

# State of Wisconsin EMS Training Officer Program

## Wisconsin EMS Agency Continuing Education Plan “Enhancing EMS Lifelong Learning”

WTCS and DHS-EMS Section are pleased to assist your EMS agency in the use of the State of Wisconsin EMS Training Officer Program. **This program is optional for EMS agencies.** It's intended purpose is to assist with the delivery of flexible EMS education that has been vetted and approved by the provider's service medical director as outlined in the program. Additionally, it is aligned with the six guiding principles of the ***EMS Agenda 2050 - Envision The Future*** (<http://emsagenda2050.org>) , which is intended to guide our prehospital professionals in your pursuit of continued competence and lifelong learning.

### **Getting You Started**

Your EMS agencies' education and training team will include the training designee (commonly referred to as the EMS Training Officer), service director and medical director, including your data (WARDS) designee and your quality assurance designee ([DHS 110.47](#)). All plans are required to be approved by your services' credentialed EMS medical director. Please see the attached State of Wisconsin EMS training Officer Program document.

### **Training Program Submission**

Once the EMS Training Officer has created the education plan, it shall be forwarded it to the service medical director for review, revisions and approval. Once approved, this plan shall be emailed to [Tim Weir](#) for review and approval. Once both approvals have been received, an EMS training plan will be created in your EMS agencies' [Wisconsin E Licensing](#) system. The EMS Training Officer, service director and medical director will have access to this account. All documentation as outlined in this program for your EMS agencies are required to be added to your service training account in a timely manner. Such items would include the completed and approved application, attendance records and any other items used in the delivery of this training program.

### **Submission Requirements**

These are the forms (in one .PDF file) that need to be submitted to the medical director for review, approval and signatures:

- **State of Wisconsin EMS Continuing Education (CE) Application – Attachment 1**
- **State of Wisconsin EMS Continuing Education Acknowledgement Page – Attachment 2**
- **State of Wisconsin EMS Continuing Education Instructor Application – Attachment 3\***
- **State of Wisconsin EMS Training Officer Program EMS CE Templates 6-1 through 6-24\*\***
- **State of Wisconsin EMS Training Officer Program EMS CE Template – Attachment 7-1\*\*\***
- **State of Wisconsin EMS Training Officer Program EMS CE Template – Attachment 7-2 \*\*\***

\*Add a copy for **each** instructor who will be delivering education and/or training.

\*\*Only submit templates used in this training period.

\*\*\*Only submit if CE is created at the agency and will be delivered in this training period.

Once the medical director has reviewed and approved these attachments, they shall be forwarded to Tim Weir for review. After the final review is approved, delivery of the program content can commence.

### **Project Support**

We wish you success in the implementation, delivery and evaluation of this training program. WTCS and DHS-EMS Section will provide ongoing support of this program. Additionally, a copy of the ***Foundations of Education: An EMS Approach*** authored by the National Association of EMS Educators (NAEMSE) will be distributed for use in support of those charged with the delivery of program content. Please feel free to contact [Tim Weir](#)-Education Director-Law, Public Safety and Security-Wisconsin Technical College System or 608-266-0995 or [Helen Pullen](#)-EMS Licensing Coordinator-DHS-EMS Section or 608-266-1568 should you have an questions.

# State of Wisconsin EMS Training Officer Program

## Overview

Every licensed ambulance provider in the State of Wisconsin is required to identify an EMS Training Officer in their Operational Plan per Wisconsin Administrative Rule DHS 110.47 (5). The EMS Training Officer works in collaboration with the service provider's leadership, to include the medical director to ensure the members of the agency have proper support in their ongoing training and education, to include their biennial continuing education requirements.

## EMS Training Officer Training and Experience

The selected candidate must have a minimum of five years of field experience as an EMS provider at the level of their EMS provider, as well as at least two years of EMS training and education experience. Training officer candidates without the minimum EMS field and/or training and education experience can be considered for appointment with an acceptable equivalency as determined by the service medical director.

While the EMS Training Officer does not need to be a subject matter expert (SME) in all areas of EMS training and education, they do need the ability to recognize the training and education needs of their service and be able to secure an appropriately credentialed person to deliver the selected content.

The EMS Training Officer is required to be familiar with the current National EMS Education Standards for their service's approved level of care. It is highly recommended that the EMS Training Officer be a licensed EMS Instructor I ([DHS 110.27](#)) or an EMS Instructor II ([DHS 110.28](#)). Optimally, this would be achieved through an affiliation with a Wisconsin approved EMS training center. While not required, it would be recommended the training officer also have instructor certifications in any number of EMS programs, such as any of the various AHA programs, national trauma programs or other credentials related to the delivery of EMS, such as EVOC or HAZMAT.

