Citizens Memorial Hospital Emergency Medical Services Training Entity Administration Manual

Part 0 - Front Matter

Section 0-330 - Signature Page

Version Number: v 2

Version Date: January 1st, 2016

Citizens EMS Director: (Neal Taylor)

Citizens EMS Medical Director: (Roger Merk, MD)

Citizens EMS Clinical Officer: (Theron Becker)

Citizens Memorial Healthcare (CMH) Emergency Medical Services (EMS) Training Entity is committed to the community by providing superior training that will provide for the educational needs of its citizens and those emergency responders who protect and serve them, whether it is before, during, or after an emergency or disaster.

This manual is applicable to all CMH EMS employees when providing or attending any training activities and to students attending training provided by CMH EMS.

This administration manual will be reviewed annually.

| Part 0 - Front Matter Section 0-330 - Signature Page | Citizens Memorial Hospital EMS Training Admin Manual |
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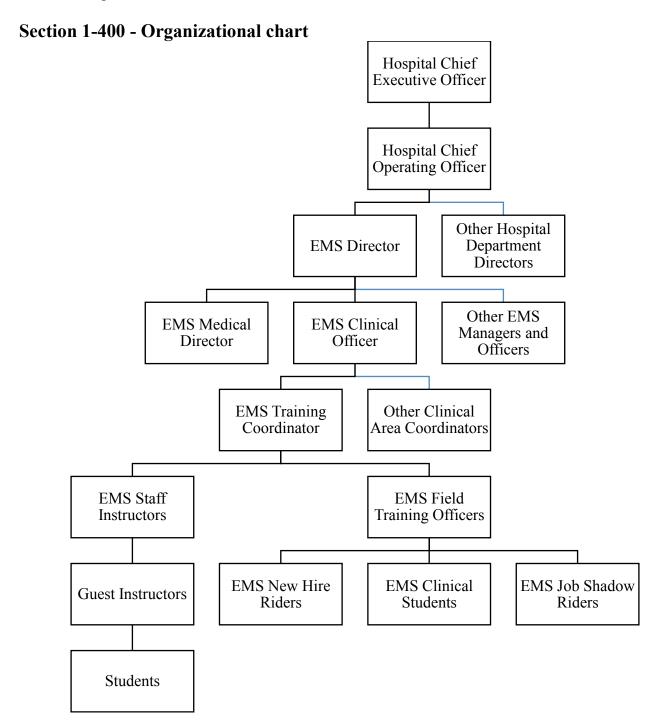
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Part 1 - General Requirements

Section 1-200 - Evaluation of the need for training

Attached to the bottom of each course/instructor evaluation, there is a questionnaire that assesses the student's and community's training needs. Routinely, the results of these forms are evaluated to plan for future classes. Please see Section 3-660 - Instructor and course evaluations (page 12) includes a section for evaluating the need for future classes.



Section 1-600 - Medical director qualifications and credentials

Copies of all certificates and licenses are on file with the EMS Clinical Officer.

Section 1-800 - Faculty

Faculty include employees on staff at CMH, other community employees (i.e. Health Department, Fire Department, 911 Dispatch, etc.), and community volunteers.

Minimum Qualifications:

- Eighteen years of age or older.
- Must be currently certified and licensed at least at the level of course being taught.
- Should be able to demonstrate knowledge gained in the following classes:
 - o NFPA 1041 Professional Qualifications for Fire Department Instructor.
 - o OR Emergency Medical Services Instructor/Coordinator.
- Must have ability to supervise and evaluate all students in the classroom and training evolutions.

Description of Duties:

- Delivers instruction effectively from a prepared lesson plan, including instructional aids and evaluation instruments.
- Adapts lesson plans to the unique requirements of the students.
- Organizes the learning environment so that learning is maximized.
- Meets the record-keeping requirements of the EMS Clinical Officer.
- Assembles course materials, given a specific topic, so that the lesson plan, all materials, resources, and equipment needed to deliver the lesson are obtained.
- Operates audiovisual equipment, and demonstration devices, given a learning environment and equipment, so that the equipment functions properly.
- Utilizes audiovisual materials, given prepared topical media and equipment, so that the intended objectives are clearly presented, transitions between media and other parts of the presentation are smooth, and media is returned to storage.
- Administers oral, written, and performance tests, given the lesson plan, evaluation instruments, and the evaluation procedures of the agency, so that the testing is conducted according to procedures and the security of the materials is maintained.
- Grades student oral, written, or performance tests, given class answer sheets or skills checklists and appropriate answer keys, so the examinations are accurately graded and properly secured.
- Reports test results, given a set of test answer sheets or skills checklists, a report form and policies and procedures for reporting, so that the results are accurately recorded, the forms are forwarded according to procedure, and unusual circumstances are reported.
- Provides evaluation feedback to students, given evaluation data, so that the feedback is timely, specific enough for the student to make efforts to modify behavior, objective, clear, and relevant; include suggestions based on the data.
- May develop individual lesson plans for a specific topic including learning objectives, instructional aides, and evaluation instruments to be approved by the EMS Clinical Officer.

Primary faculty

REQUIREMENTS:

Primary faculty must have certifications on file that indicate they have the education and experience on file to be a professional educator. Examples might include, but not limited to: Over 40 hours of instructor education (Emergency Services Instructor II, EMS Instructor/Coordinator, or Teacher/Educator College Degree).

Primary faculty must also have enough education and experience in the field of the program they are managing to qualify them to instruct others. This qualification is at the discretion of the EMS Director. Minimum qualifications include:

- Current licensure and at least two years clinical experience in the level of course.
- Experience as an instructor.

<u>VI</u>TAE:

Copies of all certificates and licenses are on file with the EMS Clinical Officer.

Field training officers (FTO)

REQUIREMENTS:

BLS FTOs have been an EMT for at least two years, CMH EMS employee for at least two years, and have been recommended by their direct supervisor.

ALS FTOs have been a Paramedic for at least two years, CMH EMS employee for at least two years, and have been recommended by their direct supervisor.

VITAE:

Copies of all certificates and licenses are on file with the EMS Clinical Officer.

