
 - 2. Skill evaluators shall not have assisted with the skills portion of the program but may have assisted with classroom sessions throughout the program.
 - 3. Observe a minimum of three (3) BLS skills stations in different topics.
 - 4. Evaluated as the “tester” in one skills station assessed by a Lead Instructor
 - 5. Successful ongoing WVOEMS approved evaluations
 - 6. Completion of required continuing education for Skills Evaluators
- B. Advanced Life Support minimum criteria:
 - 1. Current unrestricted WVOEMS or National Registry Paramedic or higher certification
 - 2. Skill evaluators shall not have assisted with the skills portion of the program but may have assisted with classroom sessions throughout the program.
 - 3. Monitor a minimum of three (3) ALS skills stations in different topics.
 - 4. Evaluated on one skill station assessed by an ALS Lead Instructor.
 - 5. Successful ongoing WVOEMS approved evaluations
 - 6. Completion of required continuing education for Skills Evaluators
- C. Critical Care Transport minimum criteria:
 - 1. Current unrestricted WVOEMS Mobile Critical Care Nurse (MCCN), Mobile Critical Care Paramedic (MCCP), or higher certification
 - 2. Two (2) years field experience at CCT level
 - 3. Skill evaluators shall not have assisted with the skills portion of the program but may have assisted with classroom sessions throughout the program.

4. Monitor a minimum of three (3) CCT skills stations in different topics.
5. Evaluate one (1) skill station assessed by a CCT Lead Instructor
6. Successful ongoing CCT evaluation
7. Completion of required CCT continuing education for Skills Evaluators

IV. Basic Life Support Lead Instructor minimum criteria:

- A. High school diploma or approved equivalency exam
- B. Current unrestricted WVOEMS and National Registry EMT or higher
- C. Four (4) years active field experience as EMT or higher
- D. Successful completion of the WVOEMS approved educational methodology course.
 1. Completion of a Methodology course does not complete the process to become an instructor.
 2. All instructor candidates intending to be an EMS instructor shall complete an approved instructor methodology course regardless of educational achievements.
 3. Candidates must include a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor. (Appendix S)
- E. Successful completion of a minimum of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor. This MUST include a minimum of eight (8) hour of classroom instructing covering 3 or more topics and a minimum of eight (8) hours instructing hands on practical skills. (Appendix Q)
- F. Meet requirements of the sponsoring educational institute
- G. Successful completion of initial and ongoing instructor evaluation by the WVOEMS and/or the educational institute and/or equivalent professional higher education supervision and evaluation
- H. Completion of required continuing education for EMS instructors.
- I. Other criteria as established by the Commissioner.

V. Advanced Life Support Lead Instructor minimum criteria:

- A. High school diploma or approved equivalency exam
- B. Current unrestricted WVOEMS and National Registry Paramedic and higher (MD, DO, or other subject matter expert)
- C. Two (2) years of active field experience as Paramedic or higher
- D. Successful completion of the WVOEMS approved educational methodology course.
 1. Completion of a Methodology course does not complete the process to become an instructor.
 2. All instructor candidates intending to be an EMS instructor shall complete an approved instructor methodology course regardless of educational achievements.
 3. Candidates must include a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor. (Appendix S)

- E. Successful completion of a minimum of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor. This MUST include a minimum of eight (8) hour of classroom instructing covering 3 or more topics and a minimum of eight (8) hours instructing hands on practical skills. (Appendix Q)
- F. Meet requirements of sponsoring educational institution
- G. Successful initial and ongoing instructor evaluation by the WVOEMS and/or the educational institute and/or equivalent professional higher education supervision and evaluation.
- H. Completion of required continuing education for EMS instructors or equivalent professional higher education
- I. Other criteria as established by the Commissioner.

VI. Critical Care Transport Lead Instructor minimum criteria:

- A. High school diploma or approved equivalency exam
- B. Current unrestricted WVOEMS and National Registry Paramedic with M CCP/MCCN endorsement, or higher (MD, DO, or other subject matter expert)
- C. Two (2) years of active field experience as an M CCP/MCCN or higher
- D. Successful completion of the WVOEMS approved educational methodology course, or equivalent professional higher education.
 - 1. Completion of a Methodology course does not complete the process to become an instructor.
 - 2. All instructor candidates intending to be an EMS instructor shall complete an approved instructor methodology course regardless of educational achievements.
 - 3. Candidates must include a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor. (AppendixS)
- E. Successful completion of a minimum of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor. This MUST include a minimum of eight (8) hour of classroom instructing covering 3 or more topics and a minimum of eight (8) hours instructing hands on practical skills. (AppendixQ)
- F. Meet requirements of sponsoring educational institution
- G. Successful initial and ongoing instructor evaluation by the WVOEMS and/or the educational institute and/or equivalent professional higher education supervision and evaluation.
- H. Completion of required continuing education for EMS instructors or equivalent professional higher education
- I. Other criteria as established by the Commissioner.