The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

## EMS Training Officer Job Responsibilities/Description

The EMS Training Officer's responsibility is to ensure the EMS Training Officer Program is functioning according to the rules set forth by WTCS and DHS-EMS Section

The duties include, but are not limited to the following:

- Implements and coordinates training to maintain currency among service providers.
- Implements and coordinates a comprehensive EMS continuing education program
- Provides specialized training, if required.
- Participates in outreach training and education within the community.
- Oversees orientation of new providers, to include verification of skills knowledge, etc.
- Helps organize and participates in EMS provider training requirements.
- Maintains education and training records for their EMS agency.
- Identifies long-term, sustainable education and training needs.
- Develops and sustains a Process Improvement (PI) program.
- Stays current with local, state and national EMS research trends
- Attends and participates in EMS management team meetings
- Attends and participates in ongoing education and training for training officers
- Ensures training equipment is maintained in accordance with agency policy
- Provides members with online and off-site EMS education and training opportunities
- Performs other related duties as assigned

# **State of Wisconsin EMS Training Officer Program**

## **State of Wisconsin EMS Continuing Education (CE) Application – Attachment 1**

Attachment 1 is the EMS Continuing Education (CE) Application that must be completed by the designated training designee (commonly referred to as the EMS Training Officer). The top of the application contains the required information required to identify the service making application. All this information needs to be complete for the application to be reviewed and approved.

This application allows for 18 individual EMS CE topics per page. Use as many pages as needed, ensuring each has been dated and signed by both the EMS Training Officer and the agencies' credentialed medical director. CE that is being duplicated on different days/times are required to be identified separately. All applications, including the validation/verification of the course instructor must be completed and approved prior to delivery.

Any changes made to this application must be documented and approved by both the EMS Training Officer and the medical director to include the date revised and their signatures. All past schedules should be archived for a period of seven years.

## **State of Wisconsin EMS Continuing Education Acknowledgement Page – Attachment 2**

Attachment 2 is the Acknowledgement Page that must be completed and signed both the EMS Training Officer and the medical director as indicated. This process must be updated should either the EMS Training Officer or the medical director change.

## **State of Wisconsin EMS Continuing Education Instructor Application – Attachment 3**

Attachment 3 is the delivery of this program's content must made by a licensed EMS provider/instructor at or above the level of instruction or a vetted subject matter expert (SME) with the appropriate training and experience. Each person responsible for the delivery of CE content must complete the attached application and submit it to the EMS Training Officer and the medical director for review and approval.

The instructor validation process is intended to identify persons considered competent to deliver the content within this program. The validation/verification of the instructor application content is the responsibility of the medical director.

## **State of Wisconsin EMS Training Officer Program EMS CE Training Roster – Attachment 4**

Attachment 4 is all EMS CE training delivered through this program must have a roster of attendees completed and maintained for a period of seven years and available for review/audit by the DHS-EMS Section. Just as importantly, the EMS Training Officer must ensure each EMS CE Course and CE Training Roster is added to the agencies' e-licensing account.

## **State of Wisconsin EMS Training Officer Program EMS CE Skills Validation – Attachment 5**

Attachment 5 is another opportunity to not only gain EMS CE for this content is completing skills validations for your providers, but also ensure those providers know their EMS scope of practice and remain competent in those skills. This program allows for two hours per year for this activity (four hours for the 2018-2020 and six hours for the 2020-2023 licensing period. This training would be verified through the completion of State of Wisconsin EMS Training Officer Program EMS CE Training Roster – Attachment 4. The reference materials for this activity is the current [Wisconsin Standards and Procedures Manual](#).

## **State of Wisconsin EMS Training Officer Program EMS CE Templates – Attachment 6**

Attachment 6 contains 24 EMS CE templates approved by DHS-EMS Section for this program. Each template has course objectives for EMR, EMT, AEMT and Paramedic. While some templates have the same or similar objectives, the level at which the instruction occurs must include an expanding level of depth and breadth consistent with the requirements of that level of licensure. The reference used in the creation of this education is the National EMS Education Standards.

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS Training Officer Program EMS CE Templates 6-1 through 6-24

Here are the 24 EMS CE templates approved for use in this program:

6-1 Airway Management	6-9 Chest Trauma	6-17 Anaphylactic Emergencies
6-2 Pts. With Special Challenges	6-10 Cardiovascular Emergencies	6-18 Psychiatric Emergencies
6-3 Pediatric Emergencies	6-11 Diabetic Emergencies	6-19 Toxicologic Emergencies
6-4 Neonatal Emergencies	6-12 Infectious Diseases	6-20 Gynecologic Emergencies
6-5 Obstetric Emergencies	6-13 Emergency Medications	6-21 Orthopedic Trauma
6-6 Spec. Consider. In Trauma	6-14 Medical/Legal and Ethics	6-22 Soft-Tissue Trauma
6-7 Head/Face/Neck/Spine Trauma	6-15 Work Safety and Wellness	6-23 Environmental Emergencies
6-8 Abdominal/GU Trauma	6-16 Neurologic Emergencies	6-24 GU/Renal Emergencies

As mentioned, these topics and their course objectives were created from the National EMS Education Standards Instructional Guidelines, which is the standard for NREMT recertification (NCCP). Here are the direct links to the suggested, level-specific information instructors should use to assist in the facilitation of their specific EMS education offerings:

EMR - [EMR Instructional Guidelines](#), EMT - [EMT Instructional Guidelines](#), AEMT - [AEMT Instructional Guidelines](#) and Paramedic - [Paramedic Instructional Guidelines](#)

While the method (lecture/practical, etc.) of delivery is not mandated, but adherence to the course objectives is mandatory.

