

RULES AND REGULATIONS FOR
EMERGENCY MEDICAL SERVICES

CHAPTER 8

CONTINUING MEDICAL EDUCATION RECERTIFICATION REQUIREMENTS

Section 1. General Requirements and Criteria. To assure the maintenance of skill levels attained by First Responders, and all levels of Medics which are the basis for the conduct of authorized acts, as provided in Chapter 5, the Division, the Task Force, and the Board hereby establish criteria for continuing medical education.

(a) Criteria for recertification. First Responders, and all levels of Medics may be recertified by complying with the following requirements:

(i) Making application to the Division, as described in Chapter 5; and

(ii) Submitting documentation of satisfactory completion of the continuing medical education program for the First Responders, and all levels of Medics, as appropriate, no more than ninety (90) and no less than thirty (30) days prior to the expiration date.

(b) Accurate records of the person's involvement in the continuing medical education program must be maintained. Educational records may be reviewed by the Division at any time. Information in such records shall include, but need not be limited to, attendance at lectures or demonstrations, subject matter, name of instructor, time spent in each clinical area and special clinical experiences.

(c) Criteria for testing. Recertification examinations for all levels of attendant shall be scheduled on a regional basis during the one hundred fifty (150) days prior to the expiration of the certification period. A maximum of two (2) attempts to pass the test are allowed. Any retest must be completed within sixty (60) days after receipt of notice of failure. Individuals failing two (2) attempts shall be required to repeat the entire training course specific to their category in order to be eligible for further testing or certification.

Section 2. Certified First Responder (FR) Continuing Medical Recertification Criteria. To be eligible for recertification within the certification period, the FR shall have completed:

(a) CPR certification. Regardless of the teaching agency, all CPR training must adhere to the Healthcare Provider standards of the American Heart Association or its equivalent;

(b) Twenty-six (26) hours of continuing medical education, including:

(i) Eighteen hours structured by specific topic:

2 hrs- Preparatory

2 hrs- Patient assessment, diagnostic signs and triage;

2 hrs- Airway Management;

4 hrs - Trauma;

4 hrs -Medical Emergencies;

2 hrs- pediatrics and childbirth; and

2 hrs- EMS operations

(ii) Four (4) unstructured hours of any subject covered in the FR BEC course. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars or other approved in service training. Those topics not listed within the FR curriculum shall require prior written approval by the Division.

(iii) Four (4) hours in the use of an automated external defibrillator (AED).

(c) One (1) hour in service every six (6) months in which the equipment, precautions and skills of defibrillation are reviewed. This shall include a practice session with the particular (AED) used by the service.

Section 3. Certified EMT Basic Continuing Medical Education Recertification Criteria. To be eligible for recertification within the certification period, the EMT Basic shall complete:

(a) CPR certification. Regardless of the teaching agency, all CPR training must adhere to the Healthcare Provider standards of the American Heart Association or its equivalent;

(b) Fifty-five (55) hours of continuing medical education, including:

(i) Forty-nine (49) hours structured by specific topics:

3 hrs- Preparatory;

4 hrs- Airway Management;

5 hrs- Patient assessment;

10 hrs- Medical Emergencies;

10 hrs- Trauma;

6 hrs - Infants/children;

3 hrs – Ambulance operations;

4 hrs- Self assisted medications; to include practical sessions; and

4 hrs- Automatic External Defibrillation; to include practical sessions

(ii) Six (6) unstructured hours: Any subject covered in the EMT course shall be accepted for continuing medical education credit. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars or other approved in service training. Those topics not listed within the EMT curriculum shall require prior written approval by the Division.

(c) It is recommended that EMT personnel audit an American College of Surgeon's Advanced Trauma Life Support (ATLS) program or Rural Trauma Team Development Course (RTTDC). Attach copy of certificate;

(d) Recertification exam. Successfully complete the EMT written recertification exam administered by the Division during the final one hundred fifty (150) days of recertification period;

~~(e)~~(i) Practical skills verification. Verification of practical skills shall be provided by the physician medical director unless this was accomplished during a formal Division approved EMT-Refresher course; and

~~(f)~~(j) Successful completion of a Division approved Paramedic course during the certification period shall fulfill all continuing medical education requirements for EMT recertification.