VII. Supervising Instructor minimum criteria:

- A. Meet all requirements for a Lead Instructor at the appropriate level
- B. Current unrestricted WVOEMS certification and National Registry certification at the appropriate level.
- C. Four (4) years active instructor with experience at the appropriate level
- D. Demonstrate superiority as an instructor through documented student and sponsoring institution evaluations,
or;

- E. Successful completion of a WVOEMS approved supervising instructor course:
 - 1. WVPST/WVDE “Supervising Instructor Course”
 - 2. Other Supervising Instructor courses approved by the Commissioner deemed to meet the requirements of this level.

VIII. Visiting Instructor or Subject Matter Expert minimum criteria:

- A. Possess subject matter expertise in a particular clinical discipline or skill set
- B. EMS certification or emergency experience not required.
- C. Educational Institutes shall maintain a curriculum vitae (CV) that demonstrates the instructors subject matter expertise.

IX. Instructor Methodology Requirements

- A. WVOEMS approved educational methodology courses for a Lead Instructor include:
 - 1. National Association of EMS Educators (NAEMSE) Instructor I (**in person class ONLY**)
 - a. Individuals completing the NAEMSE course must also successfully complete a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor. (Appendix S)
 - b. Individuals completing the NAEMSE course must also successfully complete a subject matter expertise examination at the EMT level and score a minimum of 85%.
 - 2. West Virginia Department of Education/West Virginia Public Service Training (WVDE/WVPST) Instructor Methodology course
 - a. WVDE/WVPST Instructors require a WVDE Adult teaching permit with EMS Endorsement
- B. WVOEMS approved educational methodology courses for Supervising Instructor, include:
 - 1. WVPST/WVDE “Supervising Instructor Course”
 - 2. WVOEMS approved equivalent professional higher education evaluation course.

X. General requirements of Instructors

- A. All courses shall be entered into the WVOEMS data management system.
 - 1. Courses shall be entered 5 business days prior to the course start date.
 - a. Attendees shall be entered on all courses.
 - All attendee statuses shall be updated as listed below
- B. Initial Institute Courses include for their respective level:
 - 1. BLS Institute
 - a. EMR Initial
 - b. EMT Initial
 - 2. ALS Institute
 - a. AEMT Initial
 - b. Paramedic Initial

3. CCT Institute
 - a. CCT Initial

C. Continuing Education (CE) Institute Courses include

1. BLS CE Institute
 - a. EMVO (or all courses required for that certification level)
 - b. EMR Refresher
 - c. EMT Refresher
 - d. Pre-Approved Courses at the BLS level
 - Courses pre-approved by WVOEMS for continuing education hours for all training institutes
 - e. Supplementary Courses
 - Supplementary Courses are those that are not listed in any other course type and may be agency specific.
 - Supplementary courses require approval from WVOEMS 10 business days prior to the course start date.
 - Supplementary courses only require approval one time unless the curriculum changes.
2. ALS CE Institute
 - a. All BLS CE Institute Courses
 - b. AEMT Refresher
 - c. Paramedic Refresher
 - d. C3IFT
 - e. Pre-Approved Courses at the ALS level and below
 - Courses pre-approved by WVOEMS for continuing education hours for all training institutes
 - f. Supplementary Courses
 - Courses pre-approved by WVOEMS for continuing education hours for all training institutes
 - Supplementary Courses are those that are not listed in any other course type and may be agency specific.
 - Supplementary courses require approval from WVOEMS 10 business days prior to the course start date.
 - Supplementary courses only require approval one time unless the curriculum changes.
3. CCT CE Institutes
 - a. All BLS and ALS CE Institute Courses
 - b. CCT Refresher
 - c. Pre-Approved Courses at the ALS level and below
 - Courses pre-approved by WVOEMS for continuing education hours for all training institutes
 - d. Supplementary Courses
 - Courses pre-approved by WVOEMS for continuing education hours for all training institutes
 - Supplementary Courses are those that are not listed in any other course type and may be agency specific.
 - Supplementary courses require approval from WVOEMS 10 business days prior to the course start date.
 - Supplementary courses only require approval one time unless the curriculum changes.

D. Entering courses into the WVOEMS data management system.

1. Required documentation to be sent in for supplementary courses includes

- a. Course outline
 - b. Course schedule
 - c. Course Objectives
 - d. Course Summary
 - e. Number of CE hours sought.
 - After a review of the documentation, WVOEMS will determine if the number of hours sought matches the hours warranted.
 - f. This documentation will be submitted by one of two ways
 - Upload documents into the course within the data management system
 - Email documentation to emseducation@wv.gov
 - g. All supplementary courses shall be entered a minimum of 7 business days prior to the class start date.
2. All courses entered in the WVOEMS data management system shall have the following:
- a. Course type
 - b. Course Name
 - c. Course location
 - d. Course Instructor
 - e. Course Co-Instructor (if applicable)
 - May add Co-Instructor in course description box.
 - f. If supplementary, course documentation must be added as noted A2 above.
 - g. Course Start Date and Time
 - h. Course End Date and Time
 - i. Closing Date
 - Please allow no more than 3 weeks from the course end date
 - j. All Courses may have in addition:
 - Public portal Course Lookup
 - These courses are open for any provider to look up and register for
 - Allow de-registration.
 - Registration start and end date
 - Capacity
 - Please be sure that if you have limited space, you enter a capacity that does not exceed the space available.
3. Attendee statuses shall be updated accordingly.
- a. Attending (default)
 - b. Pass
 - c. Fail
 - d. Withdraw

