

Final Draft

THE MARYLAND

CARDIAC RESCUE TECHNICIAN PROGRAM STANDARDS

Division of Emergency Medical Services

Maryland Department of Health and Mental Hygiene

22 South Greene Street

Baltimore, Maryland 21201

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CONTENTS

	Page
INTRODUCTION	1
Basic Standards	1
1. Minimum Cardiac Rescue Technician Qualifications	2
1.1 Eligibility as a CRT Candidate	2
1.2 Eligibility for Initial CRT Certification	3
1.3 Maintenance of CRT Certification	4
2. Maryland Cardiac Rescue Technician Training Course Guidelines.	5
2.1 Performance Objectives	5
2.2. Course Content	11
2.3 Course Length.	13
2.4 Course Approval.	14
3. Non-Physician Cardiac Rescue Technician Instructors.	15
3.1 Types.	15
3.2 Minimum Qualifications	15
3.3 CRT Instructor Certification	16
3.4 CRT Instructor Recertification	17
Appendix A - CRT Semi-Annual Minimum Skills Report Form.	18

INTRODUCTION

Maryland has been one of the national leaders in the development of advanced pre-hospital cardiac care techniques and the utilization of advanced paramedical skills on the part of ambulance attendants. Heretofore, these programs in Maryland have been constructed at a local level; Montgomery County, the Metropolitan Baltimore area, and Allegany County all have operated such local programs. Each has come about through initiatives taken by local ambulance and rescue units, physicians, the Maryland Heart Association and its affiliates, local cooperating hospitals, and the local governments in these areas.

In Maryland, as an outgrowth of these beginnings, the ambulance attendant who is trained in these advanced techniques is called a "Cardiac Rescue Technician" (CRT). The CRT is trained to recognize cardiac difficulties and, operating under a physician's direction, to monitor cardiac patients, administer drugs and intravenous solutions and defibrillate. Maryland law requires that CRT's be examined and certified on a periodic basis by the Maryland Board of Medical Examiners before they are allowed to apply their skills.

It is the intention of the Division of Emergency Medical Services to maintain a unified CRT program throughout the state, with standardized training programs, skills maintenance, and certification methods. In developing the standards described in this document, the Division of Emergency Medical Services has collaborated with the Board of Medical Examiners to achieve this goal.

Basic Standards. For a CRT program to be operated successfully in any area of Maryland, several elements of the local program must be in place. They are:

1. One or more participating physicians who, working with the cooperating hospital(s), agree to assume the physician responsibilities in the local CRT program, including training, provision of orders and direction to the CRT in the field, and case review and skills maintenance of the CRT's in the area.

2. One or more cooperating hospitals that have agreed to participate in the program by providing:
 - a) A clinical site for CRT training and skills maintenance.
 - b) The ability to provide medical (i.e. physician) direction from the hospital to the CRT in the field by radio communication at any time (i.e., 24 hrs/day, 365 days/yr) that it is required.
3. ~~Ambulance(s)-manned by CRT's trained and certified in accordance with the~~ standards specified in this document.
4. Ambulance(s) and hospitals equipped with the necessary medical and communications equipment to properly operate a CRT program.

The Division of Emergency Medical Services will recognize ONLY those CRT programs that have all of these four elements in place or specifically planned for and will approve and provide funding and other support ONLY to those CRT training courses that are conducted in accordance with the CRT Training Guidelines specified herein or have received written authorization from the Director of the Division of Emergency Medical Services for specified deviations from said guidelines.

Further, the Board of Medical Examiners has indicated that they will accept for examination ONLY those CRT candidates who are involved in a viable local CRT program that contains these four essential elements.

The remainder of this document describes the standardized Maryland Cardiac Rescue Technician (CRT) Program. It includes:

1. Eligibility requirements to enroll in an approved Maryland CRT Training Program.
2. Requirements to achieve and maintain certification as a Maryland Cardiac Rescue Technician.
3. The standard Maryland Cardiac Rescue Technician Training Program Course Guidelines.
4. Non-Physician Cardiac Rescue Technician Instructor Certification.