## State of Wisconsin EMS Training Officer Program EMS CE Template – Attachment 7-1

This form is used for the creation of EMS CE created by the EMS agency for the specific education and training needs of their service. As with the template offerings, each level of provider must include specific course outcomes and the instruction must expand in depth and breadth consistent with the requirement of the level of licensure.

## State of Wisconsin EMS Training Officer Program EMS CE Template – Attachment 7-2

This is the signature page for attachment 7-1, which must be included in your EMS CE application.

## State of Wisconsin EMS Training Officer Program – Submission for Approval

All training must be submitted to and approved by the medical director and sent to WTCS for review prior to being uploaded into the services e-licensing account.

## State of Wisconsin EMS Training Officer Program – Submission of EMS Rosters

Completed training rosters are to be submitted to the services e-licensing account in a timely manner. These rosters are listed as attachments 4-5 in this document.

## State of Wisconsin EMS Training Officer Program – Retention of Records

All training records must be maintained for a period of seven years and available for review/audit by the DHS-EMS Section.

## State of Wisconsin EMS Training Officer Program

### State of Wisconsin EMS Continuing Education Application Attachment 1

This is the State of Wisconsin EMS continuing education application. Users of this continuing education program are mandated to use only educational content derived from the State of Wisconsin EMS Continuing Education Template or content that has been reviewed and approved by the medical director and are required to use person(s) verified/validated by the medical director.

EMS Service Provider:

EMS Medical Director:

EMS Training Officer:

EMS Service Address:

EMS Service Phone:

EMS Service Email:

#### Continuing Education Schedule Year –

Date	Time	Topic-Template #	Level	Instructor

## State of Wisconsin EMS Training Officer Program

Date	Time	Topic-Template #	Level	Instructor

## State of Wisconsin EMS Training Officer Program

Date	Time	Topic-Template #	Level	Instructor

Date: \_\_\_\_\_ Revision Date (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Service EMS Training Officer Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Service EMS Medical Director Signature

Date: \_\_\_\_\_

## State of Wisconsin EMS Training Officer Program

### State of Wisconsin EMS Continuing Education Acknowledgement Page Attachment 2

\_\_\_\_\_ agrees to **follow the approved State of Wisconsin EMS Continuing Education template and/or materials verified as valid** by our service medical director.

\_\_\_\_\_ agrees to **follow the National Standard EMS Education Standards, State of Wisconsin EMS Scope of Practice and EMS Protocols in the delivery of all educational content** within our State of Wisconsin EMS Continuing Education Application as submitted and approved by our service medical director.

\_\_\_\_\_ agrees to use only **instructors who have been reviewed and approved** by our medical director.

\_\_\_\_\_ agrees that any change to the approved continuing education application **must be pre-approved by our medical director in writing prior to the delivery of the educational offering**, to include, but not limited to changes in date, time, location(s), topic and level of training and/or instructor.

\_\_\_\_\_ agrees that all State of Wisconsin EMS Training Officer Program documents **will be maintained for a period of seven years and available for review/audit** by the DHS-EMS Section.

\_\_\_\_\_ Date: \_\_\_\_\_  
EMS Training Officer Signature

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
EMS Medical Director Signature

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



## State of Wisconsin EMS Training Officer Program

### State of Wisconsin EMS Continuing Education Instructor Application Attachment 3

Each person conducting this training must have an acceptable level of training and experience to deliver any of the content within this program. The medical director is directly responsible for the validation/verification of each instructor.

Last Name:	First Name:
EMS Provider License # / Expiration Date	EMS Instructor License # / Expiration Date
EMS Service Provider	City/State
Address	City/State/Zip Code
Email Address	Phone Number
<b>Describe your EMS instructor/adult learner education and training experience (include dates)</b>	

**I certify the information contained in this application is true and accurate to the best of my knowledge. If appointed as an EMS Instructor, I agree to follow the approved State of Wisconsin EMS Continuing Education Template and/or other educational content approved by our medical director.**

\_\_\_\_\_  
EMS Instructor Applicant Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**I have reviewed this EMS Instructor application and approve this applicant to perform the duties of EMS Instructor according to the State of Wisconsin EMS Continuing Education Template and/or other educational content approved by me.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## State of Wisconsin EMS Training Officer Program

### State of Wisconsin EMS Continuing Education Sign-In Sheet Attachment 4

All EMS CE training delivered through this program must have a roster of attendees completed and maintained for a period of seven years and available for review/audit by the DHS-EMS Section.

