RULES AND REGULATIONS FOR
EMERGENCY MEDICAL SERVICES

CHAPTER 6

ADVANCED TRAINING PROGRAMS

Section 1. Required. All ambulance services and fire protection services desiring to utilize advanced level prehospital personnel must establish training and continuing education programs. Training programs for emergency medical personnel shall address not only adults but shall include emergency medical services for children (EMS-C).

Section 2. Review by Agencies. All advanced training programs shall be reviewed and approved by the Division, the Task Force on Prehospital Care, and the Board.

Section 3. Program Committee. Any person desiring to establish a training program for EMT Intermediate or Paramedic personnel shall form a Program Committee:

(a) Program Committees for EMT Intermediate personnel shall consist of:

(i) Ambulance service and/or fire protection service representatives in the geographic area who shall employ or utilize the personnel.

(ii) A physician licensed to practice medicine in this state as a Medical Doctor or Doctor of Osteopathy who agrees to act as program director;

(iii) A representative from the sponsoring hospital; and

(iv) An identified course coordinator. The coordinator must be certified at or above the EMT Intermediate level, and have completed a Division approved Instructor/Coordinator program.

(b) Program Committees for Paramedic personnel shall include:

(i) Ambulance service and or fire protection service representatives in the geographic area who shall employ or utilize the personnel;

(ii) A physician licensed to practice medicine in this state as, a Medical Doctor or Doctor of Osteopathy, who agrees to act as program director;

(iii) Personnel from the sponsoring hospital who represent nursing, administration, the emergency department, and the intensive care unit; and

(iv) An identified course coordinator. The Coordinator shall be certified at the Paramedic level or licensed as a nurse, Medical Doctor or Doctor of Osteopathy, and have completed a Division approved Instructor/Coordinator program.

Section 4. Application. The Program Committee shall submit an application for an
advanced training program to the Division. The application must include:

(a) A summary, with appropriate documentation, explaining the medical need for the program;

(b) A description of the proposed training program consisting of:
   (i) Content;
   (ii) Time Schedule;
   (iii) Instructors by name and subject;
   (iv) Materials and physical facilities;
   (v) Number of students;
   (vi) Clinical and field internship requirements, and
   (vii) Record keeping methods;

(c) The local criteria for students acceptance and graduation, if more restrictive than Division criteria; and

(d) Provisions for commitment of sponsor hospital as required by Chapter 7 of these rules. (See Chapter 7, Section 3.)

Section 5. Decision. The Division shall notify the Program Committee of its decision concerning the applicant’s application for an advanced training program within ten (10) days of its decision. If the Division denies an applicant’s application, the applicant may reapply.

Section 6. Supervision. Following approval, the program shall be supervised by the program director, who shall be a Wyoming licensed physician (Medical Doctor) or (Doctor of Osteopathy). The program director shall ensure that each instructor is thoroughly knowledgeable in his subject and understands his responsibility and shall maintain the standards of quality instruction as provided in the curriculum.

Section 7. Admission Requirements.

(a) Students shall be admitted to an EMT Intermediate training program who:

   (i) Are currently certified by the Division as an EMT Basic;

   (A) Show evidence of having completed twelve (12) months of active affiliation with a Wyoming licensed ambulance service attendant. The Division, at its sole discretion, may waive this after review by the Division on a case-by-case basis; or

   (B) Show evidence of having completed twelve (12) months of active affiliation with the Division recognized fire protection service providing basic patient care.
The Division, at its sole discretion, may waive this after review by the Division on a case-by-case basis;

(ii) Are recommended by at least one (1) licensed physician;

(iii) Are approved by the agency’s physician medical director and the ambulance administrator and/or the fire protection service’s chief.

(iv) Are free of any physical or mental disabilities which would, in the judgment of the student’s physician medical director, render them incapable of performing as an EMT Intermediate.

(v) Complete the practical performance review with the physician medical director using the state proficiency checklist; and

(vi) Successfully complete the precourse written exam no more than thirty (30) days prior to the program’s starting date.

(b) Students shall be admitted to a Division approved Paramedic training program only if they:

(i) Are currently certified by the Division as an EMT Basic or EMT Intermediate.

(ii) Have at least one (1) year of regular patient care while serving as an EMT Basic attendant or EMT Intermediate.

(iii) Are recommended by one (1) licensed physician;

(iv) Are accepted by the Program Committee; and

(v) Are free from any physical or mental disabilities which would, in the judgment of the student’s physician medical director, render them incapable of performing as a Paramedic.

Section 8. Instructors. Instructors for an EMT Intermediate program shall be:

(a) Physicians;

(i) Physicians shall be current in the American College of Surgeon’s Advanced Trauma Life Support (ATLS) program or the American College of Emergency Physicians (ACEP) equivalent program, and

(ii) Be current in Advanced Life Support (ACLS) as developed by the American Heart Association, in accordance with current national standards, shall serve as the instructor for the advanced life support/emergency cardiac care sections of the training program.

(b) Registered nurses licensed in this state;

(c) Paramedics; or
(d) Individuals acceptable to the Division.

Section 9. Curriculum. Curriculum requirements shall be established by the Division. Programs must include completion of a Division approved field preceptorship program.

Section 10. Educational Records. The program coordinator shall maintain accurate records of each student’s involvement in the training curriculum. These records must be submitted to the OEMS at the time of course completion. Such records shall include, but not necessarily be limited to, attendance at lectures, demonstrations, subject matters covered, completion of the prescribed clinical requirements, time spent at each clinical area, special experience containing a clinical training component, and verification of practical skill competency.

Section 11. Task Force on Prehospital Care.

(a) Composition of the Task Force. The Division shall appoint a Task Force on Prehospital Care selected from currently practicing Wyoming licensed physicians. The Task Force shall consist of seven (7) members selected from the following specialties:

(i) Anesthesiology;

(ii) Cardiology;

(iii) Emergency room medicine;

(iv) Family/general practice;

(v) General Surgery and/or other surgical specialty;

(vi) Internal medicine; or

(vii) Pediatrics.

(b) Operation of the Task Force. The Task Force may meet quarterly, or as needed, for the purpose of advising the Division and Board by:

(i) Reviewing applications and making recommendations on EMT Intermediate or Paramedic training program requests;

(ii) Reviewing the appointment of hospitals as sponsor hospitals for the EMT Intermediate or Paramedic program;

(iii) Reviewing EMT Intermediate and Paramedic training curriculum;

(iv) Recommending the EMT Intermediate and Paramedic certification policy;

(v) Making Recommendations concerning other technical medical areas as requested by the Division or the Board; and
(vi) Reviewing requests from physician medical directors and make recommendations to the Board on requests for new/additional First Responder, EMT Basic, EMT Intermediate, or Paramedic medication and/or skill authorizations.