E. Course Certificates

1. Certificates shall be issued for all courses taught by a WVOEMS Endorsed Educational Institution
 - a. The following information shall be indicated on the certificate.
 - Attendee's name
 - Date of course completion
 - Course Credit Hours
 - Course Title (Course Name)
 - The course instructor name
 - Name of the Course approver (WVOEMS) and course number
 - Name of Certificate Issuer (Training agency name, or CAPSE number as available)

XI. Initial, Renewal, or suspension of Instructor credentials

A. Initial

1. Applicants shall complete the initial instructor application and submit it to WVOEMS, in a format prescribed by the Commissioner.
 - a. One application shall be submitted per WVOEMS approved educational institute they represent.
2. If an Instructor becomes affiliated with an additional Educational Institute, an additional application shall be submitted for that Institute.
3. Upon meeting all requirements set forth in Legislative Rule §64.48.8, and this policy, the instructor shall be issued an endorsement for five (5) years, expiring June 30.

B. Renewal

1. Applicants shall apply at least 90 days prior to the expiration of the instructor's expiration. Failure to meet this 90-day requirement may result in delayed processing, or suspension of endorsement.
2. Applicants shall complete the instructor recertification application and submit it to WVOEMS, in a manner prescribed by the Commissioner.
 - a. All Educational Institutes that the applicant represents must be indicated on the application.
3. The applicant has completed the required minimum of 3 instructor in-services during the endorsement period and/or completed an additional 20 hours of continuing education specific to EMS instruction.
4. The applicant has completed the required minimum of 30 hours of instruction in WVOEMS approved education courses.
5. The applicant maintains continuous unrestricted state and National Registry (NREMT or NR SLO) certification at the level of their endorsement.

C. Suspension or Revocation of Credentials

1. Failure to comply with all criteria, standards, and policies set forth by legislative rule 64 CSR 48
2. Any other reason determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life and property.
3. Process:
 - a. The WVOEMS Director shall give written notice to the institutes Administrative Director 30 days prior to withdrawing the individual's endorsement. The notice will identify specific reasons for the withdrawal of the individual's endorsement.
 - b. The institute has 15 days to respond to the notice. The WVOEMS Director will have final determination to verify or reconsider the withdrawal.

Standards for State Endorsement of Emergency Medical Service

-EMS Education Approval Policy and Procedures-

I. Goal

To establish standards for the submission and approval of Emergency Medical Services (EMS) education courses to the West Virginia Office of Emergency Medical Services (WVOEMS) in conjunction with Legislative Rule §64-48-8.

II. Policy

- A. EMS courses instructed by WVOEMS-approved educational institutes shall be submitted and approved by WVOEMS per §64-48-8.
 - 1. All EMS education courses must contribute directly to the professional competence, skills, and education of emergency medical services personnel, and be directly related to patient care.
- B. Initial certification courses shall be taught to the National standard curriculum.
- C. Recertification courses shall be taught to the NCCP standard as outlined by National Registry.
 - 1. Recertification can be obtained utilizing the National Registry NCCP model or by completing a refresher course approved by WVOEMS. These courses may be audited at any time by WVOEMS to ensure they are being taught consistently with WVOEMS educational requirements, standards, protocols, scope of practice, and code/rule.
- D. Both options require completing the WVOEMS State and Federal requirements per respective policy. Application of hours to meet the National Registry NCCP model in another state SHALL NOT constitute meeting the requirement for State certification in West Virginia.
- E. Skills are required for each discipline and will be validated through Medical Director acknowledgment in the National Registry System.
 - 1. Skills at the ALS level may be completed through the required alphabet courses.
 - 2. BLS skills can be documented through alphabet courses or through a WVOEMS approved training skills module.

III. National Registry NCCP Option:

- A. Applicant completes all requirements per National Registry policy to include the National Component, Local or State Component, and Individual Component. This can be completed in any method approved by National Registry.
- B. Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
 - 1. CPR (4 hours biennially)
 - 2. Protocol Update (2 hours annually)
 - 3. Mass Casualty Incident Training (2 hours biennially)
 - 4. Hazardous Materials Awareness (3 hours annually)
 - 5. ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers (8 hours each biennially)

IV. WVOEMS Approved Refresher Course Option:

- A. Applicant completes a WVOEMS approved NCCP refresher course meeting the National Registry National Component. WVOEMS shall approve this course annually and assure course material is standardized throughout the State. Only one singular course shall be approved for each provider level respectively and course education material shall be distributed by WVOEMS. Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
 - 1. CPR (4 hours biennially)
 - 2. Protocol Update (2 hours annually)
 - 3. Mass Casualty Incident Training (2 hours biennially)
 - 4. Hazardous Materials Awareness (3 hours annually)
 - 5. ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers (8 hours each biennially)
- B. Individuals who do not complete the West Virginia specific components will not be certified or recertified.

