



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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July 22, 2024

To Whom It May Concern,

The Department of Health (department) has adopted amendments to chapter 246-976 WAC, Emergency medical services and trauma care systems. The rules in chapter 246-976 WAC are rules that:

- Establish the standards and qualifications for the issuance, suspension, and revocation of an EMS service license and trauma verification, EMS provider certification, EMS instructor recognition, EMS training program and training course approval, and minimum prerequisites required for a person to attend an initial training course.
- Establish the minimum requirements for continuing education, scope of practice, and specify the provisions of specialized training for certified EMS providers.
- Prescribe the roles and responsibilities of the EMS physician medical program directors and establish the qualifications for the issuance, suspension, and revocation of the medical program director certification.
- Prescribe the minimum roles and responsibilities for the local and regional EMS & Trauma Care Councils.

These rules are intended to complement the standards governed by chapter 18.71, 18.73, and 70.168 RCW. The amended rules are the result of a comprehensive chapter review. The amendments clarify, streamline, and modernize the entire chapter.

A comprehensive review of the entire chapter showed that the existing rules could be better aligned with current national standards and practices. In general, the revised chapter now:

- Aligns with national standards, adopts, incorporates, clarifies, or complies with federal or other state regulations;
- Clarifies scope of practice for certified EMS providers and proposes minimum standards for provisional certification of EMS providers;
- Updates education requirements for certified EMS providers in response to new legislation;
- Removes barriers to initial and renewal application processes for EMS service licenses, EMS provider certifications, and Senior EMS Instructor recognition;

- Clarifies staffing standards for EMS services authorized to use non-medically trained drivers as provided in new legislation;
- Proposes minimum standards for emergency services supervisory organizations to use certified EMS providers as provided in new legislation;
- Clarifies and includes necessary definitions; and
- No longer has conflicts in the rules.

The adopted amendments to chapter 246-976 WAC will become effective on September 30, 2024. A copy of the adopted rules are attached.

The adopted rules are different from the text of the proposed rule as it was published in the Washington State Register 24-03-061. The following clarifying and non-substantive changes were made to the proposed rules upon adoption:

- A. **WAC 246-976-023 Initial EMS training course requirements and course approval.** In subsection (3)(f) the department made a minor edit to clarify the title of a department document from “Course Completion Record” to “EMS Course Completion Verification form” which is the correct title of this document.
- B. **WAC 246-976-031 EMS Instructors, initial approval, and recognition.** In subsection 1(a) the department made a minor edit to change the word “student” to “clinical”. This clarifies that an emergency services evaluator (ESE) may function as a clinical preceptor to a student and is not a student. The intent of this standard is to allow an ESE to be identified by a training program as a person who can provide mentorship and oversight of a student in an EMS training program who is conducting field time with an EMS service as a part of their training. The proposed rule was worded in a way that interested parties felt was confusing, so the department made this minor edit to clarify the intent.
- C. **WAC 246-976-139 Provisional certification.** In subsection (3) the department made a minor edit to correct the word “filed” to “field”. The intent of this standard is that a person holding a provisional certification would be able to apply for full certification upon successful completion of any EMS service field training. In the proposed rule the word was misspelled and said “filed”. The spelling of the word was corrected.
- D. **WAC 246-976-141 To obtain initial EMS provider certification following the successful completion of Washington state approved EMS course.** In subsection (5), the department made a minor edit to remove the word “and”. The intent of this standard is that proof of competency is a current and valid certification from another state or national organization recognized by the department. In the proposed rule the word “and” implied that an applicant had to provide additional proof beyond a current and valid certification from another state or national organization recognized by the department. That was not the intent and removing the word “and” clarifies this.
- E. **WAC 246-976-141 To obtain initial EMS provider certification following the successful completion of Washington state approved EMS course.** In subsection (6) the department restored the language which allows Senior EMS Instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected.