Section 4. Certified EMT Intermediate, Continuing Medical Education Recertification Criteria. Within the certification period, the EMT Intermediate must:

(a) Complete all continuing medical education requirements listed in Section 3 of this Chapter;

(b) Submit to the Division documentary verification of a favorable recommendation from the physician medical director for EMT Intermediate continuing medical education. The Division has established the following as appropriate criteria in meeting continual medical education specific to the EMT Intermediate's skill authorization. The physician medical director shall verify the EMT Intermediate's practical performance competency in the following areas:

(i) Intravenous therapy. Successfully perform six (6) venipunctures in each six (6) month period. (Blood draws do not satisfy this requirement);

(ii) Authorized medications. Participate in a one (1) hour in service each six (6) month period on the preparation and administration of the Division approved list of drugs, to include dosages, indications, contraindications, available preparations and concentrations, and techniques of administration. This should include a practice session. Drawing blood samples, glucose determination, saline locks, and Heparin locks, must be included in such in service training; and

(iii) Defibrillation. Participate in a one (1) hour in service every six (6) months, in which the equipment, indications, precautions, and skills of defibrillations are

reviewed. This must include a practice session with the device used by the service for which the EMT Intermediate is affiliated;

(iv) Chest Decompression. Participate in a one (1) hour in service, presented at least every six (6) months, in which related anatomy, indications, precautions, equipment, protocol, and techniques of needle decompression of the chest are reviewed;

(v) Electrocardiogram monitoring. Participate in a one (1) hour in service, presented at least every six (6) months, in which the electro physiology, equipment and protocols for EKG monitoring are reviewed; and

(vi) If authorized, for the optional level, EMT Intermediate shall have completed an Advanced Cardiac Life Support (ACLS) course equivalent to American Heart Association guidelines and submit a legible copy of a current certificate to the Division.

(c) If authorized, complete the following required advanced airway management continuing medical education, in advanced airway management:

(i) In multi-lumen lower airway adjuncts:

(A) Successfully insert six (6) multi-lumen lower airways during six (6) month period; and

(B) Participate in a one (1) hour in service of the utilized airway every six (6) months, including indications for use, contraindications, precautions, insertion and removal techniques;

(ii) Endotracheal intubations:

(A) Successfully insert six (6) endotracheal tubes during each six (6) month period. Intubations performed during each six (6) month period shall be in humans, however if necessary, may be performed on an intubation manikin under supervision; and

(B) Participate in a one (1) hour in service on endotracheal intubation every six (6) months. The review must include indications for use, contraindications, precautions, insertion and removal techniques;

(d) It is recommended that EMT Intermediate personnel audit an American College of Surgeon's Advanced Trauma Life Support (ATLS) program or Rural Trauma Team Development Course (RRTDC). Attach copy of certificate;

(e) Participate in EMT Intermediate case reviews, for a minimum of one (1) hour quarterly. EMT Intermediate cases shall be reviewed by the physician medical director to provide medical audit and control; and

(f) Successfully completed the EMT Intermediate written recertification exam administered by the Division, during the final one hundred fifty (150) days of the recertification period.

Section 5. Certified Paramedic Continuing Medical Education Recertification Criteria. Within the certification period, the Paramedic must have:

(a) Completed all continuing education requirements listed in Section 3 of this Chapter;

(b) It is recommended that Paramedic personnel audit an American College of Surgeon's, Advanced Trauma Life Support (ATLS) program or a Rural Trauma Team Development Course (RTTDC). Attach copy of certificate;

(c) Completed an Advanced Cardiac Life Support (ACLS) program that is equal to or equivalent to that presented by the American Heart Association and submit a legible copy of a current certificate to the Division;

(d) Submitted to the Division documentary verification of a favorable recommendation from the physician medical director for Paramedic continuing medical education. The Division has established the following as appropriate criteria in meeting continuing medical education specific to the Paramedic's skill authorization. The physician medical director shall verify the attendant's practical performance competency in the areas listed below:

(i) Complete twelve (12) hours of advanced continuing medical education: [Note that these hours are above and beyond those as shown in Section 4.]