Guest instructors

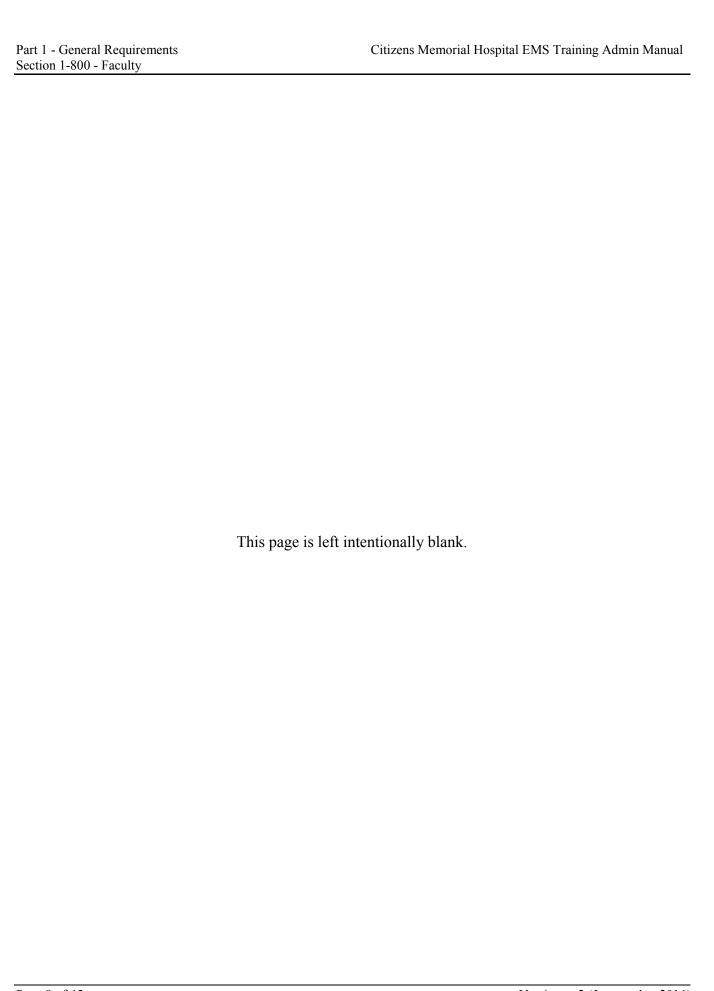
REQUIREMENTS:

Guest instructors must also enough education and experience in the field of the course they are instructing to qualify them to instruct others. This qualification is at the discretion of the EMS Clinical Officer. In the case where the guest instructor is not an experienced and qualified instructor, the course will be supervised by a lead instructor that meets the requirements of Primary Faculty. Minimum qualifications include:

• Current licensure and at least two years clinical experience in the level of course.

VITAE:

Copies of all certificates and licenses are on file with the EMS Clinical Officer.



Part 2 - Physical Facilities

Section 2-330 - Classroom descriptions

<u>CMH EMS Classrooms - Bolivar</u>: Available for use are two classrooms at EMS Headquarters in Bolivar. Classroom A has computer equipment, overhead projector, dry erase boards, and desks and chairs for approximately 20 students. Classroom B has computer equipment, dry erase boards, and desks and chairs for approximately 20 students. All classrooms and facilities are wheelchair accessible.

<u>CMH EMS Classroom - Eldorado</u>: Available for use is one classroom at the EMS station in El Dorado Springs. This classroom has desks and chairs for approximately 20 students. The classroom is wheelchair accessible.

<u>CMH Community Rooms - Bolivar</u>: Available for use are three community rooms in the Hospital, three education rooms in the Douglas Building, and two education rooms in the Nursing College Building. Each have overhead projectors, sound system, and tables and chairs for approximately 30-50 students. The three community rooms in the Hospital and the three in the Douglas Building may be joined into one large room for approximately 200 students. Adjacent to the community rooms in the Hospital is a kitchen with the availability of refreshments and food. All community rooms and facilities are wheelchair accessible.

<u>Informal agreements</u> also exist with Polk County Central Dispatch (classroom for approximately 20) and Bolivar City Fire Department (classroom for approximately 30) for the use of their facilities.

Section 2-660 - Available equipment and supplies

All equipment is maintained in proper working order by instructors prior to and after each class.

Equipment dedicated to EMS training:

- Simple manikin for BLS scenarios and procedures
- High-fidelity manikin for ALS scenarios and procedures
- Projectors, Data (2)

Equipment dedicated to training (not dedicated to EMS):

- ACLS training equipment (setup for 15 students)
- CPR training equipment (setup for 30 students)
- ITLS training equipment (setup for 15 students)
- Manikin, Airway (2)
- Manikin, Anatomical (2)
- Manikin, CPR, Adult (10)

Equipment available (not dedicated to training):

- Computers, Laptop (15)
- Fully equipped ALS ambulances (15)

- Training library of emergency services subjects
- Numerous expired and otherwise out of service equipment and supplies
- Android tablet devices for students (12)
- Manikin, CPR, Infant (10)
- Manikin, CPR, Pediatric (10)
- Manikin, OB (1)
- PALS training equipment (setup for 15 students)
- Projectors, Data (multiple)
- Training library of medical subjects

• Fully stocked ALS supply rooms (5)

Part 3 - Program Evaluations

Section 3-330 - Student evaluations

Each course administered shall have a written record of student performance. This record may include, but not limited to: written tests, practical skill evaluations, or other written evidence of test or exam. Individual records such as tests and skill sheets shall be maintained as a hard-copy in the student's file at EMS Headquarters. Class rosters shall be scanned in or otherwise electronically maintained on CMH's file server network. Student transcripts shall be maintained electronically and be available to students upon request from the CMH file server network.

Copies of completed evaluations will be maintained in student records at CMH Headquarters. Students may request a copy or to review their file or any portion thereof at any time and will be granted access within three business days.

Reasonable accommodations will be made for individuals with disabilities at their request.

Written tests:

Written exams will be developed by the administrative agency (i.e. American Heart Association, International Trauma Life Support, etc.) or developed by the instructor to evaluate established lesson objectives.

All written tests will be reviewed and approved by the medical director as needed.

Practical tests:

Practical skill evaluations will be developed by the administrative agency (i.e. American Heart Association, International Trauma Life Support, etc.) or developed by the instructor to evaluate established lesson objectives.

All practical tests will be reviewed and approved by the medical director as needed.

| Part 3 - Program Evaluations Section 3-330 - Student evaluations | Citizens Memorial Hospital EMS Training Admin Manual |
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Section 3-660 - Instructor and course evaluations Date: Course name:

| Date: Course name: | | | | | | | | |
|------------------------------------------------------------------------|------------------|-----------------------|---------|----------------|-------|-----------|----------|-------------------|
| Instructor(s) |) name(s): | | | | | | | |
| | | | | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| Instructor is knowledgeable and experienced in subject matter. | | l in | | | | | | |
| Instructor fac | cilitated your | r learning. | | | | | | |
| Classroom pr | rovided a lea | arning environment. | | | | | | |
| Hands-on act tool. | tivities were | an effective learning | ng | | | | | |
| Audio/visual | s were an ef | fective learning too | 1. | | | | | |
| Printed mater tool. | rials were an | n effective learning | | | | | | |
| Online materials and activities were an effective learning tool. | | etive | | | | | | |
| Please list at one thing you LIKED abocourse: | ı | | | | | | | |
| Please list at one thing you DISLIKED the course. | ı — | | | | | | | |
| Please list an classes you v be interested attending if t were offered | vould — in hey — | | | | | | | |
| When would | d you be me | ost likely to attend | d other | offered class | ses? | | | |
| | Sunday | | Tuesday | | | Гhursday | Friday | Saturday |
| Morning | | | | | - | | | |
| Afternoon | | | | | | | | |
| Evening | | | | | | | | |
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Part 4 - Policy Manual

This policy manual will be made available to all students in all courses taught.

