



OHIO DEPARTMENT OF PUBLIC SAFETY

- Administration
- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services Division**
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio Investigative Unit
- Ohio State Highway Patrol

Ted Strickland, Governor
Nancy J. Dragani, Acting Director
Richard N. Rucker
Executive Director

Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
(614) 466-9447 • (800) 233-0785
www.ems.ohio.gov

Dear EMT Reciprocity Candidate:

Thank you for your interest in providing emergency medical care in Ohio. Attached is the reciprocity application you requested.

An applicant for an Ohio certificate to practice must have completed a U.S.D.O.T. National Standard Curriculum course of instruction, which is substantially similar to the curriculum requirements of Ohio. If there are any areas of deficiency identified in the curriculum or certification standards, you will be required to correct these deficiencies through an Ohio **accredited** training institution prior to receiving a certificate to practice. At the EMT-Basic level, *most* applicants will need to complete additional training in advanced airway insertion prior to receiving Ohio certification. (A complete listing of accredited facilities is available on our website at www.ohiopublicsafety.com)

NOTE: *Any candidate with areas of deficiencies will be notified by the Division of EMS. In the event that you require additional training, the division shall provide you with the appropriate documents that will need to accompany you to the training facility.*

Applicants who completed training in another state:

- Complete the reciprocity application and **attach a copy of a current state certification and a valid National Registry card at the level for which certification is sought.**
- **The Verification Form is to be forwarded (by the candidate) to the state certifying agency of the state in which initial training was completed, as well as any other state in which you hold, or have ever held, certification.** The verification form will be used to determine if additional course work is needed to meet Ohio curriculum requirements.
- Mail all documents (application, state card, and National Registry card) to the address listed above.

Applicants who are or were a member of the United States armed services and who received their EMT training while in the military:

- Complete the reciprocity application and attach a copy of a valid National Registry card at the level for which certification is sought. **Proof of military membership (DD Form 214, current military ID badge, statement of service) or proof of armed services training is required at the time the application is submitted.** If you are a Department of Defense (DOD) candidate, a valid letter from the Directorate of Personnel attesting that you have military affiliation must accompany the initial submission of the application.
- The Verification Form is to be forwarded for completion to the military site where training was conducted. **A copy of the course outline, including topic areas and hours of instruction in each topic area, must be included with the form.** The verification form, and course information, will be used to determine if additional course work is needed to meet Ohio curriculum requirements.

Mission Statement

"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."

Ohio Department of Public Safety

- Mail all documents (application, National Registry card, proof of military status, completed Verification Form and course outline) to the address listed above.

Please review the application carefully before submitting to ensure the application is complete and all the required documentation is attached. All documentation must be submitted before your application can be processed. You may not function as an EMT in Ohio until you have been issued an Ohio certificate to practice.

***** NOTE: The information submitted to the Division of EMS will remain 'active' for a period of six (6) months. Should your application process require additional time, you must contact the division and obtain a new candidate application form.**

If you have any questions regarding the application process, please contact the Ohio Division of EMS at the address and phone numbers listed above.



EMERGENCY MEDICAL SERVICES (EMS) RECIPROCITY APPLICATION CHECK SHEET

Please refer to the initial application for clarification of needed information.

Application Procedure:

Documentation Needed:

Before mailing, did you . . .

- Complete the application in its entirety (both front and back)?
- Complete Part I of the Verification Form, then forward it to the state (or military installation) where you received your original training, as well as any other state(s) that you have held (or currently hold) certificates?
- Copy your National Registry certification and attach it to the application?
- Copy your current state(s) certification and attach it to the application?
- (if military personnel) Copy of your military DD214 or current Military ID Badge and attach it to the application?

Upon evaluation of all documentation, EMT-Basics and Intermediates may need to achieve additional training to meet the requirements in the State of Ohio. Applicant submissions and the Verification Form(s) will be the determining factor in the necessity for additional training. If additional training is required, the Division of EMS will provide you with the appropriate forms that will be necessary for completion.