1. Minimum Cardiac Rescue Technician Qualifications

Maryland law requires that Maryland Cardiac Rescue Technicians (CRT's) be initially certified as CRT's by the Maryland Board of Medical Examiners, and be recertified by that Board on a periodic basis. In addition, the Maryland CRT must maintain skills during his period of certification by meeting certain semi-annual performance minimums. Thus, the four steps in obtaining and maintaining CRT certification in Maryland are:

- (1) Receiving CRT training.
- (2) Obtaining initial CRT certification.
- (3) Meeting semi-annual performance requirements.
- (4) Obtaining a bi-annual CRT recertification.

The minimum qualifications for each step are given in sections 1.1 through 1.3 below. Note that the Director of the Division of Emergency Medical Services can waive certain of these requirements where the individual clearly has the prerequisite knowledge and skills by virtue of training and/or experience.

1.1 To become a CRT candidate and be eligible for enrollment in a CRT training program leading to initial CRT certification, a person must:

- 1.1.1 Be at least eighteen (18) years of age.
- 1.1.2 Have had at least one full year of experience in providing emergency medical care as an ambulance attendant, hospital corpsman, or in other relevant in-hospital (e.g. Coronary Care Unit, Intensive Care Unit or Emergency Department) assignments.

NOTE: Serving for one year as an active member of a paid or volunteer ambulance unit either, non-profit or otherwise, shall satisfy this requirement.

1.1.3 EITHER

1.1.3.1 Be currently certified as a Maryland Emergency Medical Technician (EMT)

AND

be currently certified by the Maryland Heart Association in Basic Life Support II procedures for Cardiopulmonary Resuscitation and Emergency Cardiac Care.

OR

1.1.3.2 Be a fully qualified health professional (e.g. physician, nurse) who desires to enter the CRT training program and, by virtue of previous training and experience, has the skills and knowledge at least equal to that of the Maryland Emergency Medical Technician.

NOTE: An individual having the qualifications described in Section 1.1.3.2 can also become a CRT without taking the CRT course. See Section 1.2.2.2.

1.2 To become initially certified as a Maryland Cardiac Rescue Technician, a person must:

1.2.1 Meet all applicable CRT candidate qualifications specified in Section 1.1.

1.2.2 EITHER:

1.2.2.1 Have successfully completed a Maryland CRT training program approved by the Maryland Division of Emergency Medical Services,

OR

- 1.2.2.2 Provide evidence satisfactory to the Director of the Maryland Division of Emergency Medical Services that training and competence equivalent to that produced by the Maryland CRT Training Program has been acquired by the applicant.
- 1.2.3 Pass the CRT examination given by the Maryland Board of Medical Examiners with a score of at least seventy-five (75) percent.
- 1.3 To maintain certification during the two-year period before recertification as a Maryland CRT, a CRT must:
 - 1.3.1 In each six-month period, administer at least 10 intravenous solutions to patients at the scene of an emergency or under direct supervision in a Maryland hospital or clinic.
 - 1.3.2 In each six-month period, perform each of the following:
 - 1.3.2.1 Monitor at least five patients having cardiac arrhythmias.
 - 1.3.2.2 Defibrillate at least three patients or training dummies.
 - 1.3.2.3 Administer drugs to at least three patients or training dummies.

These actions may be performed at the scene of an emergency, enroute to a Maryland hospital or under direct supervision in a Maryland hospital, clinic or training facility. Where training dummies are used, the actions must be under the direct supervision of a physician or certified CRT instructor, and may be a portion of the local case review program required in Section 1.3.3 below.
- 1.3.3 Participate in a local case review and continuing education program conducted on a regular basis by the physician and/or other professional health personnel and CRT Instructors providing direction and supervision of CRT activity in the local area. This program shall,

as a minimum:

- 1.3.3.1 Review actual cases involving CRT care.
- 1.3.3.2 Review basic CRT course material, including arrhythmia pattern recognition.
- 1.3.4 Using forms (Appendix A) provided by the Division, report to the Director of the Division of Emergency Medical Services semi-annually that he/she has met the performance requirements specified in Sections 1.3.1, 1.3.2 and 1.3.3. Semi-annually, the Director shall recommend to the Board of Medical Examiners the revocation of certification for all CRT's who have failed to meet their performance minimums during the immediately preceding six-month period.
- 1.3.5 Shall attend and successfully complete, within the six-month period preceding recertification, a CRT refresher workshop approved by the Division of Emergency Medical Services.