EMS Service Provider Name:

Date/Time of Instruction:

Topic of Instruction:

Level of Instruction:

Instructor(s):

EMS Provider – Print Name	EMS Provider – Signature

## State of Wisconsin EMS Training Officer Program

EMS Provider – Print Name	EMS Provider – Signature

## State of Wisconsin EMS Training Officer Program

EMS Provider – Print Name	EMS Provider – Signature

I certify this EMS CE was delivered according to the rules of the State of Wisconsin EMS CE Program and approved by our Service EMS Training Officer and our EMS Medical Director.

\_\_\_\_\_  
EMS Instructor Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## State of Wisconsin EMS Training Officer Program

### State of Wisconsin EMS Skills Validation Attachment 5

All EMS CE training delivered through this program must have a roster of attendees completed and maintained for a period of seven years and available always for review/audit by the DHS-EMS Section.

EMS Service Provider Name:

Date/Time of Instruction:

Level of Validated:

Instructor(s):

Skill Validated	Skill Validated

EMS Provider – Print Name	EMS Provider – Signature

## State of Wisconsin EMS Training Officer Program

EMS Provider – Print Name	EMS Provider – Signature

I certify this EMS CE content was delivered according to State of Wisconsin Standards and Procedures Manual and approved by our EMS Training Officer and medical director.

\_\_\_\_\_  
EMS Instructor Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-1

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Airway Management**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives:</b>
Fundamental depth, simple breadth within the scope of practice of the EMR related to airway anatomy and assessment as well as techniques of assuring a patent airway
<b>EMT Course Objectives:</b>
Fundamental depth, simple breadth within the scope of practice of the EMT related to airway anatomy and assessment as well as techniques of assuring a patent airway
<b>AEMT Course Objectives:</b>
Fundamental depth, simple breadth within the scope of practice of the AEMT related to airway anatomy, airway assessment and techniques of assuring a patent airway
<b>Paramedic Course Objectives:</b>
Complex depth, comprehensive breadth within the scope of practice of the paramedic related to airway anatomy and assessment as well as techniques of assuring a patent airway

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-2

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Patients with Special Challenges**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives:</b>
Simple depth, simple breadth related to recognizing and reporting abuse and neglect
<b>EMT Course Objectives:</b>
Simple depth, simple breadth related to recognizing abuse, neglect, homelessness, poverty, bariatrics, technology dependent, hospice/ terminally ill, tracheostomy care/dysfunction, homecare, sensory deficit/loss and developmental disability
<b>AEMT Course Objectives:</b>
Fundamental depth, foundational breadth related to recognizing abuse, neglect, homelessness, poverty, bariatrics, technology dependent, hospice/ terminally ill, tracheostomy care/dysfunction, homecare, sensory deficit/loss and developmental disability
<b>Paramedic Course Objectives:</b>
Complex depth, comprehensive breadth related to abuse, neglect, poverty, bariatrics, technology dependent, hospice/ terminally ill and tracheostomy care/ dysfunction

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-3

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Pediatric Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives:</b>
Simple depth, simple breadth related to age-related assessment findings, and age-related assessment and treatment modifications for pediatrics specific diseases and/or emergencies, such as upper airway obstruction, lower airway reactive disease, respiratory distress/failure/arrest, shock, seizures and Sudden Infant Death Syndrome (SIDS)
<b>EMT Course Objectives:</b>
Fundamental depth, foundational breadth related to age-related assessment findings, developmental stage related assessment and treatment modifications for specific major diseases and/or emergencies such as upper airway obstruction, lower airway reactive disease, respiratory distress/failure/arrest, shock, seizures, Sudden Infant Death Syndrome (SIDS) and gastrointestinal disease
<b>AEMT Course Objectives:</b>
Same as the EMT level
<b>Paramedic Course Objectives:</b>
Age-related assessment findings, age-related anatomic and physiologic variations, age-related and developmental stage related assessment and treatment modifications of the pediatric-specific major or common diseases and/or emergencies: Complex depth, comprehensive breadth, foreign body airway obstruction, bacterial tracheitis, asthma, bronchiolitis, Respiratory Syncytial Virus (RSV), pneumonia, croup, epiglottitis, respiratory distress/failure/arrest, shock, seizures, Sudden Infant Death Syndrome (SIDS), hyperglycemia, hypoglycemia and pertussis

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-4

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Neonatal Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives:</b>
Simple depth/breadth related to newborn care and neonatal resuscitation
<b>EMT Course Objectives:</b>
Fundamental depth, foundational breadth related to the assessment/management of the newborn and neonatal resuscitation
<b>AEMT Course Objectives:</b>
Same as the EMT level
<b>Paramedic Course Objectives:</b>
Complex depth, comprehensive breadth related to the anatomy and physiology of neonatal circulation and the assessment and management of the newborn and neonatal resuscitation