V. Continuing Education (CE) courses: shall be accepted per National Registry Policy

- A. WVOEMS will define a list of Pre-Approved CE courses that do not require advanced submission for pre-approval. Any course not listed shall require submission and approval by WVOEMS. This list shall be evaluated annually to remain consistent with National Registry.
- B. National Registry auditing shall be conducted per National Registry policy.
- C. WVOEMS auditing shall be conducted per WVOEMS Policy

VI. Procedures for Initial Certification, Recertification, and Continuing Education Courses

- A. Courses shall be submitted in a manner prescribed by the Commissioner.
- B. Records of course participants and completion status shall be the responsibility of the training agency and will be evaluated through training agency recertification and random auditing by WVOEMS.
- C. Training agencies are required per accreditation and WVOEMS requirements to issue certificates for successful course completion.
 - 1. The following information shall be indicated on the certificate.
 - a. The course instructor name
 - b. WVOEMS approved course number or “pre-approved” if the course falls in that category.
 - c. Training agency name
 - d. Date of course completion
 - e. Attendee name
 - f. Course title
 - g. Course location
 - h. Course hours
- D. Courses submitted after the class has taken place will be denied per §64-48-8.1g.
 - 1. If a course is submitted in a period shorter than the specified seven (7) business days, WVOEMS will review the course per policy, however, there may be up to a fifteen (15) business day delay in the approval process. Should the class be denied with legitimate reason, students who participated in the program will not receive credit for taking the class.

VII. Students who complete an unapproved course will be ineligible to test for certification nor will they receive credit for taking the class and no hours will be awarded for certification.

A. Applicable Hours

1. Some programs have requirements that meet a specific code. These courses often are taught in many ways and may fluctuate in hours. WVOEMS will approve class hours in this category based on the average contact hours of available courses. These courses are as follows:
 - a. Hazardous Materials Awareness 3 Hours
 - b. CPR 4 Hours
 - c. First Aid 3 Hours
 - d. ACLS or WVOEMS approved equivalent refresher 8 Hours
 - Must include a hands-on in person skills evaluation.
 - e. PALS, PEPP, or WVOEMS approved equivalent refresher 8 Hours
 - Must include a hands-on, in person skills evaluation.
 - f. ITLS, PHTLS, or WVOEMS approved equivalent refresher 8 Hours
 - Must include a hands-on, in person skills evaluation.

VIII. Skill Sheets

A. Initial and recertification courses require the use of skill sheets to evaluate the ability of students to perform EMS tasks essential to the profession.

1. EMR, EMT, AEMT, and Paramedic courses will require a final psychomotor exam at the completion of initial courses.
2. Instructors are responsible to assure that all students have a mastery of all skill sheet content.
 - a. Skill Sheets identified as “VERIFIED” shall be signed off by the course instructor once they feel the candidate has mastered that specific skill.
 - b. Skill Sheets identified as “TESTED” shall be incorporated as part of the final psychomotor exam. EMR skill sheets can be found in Appendix I, EMT skill sheets are available in Appendix J, AEMT Skill Sheets Appendix K, and Paramedic Skill Sheets Appendix L.
 - c. Emergency Medical Responder (EMR)
 - Emergency Medical Responder “**TESTED**” Skills
 - Patient Assessment – Medical (Skill Sheet 1)
 - Patient Assessment – Trauma (Skill Sheet 2)
 - Bleeding Control / Shock Management (Skill Sheet 3)
 - Oxygen Administration by Non–Rebreather Mask (Skill Sheet 4)
 - BVM Ventilation of an Apneic Patient (Skill Sheet 5)
 - Emergency Medical Responder “**VERIFIED**” Skills
 - Cardiac Arrest Management / AED (Skill Sheet 6)
 - Spinal Immobilization – Seated Patient (Skill Sheet 7)
 - Spinal Immobilization – Supine Patient (Skill Sheet 8)
 - Long Bone Immobilization (Skill Sheet 9)
 - Joint Immobilization (Skill Sheet 10)
 - Naloxone Administration (Skill Sheet 11)
 - Baseline Vital Signs (Skill Sheet 12)