The current class schedule and calendar is available at www.citizensmemorial.com. This calendar is subject to change without notice. Changes to ongoing courses will be announced to the affected students.

Section 4-080 - Admission criteria

Some exceptions may apply. Please contact the EMS Education Coordinator with specific questions.

- 1. Complete Registration Form.
- 2. Applicant shall be at least 18 years of age for EMS and rescue courses. Fourteen years of age is acceptable for community courses.
- 3. Applicant must have a High School Diploma or GED for EMS courses.
- 4. Applicant must have a current Missouri Drivers License for EMS and rescue courses.
- 5. Space may be limited and be on a first-come, first-serve basis. CMH EMS employees will be selected first and further considerations may be at the discretion of the EMS Clinical Officer.
- 6. Participants may be required to attend an interview with the EMS Clinical Officer, and/or Lead Instructor.

Students who require special assistance should contact the EMS Clinical Officer and/or Lead Instructor as soon as possible. All efforts will be made to accommodate the special needs of students.

Section 4-160 - Course fees

Course fees will be established and published with course announcements.

Textbooks may be required for courses. The required texts will be purchased prior to each class (textbook title is the decision of the Medical Director and/or EMS Education Coordinator), and available to students upon course payment.

Section 4-240 - Student withdrawal and refund policy

Full refund will be made up to two weeks prior to the start date of the course. After that point, reimbursement will be refunded at 75%, and after the start date of the course will be 50%. No fees will be returned after the second day of class. In the case of any refund, all course materials shall be returned by the student in good working order and able to be issued to another student.

Section 4-320 - Attendance policy and dress code

Any time a student must be absent from class, the EMS Clinical Officer or Instructor should be contacted. Due to the compact time frame of most courses, it is important that all classes are attended. Students are allowed only two excused absences. More than two absences may be reason for dismissal, unless the student can show just cause. Excused absences will be at the discretion of the EMS Clinical Officer and Instructor.

Any student who is absent is responsible for any and all information, materials, and instructions given during a class. The student will be held responsible for material presented and for assignments in the missed class.

Students should realize that tardiness to class is very disruptive and that disciplinary measures may be taken for tardiness. Any student who is tardy more than fifteen minutes on three occasions will have an absence marked on their attendance log.

Violations of the following dress code and behavior code may be grounds for the EMS Clinical Officer or Instructor to mark the student as absent, excuse the student from the activity, and/or dismiss the student from the program.

During class time, students should dress comfortably; however, a clean, professional appearance is expected. Students may wear shorts, but their length and appearance is at the discretion of the EMS Clinical Officer, Course Coordinator, or Individual Instructor.

When performing clinical rotations, the student should wear blue or black pants, dark shoes, and a grey polo-style shirt. Students not wearing the proper uniform will be sent home. Any time patient contact is made, participants with long hair should keep it pulled back; nails should be kept short; and perfume, cologne, and jewelry should be kept to a minimum.

Students are expected to display courteous and professional behavior during classroom, lab, and clinical sessions. Disruptive behavior during a lecture, practical, or clinical session may be grounds for dismissal.

Students are not permitted to leave early or interrupt class with pagers, cell phones, or radios. Students should turn them off, silence them, or not bring them into the classroom. Responders may, at the instructor's discretion, be allowed to respond to emergencies during class at the request of the Incident Commander.

Section 4-400 - Class cancellation policy

In the event of course cancellation, for any reason, registrants will be notified immediately and course fees will be refunded when all course materials are returned. In the event of poor weather, courses will be cancelled at the discretion of the Lead Instructor. In the event that a class is cancelled, that class will be rescheduled and students should prepare for the next class already on the schedule.

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Section 4-480 - Student dismissal

Any violation of the medical ethics for patient care and patient confidentiality will result in a meeting with the Medical Director, Pre-Hospital Director, EMS Clinical Officer, and/or Lead Instructor. The meeting will determine the proper course of discipline or dismissal.

Infractions which may result in disciplinary action or dismissal from the class are:

- Dishonesty;
- Cheating in any form;
- Illegal use of controlled substances;
- Vulgarity or derogatory language;
- Harassment of instructors or fellow students;
- Inappropriate attire worn for clinical times or field internship or wearing a name tag other than to class, clinical times, or field internship;
- Breech of patient confidentiality, giving out information, or copying trip sheets;
- Falsification of any information of student application, records, or evaluations;
- Violations of absence/tardiness policies;
- Failure to meet the minimum scholastic, clinical, or field internship requirements as listed in the policies;
- Unexcused absence from clinicals;
- Theft of any property;
- Unprofessional conduct; or
- Behavior indicating drug or alcohol abuse.

Section 4-560 - Appeal and grievance procedure

CMH EMS is responsible for managing and resolving all disputes, complaints, or problems that arise from a course offered by an instructor representing CMH EMS. The EMS Clinical Officer and Instructors are responsible for day-to-day operations of training programs. They will become involved in resolving any disputes, complaints, or problems arising from courses taught by CMH EMS.

Once a student has been dismissed for any of the reasons listed, he/she may seek reinstatement through a personal interview with the Medical Director, Pre-Hospital Director, and/or EMS Clinical Officer. If all agree, the student may return for a probationary period to be determined in that meeting. After that probation, the student will be reevaluated and may be fully reinstated, dismissed, or the probationary period extended.

A line of authority shall be followed when a grievance occurs. If there are any problems, students should contact their instructor. If the problem is not resolved or the problem is with the instructor, they should contact the EMS Clinical Officer. If the problem is still not resolved, they should contact the EMS Director.

Section 4-640 - Academic criteria: Grading and examination policies

Students may be assigned homework during the course. Homework may consist of essay papers, reading assignments, take-home quizzes, practical evolutions, etc. Assignments must be turned in by the due date. Late work will not be accepted.

Quizzes, written exams, practical exams, or final exams may be given during the course. All practical exams are Pass/Fail. Grades will be determined as follows:

| Grade | Range | Comments |
|-------|---------------|-------------------------------------------------------------------|
| A | 90% - 100% | |
| В | 80% - 89% | Minimum passing grade for CMH EMS staff. |
| | | Minimum grade to be eligible to test for National Registry. |
| C | 70% -79% | Minimum passing grade for non CMH EMS staff. |
| | | Minimum grade to be eligible to test for Division of Fire Safety. |
| F | 69% and below | Not a passing grade. No certificate will be given. |

If the student misses an exam (practical or written), the student shall receive a score of zero unless the absence is excused by the EMS Clinical Officer or Lead Instructor. Students will be allowed to retest two times for each practical station failed. Questions regarding test failure should be directed to the Lead Instructor

All students will be under constant evaluation for the duration of the course. This will include the listed written testing as well as practical examinations. Students may have a practical check-off sheet that must be completed for course completion. The Medical Director may review all evaluations, written and practical test results, and skill performance sheets at his/her convenience.

Extra credit worksheets or quizzes may be given at any time during a class. All extra credit work is voluntary. Any student wishing to complete extra credit work shall have it turned in on time.