- F. **WAC 246-976-142 To obtain reciprocal (out of state) EMS certification based on out of state or national EMS certification approved by the department.** In subsection (5), the department made a minor edit to remove the word “and”. The intent of this standard is that proof of competency is a current and valid certification from another state or national organization recognized by the department. In the proposed rule the word “and” implied that an applicant had to provide additional proof beyond a current and valid certification from another state or national organization recognized by the department. That was not the intent and removing the word “and” clarifies this.
- G. **WAC 246-976-142 To obtain reciprocal (out of state) EMS certification based on out of state or national EMS certification approved by the department.** In subsection (6) the department restored the language which allows Senior EMS Instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected.
- H. **WAC 246-976-161 General education and skill maintenance requirements for EMS provider certification.** In subsection (4) the department made a minor edit to add “to the skills and procedures identified on the Washington State Approved Skills and Procedures for Certified EMS Providers list (DOH 530-173)”. This addition clarifies that the intent of this provision is related to providing opportunities for certified EMS providers to practice the skills and procedures relevant to EMS clinical practice and patient care.
- I. **WAC 246-976-171 Recertification, reversion, reissuance, and reinstatement of certification.** In subsection (2)(c) the department restored the language which allows Senior EMS Instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected.
- J. **WAC 246-976-300 Ground ambulance and aid service – equipment.** In table (A) the department made minor edits to clarify equipment standards. We removed the asterisk from the End-tidal CO2 detector and Supraglottic airways for intermediate and advanced level services. The intent of this standard is to identify the number and type of equipment that must be made available on licensed ambulances, aid vehicles and emergency services supervisory organizations. In the proposed rule, an asterisk implied that this equipment was optional for intermediate and advanced levels of care when in fact, the equipment is required for intermediate and advanced levels of care. This was an error and has been corrected. In table (A) the department made a minor edit to clarify the equipment standard for Intubation insertion equipment and added the word “Assortment” to the ALS AID/ESSO column. This was an error and has been corrected. In subsection (2)(c) the department added a semicolon after the word “monitoring”.
- K. **Chapter 246-976 WAC** For consistency, the department made minor edits throughout the proposal to make consistent use of the terms “continuing medical education (CME) and ongoing training”. These terms were used in a variety of ways throughout the document and the department edited these terms all to say the same thing.
- L. **Chapter 246-976 WAC** For consistency, the department made minor edits throughout the proposal to make consistent use of the term “county medical program director”. This phrase was used in a

variety of ways throughout the document and the department edited this phrase to say the same thing.

The following table is a summary of all comments received and the department’s response:

WAC Section	Comment Received	Department of Health Response
246-976-010 – Definitions	“Advanced first aid” is not offered by the American Red Cross per their website. They do, however, offer other classes. Suggest removing “American Red Cross” or providing an accurate name for the course(s) and their equivalencies.	No change. Currently the definition in 246-976-010 includes “American Red Cross or an equivalent” which is consistent with the provisions of RCW 18.13.120 Certificate of advanced first aid qualification, RCW 18.73.150 Ambulance personnel requirements, and RCW 18.73.170 Aid vehicles – Personnel. The department publishes guidance “Advanced First Aid Alternatives (DOH 530-187) identifying equivalencies which is available on our website.
246-976-022 – EMS training program requirements, approval, reapproval, discipline	A few comments were submitted asking if there is information on how the Washington Workforce Training and Education Board is to be contacted and how the Board will determine if an EMS training program is subject to the private vocation school requirements.	No change. The department includes contact information for the Washington Workforce Training and Education Board on the application forms for training programs published by the department. Applicants should consult directly with the Washington Workforce Training and Education Board to learn how the organization makes the determination on whether a training program is subject to the private vocation school requirements.
246-976-022 – EMS training program requirements, approval, reapproval, discipline	In subsection (2)(k) Consider adding the word “student” before 75% or is this a class pass rate of 75%?	No change. The intent of this standard is for the training program to maintain an overall class pass rate of 75% and not an individual student pass rate.
246-976-022 – EMS training program	Does a syllabus given to students which outlines all requirements, policies and procedures suffice for an operation manual?	No change. Yes, if the syllabus includes policies and procedures that meet the requirements listed

