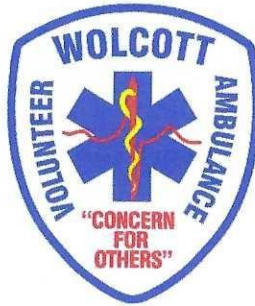


Wolcott Volunteer Ambulance Association Training Center
is offering an

Emergency Medical Technician Training Course



Wolcott Volunteer Ambulance Association Headquarters and Training Center
48 Todd Road Wolcott, CT 06716
June 15, 2021 – August 19, 2021

Tuesdays, Thursdays, and Every Other Saturday (9AM – 3PM)

Tuition, all textbooks, online test prep, stethoscope, blood pressure cuff,
CPR mask, trauma shears, and penlight: \$950.00*

*\$850.00 if paid in full by June 4, 2021

COST OF THE NREMT PRACTICAL EXAM INCLUDED!

Discount for current High School students residing in Wolcott
(must be 16 years old by 8/19/2021)

Payment plans are available

For additional information, contact

The Wolcott Volunteer Ambulance Association Training Center
(203) 879-4122 x113, or email training@wolcottambulance.com



Wolcott Volunteer Ambulance Association

P.O. Box 6066
WOLCOTT, CT 06716

OFFICE: (203) 879-4122
FAX: (203) 879-5420

Hello EMT Course Candidate,

The Wolcott Volunteer Ambulance Association (WVAA) Training Center would like to thank you for your interest in our upcoming EMT program. WVAA is excited to offer a great class full of fun and exciting opportunities for all students. While we are still amidst a global pandemic, please be advised that we are doing everything in our power to keep you safe while in class at WVAA. If you follow our guidelines and direction, you will have a safe and enjoyable experience at WVAA. The summer EMT program will start the week of June 15, 2021. The class will be held 9am-3pm on Tuesdays and Thursdays, as well as every other Saturday. (See attached course calendar.)

The address of the facility is 48 Todd Rd, Wolcott, CT 06716. When you arrive please plan to park in the large, paved parking area on your left as you enter the driveway. Parking in the front of the building is for the on-duty crews only. Please secure your vehicle and walk around to the front of the ambulance building. There is a single glass door entrance to the right of the main garage bays. The first day of class you will be given a code to enter the building for the remainder of your class time. On the first day of class, you will also be issued all books and equipment needed to move forward.

Please be advised that this is a fast paced and high intensity course and will require your best work. Please arrive on time to all scheduled classes and be prepared for the day. Also, stay on top of assignments and readings, falling behind in this course could affect your overall performance as a student and EMT. I welcome you and hope that you enjoy your time in this program. Together we will work to ensure your success within this course. If you have any questions or concerns, feel free to contact WVAA by email at training@wolcottambulance.com or by phone at (203) 879-4122 ext. 113.

Best Regards,

Andrew A. Albert, NREMT, EMS-I
Deputy Chief & Instructor
Wolcott Volunteer Ambulance Association
andrew.albert@wolcottambulance.com
(203) 879-4122 ext. 125

**Wolcott Volunteer Ambulance Association Training Center
Emergency Medical Technician Training Course Application**

Please return this application no later than June 4, 2021!

June 15, 2021 – August 19, 2021

Student Information

First Name: _____ Last Name: _____ M.I. _____

Mailing Address: _____

City/State/Zip Code: _____

Home Address (if different): _____

Email Address (Main Method of Contact): _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____

Current EMS Agency Affiliation (if any): _____

How did you hear about us: _____

Signature: _____ Date: _____

**Wolcott Volunteer Ambulance Association Training Center
Emergency Medical Technician Training Course Application**

**Please return this application no later than June 4, 2021!
June 15, 2021 – August 19, 2021**

First Name: _____ Last Name: _____ M.I. _____

Methods of Payment

The Wolcott Volunteer Ambulance Association Training Center has several methods of payment available to EMT students:

Pay by Mail: You can send us a bank check or money order (NO personal checks) in the mail. Checks can be made payable to "Wolcott Volunteer Ambulance Association"
Please send your payment and application to:

**Wolcott Vol. Ambulance Assoc.
P.O. Box 6066
Wolcott, CT 06716**

Pay Online: You have the option to pay online through our website with PayPal. (Please note that by paying online, you are subjected to a PayPal processing fee based on your payment.) If you chose this method of payment please email us your application and advise us that you paid online.