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Section 4-720 - Health and safety procedures

Students shall report any dangerous environmental situations or safety hazards to their instructor, preceptor, and/or FTO immediately (i.e. Spills, loose wires, unsafe equipment, etc.).

While working clinical hours, students may occasionally be exposed to communicable or other medical diseases. When performing clinical rotations, students should take appropriate Body Substance Isolation (BSI) precautions. This may include (but is not limited to) gloves, eye shields, and gowns. If a student is exposed to a known case, he/she will be required to report this immediately to the instructor, preceptor, and/or FTO and seek necessary medical treatment.

Any participant who has a communicable disease (common cold, flu, hepatitis, herpes or cold sore, HIV-related illness, etc.) should not participate in practical skills stations or have direct patient care/contact during the clinical setting. Students must be non-febrile for 24-hours prior to patient contact. Participants will be expected to attend classes (unless their condition will not permit attendance) and observe others in the practical stations. The student will be expected to practice on his/her own time to maintain skill levels.

When practicing skills, students should operate all equipment appropriately and properly clean all equipment.

The clinical preceptor(s) and FTO(s) have final authority over the student during rotations. Students are not permitted to operate any vehicles while on clinical rotations. Students shall always ride in a seated position and wear a seat belt while the vehicle is in motion - this includes in the patient compartment in the back of the ambulance.

If at any time the student performs actions not approved by the preceptor(s) or FTO(s), the participant may be sent home or possibly expelled from the course.

Directions given by training personnel should be followed and if not understood, the student should ask for clarification before continuing the task.

Section 4-800 - Drug and substance use and abuse

Tobacco use is not permitted during class, clinicals, labs, or while wearing student uniforms. Tobacco use is also not permitted on healthcare property, in healthcare vehicles, or during healthcare functions. Students under the influence of any illegal substance or alcohol during class will be dismissed and may be subject to further discipline or legal action. Students under the influence of even prescribed and legal substances that may impair judgment, impair reflexes, or cause drowsiness may have certain restrictions placed on them (i.e. cannot participate in laboratory, clinical, or evolutions). Illegal use of controlled substances outside of class can also lead to dismissal.

Section 4-880 - Certification requirements

To be eligible for National Registry testing, students must have a course grade of at least 80%. The practical exam may be taken up to three times to achieve a passing score. Once the practical exam is passed, the student will be able to take the written exam. Each student will be given a National Registry Certification Requirement Brochure at the beginning of each applicable course.

To be eligible for Missouri State Department of Public Safety - Division of Fire Safety testing, students must have a course grade of at least 70%.

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Part 5 - Records and Reports

Section 5-140 - Satellite programs (NA)

Currently, no satellite programs exist.

Section 5-280 - Use of BEMS number

Missouri BEMS Number will only be used on completion certificates and correspondence with BEMS.

Section 5-420 - Course records

All student and course records are kept in the student file at CMH EMS Headquarters for five years and are available to the student for review.

Section 5-560 - Student transcripts

Student transcripts are maintained as each course completion certificate is completed. A transcript is given to each student with each certificate. Transcripts are maintained indefinitely in an electronic format on CMH file server network.

| Part 5 - Records and Reports Section 5-560 - Student transcripts | Citizens Memorial Hospital EMS Training Admin Manual |
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Section 5-700 - Training roster form Date: _____ Start time: _____ Contact hours:_____ Course name: _____ Location: ____ Instructor(s): Entered Cert DSN Name Score Comments printed DB 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

| Part 5 - Records and Reports Section 5-700 - Training roster form | Citizens Memorial Hospital EMS Training Admin Manual |
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Section 5-840 - Sample certificate of completion

After successful completion of each course, each student will receive a certificate similar to below which also includes a transcript of courses completed to date.

Citizens Memorial Hospital - Emergency Medical Services - Certificate of Completion

Becker, Theron

Has successfully completed

EMT/Paramedic Refresher Module 2 - BLS Airway

Meeting the objectives and lesson requirements established by:

US DOT National Standard Curriculum

January 9, 2016

Completion Date

CMH EMS is a paramedic-level accredited training entity by the Missouri Bureau of EMS.

Becker, Theron

Lead Instructor

Lead Instructor

| | Citizens Me | morial Hospital - PreHospital Serv | ices - Official Transcript | |
|-------------|----------------------------|------------------------------------|-----------------------------------|-------|
| Year 2011: | Completed: 1 courses | Completed: 8 hrs | Instructed: 1 courses / 8 hrs | |
| Year 2012 : | Completed: 9 courses | Completed: 43 hrs | Instructed: 2 courses / 8 hrs | |
| Year 2013: | Completed: 39 courses | Completed: 127.5 hrs | Instructed: 25 courses / 89 hrs | |
| Year 2014: | Completed: 18 courses | Completed: 84 hrs | Instructed: 5 courses / 56 hrs | |
| Year 2015 : | Completed: 38 courses | Completed: 138.5 hrs | Instructed: 19 courses / 96.5 hrs | |
| Year 2016: | Completed: 1 courses | Completed: 4 hrs | Instructed: 1 courses / 4 hrs | |
| Total: | Completed: 106 courses | Completed: 405.0 hrs | Instructed: 53 courses / 261.5 | hrs |
| Date | Agency | Course Name | Instructor | Hours |
| 12/29/2011 | Citizens Memorial Hospital | New Hire EMS Academy | Becker, Theron | 8 |
| 01/11/2012 | Citizens Memorial Hospital | CPAP In-Service | Taylor Neal | 1 |

Approving Signature

| Part 5 - Records and Reports Section 5-840 - Sample certificate of completion | Citizens Memorial Hospital EMS Training Admin Manual |
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Part 6 - Program Details

Quick guide to number of clinical hours are required for each program (more details can be found under each program section):

| | ER | Ambulance | Dispatch | Medical patients | Trauma patients |
|-----------|----|-----------|----------|------------------|-----------------|
| EMR | 6 | 12 | 4 | 3 | 3 |
| EMD | 6 | 12 | 24 | 1 | 1 |
| EMT | 36 | 36 | 12 | 6 | 6 |
| AEMT | na | na | na | na | na |
| Paramedic | na | na | na | na | na |
| CE | 0 | 0 | 0 | 0 | 0 |
| FTO | 0 | 0 | 0 | 0 | 0 |

Section 6-120 - Emergency Medical Responder (EMR) program

EMR Program Director:

The designated director for the EMR program is the EMS Clinical Officer.

EMR Lead Instructor:

The EMR lead instructor will be selected by the EMS Clinical Officer.

EMR Curriculum:

The EMR program will use the NHTSA National Standard Curriculum.

EMR Clinical Requirements:

If, at any time during a clinical rotation, a student is asked to perform outside his/her scope of training, that student shall immediately tell the requestor that they are not trained for that procedure and are not allowed to do it.

All students will be required to wear a CMH-issued ID badge during all clinical rotations. The name badge shall be returned upon course completion (or having dropped the course). Students will assume replacement cost if their name badge is lost, mutilated, or destroyed. Replacement cost will be \$10 each.