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-5

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Obstetrical Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

EMR Course Objectives:
Simple depth/breadth related to the recognition/management of a normal delivery and vaginal bleeding in the pregnant patient
EMT Course Objectives:
Fundamental depth, foundational breadth related to anatomy and physiology of normal pregnancy, pathophysiology of complications of pregnancy, assessment of the pregnant patient, management of normal/abnormal delivery, nuchal cord, prolapsed cord, breech delivery, third trimester bleeding, placenta previa, abruptio placenta, spontaneous abortion/miscarriage, ectopic pregnancy and preeclampsia/eclampsia
AEMT Course Objectives:
Same as the EMT level
Paramedic Course Objectives:
Complex depth, comprehensive breadth related to anatomy and physiology of pregnancy, pathophysiology of complications of pregnancy, assessment of the pregnant patient, psychosocial impact, presentations, prognosis, and management of a normal/abnormal delivery, nuchal cord, prolapsed cord, breech, spontaneous abortion/miscarriage, ectopic pregnancy, eclampsia, antepartum hemorrhage and pregnancy induced hypertension

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-6

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Special Considerations in Trauma Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth, simple breadth related to the recognition and management of trauma in pregnant, pediatric and geriatric patients
<b>EMT Course Objectives</b>
Simple depth, simple breadth related to the recognition and management of trauma in pregnant, pediatric and geriatric and cognitively impaired patient
<b>AEMT Course Objectives</b>
Complex depth, foundational breadth Pathophysiology, assessment, and management of trauma in the • Pregnant patient • Pediatric patient • Geriatric patient • Cognitively impaired patient
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth related to the pathophysiology, assessment, and management of trauma in the pregnant, pediatric, geriatric and cognitively impaired patient

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-7

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Head/Face/Neck and Spine Trauma Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth related to the recognition and management of life threats and spine trauma
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth related to the pathophysiology, assessment, and management of penetrating neck trauma, laryngotracheal injuries and spine trauma. Simple depth/breadth related to facial/skull fractures, foreign bodies in the eyes and dental trauma
<b>AEMT Course Objectives</b>
Complex depth, foundational breadth related to the pathophysiology, assessment, and management of facial fractures and laryngotracheal injuries
<b>Paramedic Course Objectives</b>
Fundamental depth, foundational breadth as related to the pathophysiology, assessment, and management of unstable facial fractures, orbital fractures, perforated tympanic membrane. Complex depth, comprehensive breadth related to the assessment and management of skull fractures, penetrating neck trauma, laryngotracheal injuries, spine trauma, dislocations/subluxations, fractures, sprains/strains and mandibular fractures

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-8

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Abdominal and Genitourinary Trauma Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth related to the recognition and management of blunt versus penetrating mechanisms, evisceration and impaled objects
<b>EMT Course Objectives</b>
Fundamental depth, simple breadth related to the pathophysiology, assessment/management of solid and hollow organ injuries, blunt versus penetrating mechanisms, evisceration, injuries to the external genitalia, vaginal bleeding due to trauma and sexual assault
<b>AEMT Course Objectives</b>
Fundamental depth, foundational breadth related to the pathophysiology, assessment/management of vascular injury, solid and hollow organs injuries, blunt versus penetrating mechanisms, evisceration, retroperitoneal injuries, injuries to the external genitalia, vaginal bleeding due to trauma and sexual assault
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth related to the pathophysiology, assessment/management of vascular injury, solid and hollow organ injuries, blunt versus penetrating mechanisms, evisceration, retroperitoneal injuries and injuries to the external genitalia

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-9

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Chest Trauma Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth, simple breadth as related to the recognition and management of blunt versus penetrating mechanisms, open chest wound and impaled object
<b>EMT Course Objectives</b>
Fundamental depth, simple breadth as related to the pathophysiology, assessment and management of blunt versus penetrating mechanisms, hemothorax, pneumothorax, open/simple tension, cardiac tamponade, rib fractures, flail chest and commotio cordis
<b>AEMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the pathophysiology, assessment and management of traumatic aortic disruption, pulmonary contusion, blunt cardiac injury, hemothorax, pneumothorax, open/simple tension, cardiac tamponade, rib fractures, flail chest, commotio cordis and traumatic asphyxia
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth as related to the pathophysiology, assessment, and management of traumatic aortic disruption, pulmonary contusion, blunt cardiac injury, hemothorax, pneumothorax, open/simple tension, cardiac tamponade, rib fractures, flail chest, commotio cordis, tracheobronchial disruption, diaphragmatic rupture and traumatic asphyxia