d. Emergency Medical Technician

- Emergency Medical Technician “**TESTED**” Skills
 - Patient Assessment – Medical (with one incorporated medication) (Skill Sheet 1)
 - Oral Glucose Administration (Skill Supplement 1)
 - Nitroglycerin Administration (Skill Supplement 2)
 - Nebulized Medication Administration (Skill Supplement 3)
 - Epinephrine Auto-Injector Administration (Skill Supplement 4)
 - Epinephrine 1:1000 Ampule Administration (Skill Supplement 5)
 - Patient Assessment – Trauma (Skill Sheet 2)
 - Bleeding Control / Shock Management (Skill Sheet 3)
 - Airway Management –Supraglottic Airway (Skill Sheet 4)
- Emergency Medical Technician “**VERIFIED**” Skills
 - Cardiac Arrest Management / AED (Skill Sheet 5)
 - Baseline Vital Signs (Skill Sheet 6)
 - Spinal Immobilization – Seated Patient (Skill Sheet 7)
 - Spinal Immobilization – Supine Patient (Skill Sheet 8)
 - Long Bone Immobilization (Skill Sheet 9)
 - Joint Immobilization (Skill Sheet 10)
 - 12 Lead EKG Acquisition (Skill Sheet 11)
 - Continuous Positive Airway Pressure – CPAP (Skill Sheet 12)
 - Naloxone Administration (Skill Sheet 13)
 - Tetracaine Ophthalmic Administration / Morgan Lens (Skill Sheet 14)
 - Oxygen Administration by Non-Rebreather Mask (Skill Sheet 15)
 - BVM Ventilation of an Apneic Patient (Skill Sheet 16)

e. Advanced Emergency Medical Technician – AEMT

- will be tested per WVOEMS policy in conjunction with a CAAHEP accredited educational program.
- WVOEMS requires psychomotor evaluation testing for the AEMT level.
- Advanced Emergency Medical Technician “**TESTED**”
 - Patient Assessment – Medical (Skill Sheet 1)
 - Patient Assessment – Trauma (Skill Sheet 2)
 - Dynamic Cardiology – (AEMT Specific interpretations, incorporated medications, and actual delivery of electrical therapy) (Skill Sheet 3)
 - Oral Station (given 2 separate cases, candidate will manage all aspects of an out-of-hospital call) (Skill Sheet 4)
 - Static Cardiology (AEMT Specific) (Skill Sheet 5)
 - Pediatric Intraosseous Infusion (Skill Sheet 6)
- Advanced Emergency Medical Technician “**VERIFIED**”
 - Bleeding Control/Shock Management (Skill Sheet 7)
 - Intravenous Infusion (Skill Sheet 8)
 - Intravenous Bolus Medications (Skill Sheet 9)
 - Spinal Immobilization (Supine Patient) (Skill Sheet 10)
 - Spinal Immobilization (Seated Patient) (Skill Sheet 11)
 - Airway Management (Supraglottic Airway) (Skill Sheet 12)
 - Adult Ventilatory Management (Skill Sheet 13)
 - Pediatric Respiratory Compromise (Skill Sheet 14)
 - Long Bone Immobilization (Skill Sheet 15)
 - Joint Immobilization (Skill Sheet 16)
 - Cardiac Arrest Management (Skill Sheet 17)

f. Paramedic

- Paramedics will be tested per WVOEMS policy in conjunction with a CAAHEP-accredited educational program.
- WVOEMS requires psychomotor evaluation testing for the Paramedic level.
- Paramedic “**TESTED**”
 - Patient Assessment – Medical (Skill Sheet 1)
 - Patient Assessment – Trauma (Skill Sheet 2)
 - Integrated Out of Hospital Scenario (Skill Sheet 3)
 - Dynamic Cardiology – (with rhythm interpretations, incorporated medications, and actual delivery of electrical therapy) (Skill Sheet 4)
 - Oral Station (given 2 separate cases, candidate will manage all aspects of an out-of-hospital call) (Skill Sheet 5)
 - Static Cardiology (Skill Sheet 6)
 - Pediatric Intraosseous Infusion (Skill Sheet 7)
 - Ventilatory Management – Adult (Skill Sheet 8)
 - Pediatric (<2 yrs.) Ventilatory Management (Skill Sheet 9)
- Paramedic “**VERIFIED**”
 - Bleeding Control/Shock Management (Skill Sheet 10)
 - Intravenous Infusion (Skill Sheet 11)
 - Intravenous Bolus Medications (Skill Sheet 12)
 - Spinal Immobilization (Supine Patient) (Skill Sheet 13)
 - Spinal Immobilization (Seated Patient) (Skill Sheet 14)
 - Airway Management (Supraglottic Airway) (Skill Sheet 15)
 - Long Bone Immobilization (Skill Sheet 16)
 - Joint Immobilization (Skill Sheet 17)
 - Cardiac Arrest Management (Skill Sheet 18)

g. Summary Sheets

Summary sheets are to be utilized to track skill performance. Summary sheets shall be completed for all students in initial courses. If a student fails a particular skill, a copy of that skill sheet with appropriate documentation shall be attached to the summary sheet. Summary sheets are available in Appendix C - H.

This Education Approval Policy replaces all previous Education Approval Policies.