<p>requirements, approval, reapproval, discipline</p>		<p>in the EMS Training Program Instructor Manual (DOH 530-126). The department works with the state Prehospital Technical Advisory Committee, EMS Medical Program Directors, EMS Training Program Directors, and Education workgroup to identify and keep updated the which includes the components needed in an operation manual.</p>
<p>246-976-022 – EMS training program requirements, approval, reapproval, discipline</p>	<p>Clarify if the “post-graduation survey” noted in subsection (2)(l)(ii) is the Washington State EMS Student Survey.</p>	<p>No change. No, the post-graduation survey is not the Washington State EMS Student Survey. A post-graduation survey is a survey developed and conducted by the training program that provides students an opportunity to provide feedback directly to the training program about the training program and student employment opportunities after the program concludes.</p>
<p>246-976-023 Initial EMS training course requirements and course approval.</p>	<p>What is the “Course Completion Record?”</p>	<p>In subsection (3)(f) the department made a minor edit to clarify the title of a department document from “Course Completion Record” to “EMS Course Completion Verification form” (DOH 530-008) which is the correct title of this document.</p>
<p>246-976-023 Initial EMS training course requirements and course approval</p>	<p>A comment was submitted to request the department to keep the requirement for local EMS & Trauma Care Councils to review and approve initial training course applications. The local EMS & Trauma Care Council is the only entity that provides oversight and accountability for instructors teaching courses and monitoring pass/fail rates.</p>	<p>No change. Consensus amongst interested parties, medical program directors, training program directors, instructors, and local EMS & Trauma Care council members attending rulemaking meetings was to remove the requirement for local EMS & Trauma Care councils to review and approve training course applications because the extra review and approval step was overly burdensome for training</p>

		<p>programs, was causing significant delays in obtaining approval for courses and provided little value outside of having visibility of the course. The department will provide quarterly reports of approved training courses and annual reports of training program certification examination scores to the local EMS & Trauma Care councils to support council activities in oversight and accountability for training programs, courses, and instructors in their communities.</p>
<p>246-976-026 Ongoing training and education programs (OTEP)</p>	<p>What and where are the approved DOH forms for skills evaluation?</p>	<p>No change. The department publishes the “EMR, EMT & AEMT Level Practical Evaluation Skill Sheets (DOH530-226) which is available on our website which includes the approved DOH forms for skills evaluation.</p>
<p>246-976-026 Ongoing training and education programs (OTEP)</p>	<p>Subsection (3) states “provide education at least on a quarterly basis”. Does it state anywhere that a student must “attend at least on a quarterly basis”?</p>	<p>No change. Subsection (1) states that “to recertify using the OTEP method, an EMS provider must complete a county MPD, and department approved OTEP that meets requirements in ...”. This standard implies that an EMS provider must attend OTEP as it is scheduled and outlined in the approved OTEP plan.</p>
<p>246-976-031 EMS Instructors, initial approval, and recognition.</p>	<p>Suggest clarifying in subsection (1)(a) if a preceptor is a student or someone who is evaluating a student.</p>	<p>In subsection 1(a) the department made a minor edit to change the word “student” to “clinical”. This clarifies that an emergency services evaluator (ESE) may function as a clinical preceptor to a student and is not a student. The intent of this standard is to allow an ESE to be identified by a training program as a person who can provide mentorship and oversight of a student in an EMS training</p>

		<p>program who is conducting field time with an EMS service as a part of their training. The proposed rule was worded in a way that interested parties felt was confusing, so the department made this minor edit to clarify the intent.</p>
<p>WAC 246-976-031 EMS instructors' initial approval and recognition</p>	<p>The requirements on the initial recognition and application packet for Senior EMS Instructors are burdensome and difficult to meet in rural communities. Would the department consider more flexibility in the topics and methods of teaching that is required in initial recognition and application packet?</p>	<p>Agree. Rule changes are not required to evaluate and amend the application criteria noted on the initial recognition and application packet for Senior EMS instructors. The department worked with the state EMS Education and Training workgroup to modernize, lean, and provide more flexibility in the teaching requirements on the initial recognition and application packet for Senior EMS instructors.</p>
<p>WAC 246-976-031 EMS instructors' initial approval and recognition</p>	<p>The requirement for a Senior EMS instructor (SEI) to obtain and maintain a CPR Instructor qualification is expensive and overburdensome for SEI's.</p>	<p>Agree. No changes were made to the rule at this time. The department socialized this request with interested parties. The consensus amongst training program directors, medical program directors, and senior EMS instructors was to keep the provision requiring an SEI applicant to have a current CPR instructor qualification to assure safety during incipient phases of an SEI's tenure. Interested parties emphasized that an evidence based, standardized approach, verified competency in teaching EMS providers how to manage a cardiac arrest is a critical foundation of knowledge and skill needed to support EMS in providing care to populations experiencing cardiac arrest. In the proposed rule, Interested parties did agree to the department's</p>