EMS RECIPROCITY APPLICATION

Please Print Use Ink

SECTION 1 – GENERAL INFORMATION

LAST	FIRST	MIDDLE	*SOCIAL SECURITY NUMBER		
STREET OR PO BOX		CITY	STATE	ZIP	COUNTY
DATE OF BIRTH	HOME TELEPHONE NUMBER ()		BUSINESS TELEPHONE NUMBER ()		
LEVEL FOR WHICH YOU ARE APPLYING:					
<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT – Basic	<input type="checkbox"/> EMT – Intermediate	<input type="checkbox"/> EMT - Paramedic		

**Disclosure of social security number is mandatory pursuant to O.R.C. 3123.50 in furtherance of licensing provisions and any other state or federal requirements.*

SECTION 2 – EDUCATION AND TRAINING INFORMATION

OUT OF STATE EMS CERTIFICATE NUMBER	EXPIRATION DATE	LEVEL
NATIONAL REGISTRY OF EMTS CERTIFICATE NUMBER	EXPIRATION DATE	LEVEL

Copies of the above card(s) must accompany application

STATE IN WHICH YOU RECEIVED YOUR INITIAL TRAINING	DATE
STATE(S) IN WHICH YOU RENEWED YOUR CERTIFICATION	DATE(S)
OTHER STATE(S) IN WHICH YOU HAVE HELD CERTIFICATION:	DATE LAST HELD
NUMBER OF CONTINUING EDUCATION HOURS YOU HAVE ACCUMULATED SINCE YOUR LAST CERTIFICATION EXAM OR RENEWAL:	

MILITARY PERSONNEL ONLY

MILITARY BRANCH	EMS TRAINING OBTAINED AT	CONTACT PERSONNEL/DIVISION	PHONE NUMBER ()
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Copies of the National Registry EMT card, and appropriate military documentation, must accompany application (e.g.:DD214 or military ID badge)

SECTION 2 – (Continued) EDUCATION AND TRAINING INFORMATION

Paramedic Applicants – Please skip to Section 3

First Responders, EMT - Basics and EMT-Intermediates – Please mark the skills that were included in your training:

FIRST RESPONDER	EMT - BASIC	EMT - INTERMEDIATE
<input type="checkbox"/> Automated External Defibrillator	<input type="checkbox"/> Automated External Defibrillator	<input type="checkbox"/> Automated External Defibrillator
<input type="checkbox"/> Epinephrine Auto-Injector	<input type="checkbox"/> Epinephrine Auto-Injector	<input type="checkbox"/> Manual Defibrillation
<input type="checkbox"/> Oxygen Administration	<input type="checkbox"/> Dual Lumen Airway	<input type="checkbox"/> Epinephrine Auto-Injector
	<input type="checkbox"/> Nasal Gastric Tube Insertion	<input type="checkbox"/> Dual Lumen Airway
	<input type="checkbox"/> Adult Endotracheal Intubation	<input type="checkbox"/> Nasal Gastric Tube Insertion
	<input type="checkbox"/> Pedi. Endotracheal Intubation	<input type="checkbox"/> Adult Endotracheal Intubation
		<input type="checkbox"/> Pedi. Endotracheal Intubation
		<input type="checkbox"/> Epinephrine auto-injection (Epi-pen administration)
		<input type="checkbox"/> Epinephrine Subcutaneous Injection
		<input type="checkbox"/> Peripheral IV's
		<input type="checkbox"/> Intraosseous Infusion
		<input type="checkbox"/> Other Medication Admin/Route (List) _____

NOTE: If your training did not include the above skills, you will have to complete the training at an accredited training institution in Ohio PRIOR to receiving Ohio Certification

SECTION 3 – CERTIFICATION HISTORY

Have you ever:

- Had disciplinary action taken against your EMS personnel certification? Yes No
- Been suspended/revoked in any state? Yes No
- Been denied certification in any state? Yes No

Previously received reciprocity in any state(s) Yes No

If yes, list which state(s): _____

SECTION 4 – FELONY/MISDEMEANOR INFORMATION *(All applicants are required to complete this section)*

ALL APPLICANTS ARE SOLELY RESPONSIBLE FOR THEIR CERTIFICATE TO PRACTICE AND ALL ASSOCIATED REQUIREMENTS TO MAINTAIN A CURRENT CERTIFICATION.

- Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or misdemeanor other than a minor traffic violation or a judicial finding of eligibility for treatment in lieu of conviction (even if expunged or sealed)? Yes No
- Have you committed any act in another state that, if committed in Ohio would be applicable to caption (1.) listed above? Yes No

If you answered "yes" to either question above, then you must submit documentation and court records to explain the circumstances in your case. Documentation should include a certified judgement entry from the court where the conviction occurred and a copy of the police investigative report.

SECTION 5 – ATTESTED SIGNATURE AND DATE

I attest that all information provided is true and accurate to the best of my knowledge and I understand that a false statement on this application constitutes falsification under Section 2921.13 of the Revised Code and is a misdemeanor of the first degree and may also be grounds for denial, suspension or revocation of my certificate to practice. I further attest that I satisfy the requirements for certification to practice at the level sought in this application as set forth in 4765.30 of the Revised code and Chapter 4765-8 of the Ohio Administrative Code and that I am solely responsible for my certificate to practice. I understand that I must maintain records relating to the requirements for continuing education and that such records are subject to audit by the State board of EMS. I further attest that I have no conditions that will prevent me from performing duties consistent with my certificate to practice. I hereby give permission to the Ohio Department of Public Safety, Division of Emergency Medical Services to verify any of the above information.

SIGNATURE X	DATE
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VERIFICATION OF EMT STATUS

Applicants with out-of-state certification are to complete Part I and mail this form to the issuing state certification board. Part II is to be completed by the state certifying agency. **This form must be forwarded to the state where initial training was completed, as well as any other state the applicant has held or currently holds EMT certification.**

PART I. - TO BE COMPLETED BY APPLICANT

PLEASE INDICATE THE LEVEL OF CERTIFICATION FOR WHICH YOU ARE REQUESTING VERIFICATION:

First Responder
 EMT – Basic
 EMT – Intermediate
 EMT - Paramedic

APPLICANT'S FULL NAME – FIRST		MIDDLE	LAST	
CERTIFICATION/LICENSE NUMBER	STATE	EXPIRATION DATE	SOCIAL SECURITY NUMBER	

***ARMED SERVICES APPLICANTS** – have form completed by training officer at site where training was completed. **You MUST attach a copy of course outline with numbers of hours in each topic area. If training was completed at more than one site, forward a copy of this form to each site from which credit for training is sought.**

PART II. - TO BE COMPLETED BY THE STATE CERTIFYING AGENCY

CERTIFICATION/LICENSE TYPE	NUMBER	EXPIRATION DATE
First Responder		
EMT – Basic		
EMT - Intermediate <input type="checkbox"/> '85 <input type="checkbox"/> '99		
EMT - Paramedic		

CERTIFICATION/LICENSE STATUS

Current
 Lapsed
 Inactive

THE ABOVE CERTIFICATION/LICENSE WAS ISSUED BASED UPON:

Initial training completed within your state
 Recertification through continuing education
 Reciprocity from (state): _____
 Other (please explain): _____

DID THE TRAINING MEET USDOT CURRICULUM GUIDELINES?

Yes No
 Total number of hours in training: _____

HAS THE APPLICANT INCURRED ANY DISCIPLINARY PROCEEDING IN YOUR STATE, OR ARE THERE DISCIPLINARY PROCEEDINGS PENDING?

Yes (if yes, please attach certified copies of any actions)
 No

HAS THE APPLICANT'S CERTIFICATION/LICENSE EVER BEEN LIMITED, DENIED, SURRENDERED, REPRIMANDED, SUSPENDED OR REVOKED?

Yes (if yes, please attach certified copies of any actions)
 No

HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY?

Yes (if yes, please explain): _____
 No Unknown

DO YOU KNOW OF ANY REASON WHY CERTIFICATION IN OHIO SHOULD BE DENIED?