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-10

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Cardiovascular Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth, simple breadth Anatomy, signs, symptoms and management • Chest pain • Cardiac arrest
<b>EMT Course Objectives</b>
Anatomy, physiology, pathophysiology, assessment, and management of fundamental depth, foundational breadth as related to acute coronary syndrome, angina pectoris, myocardial infarction, aortic aneurysm/dissection, thromboembolism. Simple depth/breadth as related to heart failure and hypertensive emergencies
<b>AEMT Course Objectives</b>
Anatomy, physiology, pathophysiology, assessment, and management of complex depth, foundational breadth as related to acute coronary syndrome, angina pectoris, myocardial infarction. Fundamental depth, simple breadth as related to heart failure and hypertensive emergencies
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of complex depth, comprehensive breadth as related to acute coronary syndrome, angina pectoris, myocardial infarction, heart failure, non-traumatic cardiac tamponade, hypertensive emergencies, cardiogenic shock, vascular disorders, abdominal aortic aneurysm, arterial occlusion, venous thrombosis, aortic aneurysm/dissection, thromboembolism, cardiac rhythm disturbances. Fundamental depth, foundational breadth as related to infectious diseases of the heart, endocarditis, pericarditis and congenital abnormalities

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-11

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Diabetic (Endocrine) Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to diabetic emergencies cause altered mental status
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the anatomy, physiology, pathophysiology, assessment and management of acute diabetic emergencies
<b>AEMT Course Objectives</b>
Complex depth, foundational breadth as related to the anatomy, physiology, pathophysiology, assessment and management of acute diabetic emergencies
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of complex depth, comprehensive breadth as related to acute diabetic emergencies. Fundamental depth, foundational breadth as related adrenal disease and pituitary/thyroid disorders

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-12

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Infectious Diseases**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the awareness of patient who may have an infectious disease and how to decontaminate equipment after treating a patient
<b>EMT Course Objectives</b>
Simple depth/breadth as related to the assessment and management of a patient who may have an infectious disease and how to decontaminate the ambulance and equipment after treating a patient
<b>AEMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the assessment and management of a patient who may be infected with a bloodborne pathogen, HIV, Hepatitis B, antibiotic resistant infections or current infectious diseases prevalent in the community
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, reporting requirements, prognosis, and management of complex depth, comprehensive breadth as related to HIV-related disease, hepatitis, pneumonia and meningitis. Fundamental depth, foundational breadth as related to tuberculosis, tetanus, viral diseases, sexually transmitted disease, gastroenteritis, fungal infections, Lyme disease and antibiotic resistant infections

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-13

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Emergency Medications**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth within the scope of practice of the EMR as related to the names, effects. Indications, routes of administration and dosages for medications administered
<b>EMT Course Objectives</b>
Fundamental depth, simple breadth within the scope of practice of the EMT as related the names, actions, indications, contraindications, complications, routes of administration, side effects, interactions and dosages for medications administered
<b>AEMT Course Objectives</b>
Fundamental depth, foundational breadth within the scope of practice of the AEMT as related to the names, actions, indications, contraindications, complications, routes of administration, side effects, interactions and dosages for medications administered
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth within the scope of practice of the paramedic as related to the names, actions, indications, contraindications, complications, routes of administration, side effects, interactions and dosages for medications administered

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-14

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Medical/Legal and Ethics**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth, simple breadth as related to the consent/refusal of care, confidentiality, advanced directives, tort and criminal actions, evidence preservation, statutory responsibilities, mandatory reporting, ethical principles/moral obligations and end-of-life issues
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the consent/refusal of care, confidentiality, advanced directives, tort and criminal actions, evidence preservation, statutory responsibilities, mandatory reporting and ethical principles/moral obligations
<b>AEMT Course Objectives</b>
Same as the EMT level.
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth as related to the consent/refusal of care, confidentiality, advanced directives, tort and criminal actions, statutory responsibilities, mandatory reporting, health care regulation, patient rights/advocacy, end-of-life Issues, ethical principles/moral obligations and ethical tests and decision making

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-15

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Workforce Safety and Wellness**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth, simple breadth as related to standard safety precautions, personal protective equipment, stress management, dealing with death and dying, prevention of response related injuries and lifting and moving patients
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the standard safety precautions, personal protective equipment, stress management, dealing with death and dying, prevention of work-related injuries, lifting and moving patients, disease transmission and wellness principles
<b>AEMT Course Objectives</b>
Same as the EMT level
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth as related to provider safety and well-being, standard safety precautions, personal protective equipment, stress management, dealing with death and dying, prevention of work-related injuries, lifting and moving patients, disease transmission and wellness principles

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-16

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Neurologic Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the anatomy, presentations, and management of decreased level of responsiveness, seizure and stroke
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth related to the anatomy, physiology, pathophysiology, assessment and management of stroke/ transient ischemic attack, seizure, status epilepticus and headache
<b>AEMT Course Objectives</b>
Complex depth, foundational breadth related to the anatomy, physiology, pathophysiology, assessment and management of seizures
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of complex depth, comprehensive breadth as related to stroke/intracranial hemorrhage/transient ischemic attack, seizure, status epilepticus, headache. Fundamental depth, foundational breadth as related to dementia, neoplasms, demyelinating disorders, Parkinson's disease, cranial nerve disorders, movement disorders, neurologic inflammation/ infection, spinal cord compression, hydrocephalus and Wernicke's encephalopathy