NOTE: The Maryland Board of Medical Examiners will, as required by law, recertify each Maryland CRT who has fulfilled the performance requirements specified in Sections 1.3.1, 1.3.2 and 1.3.3 for the preceding two years and has successfully completed the workshop specified in Section 1.3.5 within the preceding six months of the recertification date.

2. Maryland Cardiac Rescue Technician Training Course Guidelines

To prepare persons for the Maryland Board of Medical Examiners initial CRT certification examination, the Division of Emergency Medical Services and the Board of Medical Examiners have adopted standards for a uniform statewide CRT training course. The CRT training course guidelines are specified below.

2.1 Performance Objectives. This section delineates the performance capabilities that are expected of the student upon completion of the CRT course.

2.1.1 Functions. The student shall be able to describe, in writing or by recitation, the overall functions of a CRT, which are:

2.1.1.1 Prompt and efficient response to the call.

2.1.1.2 Identification of a patient in a suspect population.

- 2.1.1.3 Rendering essential life support as indicated.
- 2.1.1.4 Establishing and maintaining effective communications with a designated agency providing medical direction.
- 2.1.1.5 Administration of proper care to patient prior to transportation under the authorization of the designated agency.
- 2.1.1.6 Transportation of the patient under constant observation to a medical facility as directed by the designated agency.
- 2.1.2 Behavior. The student shall demonstrate and be able to describe, in writing or by recitation, appropriate conduct of a CRT during the performance of his/her duties. The CRT:
 - 2.1.2.1 Should not knowingly cause harm to a patient by his/her activity or by negligence.
 - 2.1.2.2 Should conform to local dress codes as much as possible and be neat and clean in appearance.
 - 2.1.2.3 Should avoid, while performing duties, engaging in personal habits (e.g. smoking) which increase the discomfort of patients.
 - 2.1.2.4 Should maintain control of his/her emotions especially when faced with stressful situations, should speak in a calm voice, and act in a planned, deliberate, and controlled manner.
 - 2.1.2.5 Should identify himself/herself to the patient and/or

family.

2.1.2.6 Should explain in a clear and understandable manner to the patient and/or family the procedures being performed.

2.1.2.7 Should protect the patient from harmful environmental factors such as curious onlookers or harmful weather conditions.

2.1.2.8 Should understand the capabilities and limitations of his/her skills as developed by his/her training and the capabilities and limitations of the available CRT equipment.

2.1.2.9 Should show courtesy to all who come in contact with him/her during the course of the performance of his/her duties.

2.1.3 Knowledge and Skills. The student must demonstrate, in writing or by recitation, the acquisition of basic knowledge and must demonstrate adequate skill in performing the actions required of a CRT. The CRT must be able to:

2.1.3.1 Describe the basic anatomy and physiology of the respiratory and cardiovascular systems, including:

(a) The systemic circulatory system.

(b) Flow of blood through heart and lungs.

(c) Exchange of gases in the lungs.

- (d) Cardiac blood supply.
- (e) Chambers and divisions of the heart.
- (f) Layers of heart muscle.
- (g) Location of major vessels and valves in the heart.
- (h) Location of right and left coronary arteries.

2.1.3.2 Describe the anatomy and function of the cardiac conduction system, including:

- (a) Normal cardiac cycle.
- (b) Regulation of heart rate.
- (c) Effect of nervous and hormonal influences on cardiac rhythm.
- (d) The physiologic effects of rhythm disturbances.

2.1.3.3 Describe the epidemiology and pathology of coronary artery disease, myocardial infarction, and cardiac rhythm disturbances including:

- (a) The difference in history of chest pain, shortness of breath, and syncope.
- (b) The pathophysiologic effect of arrhythmias in myocardial infarction.
- (c) The effect of early diagnosis and treatment of disturbances of cardiac rhythm upon the morbidity

and mortality of heart disease, and the role that the CRT plays in that early diagnosis and treatment.