Visit:

wolcottambulance.com

Navigate to the EMT Course page and scroll down to find the payment option.

Drop off your Payment in Person: We do allow you to drop off your application and payment in person. If you choose this method of payment, please send us an email, or call to schedule an appointment prior to coming to our building.

Location:

48 Todd Rd.

Wolcott, CT 06716

We are the white building to the left of the driveway as you pull in.

***PLEASE NOTE: IF YOU CHOOSE TO PAY IN FULL INSTEAD OF THE PAYMENT
PLAN, YOU WILL BE OFFERED A DISCOUNT FOR THE COURSE.
INSTEAD OF \$950 YOU WILL PAY \$850. ***

**ANY QUESTIONS – For additional information, contact The Wolcott Volunteer Ambulance Association Training Center
(203) 879-4122 x113, or email training@wolcottambulance.com**

Official Use Only	Date Rec'd:	Amt. Rec'd: \$	Bank Check or Money Order #:
	Rec'd by:		

**Wolcott Volunteer Ambulance Association Training Center
Emergency Medical Technician Training Course Application**

**Please return this application no later than June 4, 2021!
June 15, 2021 – August 19, 2021**

First Name: _____ Last Name: _____ M.I. _____

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(203) 879-4122 x113, or email training@wolcottambulance.com**

Due Date:	Amount Due:	Balance Due:	Received by:	Date:
6/4/2021	\$325.00	\$625.00		
7/1/2021	\$325.00	\$300.00		
8/5/2021	\$300.00	\$0.00		

No student will be allowed to sit for the final exam without full payment!



Department of Emergency Medical Services

CONFIDENTIALITY PLEDGE FOR THE EMERGENCY MEDICAL TECHNICIAN STUDENTS

I recognize the necessity of maintaining confidentiality of all data and documents collected and processed by Saint Mary's Hospital. Confidential information is defined as proprietary business data or information which contains identifying information which can be linked to a specific individual or patient. I also recognize the importance of my part in assuring the right of privacy of persons and institutions cooperating with my clinical rotation. I further understand that Saint Mary's Hospital has both ethical and legal responsibilities to safeguard confidential information.

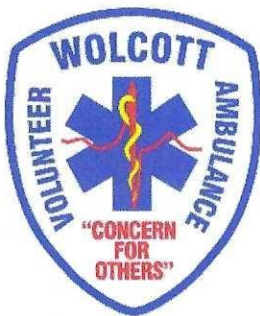
Therefore, I will not divulge any confidential information I may encounter during my observations at Saint Mary's Hospital. Further, I will not make a copy of, or transport off the premises any confidential information. I am aware that, in some instances, civil and criminal penalties are possible if unauthorized disclosure of confidential research and data occurs. I agree to accept any liability which may accrue to Saint Mary's Hospital for any breaches of confidentiality which occur through my direct action.

Signature of EMT Student

Date

Signature of Instructor

Date



Consent for Collection and Use of Personal Information

In the EMT program we often record audio (e.g. recordings of class lectures, quotes from the recordings), video (e.g. of patient simulations) and take photographs of students. The student's name or other means of identity may also be part of these recordings. In addition, we sometimes assign audio or video projects that involve media recordings of students. However, you may withdraw consent for any or all events at any time. We just ask that you make your instructors aware if you choose to withdraw consent.

First Name: _____

Last Name: _____

Email: _____

I, _____, understand that my photo, my name, program and training center may be used for promotional purposes, including publications, and use in related publicity.

Signature of Participant: _____ Date: _____

Signature of Instructor: _____ Date: _____

Name (printed) of Instructor: _____



N95 HEPA Respirator Fit Testing

Due to the possibility of exposure to bloodborne and airborne pathogens as an EMT student at the Wolcott Volunteer Ambulance Association Training Center, we have taken extra precautions to help ensure your safety during your course with us.