		decision to remove the requirement for SEI's to have to maintain a CPR instructor qualification in subsequent recognition periods.
246-976-031 EMS instructors, initial approval, and recognition	What/where is the one-hour Washington State EMS Instructor Orientation that is provided by the department?	No change. The department is working to develop this orientation and will advise interested parties when it is completed as a part of implementation of the rules. This course will be provided by the department EMS program staff. The intent of this course is to educate new instructors of key regulations, requirements, standards, and processes steps to help minimize delays in processing training and certification applications due to common mistakes that occur on completing applications, missing process steps, or not meeting requirements.
246-976-139 Provisional certification.	In subsection (3) correct the spelling of the word "filed" to "field".	In subsection (3) the department made a minor edit to correct the word "filed" to "field". The intent of this standard is that a person holding a provisional certification would be able to apply for full certification upon successful completion of any EMS service field training. In the proposed rule the word was misspelled and said "filed". The spelling of the word was corrected.
246-976-141 To obtain initial EMS provider certification following the successful completion of Washington state approved EMS course	What is "proof of competency"?	Clarified. In subsection (5), the department made a minor edit to remove the word "and". The intent of this standard is that proof of competency is a current and valid certification from another state or national organization recognized by the department. In the proposed rule the word "and"

		implied that an applicant had to provide additional proof beyond a current and valid certification from another state or national organization recognized by the department. That was not the intent and removing the word “and” clarifies this.
246-976-141 To obtain initial EMS provider certification following the successful completion of Washington state approved EMS course.	Several comments were submitted that asked the department to restore the language which allows certified EMS providers to affiliate with a department approved training program if they are unable or do not want to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization.	In subsection (6) the department restored the language which allows Senior EMS Instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected.
246-976-142 To obtain reciprocal (out-of-state) EMS certification, based on a current out-of-state or national EMS certification approved by the department.	Several comments were submitted expressing concerns that the out of state reciprocity requirements for applicants to have to take the national registry examination if they have not taken it within 12 months is overburdensome and provides no additional value in assessing an applicant’s competency beyond minimum standards.	Agree. The department has removed the requirement for out of state applicants to take the national registry examination if they have not taken it within 12 months.
246-976-142 To obtain reciprocal (out-of-state) EMS certification, based on a current out-of-state or national EMS certification approved by the department.	A comment was submitted expressing concerns about the requirement for paramedics to have attended a CAAHEP accredited training program to qualify for certification in Washington State citing that the requirement was overburdensome and provided no additional value or proof of competency than a current and valid certification from another state or national registry.	Agree. The department has removed the requirement for out of state paramedic applicants to have graduated from a CAAEHP accredited program.
246-976-142 To obtain reciprocal (out-of-state)	What is “proof of competency”?	Clarified. In subsection (5), the department made a minor edit to

<p>EMS certification, based on a current out-of-state or national EMS certification approved by the department.</p>		<p>remove the word “and”. The intent of this standard is that proof of competency is a current and valid certification from another state or national organization recognized by the department. In the proposed rule the word “and” implied that an applicant had to provide additional proof beyond a current and valid certification from another state or national organization recognized by the department. That was not the intent and removing the word “and” clarifies this.</p>
<p>246-976-142 To obtain reciprocal (out-of-state) EMS certification, based on a current out-of-state or national EMS certification approved by the department.</p>	<p>Several comments were submitted that asked the department to restore the language which allows certified EMS providers to affiliate with a department approved training program if they are unable or do not want to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization.</p>	<p>In subsection (6) the department restored the language which allows Senior EMS Instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected</p>
<p>246-976-161 General education and skill maintenance requirements for EMS provider certification.</p>	<p>A comment was received that asked the department to clarify the ongoing education requirement related to ambulance driver training and if it includes actual driving course component. Concern was expressed about the cost of setting up an entire driving course for ongoing training related to driving ambulances.</p>	<p>In subsection (4) the department made a minor edit to add “to the skills and procedures identified on the Washington State Approved Skills and Procedures for Certified EMS Providers list (DOH 530-173)”. This addition clarifies that the intent of this provision is related to providing opportunities for certified EMS providers to practice the skills and procedures relevant to EMS clinical practice and patient care.</p>
<p>WAC 246-976-161 General education and</p>	<p>The requirement for paramedics to obtain a certain number of live</p>	<p>Agree. The department worked with interested parties and the</p>