- (d) The pathophysiology of anaphylactic shock and its treatment.

2.1.3.4 Identify from verbal or written description, slide presentation, oscilloscope pattern or paper tracings, the following:

- (a) Normal sinus rhythm.
- (b) Sinus tachycardia.
- (c) Sinus bradycardia.
- (d) Sinus arrhythmia.
- (e) Premature atrial contractions.
- (f) Paroxysmal atrial tachycardia.
- (g) Atrial flutter.
- (h) Atrial fibrillation.
- (i) Nodal rhythm.
- (j) Nodal tachycardia.
- (k) Premature ventricular contractions.
- (l) Ventricular tachycardia.
- (m) Ventricular fibrillation.

- (n) Asystole.
- (o) Paced rhythms.
- (p) Electrocardiographic alterations secondary to myocardial infarction or ischemia, specifically in ST and T wave configurations.

2.1.3.5 Demonstrate proficiency in the collection and communication of information pertinent to:

- (a) Vital signs.
- (b) Circulatory and respiratory status.
- (c) Heart rhythm.
- (d) Cardiac history.

2.1.3.6 Describe indications, action, dosage, route of administration and immediate side-effects of the following drugs:

- (a) Atropine.
- (b) Lidocaine.
- (c) Epinephrine.
- (d) Sodium bicarbonate.

2.1.3.7 Calculate and demonstrate the methods of measurement of the dosage of medications and intravenous solutions.

2.1.3.8 Demonstrate the techniques of intravenous cannulation and intramuscular injection.

2.1.3.9 Demonstrate proficiency in Basic Life Support.

2.1.3.10 Demonstrate proficiency in Advanced Life Support, including:

- (a) Cardiac monitoring.
- (b) Radio telemetry and/or Life Support-Ambulance radio communication.
- (c) Defibrillation.

2.1.3.11 Explain the responsibilities and limitations of the Cardiac Rescue Technician as defined by current state law.

2.2 Course Content. To properly achieve the performance objectives specified in Section 2.1, the CRT training program must, as a minimum, include the following:

- 2.2.1 The functions of the CRT during response to a call, identification of a patient in a suspect population, rendering essential life support, communication with medical authority, administration of care under physician direction, and transportation of the patient.
- 2.2.2 Appropriate behavior while performing duties as a Cardiac Rescue Technician.
- 2.2.3 Physiology of the respiratory and cardiovascular systems.
- 2.2.4 Anatomy of the heart and coronary circulation.
- 2.2.5 Regulation of normal cardiac rhythm.

- 2.2.6 Anatomy and function of the cardiac conducting system.
- 2.2.7 Epidemiology of coronary artery disease, myocardial infarction, and sudden death.
- 2.2.8 Pathology of coronary artery disease and myocardial infarction.
- 2.2.9 History taking, including:
 - (a) Differential diagnosis of chest pain.
 - (b) Shortness of breath.
 - (c) Angina.
 - (d) Syncope.
- 2.2.10 Mechanisms of disturbances in cardiac rhythm with emphasis on the effects of arrhythmias in myocardial infarction.
- 2.2.11 Impact of Coronary Care Units and Mobile Life Support Units on the morbidity and mortality of heart disease, and the role of the CRT in the early diagnosis and treatment of disturbances in heart rhythm.
- 2.2.12 Identification of cardiac arrhythmias.
- 2.2.13 Basic understanding of ECG alterations produced by infarction and ischemia.
- 2.2.14 Physical Examination, including:
 - (a) Vital signs.

(b) Assessment of circulatory and respiratory status.

(c) Cardiac rhythm.

2.2.15 Pharmacology of advanced life support.

2.2.16 Technique and measurement of doses of medications for intravenous and intramuscular administration.

2.2.17 Treatment of disturbances in cardiac rhythm.

2.2.18 Operation and maintenance of equipment.

2.2.19 Medical-legal status of persons performing duties as CRT's

NOTE: The Course Content given above has been ordered in the same sequence as the CRT performance objectives specified in Section 2.1. However, it is not intended that the course necessarily be given in the order listed, or that the course be partitioned into the nineteen discrete segments specified.