- Yes (if yes, please explain): _____
 No

IF APPLYING FOR FIRST RESPONDER, DID THE APPLICANT'S TRAINING INCLUDE THE FOLLOWING (Check the appropriate box(s):

- Automated External Defibrillation (AED) Oxygen Administration Epinephrine Administration (Epi-pen)

IF APPLYING FOR EMT-BASIC, DID THE APPLICANT'S TRAINING INCLUDE THE FOLLOWING (Check the appropriate box(s):

- Automated External Defibrillation (AED) Epinephrine Administration (Epi-pen) Dual Lumen Airway
 Endotracheal Intubation – Adult Endotracheal Intubation – Pediatric Nasal Gastric Tube Insertion

IF APPLYING FOR EMT-INTERMEDIATE, DID THE APPLICANT'S TRAINING INCLUDE THE FOLLOWING (Check the appropriate box(s):

- Automated External Defibrillation (AED) Endotracheal Intubation - Adult Peripheral IV's
 Manual Defibrillation Endotracheal Intubation – Pediatric Intraosseous Infusion
 Epinephrine Administration (Epi Pen) Dual Lumen Airway Medication administration other than
 Epinephrine Administration (Subcutaneous) Nasal Gastric Tube Insertion O₂ and epinephrine

NAME (PRINT) OF STATE/MILITARY OFFICIAL COMPLETING THIS FORM	TITLE OF OFFICIAL
SIGNATURE OF ABOVE OFFICIAL X	TELEPHONE NUMBER OF ABOVE OFFICIAL ()

PLEASE RETURN TO:

Ohio Division of Emergency Medical Services
1970 West Broad Street, PO Box 182073
Columbus, Ohio 43218-2073
Phone (800) 233-0785 Fax (614) 995-7012



ADVANCED AIRWAY CURRICULUM REQUIREMENTS

Candidate Name: _____ * Social Security Number _____

**Disclosure of social security number is mandatory pursuant to O.R.C. 3123.50 in furtherance of licensing provisions and any other state or federal requirements.*

COGNITIVE OBJECTIVES

- Given a list of statements, the student should identify the statement that best describes the purpose of using the double lumen airway.
- Given a list of situations describing airway maintenance problems or potential airway maintenance problems, the student should be able to identify situations in which the use of the double lumen airway is indicated and contraindicated.
- The student should be able to identify those situations in which the double lumen airway may be removed.
- The student should be able to identify the advantages of using the double lumen airway over other methods of airway control.
- The student should be able to match airway adjuncts with their advantages and disadvantages.
- Given a list of equipment and material, the student should be able to identify those items that must be available before esophageal obstruction is begun.
- Given a diagram of the double lumen airway, the student should be able to label and describe the function of all component parts.
- Given a list of equipment and materials, the student should be able to list the procedures for insertion of the double lumen airway, including all steps in proper sequence.
- Given a list of errors, the student should be able to identify common errors involved in the use of the double lumen airway.
- Discuss the methods of assuring and maintaining correct placement of the double lumen tube.
- Describe how the cervical spine is protected throughout these maneuvers.
- Discuss the techniques for evaluating the effectiveness of ventilation including: visualization, auscultation, oximetry.
- Describe the problems associated with ventilation.
- Identify and describe the airway anatomy in the infant, child, and the adult.
- Differentiate between the airway anatomy of the infant, child, and the adult.
- Explain the pathophysiology of airway compromise.
- Describe the proper use of airway adjuncts.
- Review the use of oxygen therapy in airway management.
- Describe the indications, contraindications, and technique for insertion of nasal gastric tubes.
- Describe how to perform the Sellick maneuver (cricoid pressure).
- Describe the indications for advanced airway management.
- List the equipment required for orotracheal intubation.
- Describe the proper use of the curved blade for orotracheal intubation.
- Describe the proper use of the straight blade for orotracheal intubation.
- State the reasons for and proper use of the stylet in orotracheal intubation.
- Describe the methods of choosing the appropriate size endotracheal tube in an adult patient.
- State the formula for sizing an infant or child endotracheal tube.
- List complications associated with advanced airway management.
- Define the various alternative methods for sizing the infant and child endotracheal tube.
- Describe the skill of orotracheal intubation in the adult patient.
- Describe the skill of orotracheal intubation in the infant and child patient.
- Describe the skill of confirming endotracheal tube placement in the adult, infant, and child patient.
- State the consequence of and the need to recognize unintentional esophageal intubation.
- Describe the skill of securing the endotracheal tube in the adult, infant and child patient.