<p>skill maintenance requirements for EMS provider recertification</p>	<p>intubations to qualify for recertification is overburdensome and may be contributing to paramedics intubating patients in the field that may not need to be intubated to make the number of required intubations for recertification. The department should consider a more frequent and intense training and advanced airway course instead of a fixed number of live intubations.</p>	<p>EMS medical program directors to propose standards as described in subsection (6) for maintenance of advanced airway skills through competency based training and successful completion of a department approved MPD advanced airway management education program within each three-year certification period.</p>
<p>WAC 246-976-161 General education and skill maintenance requirements for EMS provider recertification</p>	<p>The requirement for paramedics to obtain a certain number of live intubations to qualify for recertification is overburdensome and may be contributing to paramedics intubating patients in the field that may not need to be intubated to make the number of required intubations for recertification. The department should consider a more frequent and intense training and advanced airway course instead of a fixed number of live intubations.</p>	<p>Agree. The department worked with interested parties and the EMS medical program directors to propose standards as described in subsection (6) for maintenance of advanced airway skills through competency based training and successful completion of a department approved MPD advanced airway management education program within each three-year certification period.</p>
<p>WAC 246-976-163 The OTEP method of certification</p>	<p>The requirement for certified EMS providers to attend quarterly ongoing education and training is difficult in terms of logistics and recordkeeping, particularly in rural communities.</p>	<p>No change. There was consensus amongst interested parties, medical program directors, and educators to keep the requirement of quarterly training for a certified EMS provider to recertify using the ongoing training and education method. EMS services and certified EMS providers who are unable or do not wish to attend quarterly training or meet other requirements of ongoing training and education method of recertification have the option of recertifying through the continuing medical education method as described in 246-976-162 The CME method of recertification.</p>

<p>246-976-171 Recertification, reversion, reissuance, and reinstatement of certification.</p>	<p>Several comments were submitted that asked the department to restore the language which allows certified EMS providers to affiliate with a department approved training program if they are unable or do not want to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization.</p>	<p>In subsection (2)(c) the department restored the language which allows Senior EMS Instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected.</p>
<p>246-976-260 Licenses required</p>	<p>The background check required for non-medically trained drivers is too restrictive and will prevent recruitment of volunteers who may have minor violations on their record from the past but may impede their ability to be a good volunteer.</p>	<p>No change. Subsection (4)(E) allows ambulance services established by a volunteer or municipal corporation to use non-medically trained drivers as provided in RCW 18.73.150(2). The law requires non-medically trained drivers to successfully pass a background check issued or approved by the department. The department must comply with the provision as directed in statute.</p>
<p>WAC 246-976-300 Ground ambulance and aid service – equipment.</p>	<p>Several comments were received that identified some minor edits needed to clarify equipment standards for ambulances.</p>	<p>In table (A) the department made minor edits to clarify equipment standards. We removed the asterisk from the End-tidal CO2 detector and Supraglottic airways for intermediate and advanced level services. The intent of this standard is to identify the number and type of equipment that must be made available on licensed ambulances, aid vehicles and emergency services supervisory organizations. In the proposed rule, an asterisk implied that this equipment was optional for intermediate and advanced levels of care when in fact, the equipment is required for intermediate and advanced levels of care. This was an error and has</p>