Bloodborne Pathogens

Bloodborne pathogens are a potential hazard of our work. Even as a student you may come into contact with potentially infectious materials. To help prevent possible exposure, students will not be able to conduct clinical or ride time until they have completed a mandatory OSHA BBP course. This course is free of charge and will be provided as part of the EMT course.

Airborne Pathogens

Airborne pathogens are a potential hazard of our work. It is also understood that we remain amid the COVID-19 pandemic. As a precaution, students will be required to wear a surgical mask/face covering at all times (classroom, clinicals, ride time). Additionally, each student will be fit tested into a N95 HEPA respirator. Prior to fit testing, a medical clearance form from your primary medical provider will be required. Attached you will find the Trinity Health of New England OSHA Respirator Medical Evaluation Questionnaire. This is a confidential document that will remain with your medical provider and not be returned to WVAA. Your medical provider will review the information and give you a signed form with your clearance to be fit tested. Students will not be able to conduct clinical or ride time until they have completed a mandatory OSHA ABP course. This course is free of charge and will be provided as part of the EMT course.

I, _____, understand that I am entering into an educational course with the possibility of coming in contact with potentially infectious materials. Bloodborne and Airborne pathogens are an anticipated hazard of this field and I will follow all directions provided by the Wolcott Volunteer Ambulance Association Training Center to keep myself and others safe. If I have any questions, I will contact the lead instructor for further information.

Printed Name: _____

Signature: _____

Date: _____

Parent Signature (If under the age of 18): _____

Parent Name (If under the age of 18): _____



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OSHA Respirator Medical Evaluation Questionnaire

This evaluation questionnaire is required by the US Department of Labor for any health care professional who may need to use any type of respirator at work.

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. **To maintain your confidentiality**, your employer or supervisor must not look at or review your answers, and your employer must tell you how to **deliver or send this questionnaire to the health care professional who will review it.**

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
 - a. ____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. ____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No



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If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?

a. Seizures: Yes/No

b. Diabetes (sugar disease): Yes/No

c. Allergic reactions that interfere with your breathing: Yes/No

d. Claustrophobia (fear of closed-in places): Yes/No

e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?

a. Asbestosis: Yes/No

b. Asthma: Yes/No

c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No

e. Pneumonia: Yes/No

f. Tuberculosis: Yes/No

g. Silicosis: Yes/No

h. Pneumothorax (collapsed lung): Yes/No

i. Lung cancer: Yes/No

j. Broken ribs: Yes/No

k. Any chest injuries or surgeries: Yes/No

l. Any other lung problem that you've been told about: Yes/No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?



- a. Shortness of breath: **Yes/No**
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: **Yes/No**
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: **Yes/No**
- d. Have to stop for breath when walking at your own pace on level ground: **Yes/No**
- e. Shortness of breath when washing or dressing yourself: **Yes/No**
- f. Shortness of breath that interferes with your job: **Yes/No**
- g. Coughing that produces phlegm (thick sputum): **Yes/No**
- h. Coughing that wakes you early in the morning: **Yes/No**
- i. Coughing that occurs mostly when you are lying down: **Yes/No**
- j. Coughing up blood in the last month: **Yes/No**
- k. Wheezing: **Yes/No**
- l. Wheezing that interferes with your job: **Yes/No**
- m. Chest pain when you breathe deeply: **Yes/No**
- n. Any other symptoms that you think may be related to lung problems: **Yes/No**
- 5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: **Yes/No**
- b. Stroke: **Yes/No**
- c. Angina: **Yes/No**
- d. Heart failure: **Yes/No**
- e. Swelling in your legs or feet (not caused by walking): **Yes/No**
- f. Heart arrhythmia (heart beating irregularly): **Yes/No**
- g. High blood pressure: **Yes/No**
- h. Any other heart problem that you've been told about: **Yes/No**



6. Have you *ever had* any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/No
- d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you *currently* take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures: Yes/No

8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?