2.3. Course Length. The Division expects each CRT course offered to provide sufficient didactic and clinical hours to the student to achieve the performance objectives specified in Section 2.1. The hours required will depend upon class size, background of the students, amount of self-teaching techniques employed, nature of the clinical setting and other factors. Except for unusual circumstances, the following have been found to be the minimum required to properly prepare the student as a CRT:

2.3.1 Didactic - 60 hours.

2.3.2 Clinical - 80 hours.

2.4 Course Approval. To obtain approval by the Division of Emergency Medical Services and thereby be eligible for State funding and resource support, the agency or institution conducting a CRT training course shall:

2.4.1 Agree to give first priority in filling the class to students who meet the minimum qualifications specified in Section 1.1.

2.4.2 Agree to attempt to achieve all performance objectives specified in Section 2.1 for every student in the class.

2.4.3 Agree to construct the course curriculum in such a manner that, as a minimum, all subject matter specified in Section 2.2 is included somewhere within the course, or obtain the approval in writing and in advance from the Director of the Division of Emergency Medical Services for any deletions therefrom.

2.4.4 Unless prior written approval of the Director of the Division of Emergency Medical Services is obtained, provide for each student:

2.4.4.1 A sufficient number of didactic class hours, and not less than 60 hours, to adequately present all relevant material to the student.

2.4.4.2 A sufficient number of hours, and not less than 80 hours, of clinical experience to guarantee the achievement of the skills required. This may be accomplished in facilities deemed appropriate by the instructor (e.g. emergency room, intensive or coronary care unit,

blood bank, outpatient clinic, laboratory or mobile intensive care unit).

- 2.4.5 Agree to use as non-physician instructors in the course only those who are certified as CRT Instructors under the provision of Section 3, below, or obtain the written approval in advance from the Director of the Division of Emergency Medical Services for the use of any other person as a course instructor.

3. Non-Physician Cardiac Rescue Technician Instructors

3.1. Types. There are two types of non-physician instructors that may be used in approved CRT courses, as follows:

3.1.1 Persons trained and properly certified by the State of Maryland as professional allied health service personnel (e.g. nurses, physician's assistants).

3.1.2 Cardiac Rescue Technicians not meeting the criteria of Section 3.1.1.

3.2 Minimum Qualifications to Become a Non-Physician CRT Instructor Candidate.

3.2.1 An Allied Health Service professional meeting the specifications of Section 3.1.1 is eligible to become a CRT Instructor candidate providing he/she meets all of the following requirements:

3.2.1.1 Has at least one (1) year of full-time experience in a coronary care unit and/or emergency cardiac care.

3.2.1.2 Has successfully completed a cardiac arrhythmia recognition course.

3.2.1.3 Has a demonstrated competence in intravenous therapy and defibrillation techniques.

3.2.2 A Cardiac Rescue Technician meeting the specifications of Section 3.1.2 is eligible to become a CRT Instructor Candidate providing he/she meets all of the following requirements:

3.2.2.1 Holds a valid current Maryland certification as an Emergency Medical Technician Instructor.

3.2.2.2 Holds a valid current Maryland certification as a Cardiac Rescue Technician and has held that certification for at least one full year.

3.2.3 The Director of the Division of Emergency Medical Services can, on written application of the applicant, waive any or all of the CRT Instructor Candidate qualifications specified in Sections 3.2.1 and 3.2.2.

3.3 Cardiac Rescue Technician Instructor Certification. The Director of the Division of Emergency Medical Services will certify a Cardiac Rescue Technician Instructor Candidate as a Cardiac Rescue Technician Instructor for a period of two years when the Candidate has:

EITHER

3.3.1 Successfully completed a Cardiac Rescue Technician Instructor's Course conducted by the Division and served a successful internship involving the teaching of one complete CRT course under the direction and with the approval of a certified CRT Instructor,

OR

3.3.2 Until July 1, 1976, has made written application to the Director of the Division of Emergency Medical Services to waive any or all of the requirements of Section 3.3.1 and on the basis of that application the Director deems that the applicant has the necessary qualifications to be an effective CRT Instructor.