AFFECTIVE OBJECTIVES

- Recognize and respect the feelings of the patient and family during advanced airway procedures.
- Explain the value of performing advanced airway procedures.
- Explain the need for the EMT to perform advanced airway procedures.
- Explain the rationale for the use of a stylet.
- Explain the rationale for having a suction unit immediately available during intubation attempts.
- Explain the rationale for confirming breath sounds.
- Explain the rationale for securing the endotracheal tube.

PSYCHOMOTOR OBJECTIVES

- Demonstrate how to perform the Sellick maneuver (cricoid pressure).
- Demonstrate the skill of orotracheal intubation in the adult patient.
- Demonstrate the skill of orotracheal intubation in the infant and child patient.
- Demonstrate the skill of confirming endotracheal tube placement in the adult patient.
- Demonstrate the skill of confirming endotracheal tube placement in the infant and child patient.
- Given an adult intubation manikin, a double lumen airway, and a ventilation device, the student should be able to demonstrate the techniques for the insertion of the airway.
- Demonstrate the skill of securing the endotracheal tube in the adult patient.
- Demonstrate the skill of securing the endotracheal tube in the infant and child patient.

REQUIRED HOURS: 12

With my signature, I attest the above named individual has received instruction and formal evaluation in the areas marked. The individual has successfully completed written and practical testing in these areas.

DATE(S) OF COURSE	TOTAL NUMBER OF HOURS
LOCATION OF TRAINING	
INSTRUCTOR(S)	
<hr/> <hr/> <hr/> <hr/>	
ACCREDITED TRAINING SITE #	

SIGNATURE OF PROGRAM COORDINATOR X		
PRINTED NAME OF PROGRAM COORDINATOR	TELEPHONE NUMBER ()	FAX NUMBER ()



EMT - INTERMEDIATE RECIPROCITY CURRICULUM REQUIREMENTS

Candidate Name: _____ * Social Security #: _____

**Disclosure of social security number is mandatory pursuant to O.R.C. 3123.50 in furtherance of licensing provisions and any other state or federal requirements.*

Intraosseous Infusion Training Course Breakout (3 Hours)

Pathophysiology, Anatomy, Process and Procedures

Intraosseous Laboratory

Program Completion Testing

Student Performance Objectives

- Discuss the equipment needed for fluid resuscitation in the adult and pediatric patient
- Discuss the "Body Substance Isolation" procedures used in starting I/O's
- Explain the proper aseptic techniques in starting I/O's
- Explain the administration of a fluid bolus for pediatric patients
- Discuss the advantages and disadvantages of I/O cannulation for the infant, child and adult patient
- Anatomically locate I/O infusion sites on simulated adult, child and infant patient
- Identify and discuss the equipment needed for I/O cannulation
- Discuss the proper techniques for insertion of an I/O needle
- Demonstrate the "Body Substance Isolation" procedures used in starting I/O's
- Demonstrate proper assembly of I/O therapy equipment (e.g., fluid bag, administrative tubing, extension sets, three-way stop cocks, syringes, etc.)
- Demonstrate the administration of a fluid bolus for pediatric patients
- Demonstrate the proper techniques for insertion of an I/O needle
- Demonstrate the proper documentation of I/O insertion and fluid administration
- Achieve at least a 70% on a written examination covering I/O infusion
- Achieve a passing score on a practical skill test of the I/O process

Cardiac Monitoring and Manual Defibrillation Training Course Breakout (20 Hours)