Emergency department clinical rotations will be completed at CMH ER and will be scheduled through the ER Clinical Coordinator. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of six (6) hours of ER clinicals will be required.

Ambulance clinical rotations will be completed on a CMH ambulance and will be scheduled through the EMS Clinical Officer. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of 12 hours of ambulance clinicals will be required.

Dispatch clinical rotations will be completed at Polk County Central Dispatch and will be scheduled through the EMS Clinical Officer. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of four (4) hours of dispatch clinicals will be required.

A minimum of three (3) trauma patients and three (3) medical patients must be encountered to complete clinicals.

EMR Clinical Agreements:

If required, written agreements for Emergency Room and 9-1-1 Dispatch may be found on file with the EMS Clinical Officer.

EMR Examination Requirements:

Each student must achieve a cumulative score of no less than 80% to successfully complete the course. Additionally, each student must achieve a score of no less than 70% on each test and competency throughout the course. Students may re-take unit/chapter tests once if their first score is below 70%.

Section 6-240 - Emergency Medical Dispatch (EMD) program

EMD Program Director:

The designated director for the EMD program is the EMS Clinical Officer.

EMD Lead Instructor:

The EMD lead instructor will be selected by the EMS Clinical Officer.

EMD Curriculum:

The EMD program will use the NHTSA National Standard Curriculum.

EMD Clinical Requirements:

If, at any time during a clinical rotation, a student is asked to perform outside his/her scope of training, that student shall immediately tell the requestor that they are not trained for that procedure and are not allowed to do it.

All students will be required to wear a CMH-issued ID badge during all clinical rotations. The name badge shall be returned upon course completion (or having dropped the course). Students will assume replacement cost if their name badge is lost, mutilated, or destroyed. Replacement cost will be \$10 each.

Emergency department clinical rotations will be completed at CMH ER and will be scheduled through the ER Clinical Coordinator. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of six (6) hours of ER clinicals will be required.

Ambulance clinical rotations will be completed on a CMH ambulance and will be scheduled through the EMS Clinical Officer. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of 12 hours of ambulance clinicals will be required.

Dispatch clinical rotations will be completed at Polk County Central Dispatch and will be scheduled through the EMS Clinical Officer. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of 24 hours of dispatch clinicals will be required.

A minimum of one (1) trauma patient and one (1) medical patient must be encountered to complete clinicals.

EMD Clinical Agreements:

If required, written agreements for Emergency Room and 9-1-1 Dispatch may be found on file with the EMS Clinical Officer.

EMD Examination Requirements:

Each student must achieve a cumulative score of no less than 80% to successfully complete the course. Additionally, each student must achieve a score of no less than 70% on each test and competency throughout the course. Students may re-take unit/chapter tests once if their first score is below 70%.

Section 6-360 - Emergency Medical Technician (EMT) program

EMT Program Director:

The designated director for the EMT program is the EMS Clinical Officer.

Section 6-360 - Emergency Medical Technician (EMT) program

EMT Lead Instructor:

The EMT lead instructor will be selected by the EMS Clinical Officer.

EMT Curriculum:

The EMT program will use the NHTSA National Standard Curriculum.

EMT Clinical Requirements:

If, at any time during a clinical rotation, a student is asked to perform outside his/her scope of training, that student shall immediately tell the requestor that they are not trained for that procedure and are not allowed to do it.

All students will be required to wear a CMH-issued ID badge during all clinical rotations. The name badge shall be returned upon course completion (or having dropped the course). Students will assume replacement cost if their name badge is lost, mutilated, or destroyed. Replacement cost will be \$10 each.

Emergency department clinical rotations will be completed at CMH ER and will be scheduled through the ER Clinical Coordinator. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of 36 hours of ER clinicals will be required.

Ambulance clinical rotations will be completed on a CMH ambulance and will be scheduled through the EMS Clinical Officer. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of 36 hours of ambulance clinicals will be required.

Dispatch clinical rotations will be completed at Polk County Central Dispatch and will be scheduled through the EMS Clinical Officer. Contact EMS Clinical Officer for details on how to schedule clinicals. A minimum of 12 hours of dispatch clinicals will be required.

A minimum of six (6) trauma patient and six (6) medical patient must be encountered to complete clinicals.

EMT Clinical Agreements:

If required, written agreements for Emergency Room and 9-1-1 Dispatch may be found on file with the EMS Clinical Officer.

EMT Examination Requirements:

Each student must achieve a cumulative score of no less than 80% to successfully complete the course. Additionally, each student must achieve a score of no less than 70% on each test and competency throughout the course. Students may re-take unit/chapter tests once if their first score is below 70%.

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Section 6-480 - Advanced Emergency Medical Technician (AEMT) program (NA)

Currently, no AEMT program exists.

Section 6-600 - Paramedic program (NA)

Currently, no Paramedic program exists.

Section 6-720 - Continuing Education (CE) program

CE Program Director:

The designated director for the CE program is the EMS Clinical Officer.

CE Lead Instructor:

The CE lead instructors will be selected by the EMS Clinical Officer for each course to be taught.

CE Curriculum:

Curriculum and lesson plans for CE courses will be approved by the EMS Clinical Officer and reviewed by the Medical Director at his/her discretion.

BEMS Core Requirements for Re-Licensure:

At the beginning of each refresher course, the Lead Instructor will review the current MO BEMS requirements on their website (http://health.mo.gov/safety/ems/licensing.php) to create and conduct the course to meet those requirements.

Section 6-840 - Field Training Officer (FTO) program

FTO Program Director:

The designated director for the CE program is the EMS Clinical Officer.

FTO Program Description:

Ambulance clinical rotations enable students and job shadow individuals to acquire a basic working knowledge of EMS in the field. Students are expected to follow all directions from EMS staff members and to dress appropriately. Students will be responsible for making sure time sheets and clinical rotation evaluation forms are completed by a FTO. Ambulance clinicals will be completed on a CMH ambulance based out of any station as long as a current FTO is on that shift with them.

If, at any time during a clinical rotation, a student is asked to perform outside his/her scope of training, that student shall immediately tell the requestor that they are not trained for that procedure and are not allowed to do it.

Field Training Officers (FTOs) will be utilized to educate and orient new employees and students riding on an ambulance for CMH. All students and new hires riding as a third rider must be riding with an approved FTO. Students doing clinicals in the Emergency Room or at 9-1-1 Dispatch must be with an approved preceptor.

BLS FTOs have been an EMT for at least two years, CMH EMS employee for at least two years, and have been recommended by their direct supervisor. ALS FTOs are have been a Paramedic for at least two years, CMH EMS employee for at least two years, and have been recommended by their direct supervisor.

First Responder students, EMT students, and new EMT employees may ride with either BLS or ALS FTOs. Paramedic students, RN students, and new Paramedic employees must ride with an ALS FTO.