a. Wear contact lenses: **Yes/No**

b. Wear glasses: **Yes/No**

c. Color blind: **Yes/No**

d. Any other eye or vision problem: **Yes/No**

12. Have you *ever had* an injury to your ears, including a broken ear drum: **Yes/No**

13. Do you *currently* have any of the following hearing problems?

a. Difficulty hearing: **Yes/No**

b. Wear a hearing aid: **Yes/No**

c. Any other hearing or ear problem: **Yes/No**

14. Have you *ever had* a back injury: **Yes/No**

15. Do you *currently* have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: **Yes/No**

b. Back pain: **Yes/No**

c. Difficulty fully moving your arms and legs: **Yes/No**

d. Pain or stiffness when you lean forward or backward at the waist: **Yes/No**

e. Difficulty fully moving your head up or down: **Yes/No**

f. Difficulty fully moving your head side to side: **Yes/No**

g. Difficulty bending at your knees: **Yes/No**

h. Difficulty squatting to the ground: **Yes/No**

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: **Yes/No**

j. Any other muscle or skeletal problem that interferes with using a respirator: **Yes/No**

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than



normal amounts of oxygen: **Yes/No**

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: **Yes/No**

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: **Yes/No**

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: **Yes/No**

b. Silica (e.g., in sandblasting): **Yes/No**

c. Tungsten/cobalt (e.g., grinding or welding this material): **Yes/No**

d. Beryllium: **Yes/No**

e. Aluminum: **Yes/No**

f. Coal (for example, mining): **Yes/No**

g. Iron: **Yes/No**

h. Tin: **Yes/No**

i. Dusty environments: **Yes/No**

j. Any other hazardous exposures: **Yes/No**

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____



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7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours *per week*: Yes/No

d. Less than 2 hours *per day*: Yes/No

e. 2 to 4 hours *per day*: Yes/No

f. Over 4 hours *per day*: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.



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Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. *Heavy* (above 350 kcal per hour):
Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F); Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:



19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]

Physician's Statement of Respiratory Evaluation
29 CFR 1910.134 – TB Respiratory Protection Program

ENT
Student { **Employee Name:** _____

Employee ID Number: Worcester Vol. Amb. Assoc. Summer 2021

Employee Job Title: _____

The above individual has been examined by me and (check one):

☐ IS

☐ IS NOT

medically fit to wear the following respiratory protective equipment as part of his/her job function:

☐ NIOSH-approved High Efficiency Particulate (HEPA) Respirator

☐ NIOSH-approved N95 Respirator

☐ Other: _____

Additional Comments:

Signature of Examining Physician

Date

Name of Physician:

Address:

Telephone: ()

June 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15 WVAA EMT Class 0900-1500	16	17 WVAA EMT Class 0900-1500	18	19
20	21	22 WVAA EMT Class 0900-1500	23	24 WVAA EMT Class 0900-1500	25	26 WVAA EMT Class 0900-1500
27	28	29 WVAA EMT Class 0900-1500	30			

July 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 WVAA EMT Class 0900-1500	2	3
4	5	6 WVAA EMT Class 0900-1500	7	8 WVAA EMT Class 0900-1500	9	10 WVAA EMT Class 0900-1500
11	12	13 WVAA EMT Class 0900-1500	14	15 WVAA EMT Class 0900-1500	16	17
18	19	20 WVAA EMT Class 0900-1500	21	22 WVAA EMT Class 0900-1500	23	24 WVAA EMT Class 0900-1500
25	26	27 WVAA EMT Class 0900-1500	28	29 WVAA EMT Class 0900-1500	30	31

August 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 WVAA EMT Class 0900-1500	4	5 WVAA EMT Class 0900-1500	6	7 WVAA EMT Class 0900-1500
8	9	10 WVAA EMT Class 0900-1500	11	12 WVAA EMT Class 0900-1500	13	14
15	16	17 WVAA EMT Class 0900-1500	18 WVAA EMT Class OPTIONAL FOR EXTRA HELP 0900-1500	19 WVAA EMT Class FINAL EXAMS 0900-1500	20	21
22	23	24	25	26	27	28
29	30	31				