APPENDIX A

EMS Educational Institute Self-Study

EDUCATIONAL INSTITUTE SELF STUDY

Applications submitted directly to: emseducation@wv.gov

Please print or type.
The application must be
fully completed to be
considered.

| Educational Institute Personnel | YES | NO | N/A |
|--|------------|-----------|------------|
| 1. Educational Institution has an organizational chart and written job descriptions that define the individual responsibilities of the administration and program management. | | | |
| 2. The administrative director meets the qualification requirements set forth in the endorsement standards. | | | |
| 3. The Medical Director meets the qualification requirements set forth in the Endorsement Standards. | | | |
| 4. The program instructional and skills evaluator staff meet the qualification requirements set forth in the Endorsement Standards. | | | |
| Educational Institution Finances | YES | NO | N/A |
| 1. Educational Institution maintains or has written agreements in place to have adequate facilities available for each program offered. | | | |
| 2. 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 | YES | NO | N/A |
| 1. All facilities utilized by the Educational Institution meet all Federal and State Laws and Codes, including all ADA requirements. | | | |
| 2. Educational Institution has at its disposal all equipment and supplies needed for instructor and student use during any program offered. | | | |
| Educational Institution Clinical Resources | YES | NO | N/A |
| 1. Educational Institution has written agreements or memoranda of understandings with all institutions or agencies that will be providing clinical experience for program students | | | |
| 2. Educational Institution has clearly documented and defined roles and responsibilities for each clinical site. | | | |
| 3. Educational Institution has a means of documenting and tracking | | | |
| 4. 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. | | | |
| Student and Operational Policies | YES | NO | N/A |
| 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. | | | |
| 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 "ability-to- benefit" are evaluated for the purpose of determining that the student is capable of benefiting from the education. | | | |
| 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. | | | |
| 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. | | | |
| 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. | | | |
| 6. Educational Institution has a student handbook. | | | |
| 7. Educational Institution has written policies and procedures regarding student and faculty recruitment, student admission, and faculty employment | | | |
| 8. The Educational Institution has a published academic calendar for all education programs offered | | | |
| 9. All publications specify the number of didactic, lab/psychomotor, and clinical hours required for completion of the course. | | | |
| 10. The Educational Institution publishes a statement of all tuition and fees. To include books, uniforms, and fees for testing and certification. | | | |

| | | | |
|---|------------|-----------|-------------------|
| 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. | | | |
| 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. | | | |
| 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. | | | |
| 14. The Educational Institution maintains permanent records and documentation for each student that has attended. | | | |
| 15. The Educational Institution has a written default management plan that complies with any governmental, federal or state, guidelines with respect to the program's responsibilities. | | | |
| Educational Institution Quality Assurance | YES | NO | <u>N/A</u> |
| 1. The Education Institution has written policies and procedures for continuing system review, and a means of documenting and reporting the outcomes of the review. | | | |
| 2. The Education Institution has written policies and procedures to gather and document information on graduate's performance once they have finished the program and are working in the field | | | |

Completed by (Print)

Signature

Date

APPENDIX B

EMS Educational Institute Required Equipment

Continuing Education Group and BLS Education Center Equipment List

The following equipment is required to conduct an Emergency Medical Technician course. The Institute will provide an adequate amount of equipment to allow all enrolled students the ability to practice the skills required to meet competencies. 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

Teaching Stethoscopes

Access to appropriate simulation mannequins:

Mannequin capable of simulating multiple airway management techniques including: manual maneuvers, oropharyngeal & nasopharyngeal airway placement, supraglottic airway placement, ventilation with chest rise, and supplemental oxygen administration

Adult, child, and infant airway mannequins

OB Mannequin

Adult, child, and infant CPR mannequins

IM injection simulator

AED Trainer with adult and pediatric pads

Patient monitoring system capable of cardiac rhythm monitoring and 12 lead acquisition (*a simulator is acceptable to fulfill this requirement*)

Triage tags

Triage tape rolls – red, yellow, green, black, blue (or blue with white stripe)

Protocol manuals appropriate for level

B. Airway

Electric powered suction unit with disposable collection container and large bore tubing

Manual suction unit with disposable collection container

Large bore rigid oral suction catheters

Flexible suction catheters – 6F, 10F and 14F

Salem sump tubes – 8F, 12F and 18F with irrigation syringe

Meconium aspirator

Adjustable oxygen flow regulators with seals

Full portable oxygen cylinder (“D”-size or larger)

Adult nasal cannula

Pediatric nasal cannula

Adult non-rebreather (NRB) mask

Pediatric non-rebreather (NRB) mask

Oxygen connection tubing – may be with BVM or nebulizers

Nasopharyngeal airways – assorted sizes, 16F – 34F. No less than 5 different sizes