		<p>been corrected. In table (A) the department made a minor edit to clarify the equipment standard for Intubation insertion equipment and added the word “Assortment” to the ALS AID/ESSO column. This was an error and has been corrected. In subsection (2)(c) the department added a semicolon after the word “monitoring”.</p>
<p>246-976-300 Ground ambulance and aid service - Equipment</p>	<p>There is no regulation or rules around hospital based or ground critical care transport which results in concerns that facilities may not have adequate training, competency, or equipment standards to support this level of service and is an oversight resulting in risk to the public.</p>	<p>Agree – The department proposed minimum equipment and staffing standards for ground ambulances providing transport for patients needing specialty level care in subsection (2).</p>
<p>246-976-300 Ground ambulance and aid service - Equipment</p>	<p>Would the department consider allowing “BVM with O2 reservoir, adult or equivalent)” to be considered in the standards for medical equipment ambulances are required to carry? Overventilation is proven to increase the mortality and morbidity of patients. A normal BVM holds approximately 1.5L of air, almost three times the American Heart Association’s recommended 600 mL tidal volume for an adult patient. Large and forceful ventilations can result in significant damage to the lungs. The recommended change would allow services to use a BVM with a smaller reservoir capacity regardless of the manufactures classification to manage adult airways.</p>	<p>Agree. The department socialized the request with the EMS physician medical program directors who agreed to the following language in Table A “BVM, with O2 reservoir to provide tidal volume appropriate for each (adult, pediatric, infant)”.</p>
<p>246-976-330 Ambulance and aid service record requirements</p>	<p>Would the department clarify the requirement for AID services to complete patient care reports?</p>	<p>The department forwarded this comment to the rulemaking team working on proposed rules for the EMS data registry and WEMISIS through WSR 24-06-084. The proposed rules in 24-06-084 include a new chapter WAC 246-</p>

		976-455(4) EMS data system – EMS service and provider responsibilities which clarifies inclusion criteria that includes ambulance and aid services requirements for submitting patient care records to the state EMS data registry.
246-976-330 Ambulance and aid service record requirements	Several comments were submitted expressing concerns about removing the requirements for EMS services to have to deliver a copy of a patient care report to hospitals when patients were transported.	Agree. The department is not removing the requirement for EMS providers to provide patient care report to hospitals. The department is proposing to move subsection (2) from 246-976-330 to a new chapter in WAC that is being proposed under rulemaking activities related to the EMS data registry and WEMSIS through WSR 24-06-084. The proposed rules in 24-06-084 include a new chapter WAC 246-976-455 EMS data system – EMS service and provider responsibilities, which includes the provisions from 246-976-330(2) and provisions for EMS services to provide a copy of a patient care report to hospitals. The proposed requirement would apply to both 911 and interfacility transports.
Chapter 246-976 WAC	A comment was received that recommended the department standardize the phrase and language use of “continuing medical education and ongoing training” as the terms were used in a variety of ways throughout the document which may lead to confusion.	For consistency, the department made minor edits throughout the proposal to make consistent use of the terms “continuing medical education (CME) and ongoing training”. These terms were used in a variety of ways throughout the document and the department edited these terms all to say the same thing.
Chapter 246-976 WAC	A comment was received that recommended the department standardize the phrase and language use of “county medical program director” as the terms	For consistency, the department made minor edits throughout the proposal to make consistent use of the term “county medical program director”. This phrase was used in a

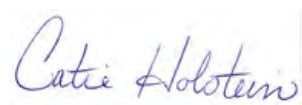
	were used in a variety of ways throughout the document which may lead to confusion.	variety of ways throughout the document and the department edited this phrase to say the same thing.
Not Applicable	Access to advanced life support services in rural communities is insufficient and the continued expansion of the EMT scope of practice has resulted in rural areas inability to persuade volunteers to commit to an advanced EMT course. Would the department consider adding the administration of Epinephrine in cardiac arrest, administration of an antiemetic, and allowing AEMT's to transport patients with IV medication drips and IV pumps on interfacility transports to the AEMT scope of practice to increase public access to these important activities?	No change. Implementation of these suggestions does not require a change in rule. The department worked with the EMS medical program directors to add the administration of Epinephrine in cardiac arrest and the administration of an antiemetic to the AEMT scope of practice which is reflected on the Washington State Approved Skills and Procedures for Certified EMS Providers document (DOH 530-173) which is posted on the department's website. AEMT transport of medications and IV pumps is under review.

Other changes made to the rules upon adoption as identified in this announcement are the result of internal staff review.

Any person may petition the adoption or amendment of these rules in accordance with RCW 34.05.330.

For more information regarding these rules, you may contact me by email at catie.holstein@doh.wa.gov or by phone at 360-236-2841.

Cordially,



Catie Holstein
Executive Director, Emergency Care Services