3.4. Cardiac Rescue Technician Instructor Recertification. The Director of the Division of Emergency Medical Services shall recertify each Cardiac Rescue Technician Instructor for a two-year period who:

3.4.1 Has satisfactorily participated in the teaching of at least one CRT course in the preceding two years.

3.4.2 If certified as an Instructor under Section 3.1.1 (professional allied health services) has within the previous twelve (12) months:

EITHER

3.4.2.1 Six months of experience of the type specified in Section 3.2.1.1;

OR

3.4.2.2 Fulfilled all requirements for CRT recertification as specified in Sections 1.3.1, 1.3.2, 1.3.3, 1.3.4 and 1.3.5.

OR

3.4.2.3 Satisfactorily participated in the teaching of one CRT course.

3.4.3 If certified as an Instructor under Section 3.1.2 (Cardiac Rescue Technician), has maintained for the previous twelve (12) months and currently holds a valid Maryland certification as a Cardiac Rescue Technician.

CARDIAC RESCUE TECHNICIAN SEMI-ANNUAL MINIMUM SKILLS REPORT

APPENDIX A

CRT NAME _____, 197
 ADDRESS _____, 197
 Report for the Period Beginning _____, 197
 Ending _____, 197

CRT Registry No. _____

Ambulance Unit Name _____
 Affiliation Address _____
 (When Applicable) _____

DATE	PATIENT'S NAME*	LOCATION	NATURE OF CARE		PARTICIPATING HOSPITAL	ATTESTING M.D./CRT INSTRUCTOR* NAME	SIGNATURE*
			IV MON.	DEFIB. DRUG			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

*The attesting physician or Maryland-Certified CRT Instructor certifies that to the best of his/her knowledge the CRT exhibited appropriate and competent skills during the provision of care to the indicated patient or training dummy. (See Sections 1.3.1 and 1.3.2.)
 I certify that the information on this form is accurate and that I am participating in a local case review program for Cardiac Rescue Technicians.

+If a training dummy was used, so state

 CRT Signature

 Date

FUNDING GUIDELINES
FOR MARYLAND
CARDIAC RESCUE TECHNICIAN
TRAINING PROGRAMS

DIVISION OF EMERGENCY MEDICAL SERVICES
22 S. GREENE STREET
BALTIMORE, MARYLAND 21201

February 7, 1975

CONTENTS

1. Purpose
2. Reference
3. Eligible Agencies
4. Basic Requirements
5. Authorized Non-Capital Costs
 - 5.1 Salaries
 - 5.2 Travel
 - 5.3 Course Materials
 - 5.4 Indirect Costs
6. Non-Expendable Equipment
7. Application Procedure
8. Attendance Reporting Procedure

Attachment - "Application for CRT Training Contract"

FUNDING OF CARDIAC RESCUE
TECHNICIAN TRAINING PROGRAMS

1. PURPOSE

This document describes the procedures and the standards for contracting with the Maryland Department of Health and Mental Hygiene's Division of Emergency Medical Services to obtain funding support for the conduct of Cardiac Rescue Technician (CRT) training programs.

2. REFERENCE

The Maryland Cardiac Rescue Technician Program Standards, published by the Division of Emergency Medical Services, is a basic reference document which describes the CRT standards adopted for the State of Maryland and is referred to below as the "CRT Program Standards". All persons and agencies contemplating the conduct of a CRT course in Maryland should obtain and use this reference.

3. ELIGIBLE AGENCIES

The Division will contract with the following types of agencies for CRT training:

- 3.1 A municipal or county government.
- 3.2 A Maryland hospital or clinic.
- 3.3 A public educational facility (e.g. Community College, University, Board of Education).
- 3.4 A private, non-profit corporation having a primary function in the provision of pre-hospital emergency medical care.