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-17

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Anaphylactic Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth, simple breadth as related the recognition and management of shock and difficulty breathing related to anaphylactic reactions
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the anatomy, physiology, pathophysiology, assessment, and management of hypersensitivity disorders and/or emergencies and anaphylactic reactions
<b>AEMT Course Objectives</b>
Complex depth, comprehensive breadth as related to the anatomy, physiology, pathophysiology, assessment, and management of hypersensitivity disorders and/or emergencies and allergic/anaphylactic reactions
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major immune system disorders and/or emergencies, as related to complex depth, comprehensive breadth, hypersensitivity, allergic/anaphylactic reactions, anaphylactoid reactions. Fundamental depth, foundational breadth as related to collagen vascular disease and transplant related problems

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-18

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Psychiatric Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the recognition of behaviors that pose a risk to the EMR, patient or others
<b>EMT Course Objectives</b>
Simple depth/breadth as related to basic principles of the mental health system. Fundamental depth, foundational breadth as related to the assessment and management of acute psychosis, suicidal/risk and agitated delirium
<b>AEMT Course Objectives</b>
Same as the EMT level
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of complex depth, comprehensive breadth as related to acute psychosis, agitated delirium. Fundamental depth, foundational breadth as related to cognitive disorders, thought disorders, mood disorders, neurotic disorders, substance-related disorders/addictive behavior, somatoform disorders, factitious disorders, personality disorders, patterns of violence/ abuse/neglect and organic psychoses

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-19

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Toxicologic Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the recognition and management of carbon monoxide poisoning, nerve agent poisoning and how and when to contact a poison control center
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the anatomy, physiology, pathophysiology, assessment, and management of inhaled poisons, ingested poisons, injected poisons, absorbed poisons, alcohol intoxication and withdrawal
<b>AEMT Course Objectives</b>
Fundamental depth, foundational breadth as related to an opiate toxidrome
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth as related to the anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of the following toxidromes and poisonings: cholinergics, anticholinergics, sympathomimetics, sedative/hypnotics, opiates, alcohol intoxication and withdrawal, over-the-counter and prescription medications, carbon monoxide, illegal drugs and herbal preparations

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-20

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Gynecologic Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the recognition and management of shock associated with vaginal bleeding
<b>EMT Course Objectives</b>
Anatomy, physiology, assessment findings, and management of fundamental depth, foundational breadth as related to vaginal bleeding, sexual assault (to include appropriate emotional support). Simple depth/breadth as related to infections
<b>AEMT Course Objectives</b>
Same as the EMT level
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major gynecological diseases and/or emergencies. Complex depth, comprehensive breadth as related to vaginal bleeding, sexual assault. Fundamental depth, foundational breadth as related to infections, pelvic inflammatory disease, ovarian cysts, dysfunctional uterine bleeding and vaginal foreign body

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-21

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Orthopedic Trauma Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the recognition and management of open fractures, closed fractures, dislocations and amputations
<b>EMT Course Objectives</b>
Pathophysiology, assessment, and management of fundamental depth, foundational breadth as related to upper and lower extremity orthopedic trauma, open fractures, closed fractures, dislocations, sprains/strains, pelvic fractures and amputations/replantation
<b>AEMT Course Objectives</b>
Pathophysiology, assessment, and management of simple depth/breadth as related to compartment syndrome. Complex depth, foundational breadth as related to pelvic fractures and amputations/replantation
<b>Paramedic Course Objectives</b>
Pathophysiology, assessment, and management of Fundamental depth, foundational breadth as related to pediatric fractures, tendon laceration/ transection/ rupture (Achilles and patellar), compartment syndrome. Complex depth, foundational breadth as related to upper and lower extremity orthopedic trauma, open fractures, closed fractures and dislocations

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-22

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Soft Tissue Trauma Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the recognition and management of wounds, burns (electrical/chemical/thermal) and chemicals in the eye/skin
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the pathophysiology, assessment, and management of wounds (avulsions/bite wounds/lacerations/puncture wounds/incisions), burns (electrical/chemical/thermal/radiation). Simple depth/breadth of crush syndrome
<b>AEMT Course Objectives</b>
Fundamental depth, simple breadth of Crush syndrome
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth as It relates to the pathophysiology, assessment, and management of wounds (avulsions/bite wounds/lacerations/puncture wounds). Burns (electrical/chemical/thermal). High-pressure injection or crush syndrome