Oropharyngeal airways – sizes 0 through 5

Current state approved supraglottic airway kits – current state approved sizes

Adult end-tidal CO₂ detectors – colorimetric or qualitative

Pediatric end-tidal CO₂ detectors – colorimetric or qualitative

Adult, child and infant bag valves, self-filling with oxygen reservoir

Clear masks for bag valves, sizes: adult, child, infant and neonatal

CPAP device with masks and tubing circuits

C. Monitoring and Assessment

Blood pressure cuffs – thigh, adult and child sizes

Stethoscope, suitable for adult and pediatric use

Glucometer with single-use fully disposable lancets and glucose strips

Pulse oximeter for adult and pediatric use

Thermometer, capable of measuring a range of 86°-105° F

| | |
|--|--|
| D. Immobilization Equipment | |
| Cervical collars: Large, medium, small, and child; OR adjustable cervical collars – adult and pediatric | |
| Head cervical immobilization devices – towel/blanket rolls are acceptable | |
| Short spinal immobilization device – KED, XP-1 or equivalent | |
| Radiolucent, fluid impervious full-length backboards | |
| Three 9-foot immobilization straps or equivalent | |
| Traction splint, adult and child; OR single splint adjustable for both | |
| Assorted padded extremity splints | |
| Equipment sufficient to immobilize a pelvic fracture | |
| E. Wound Management | |
| Sterile burn sheets | |
| Sterile 10" x 30" multi-trauma dressings | |
| Sterile ABD pads 5" x 9" or larger | |
| Sterile 4" x 4" gauze pads | |
| Sterile occlusive dressings, 3" x 8" or larger | |
| Adhesive tape, assorted sizes and types | |
| Self-adhering roll gauze bandages – Kling or equivalent | |
| Triangular bandages | |
| Commercial Arterial Tourniquet – CAT®, MAT®, etc. | |
| Hemostatic dressings | |
| Heavy-duty bandage scissors or shears | |
| F. Infection Control | |
| Protective eyewear – full peripheral glasses, goggles or face shield | |
| NIOSH N-95 or N-100 face masks | |
| Protective gowns or coveralls | |
| Protective shoe covers | |
| Disposable exam gloves meeting NFPA 1999 requirements – S, M, L, and XL <i>Must include hypoallergenic/latex-free types</i> | |
| Portable sharps containers | |
| G. Medications | |
| Simulated medications appropriate to the scope of practice | |
| Simulated Metered Dose Inhalers | |
| Nebulizers | |
| Drug atomizers | |
| Auto Injector trainers | |
| Syringes in appropriate quantities and sizes – 1ml, 3ml, 5ml, 10ml, 30ml, 60ml | |
| Needles in appropriate quantities, sizes and lengths. Some greater than 1.5" in length for IM medication administration | |
| H. OB and Pediatric Equipment | |
| OB kits with bulb syringe | |
| Broselow Tape | |
| Pedi Wheel | |
| I. Miscellaneous – OPTIONAL | |
| Blankets | |
| Cold packs | |
| Hot packs | |
| Sheets | |
| Stair chair or suitable substitute | |
| Towels | |
| Wheeled stretcher, multi-level, with 5-point (over shoulder) patient restraint system | |
| Morgan lens simulator | |

CCT Education Group Equipment List

The following equipment is required to conduct a CCT education program in addition to equipment identified in the Sponsor of Continuing Education and BLS Equipment List. The CCT Institute will provide an adequate amount of equipment to allow all enrolled students the ability to practice the psychomotor skills required to meet required competencies.

A. General

| | |
|---|--|
| Patient monitoring system capable of cardiac rhythm monitoring, 12-lead acquisition, data transmission, transcutaneous pacing, defibrillation and cardioversion | |
| Surgical Cricothyrotomy Set | |
| Surgical Chest tube set | |
| Full Transport Ventilator | |

B. IV and Medication Administration

| | |
|---|--|
| Adjustable IV Medication Pump | |
| Mini-drip IV administration set, 60gtts/ml. May utilize Select-3® sets or equivalent | |
| Macro-drip IV administration set, 10 to 15gtts/ml. May utilize Select-3® sets or equivalent | |
| IV catheters, sizes 14g, 16g, 18g, 20g, 22g and 24g | |
| Adequate site preparation materials – alcohol or povidone | |
| Venous tourniquets | |
| Length/weight based pediatric drug and equipment reference – <i>Broselow</i> tape or equivalent | |

C. Monitoring

| | |
|--------------------------------|--|
| ETCO2 Monitoring Capability | |
| Invasive Monitoring Capability | |
| Cyano-Kit | |

D. Ventilation

| | |
|---------------------------|--|
| Full Transport Ventilator | |
|---------------------------|--|

E.

| | |
|--|--|
| Simulated medications appropriate to the scope of practice | |
| Simulated RSI Medications | |

ALS Education Center Equipment List

The following equipment is required to conduct a Paramedic 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 competencies. 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

| | |
|--|--|
| Teaching Stethoscopes | |
| Access to appropriate simulation mannequins: | |
| Mannequin capable of simulating multiple airway management techniques including: manual maneuvers, oropharyngeal & nasopharyngeal airway placement, King Airway placement, ventilation with chest rise, and supplemental oxygen administration | |
| Adult, child, and infant airway mannequins | |
| OB Mannequin | |
| Adult, child, and infant CPR mannequins | |
| IM injection simulator | |
| Patient monitoring system capable of cardiac rhythm monitoring, 12-lead acquisition, data transmission, transcutaneous pacing, defibrillation and cardioversion | |
| Triage tags | |
| Triage tape rolls – red, yellow, green, black, blue (or blue with white stripe) | |
| Protocol manuals appropriate for level | |