4. BASIC REQUIREMENTS

- 4.1 The CRT training program offered must be a part of a local CRT program that fulfills the basic standards specified in the "Introduction" of the CRT Program Standards.
- 4.2 The training agency must obtain a CRT Course Approval from the Division of Emergency Medical Services by making an application to the Director of the Division and certifying in the application that all requirements specified in Section 2.4 of the CRT Program Standards are met.

- 4.3 Funding by the Division will be on a course-by-course basis. The Division will contract for a training course ONLY when the class size is ten (10) students or more.

5. AUTHORIZED NON-CAPITAL COSTS

The Division will provide funding ONLY for the following costs of a CRT training program.

- 5.1 Salaries. Salaries for physician or CRT non-physician instructors preparing for, or conducting, CRT classes will be funded at a rate of \$10.00 per hour. Salaries of administrative or other personnel will NOT be covered by the Division.
- 5.2 Travel. Travel of physicians and non-physician CRT instructors to and from class locations, and travel of these personnel required for course preparation activities will be funded at the rate of \$0.12 per mile. No other travel costs will be covered by the Division.
- 5.3 Course Materials. Expendable supplies and materials used in the course will be funded according to the following schedule:
- 5.3.1 Textbooks - \$10.00 per student
- 5.3.2 Reproduced Training Materials - \$15.00 per student
- 5.3.3 Supplies - (I.V. fluids, etc.) \$30.00 per student
- 5.3.4 Lab Coats - \$15.00 per student
- 5.4 Indirect Costs. The Division will fund indirect costs at the rate of twenty percent (20%) of eligible non-capital direct costs. Indirect costs are to cover postage, telephone, administrative salaries, and any other costs associated with the program. The eligible direct non-capital costs include salaries, travel, and expendable course materials (i.e., items 5.1, 5.2, and 5.3 above).

6. NON-EXPENDIBLE EQUIPMENT

The Division will purchase and maintain the following non-expendible equipment for use in the CRT training program. The equipment shall be returned to the Division at the completion of the course. If available at the time the course is begun, the Division will provide the equipment in lieu of purchasing new equipment for a special course.

- 6.1 Portable ECG Scope and Monitor - one per class
- 6.2 Automatic CPR machine (thumper) - one per class
- 6.3 Demand resuscitator - one per class
- 6.4 Portable suction device - one per class
- 6.5 I.V. training mannequin - one per class
- 6.6 Intubation training mannequin - one per class
- 6.7 Arrhythmia Annie - one per class
- 6.8 I.M. training hip - one per class
- 6.9 Esophageal airways - one per 10 students
- 6.10 Sphygmomanometers - one per 2 students
- 6.11 Stethoscopes - one per 2 students
- 6.12 ECG recording machine - one per class
- 6.13 35 mm. slide projector - one per class
- 6.14 16 mm. sound movie projector - one per class
- 6.15 Cassette recorder - one per class
- 6.16 Projection screen - one per class
- 6.17 Overhead projector - one per class
- 6.18 Tutor tape player - one per class
- 6.19 Audio visual materials (slides, tapes, transparencies, films, etc.) - \$200.00 per class

7. APPLICATION PROCEDURE

An eligible agency desiring to obtain funding by a contract with the Division shall submit an original and four (4) copies of the "Application for CRT Training Contract" (sample attached) to the Division of Emergency Medical Services at least sixty (60) days before the start of the course. All questions should be referred to:

Mr. Joseph Mikos
(301) 383-2986

8. ATTENDANCE REPORTING PROCEDURES

The Division of Emergency Medical Services will fund CRT classes having ten (10) or more students. Within three (3) days after the first class session of any CRT course supported by the Division, a class roster shall be submitted to the Division. The roster shall contain the name, address, institutional or ambulance unit affiliation (if any) and signature of each student enrolled in the course. Every two weeks thereafter, a record of course attendance for each two-week ~~period for all enrolled students shall be~~ submitted to the Division. The Division reserves the right to adjust its funding level of support on a pro-rata basis according to the schedule specified in Sections 5 and 6, above, if the student attendance is less than that projected before the classes start.