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-23

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Environmental Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as related to the recognition and management of submersion incidents and temperature-related illness
<b>EMT Course Objectives</b>
Fundamental depth, foundational breadth as related to the pathophysiology, assessment, and management of near-drowning, temperature-related illness, bites and envenomation, diving injuries, electrical injury and radiation exposure
<b>AEMT Course Objectives</b>
Same as the EMT level
<b>Paramedic Course Objectives</b>
Complex depth, comprehensive breadth as related to the pathophysiology, assessment, and management of near-drowning, temperature-related illness, bites and envenomation, diving injuries and electrical injury

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# State of Wisconsin EMS Training Officer Program

## State of Wisconsin EMS CE Templates Attachment 6-24

Service Provider Name:

Service Provider Level(s):

Continuing Education Topic: **Genitourinary/Renal Emergencies**

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

<b>EMR Course Objectives</b>
Simple depth/breadth as it relates to blood pressure assessment in hemodialysis patients
<b>EMT Course Objectives</b>
Simple depth/breadth as it relates to the anatomy, physiology, pathophysiology, assessment, and management of complications related to renal dialysis, urinary catheter management (not insertion) and kidney stones
<b>AEMT Course Objectives</b>
Fundamental depth, simple breadth as it relates to the anatomy, physiology, pathophysiology, assessment, and management of complications related to renal dialysis and kidney stones
<b>Paramedic Course Objectives</b>
Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of complex depth, comprehensive breadth as it relates to complications of acute renal failure, chronic renal failure, dialysis, renal calculi. Fundamental depth, foundational breadth as it relates to acid base disturbances, fluid and electrolytes, Infection and male genital tract conditions

**I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education template and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this template and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and EMS Service Medical Director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit by WTCS and/or DHS-EMS Section.**

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## State of Wisconsin EMS Training Officer Program

### State of Wisconsin EMS Continuing Education Application Attachment 7-1

Users of this continuing education program can create EMS educational offerings that include course objectives specific to the level(s) content that has been approved by their service medical director. As with the template offerings, an instructor approved by the service medical director for its delivery.

EMS Service Provider:

EMS Medical Director:

EMS Training Officer:

EMS Service Address:

EMS Service Phone:

EMS Service Email:

#### Continuing Education Schedule –

Date	Time	Topic	Level	Instructor

**Course objectives include the content from all previous levels plus those listed for the stated course objectives.**

EMR Course Objectives:

EMT Course Objectives:

AEMT Course Objectives:

Paramedic Course Objectives:

Date: \_\_\_\_\_

Revision Date (if applicable): \_\_\_\_\_

## State of Wisconsin EMS Training Officer Program

### State of Wisconsin EMS Continuing Education Application Signature Page Attachment 7-2

I agree to use EMS educational materials based on the current National EMS Education Standards in the delivery of this EMS continuing education and will only use persons approved by the service medical director to deliver of its instruction. I agree that changes made to this content and/or the person responsible for its delivery will be pre-approved by the EMS Training Officer and medical director. I agree to maintain records of this training for a period of seven (7) years for purposes of confirmation of training and/or audit/review by DHS-EMS Section.

\_\_\_\_\_  
EMS Training Officer Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
EMS Medical Director Signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



# State of Wisconsin EMS Training Officer Program

## EMS Training Officer Resources

### National EMS Education Standards

<https://www.ems.gov/pdf/National-EMS-Education-Standards-FINAL-Jan-2009.pdf>

### Wisconsin State Statutes and Administrative Rules

[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/110](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110)

### Wisconsin State Statutes for EMS

<https://docs.legis.wisconsin.gov/statutes/statutes/256/>

### Wisconsin EMS Scope of Practice

<https://www.dhs.wisconsin.gov/ems/licensing/scope.htm>

### All levels of EMS Curriculums

<https://www.dhs.wisconsin.gov/ems/training/curricula.htm>

### EMS Standards and Procedures Manual

<https://www.dhs.wisconsin.gov/publications/p00908.pdf>

### DHS-EMS Section – General Information

<https://www.dhs.wisconsin.gov/ems/index.htm>

### DHS-EMS Section – E-licensing

<https://www.dhs.wisconsin.gov/ems/licensing/elicensing.htm>

### WTCS EMS Webpage

<http://mywtcs.wtcsystem.edu/instructional-services/law-public-safety-and-security/ems>

### TRAIN Wisconsin

<https://www.dhs.wisconsin.gov/ph-workforce/train.htm>

### TRAIN Wisconsin - Weapons of Mass Destruction (WMD) Training

<https://www.dhs.wisconsin.gov/ems/training/wmdcourse.htm>

### Wisconsin EMS Patient Care Report

<https://www.dhs.wisconsin.gov/forms/f4/f47489.pdf>

### Wisconsin EMS Patient Care Report – Electronic

<https://www.dhs.wisconsin.gov/ems/wards.htm>

### National Association of EMS Educators

<http://naemse.org>

### National Registry of EMT's

<https://www.nremt.org>

### Wisconsin EMS Training Centers

<https://www.dhs.wisconsin.gov/ems/training/centers.htm>