6 hrs- Cardiology and Arrhythmia recognition

6 hrs- Advanced Patient assessment

(ii) Intravenous therapy: Successfully perform six (6) venipunctures during each six (6) month period;

(iii) Authorized medications: Participate in a one (1) hour in service every six (6) months on the preparation and administration of the Division approved drugs, to include dosages, indications, contraindications, available preparations and concentrations, and techniques of administration. This should include a practice session. Drawing blood samples, glucose reagent strips, saline locks, and Heparin locks, must be included in such in service training;

(iv) Defibrillation and Cardioversion: Participate in a one (1) hour in service every six (6) months in which the equipment, indications, precautions and skills of defibrillation and cardioversion are reviewed. This must include a practice session on the particular monitor/defibrillator used;

(v) Electrocardiogram monitoring: Participate in a one (1) hour in service, presented at least every six (6) months, in which the electro physiology, equipment and protocols for EKG monitoring are reviewed;

(vi) If an authorized skill, orogastric/nasogastric intubations: Participate in a one (1) hour in service, presented at least every six (6) months, in which related anatomy, indications, precautions, equipment and techniques of orogastric/nasogastric intubations are

reviewed;

(vii) Cricothyroidotomy: Participate in a one (1) hour in service, presented at least every six (6) months, in which related anatomy, indications, precautions, equipment and the Division and Board approved technique of cricothyroidotomy are reviewed; and

(viii) Chest Decompression: Participate in a one (1) hour in service, presented at least every six (6) months, in which related anatomy, indications, precautions, equipment, protocol, and techniques of needle decompression of the chest are reviewed.

(e) Complete the following advanced airway management continuing medical education, if the attendant has skill authorization in advanced airway management, completes the following:

(i) In Multi-lumen lower airway adjuncts:

(A) Successfully insert six (6) multi-lumen lower airways during each six (6) month period; and

(B) Participate in a one (1) hour in service of the utilized airway every six (6) months, to include indications for use, contraindications, precautions, insertion and removal techniques.

(f) Participate in paramedic case reviews, for a minimum of one (1) hour each quarter. Paramedic cases shall be reviewed by the physician medical director to provide medical director to provide medical audit and control; and

(g) Successfully complete the paramedic written recertification exam, as administered the Division or its representative, during the final one hundred fifty (150) days of the certification period.

Section 6. Responsibilities.

(a) It is the responsibility of the individual certified to keep one's continuing medical education and testing and to renew one's certification in a timely fashion. Because the physician medical director is ultimately responsible for the EMT Basic, EMT Intermediate or Paramedic's competency during the certification period, a physician medical director has the right to request that the Division test the EMT Basic, EMT Intermediate, or Paramedic for competency, or the physician medical director may conduct competency testing independent of the Division. The Physician medical director may withdraw the EMT Basic, EMT Intermediate, or Paramedic sponsorship at any time for any reason. It is also the physician medical director's, or his designee's responsibility to notify the Division at any time when an EMT Basic, EMT Intermediate, or Paramedic is deficient or lacking annual or semiannual continuing medical education requirements.

(b) It is the responsibility of the Division to see that the continuing medical education requirements are consistent with current medical education trends. The Division may, at its sole discretion, initiate pilot continuing medical education programs in order to keep abreast of current national trends.

Section 7. Criminal Background Checks.

(a) Beginning August 1, 2009 any Medic applying for recertification who holds a current Wyoming certification shall complete and submit a Federal Bureau of Investigation (FBI) Criminal Background check and a State of Wyoming Division of Criminal Investigation (DCI) Background Check to include fingerprinting if one has not previously been submitted to the OEMS.

(b) Criminal Background check forms shall be provided by the Division. Costs of the background check and fingerprinting are the sole responsibility of the Medic.

(c) Individuals who have been certified continuously for four (4) years as a Wyoming Medic shall only be required to have a Wyoming Division of Criminal Investigation (DCI) background check completed.

(d) The Medic shall attach the criminal history check form to the Wyoming EMT recertification form.

(e) Failure to comply with the request for the criminal background check and fingerprints will result in denial of certification.