Assessment and Management of the Cardiac Patient

Anatomy, Physiology, Pathophysiology and Electrophysiology of the Heart

Cardiac Monitoring - Electrocardiogram Interpretation

Cardiac Monitoring – Electrocardiogram Interpretation Laboratory

Manual Defibrillation

Manual Defibrillation Laboratory

Program Completion Testing

Student Performance Objectives

- Name the common chief complaints of cardiac patients
- Describe why the following occur in patients with cardiac problems: chest pain or discomfort, shoulder, arm, neck, or jaw pain/discomfort, dyspnea, syncope, and palpitations/abnormal heart beat
- Describe those questions to be asked during history taking for each of the common cardiac chief complaints
- Describe the four most pertinent aspects of the past medical history in a patient with a suspected cardiac problem
- Describe those aspects of the physical examination that should be given special attention in the patient with suspected cardiac problems

- Describe the significance of the following physical exam findings in a cardiac patient: Altered level of consciousness, peripheral edema, cyanosis, poor capillary refill, and cool, clammy skin
- Describe the emergency medical care of the patient experiencing chest pain/discomfort
- Discuss the position of comfort for patients with various cardiac emergencies
- Establish the relationship between airway management and the patient with cardiovascular compromise
- Predict the relationship between the patient experiencing cardiovascular compromise and basic life support
- Recognize the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain
- List the indications for the use of nitroglycerin
- State the contraindications and side effects for the use of nitroglycerin
- Explain the rationale for administering nitroglycerin to a patient with chest pain or discomfort
- Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort
- Perform the steps in facilitating the use of nitroglycerin for chest pain or discomfort
- Demonstrate the assessment and documentation of patient response to nitroglycerin
- Explain the proper application of the chest compression in the adult, child and infant patient of cardiac arrest
- Explain the proper ventilation to compression ratio for one and two person CPR in the adult, child and infant patient of cardiac arrest
- Discuss the use of mechanical cardiopulmonary resuscitation devices in the pre-hospital setting
- Explain the importance of pre-hospital ACLS intervention if it is available
- Define the role of EMT-Intermediate in the emergency cardiac care system
- Explain the importance of urgent transport to a facility with ACLS if it is not available in the pre-hospital setting
- Discuss the importance of post-resuscitation care
- List the components of post-resuscitation care
- Practice completing a pre-hospital care report for patients with cardiac emergencies
- Describe the size, shape, and location/orientation (in regard to other body structures) of the heart muscle
- Identify the location and describe the function of the following structures on a diagram of the normal heart: pericardium, myocardium, epicardium, right and left atria, interatrial septum, right and left ventricles, intraventricular septula, superior and inferior vena cava, aorta, pulmonary vessels, coronary arteries, tricuspid valve, mitral valve, aortic valve, pulmonic valve, papillary muscles, and chordae tendinae
- Describe the distribution of the coronary arteries and the parts of the heart supplied by each artery
- Differentiate the structural and functional aspects of arterial and venous blood vessels
- Define the following terms that refer to cardiac physiology: stroke volume, Starling's law, preload, afterload, cardiac output, blood pressure
- Describe the pathophysiology of cardiac arrest
- Discuss the differences in outcome for medical and trauma related cardiac arrest
- Explain the primary causes of cardiac arrest in the adult, child and infant patient
- Describe and discuss the primary interventions that the EMT can provide to the adult, child and infant patient in cardiac arrest
- Describe the electrical properties of the heart
- Describe the normal sequence of electrical conduction through the heart and state the purpose of this conduction system
- Describe the location and function of the following structures of the electrical conduction system: SA node, internodal and interatrial tracts, AV node, bundle of HIS, bundle branches, and Purkinje fibers
- Define cardiac depolarization and repolarization and describe the major electrolyte changes that occur in each process
- Describe an ECG
- Define the following terms as they relate to the electrical activity of the heart: Isoelectric line, QRS complex, P - wave and T - wave
- Define ECG artifact and name the causes
- State the steps in the analysis format of ECG rhythm strips
- Describe the two common methods for calculation of heart rate on an ECG rhythm strip and the indications for using each method
- Identify Normal Sinus Rhythm by analysis of: P - wave, P-R interval and QRS complex
- Be able to describe, discuss and identify the following cardiac dysrhythmias: ventricular tachycardia, ventricular fibrillation, asystole, pulseless electrical activity and artifact