New hires will be assigned a primary FTO that a majority of their orientation should be completed with. The primary FTO must recommend the new hire to be taken off orientation to the EMS Clinical Officer who will then recommend them to be taken off orientation to their manager once all new hire requirements are met.

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To ride on an ambulance (rider, student, orientation), the following rules apply:

- Rider must ride with approved FTO,
- All riders must have and wear CMH-issued ID (temporary from HR or employee ID),
- A maximum of one rider per shift per ambulance,
- Shift must be no less than four (4) hours and no more than 16 hours long,
- Stations with 12-hour shifts may ride at any time but it is preferred to ride between the hours of 7 am and midnight.
- Stations with 24-hour shifts may ride between the hours of 8 am and 8 pm. Students and new hires may be able to stay as late as midnight with the permission of the FTO.
- Bolivar shift times must be between the hours of 7am and midnight,
- It is preferred that the student shift starts at the beginning of the ambulance shift,
- Rider should arrive 15 minutes early and be prepared to get off late,
- During the shift, the rider cannot move from ambulance-to-ambulance unless they will always be riding with an appropriate FTO and all FTOs approve,
- Ride schedule must be authorized prior to riding.
- To be authorized and scheduled, contact the EMS Clinical Officer with available dates and he/she will assign the shift and FTO.

| Part 6 - Program Details Section 6-840 - Field Training Officer (FTC | Citizens Memorial Hospital EMS Training Admin Manual program |
|-------------------------------------------------------------------------|--------------------------------------------------------------|
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Part 7 - Appendix

Section 7-120 - MO BEMS documents



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF EMERGENCY MEDICAL SERVICES TRAINING ENTITY ACCREDITATION APPLICATION

| F | OR DOH OFFICE USE ONL | Y - DO NOT WRITE | IN THIS SPACE | E | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|-----------------------|-----------------------------|--|--|
| INITIAL ACCREDITATION | TRAINING ENTITY ACCRED NO. | | DATE PASSED REVIEW | | | |
| REACCREDITATION | DATE APPLICATION REC'D | | ISSUE DATE | | | |
| INSPECTOR ASSIGNED | DATE INSPECTOR ASSIGNED | | EXPIRATION DATE | | | |
| | DATE OF FIRST INSPECTION | | | | | |
| | APPLICANT MUST COMPLETE I | NFORMATION BELOW | TYPE OR PRINT | | | |
| 1. TRADE NAME OF TRAI | NING ENTITY | | DAYTIME TEL | EPHONE NO. | | |
| the second secon | ial Healthcare - Pre-Ho | | (417)328-635 | 54 | | |
| 1500 N Oakland, Boli | ess address <i>(STREET, ROUTE, CI</i> ivar, MO 65613 | TY, STATE, ZIP) | | | | |
| 2. TYPE OF ACCREDITAT | ION APPLIED FOR (check all that : | apply) | | | | |
| ■ЕМТ-В СЕ | U □EMT-P ■EMT-P CEU | FIRST RESPONDE | R EMD | EMT-I | | |
| 3. PROGRAM DIRECTOR | | | TELEBUONE VIII | (DED | | |
| Becker, Theron J | | | (417) 328-63 | | | |
| MAILING BUSINESS ADDR | ESS (STREET, ROUTE, ETC.) | | FAX NUMBER | | | |
| | 1500 | N Oakland Ave | (417) 328-67 | 54 | | |
| CITY Bolivar, MO 65613 | STAT | E ZIP CODE | E-MAIL | citizensmemorial.com | | |
| 4. MEDICAL DIRECTOR | | | therom.becker@ | Citizensmemoriar.com | | |
| NAME (LAST, FIRST, MI) MERK, ROGE | 1 | | ■ M.D. | □ D.O. | | |
| MAILING ADDRESS (STREE | T, ROUTE, ETC.) | | | LEPHONE NUMBER | | |
| 1500 N Oaklan | d Ave | - | (₄₁₇) 32 | 26-6000 | | |
| CITY | STATE ZIP CODE | E-MAIL | FAX NUMI | BER | | |
| Bolivar, MO 656 | 13 | | | | | |
| I HEREBY CERTIFY that I | am aware of the qualification require | ements and the responsibilit | ies of an accredited | training entity medical | | |
| director and I agree to serve a SIGNATURE OF MEDICAL I | RECTOR | | DATE | | | |
| D d | | | | T 2012 | | |
| I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named Training Entity has both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 1998. I have attached all training entity licensure and related administrative licensure actions taken against this training entity or owner by any | | | | | | |
| state agency in any state. | | | | | | |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE OF TRAINING ENTITY LICENSEE DATE OF 3-12 | | | | | | |
| | nsure action, anyone who knowingly m duty may be guilty of a class B misdem | | | mislead a public servant in | | |
| | lication to: Bureau of Emergency M | | | 10 65102 | | |
| MO-580-2317 (R 05/10) | | AILED 10/9/12 | | EMS-52 | | |

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

UNIT OF EMERGENCY MEDICAL SERVICES

PROGRAM ANNUAL REPORT

FOR THE YEAR 2012

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|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The following information must be submitted to the Unit of EMS annually in accorda | nce with 19 CSR 30-40.331 (I)(6). |
| NAME OF TRAINING ENTITY | ACCREDITATION NUMBER |
| CITIZENS MEMORIAL HOSPITAL | 16706T4 |
| ADDRESS | PHONE |
| 1500 N Oakland Ave, Bolivar, MO 65613 | 417-326-6000 |
| NAME OF PROOF AN DIRECTOR | |

NAME OF PROGRAM DIRECTOR

Theron Becker

| TYPE OF COURSE & LOCATION IF OFF-SITE (Use additional forms if necessary) | NO. OF COURSES OFFERED | | NO. OF STUDENTS SUCCESSFULLY COMPLETED TRAINING |
|---------------------------------------------------------------------------|------------------------------|-----|-------------------------------------------------------|
| EMERGENCY MEDICAL DISPATCH | | | |
| NA | 0 | 0 | 0 |
| FIRST RESPONDERS | | | |
| NA | 0 | 0 | 0 |
| EMERGENCY MEDICAL TECHNICIAN | | _ | · · |
| NA | 0 | 0 | 0 |
| EMT - REFRESHER | | | |
| NA | 0 | 0 | 0 |
| PARAMEDIC | | | |
| NA | 0 | 0 | 0 |
| PARAMEDIC - REFRESHER | | | |
| NA | 0 | 0 | 0 |
| CONTINUING EDUCATION | | | |
| Classroom, practical skills, and competencies | | | |
| at EMS Stations | 12 | 169 | 166 |

AFFIDAVIT OF PROGRAM DIRECTOR

I hereby certify that the principal officers and medical director of this training entity remain the same as on the original application; or if any changes have occurred since the original application, the names of the new officers and/or medical director are indicated on the attached forms [Change of Medical Director MO 580-2349 (R7/05) or Change of Manager MO 580-2384 (5/04)].

WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES UNIT OF EMERGENCY MEDICAL SERVICES

The following information must be submitted to the Unit of EMS annually in accordance with 19 CSR 30-40.331 (I)(6). NAME OF TRAINING ENTITY CITIZENS MEMORIAL HOSPITAL ADDRESS 1500 N Oakland Ave, Bolivar, MO 65613 FOR THE YEAR 2013 ACCREDITATION NUMBER 16706T4 PHONE 417-326-6000

NAME OF PROGRAM DIRECTOR

Theron Becker

| TYPE OF COURSE & LOCATION IF OFF-SITE (Use additional forms if necessary) | NO. OF COURSES OFFERED | | NO. OF STUDENTS SUCCESSFULLY COMPLETED TRAINING |
|---------------------------------------------------------------------------|------------------------------|-----|-------------------------------------------------------|
| EMERGENCY MEDICAL DISPATCH | | | |
| NA | 0 | 0 | 0 |
| FIRST RESPONDERS | | | |
| NA | 0 | 0 | 0 |
| EMERGENCY MEDICAL TECHNICIAN | | | |
| NA | 0 | 0 | 0 |
| EMT - REFRESHER | | | |
| Classroom at EMS Stations | 2 | 2 | 2 |
| PARAMEDIC | | | _ |
| NA | 0 | 0 | 0 |
| PARAMEDIC - REFRESHER | | | |
| Classroom at EMS Stations | 3 | 4 | 4 |
| CONTINUING EDUCATION | | | |
| Classroom, practical skills, and competencies | | | |
| at EMS Stations | 55 | 338 | 331 |

AFFIDAVIT OF PROGRAM DIRECTOR

I hereby certify that the principal officers and medical director of this training entity remain the same as on the original application; or if any changes have occurred since the original application, the names of the new officers and/or medical director are indicated on the attached forms [Change of Medical Director MO 580-2349 (R7/05) or Change of Manager MO 580-2384 (5/04)].

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF TRAINING ENTITY

WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to

mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes

MO 580-2434 (R2/07)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES UNIT OF EMERGENCY MEDICAL SERVICES

PROGRAM ANNUAL REPORT

FOR THE YEAR 2014

| The following information must be submitted to the Unit of EMS annually in accordance with 19 CSR 30-40.331 (I)(6). | | | | |
|---------------------------------------------------------------------------------------------------------------------|----------------------|--|--|--|
| NAME OF TRAINING ENTITY | ACCREDITATION NUMBER | | | |
| CITIZENS MEMORIAL HOSPITAL | 16706T4 | | | |
| ADDRESS | PHONE | | | |
| 1500 N Oakland Ave, Bolivar, MO 65613 | 417-326-6000 | | | |

NAME OF PROGRAM DIRECTOR

Theron Becker

| TYPE OF COURSE & LOCATION IF OFF-SITE (Use additional forms if necessary) | NO. OF COURSES OFFERED | | NO. OF STUDENTS SUCCESSFULLY COMPLETED TRAINING |
|---------------------------------------------------------------------------|------------------------------|-----|-------------------------------------------------------|
| EMERGENCY MEDICAL DISPATCH | | | |
| NA | 0 | 0 | 0 |
| FIRST RESPONDERS | | | |
| Classroom at EMS Stations | 1 | 12 | 12 |
| EMERGENCY MEDICAL TECHNICIAN | | | |
| NA | 0 | 0 | 0 |
| EMT - REFRESHER | | | |
| Classroom at EMS Stations | 1 | 2 | 2 |
| PARAMEDIC | | | |
| NA | 0 | 0 | 0 |
| PARAMEDIC - REFRESHER | | | |
| Classroom at EMS Stations | 1 | 4 | 4 |
| CONTINUING EDUCATION | | | |
| Classroom, practical skills, and competencies | | | |
| at EMS Stations | 37 | 296 | 290 |

AFFIDAVIT OF PROGRAM DIRECTOR

I hereby certify that the principal officers and medical director of this training entity remain the same as on the original application; or if any changes have occurred since the original application, the names of the new officers and/or medical director are indicated on the attached forms [Change of Medical Director MO 580-2349 (R7/05) or Change of Manager MO 580-2384 (5/04)].

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF TRAINING ENTITY

DATE

WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes

MO 580-2434 (R2/07) EMS-63

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES UNIT OF EMERGENCY MEDICAL SERVICES

PROGRAM ANNUAL REPORT

FOR THE YEAR 2015

| The following information must be submitted to the Unit of EMS annually in accordance with 1 | 9 CSR 30-40.331 (I)(6). |
|----------------------------------------------------------------------------------------------|-------------------------|
| NAME OF TRAINING ENTITY | ACCREDITATION NUMBER |
| CITIZENS MEMORIAL HOSPITAL | 16706T4 |
| ADDRESS | PHONE |
| 1500 N Oakland Ave, Bolivar, MO 65613 | 417-326-6000 |
| MANUEL OF DE CORP. LA CRISTORIA | |

NAME OF PROGRAM DIRECTOR

Theron Becker

| TYPE OF COURSE & LOCATION IF OFF-SITE (Use additional forms if necessary) | | NO. OF STUDENTS STARTED TRAINING | NO. OF STUDENTS SUCCESSFULLY COMPLETED TRAINING |
|---------------------------------------------------------------------------|----|-------------------------------------|-------------------------------------------------------|
| EMERGENCY MEDICAL DISPATCH | | | |
| NA | 0 | 0 | 0 |
| FIRST RESPONDERS | | | |
| NA | 0 | 0 | 0 |
| EMERGENCY MEDICAL TECHNICIAN | | | |
| NA | 0 | 0 | 0 |
| EMT - REFRESHER | | | |
| Classroom at EMS Stations | 1 | 13 | 13 |
| PARAMEDIC | | | 10 |
| NA | 0 | 0 | 0 |
| PARAMEDIC - REFRESHER | | | |
| Classroom at EMS Stations | 1 | 5 | 5 |
| CONTINUING EDUCATION | | | |
| Classroom, practical skills, and competencies | | | |
| at EMS Stations | 65 | 472 | 463 |

AFFIDAVIT OF PROGRAM DIRECTOR

I hereby certify that the principal officers and medical director of this training entity remain the same as on the original application; or if any changes have occurred since the original application, the names of the new officers and/or medical director are indicated on the attached forms [Change of Medical Director MO 580-2349 (R7/05) or Change of Manager MO 580-2384 (5/04)].

WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes

MO 580-2434 (R2/07)

Section 7-240 - Medical director credentials



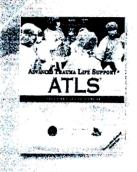
Roger Merk

Has successfully completed the national Advanced Cardiac Life Support certification examination and clinical skills evaluation in accordance with the most recent published clinical American Heart Association Guidelines for CPR & Emergency Cardiovascular Care; and is hereby granted provider certification by the National Board of Emergency Care Certification for a period of twenty-four months from the date of issuance.