B. Airway

| | |
|--|--|
| Electric powered suction unit with disposable collection container and large bore tubing | |
| Manual suction unit with disposable collection container | |
| Large bore rigid oral suction catheters | |
| Flexible suction catheters – 6F, 10F and 14F | |
| Salem sump tubes – 8F, 12F and 18F with irrigation syringe | |
| Meconium aspirator | |
| Adjustable oxygen flow regulators with seals | |
| Full portable oxygen cylinder (“D”-size or larger) | |
| Adult nasal cannula | |
| Pediatric nasal cannula | |
| Adult non-rebreather (NRB) mask | |
| Pediatric non-rebreather (NRB) mask | |
| Oxygen connection tubing – may be with BVM or nebulizers | |
| Nasopharyngeal airways – assorted sizes, 16F – 34F. No less than 5 different sizes | |
| Oropharyngeal airways – sizes 0 through 5 | |
| Current state approved supraglottic airway kits – current state approved sizes | |
| Adult end-tidal CO ₂ detectors – colorimetric or qualitative | |
| Pediatric end-tidal CO ₂ detectors – colorimetric or qualitative | |
| Adult, child and infant bag valves, self-filling with oxygen reservoir | |
| Clear masks for bag valves, sizes: adult, child, infant and neonatal | |
| CPAP device with masks and tubing circuits | |

C. Monitoring and Assessment

| | |
|--|--|
| Blood pressure cuffs – thigh, adult and child sizes | |
| Stethoscope, suitable for adult and pediatric use | |
| Glucometer with single-use fully disposable lancets and glucose strips | |
| Pulse oximeter for adult and pediatric use | |
| End-tidal CO ₂ detector (<i>adult and pediatric</i>) colorimetric OR end-tidal CO ₂ monitor system | |
| Thermometer, capable of measuring a range of 86°-105° F | |

| | |
|--|--|
| D. Immobilization Equipment | |
| Cervical collars: Large, medium, small, and child; OR adjustable cervical collars – adult and pediatric | |
| Head cervical immobilization devices – towel/blanket rolls are acceptable | |
| Short spinal immobilization device – KED, XP-1 or equivalent | |
| Radiolucent, fluid impervious full-length backboards | |
| Three 9-foot immobilization straps or equivalent | |
| Traction splint, adult and child; OR single splint adjustable for both | |
| Assorted padded extremity splints | |
| Equipment sufficient to immobilize a pelvic fracture | |
| E. Wound Management | |
| Sterile burn sheets | |
| Sterile 10" x 30" multi-trauma dressings | |
| Sterile ABD pads 5" x 9" or larger | |
| Sterile 4" x 4" gauze pads | |
| Sterile occlusive dressings, 3" x 8" or larger | |
| Adhesive tape, assorted sizes and types | |
| Self-adhering roll gauze bandages – Kling or equivalent | |
| Triangular bandages | |
| Commercial Arterial Tourniquet – CAT®, MAT®, etc. | |
| Hemostatic dressings | |
| Heavy-duty bandage scissors or shears | |
| F. Infection Control | |
| Protective eyewear – full peripheral glasses, goggles or face shield | |
| NIOSH N-95 or N-100 face masks | |
| Protective gowns or coveralls | |
| Protective shoe covers | |
| Disposable exam gloves meeting NFPA 1999 requirements – S, M, L, and XL <i>Must include hypoallergenic/latex-free types</i> | |
| Portable sharps containers | |
| G. IV, Medication Administration and Medications | |
| Simulated medications appropriate to the scope of practice | |
| Simulated Metered Dose Inhalers | |
| Nebulizers | |
| Drug atomizers | |
| Auto Injector trainers | |
| Syringes in appropriate quantities and sizes – 1ml, 3ml, 5ml, 10ml, 30ml, 60ml | |
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| Mini-drip IV administration set, 60gtts/ml. May utilize Select-3® sets or equivalent | |
| Macro-drip IV administration set, 10 to 15gtts/ml. May utilize Select-3® sets or equivalent | |
| Adequate site preparation materials – alcohol or povidone | |
| Venous tourniquets | |
| Length/weight based pediatric drug and equipment reference – <i>Broselow</i> tape or equivalent | |
| Needles in appropriate quantities, sizes, and lengths. Some greater than 1.5" in length for IM medication administration | |
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| OB kits with bulb syringe | |
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| Pedi Wheel | |
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| Cold packs | |
| Hot packs | |

| | |
|---|--|
| Sheets | |
| Stair chair or suitable substitute | |
| Towels | |
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| Morgan lens simulator | |