- Name eight causes of dysrhythmia
 - Identify on a cardiac monitor, normal sinus rhythm, bradycardia, tachycardia, ventricular tachycardia, ventricular fibrillation, asystole, artifact, and pulseless electrical activity
 - Demonstrate proper application of ECG electrodes and obtain a sample Lead II
 - Demonstrate the proper use of the defibrillator electrodes to obtain a sample Lead II rhythm strip
 - Demonstrate the proper use of the defibrillator pad electrodes to obtain a sample Lead II rhythm strip
 - Demonstrate how to properly assess the cause of poor ECG tracing
 - Discuss and identify when defibrillation is needed
 - Discuss the proper assessment of a patient to assure defibrillation is needed for manual defibrillation
 - Identify the components of a defibrillator
 - Identify and discuss the differences between manual, semi-automated and automatic defibrillators
 - Discuss the care and maintenance of defibrillators in reference to: paddles, batteries and cables
 - Discuss the use of remote defibrillation through adhesive pads
 - Discuss the hazards associated with manual defibrillation
 - Explain the impact of age and weight on defibrillation
 - Discuss the fundamentals and rationale for early defibrillation
 - Discuss the circumstances which may result in inappropriate shocks
 - Explain the considerations for interruption of CPR, when using the manual defibrillator
 - Discuss the importance of coordinating ACLS trained providers with personnel using manual defibrillators
 - Explain the importance of frequent practice with the manual defibrillator
 - Discuss the need to complete the manual defibrillator Operator's Skill Shift Checklist
 - Explain the role medical direction plays in the use of manual defibrillation
 - State the reasons why a case review should be completed following the use of the manual defibrillator
 - Discuss the components that should be included in a case review
 - Discuss the goal of quality improvement in manual defibrillation
 - Define the function of all controls on a manual defibrillator, and describe event documentation and battery defibrillator maintenance
 - Discuss the reasons for obtaining initial training in manual defibrillation and the importance of continuing education
 - Discuss the reason for maintenance of manual defibrillators
 - Discuss the standard of care that should be used to provide care to a patient with persistent recurrent ventricular fibrillation and no available ACLS
 - Demonstrate effective cardiopulmonary resuscitation for an adult, child and infant patient in accordance with the current American Medical Association guidelines
 - Demonstrate the proper use of the monitor pad electrodes to obtain a sample Lead II rhythm strip
 - Demonstrate the proper use of the defibrillator paddle electrodes to obtain a sample Lead II rhythm strip
 - Demonstrate the proper use of the defibrillator/monitor pad electrodes to obtain a sample Lead II rhythm strip
 - Demonstrate correct operation of a monitor/defibrillator to perform defibrillation on an adult, child and infant patient
 - Demonstrate the application and operation of the manual defibrillator
 - Demonstrate the maintenance of a manual defibrillator
 - Demonstrate the assessment and documentation of patient response to the manual defibrillator
 - Demonstrate the skills necessary to complete the manual defibrillator Operator's Skill Shift Checklist
 - Achieve at least a 70% on a written examination covering cardiac monitoring and manual defibrillation
 - Achieve a passing score on the practical skill application of cardiac monitoring and the manual defibrillation process
-

Epinephrine Training Course Breakout (1 Hour)

Pathophysiology of Anaphylaxis – Assessment and Care of the Patient with Allergic Reaction