Issue Date 07/02/2014 Expiration Date 07/2016



COMMITTEE ON TRAUMA ! AMERICAN COLLEGE OF SURGEONS



AMERICAN COLLEGE
OF SURGEONS
Linding Quality:
Significants,
Bener Outcomes

Roger Merk, MD

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS, Chair

Chairperson, ATLS Subcommittee Stephen Barnes, MD, FACS

ACS Chairperson, State/Provincial Committee on Trauma ATLS Course Director

Date of Issue: 08/22/2014

Date of Expiration: 08/22/2018





Missouri Department of Health and Senior Services P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6321 Fax: 573-526-2569



Bureau of Narcotics and Dangerous Drugs Missouri Department of Health and Senior Services

MISSOURI CONTROLLED SUBSTANCES REGISTRATION

This registration is not transferable

| Registrant Name: | MERK, ROGER C |
|----------------------------|------------------------|
| BNDD Number: | 811319499 |
| Description: | MEDICAL DOCTOR |
| Street Address: | 1500 N OAKLAND AVE |
| City/State/Zip: | BOLIVAR, MO 65613.3011 |
| Phone Number: | 417-328-6301 |
| Registration Effective: | 6/20/2014 |
| Registration Expires: | 7/31/2015 |
| BNDD Discipline: | NO |
| Drug Schedule Type: | 2 3 4 5 |
| Enrollment Date: | 6/20/2014 |

Validation Date of the Registration is: 6/27/2014

Direct Inquiries to:

BNDD

PO BOX 570

Jefferson City, Missouri 65102 0570

Missouri Division of Professional Registration

3605 Missouri Boulevard

P.O. Box 1335

Jefferson City, MO 65102-1335

573.751.0293 Telephone

800.735.2966 TTY

800.735.2466 Voice Relay

profreg@pr.mo.gov

http://pr.mo.gov/

Detail

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:

Merk, Roger Charles

Profession Name:

Medical Physician & Surgeon

Licensee Number:

2006019884

Expiration Date:

1/31/2016

Original Issue Date:

7/7/2006

Primary Business Address: 1500 North Oakland Ave.

Address Con't:

City, State Zip:

Bolivar, MO 65613

County:

Polk

Other Business Addresses: View addresses

Board Certification:

Emergency Medicine,

Board certification is provided by the licensee. It has not been verified by the Board of Registration for the Healing

Arts. To verify visit ABMS and AOA.

Professional School:

Creighton University

Other Actions:

Current Discipline Status: None



Pediatric Advanced Life Support Provider Certification

1373880620236

Roger Merk

Has successfully completed the national Pediatric Advanced Life Support certification examination and clinical skills evaluation in accordance with the most recent published clinical recommendations of the American Heart Association and the American Academy of Pediatrics; and is hereby granted provider certification by the National Board of Emergency Care Certifications for a period of twenty-four months from the date of issuance

Issue Date 03/06/2014 Expiration Date 03/2016

Section 7-420 - References

There are no sources in the current document.

Section 7-560 - Change log

Version 1 (Aristotle)

Version One is named in dedication to Aristotle who was a Greek philosopher and scientist who studied almost every subject and his combined works constitute a virtual encyclopedia of knowledge.

Changes from version 1 to version 2 (Browne)

Version Two is named in dedication to Marjorie Lee Browne who was an American mathematics educator who was one of the first African-American women to receive a doctorate in mathematics.

| Protocol | Date | Version 2 changes description |
|------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Entire document | 1/18/16 | Updated all position titles based on current personnel in place. Replaced references to Pre-Hospital with EMS. Re-numbered and formatted entire document to align with other EMS department document standards. |
| Part 2 - Physical Facilities | 1/18/16 | Updated classroom and equipment descriptions after moving facilities. |
| Part 3 - Program Evaluations | 1/18/16 | Updated links to online content. Updated evaluation form to include online content. |
| Part 4 - Policy Manual | 1/18/16 | Updated links to online content. |
| Section 4-240 - Student withdrawal and refund policy | 1/18/16 | Updated refund policy to reflect one-day courses. |
| Section 4-320 - Attendance policy and dress code | 1/18/16 | Updated tardy policy and updated uniform polo shirt. |
| Section 4-400 - Class cancellation policy | 1/18/16 | Removed reference to school cancellation. |
| Section 5-840 - Sample certificate of completion | 1/18/16 | Updated sample certificate to reflect actual certificate being issued. |
| Part 6 - Program Details | 1/18/16 | Updated all programs with current requirements for clinicals and procedures. |
| Section 6-840 - Field Training Officer (FTO) program | 1/18/16 | Updated FTO program to reflect current program details as approved by EMS director. |
| Section 7-120 - MO BEMS documents | 1/18/16 | Updated documents. |
| Section 7-240 - Medical director credentials | 1/18/16 | Added this section to move these documents out of MO BEMS document section. Updated all documents. |

Section 7-700 - Index

| absences | 13 | Faculty | 6, 7 |
|--------------------------------|-------------|-------------|-----------------------|
| AEMT | 21, 25 | FTO | 7, 16, 21, 26, 27, 37 |
| BEMS18, | 25, 28, 37 | FTOs | |
| CE | .21, 25, 26 | grade | 15, 17 |
| certificate15, | 18, 20, 37 | Grades | 6, 15 |
| clinical7, 13, 14, 16, 21, 22, | 23, 24, 26 | homework | 15 |
| EMD | .21, 23, 38 | Paramedic | 7, 21, 25, 26 |
| EMR | .21, 22, 38 | quizzes | 15 |
| EMT7, 21, | 24, 26, 38 | Quizzes | 15 |
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| Evaluations | 10 | rosters | 10 |
| exam | .10, 15, 17 | tests | 6, 10, 22, 23, 24 |
| exams | 10, 15 | transcripts | 10, 18 |
| faculty | 7 | uniform | 13, 37 |

Section 7-840 - Glossary of abbreviations

ACLS - Advanced Cardiac Life Support.

AEMT - Advanced Emergency Medical Technician.

ALS - Advanced Life Support. Usually provided by paramedics and RNs.

BEMS - Missouri Bureau of Emergency Medical Services. BLS - Basic Life Support. Usually provided by EMRs and EMTs

BSI - Body Substance Isolation. To protect against blood borne and other pathogens and infectious agents. Usually includes gloves and eye protection but may include masks and gowns.

CE - Continuing Education.

CMH - Citizens Memorial Hospital.

CPR - Cardio Pulmonary Resuscitation.

EMD - Emergency Medical Dispatcher.

EMR - Emergency Medical Responder. Also synonymous with MFR (Medical First Responder).

EMS - Emergency Medical Services. Usually associated with transport of sick or injured patients.

EMT - Emergency Medical Technician. Also synonymous with EMT-B (Emergency Medical Technician - Basic).

ER - Emergency Room. Also known as ED (Emergency Department).

FTO - Field Training Officer. Used interchangeably at CMH with preceptor and clinical instructor.

GED - General Education Diploma. High school diploma equivalent.

ID - Identification badge.

ITLS - International Trauma Life Support.

NA - Not Applicable.

NFPA - National Fire Protection Association.

OB - Obstetrics.

PALS - Pediatric Advanced Life Support.