Pharmacology of Epinephrine Subcutaneous Injection and Auto-Injection

Subcutaneous Injection laboratory

Program Completion Testing

Student Performance Objectives

- Identify signs and symptoms of anaphylaxis
 - Recognize causes of anaphylaxis
 - Define terms associated with allergic reactions
 - Recognize the patient experiencing an allergic reaction
 - Assess the patient with possible anaphylaxis reaction through medical history and physical observation
 - Identify the proper treatment of individuals suffering life-threatening allergic reactions
 - Establish the relationship between the patient with an allergic reaction and airway management
 - Describe the mechanisms of allergic response and the implications for airway management
 - Identify the role of the EMT in administration of epinephrine to persons suffering life-threatening allergic reactions
 - Identify pharmacological actions of epinephrine
 - Calculate appropriate dosage of epinephrine for individuals of various age groups
 - Explain how to prepare a subcutaneous injection of epinephrine using a syringe and glass ampule, syringe and multi-dose vial and a pre-filled syringe
 - Explain the proper technique for subcutaneous injection of epinephrine
 - Explain the rationale for administering epinephrine using an auto-injector
 - Explain the proper technique for auto-injection of epinephrine
 - Identify sites for subcutaneous administration of epinephrine
 - Discuss the “Body Substance Isolation” procedures used in subcutaneous and auto-injections
 - State the generic and trade names, medication forms, dose, administration, action and contraindications for epinephrine
 - Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction
 - Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of epinephrine
 - Demonstrate the “Body Substance Isolation” procedures used in subcutaneous and auto-injections
 - Demonstrate the emergency medical care of the patient experiencing an allergic reaction
 - Demonstrate how to prepare a subcutaneous injection of epinephrine using a syringe and glass ampule, syringe and multi-dose vial and a pre-filled syringe
 - Demonstrate a subcutaneous injection of epinephrine using proper technique
 - Demonstrate proper disposal of all items used (e.g., syringe, glass ampule, multi-dose vial and pre-filled syringe)
 - Demonstrate the use of an epinephrine auto-injector
 - Demonstrate proper disposal of an auto-injector
 - Demonstrate the assessment and documentation of patient response to an epinephrine injection
 - Demonstrate completing a pre-hospital care report for patients with allergic emergencies
 - Achieve at least a 70% on a written examination covering anaphylaxis and epinephrine
 - Achieve a passing score on a practical skill test of the subcutaneous injection and auto-injection processes
-

With my signature, I attest that _____ has received instruction and formal evaluation in the areas marked. The individual has successfully completed written and practical testing in these areas – and I have provided them with a Certificate of Completion in each of these specified area(s):

- I/O Infusion
- Cardiac Monitoring and Manual Defibrillation
- Epinephrine (Subcutaneous and Auto-Injector)

DATE(S) OF COURSE	TOTAL NUMBER OF HOURS
LOCATION OF TRAINING	
INSTRUCTOR(S)	

ACCREDITED TRAINING SITE #	

SIGNATURE OF PROGRAM COORDINATOR		
X		
PRINTED NAME OF PROGRAM COORDINATOR	TELEPHONE NUMBER ()	FAX NUMBER ()



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**INTERMEDIATE TRANSITION COURSE VERIFICATION FORM
40-HOUR INTERMEDIATE TRAINING COURSE**

STUDENT CERTIFICATION NUMBER:
STUDENT NAME:
STUDENT SOCIAL SECURITY NUMBER:

Disclosure of social security number is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements.

INSTRUCTOR CERTIFICATION NUMBER	
INSTRUCTOR NAME	
CLASS START DATE	CLASS END DATE

I attest that I am the authorized Program Coordinator for the accredited school named below and that the above named student successfully completed the required Intermediate Transition Course in accordance with the Ohio Administrative Code and that the above named instructor was certified in accordance with the Ohio Administrative Code at the time of this class to teach all required materials.

PROGRAM COORDINATOR'S SIGNATURE X
PROGRAM COORDINATOR'S NAME (PRINT)
NAME OF ACCREDITED SCHOOL
ACCREDITATION NUMBER

PLEASE RETURN ALL COMPLETED FORMS TO:

Ohio Department Public Safety
Division of Emergency Medical Services
1970 West Broad Street
PO Box 182073
Columbus, Ohio 43218-2073