

Sierra – Sacramento Valley EMS Agency Program Policy

EMT Training Program Approval/Requirements

	Effective: 07/01/2017	Next Review: As Needed	1002
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the EMT training program approval process and ongoing requirements of an S-SV EMS approved EMT training program.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9, Chapter 2

POLICY:

- A. The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.
- B. S-SV EMS is responsible for approving EMT training programs within the S-SV EMS region, and monitoring the performance of approved EMT training programs to ensure compliance with state law, regulations, guidelines and S-SV EMS policies.
- C. EMT training may be offered only by approved training programs. Eligibility for program approval shall be limited to:
 - 1. Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
 - 2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.
 - 3. Licensed general acute care hospitals which meet the following criteria:
 - Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
 - Provide continuing education to other health care professionals.

4. Agencies of government including public safety agencies.

5. LEMSAs

D. EMT Training Program Approval Procedure:

1. Eligible entities may submit an EMT training program application to S-SV EMS.
2. S-SV EMS shall review/verify that the EMT training program application contains all of the following prior to approving an EMT training program:
 - A statement verifying usage of the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).
 - A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course.
 - Samples of written and skills examinations used for periodic testing.
 - A final skills competency examination.
 - A final written examination.
 - The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).
 - Provisions for clinical experience, as specified in this policy.
 - Provisions for course completion by challenge, including a challenge examination (if different from final examination).
 - Provisions for a 24 hour refresher course required for recertification.
 - A statement verifying usage of the United States DOT's EMT Refresher National Standard Curriculum, DOT HS 808 624, September 1996.
 - The location at which the courses are to be offered and their proposed dates.

E. Didactic and Skills Laboratory:

An approved EMT training program shall assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions.

F. Clinical Experience for EMT:

Each approved EMT training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT training course. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s). Supervision for the clinical experience shall be provided by an

individual who meets the qualifications of a principal instructor or teaching assistant. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

G. EMT Training Program Notification:

1. Program approval or disapproval shall be made in writing by S-SV EMS to the requesting entity within a reasonable period of time after receipt of all required application documentation. This time period shall not exceed three (3) months.
2. S-SV EMS will establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
3. The EMT training program approval effective date shall be the day the approval is issued. The approval shall be valid for four (4) years ending on the last day of the month in which it was issued and may be renewed every four (4) years subject to the procedure for program approval specified in this policy.
4. S-SV EMS will notify the California EMS Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, frequency and cost for both basic and refresher courses, student eligibility, and program approval/expiration date of program approval.

H. Teaching Staff:

1. Each EMT training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.
2. Each EMT training program shall have an approved program director who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:
 - Administering the training program.
 - Approving course content.
 - Approving all written examinations and the final skills examination.
 - Coordinating all clinical and field activities related to the course.
 - Approving the principal instructor(s) and teaching assistants.
 - Signing all course completion records.

- Assuring that all aspects of the EMT training program are in compliance with this policy and other related laws/regulations.
3. Each EMT training program shall have an approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:
 - Responsibility for the overall quality of medical content of the program;
 - Approval of the qualifications of the principal instructor(s) and teaching assistant(s).
 4. Each EMT training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:
 - Be a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California; or,
 - Be an Advanced EMT or EMT who is currently certified in California.
 - Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
 - Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.
 5. Each EMT training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.
- I. EMT Training Program Review and Reporting:
1. All program materials specified in this policy shall be subject to periodic review by S-SV EMS representatives.
 2. All programs shall be subject to periodic on-site evaluation by S-SV EMS representatives.
 3. Any entity conducting a training program shall notify S-SV EMS in writing, in advance when possible, and in all cases within thirty (30) calendar days of any

change in, program director, program clinical coordinator, principal instructor, change of address, phone number, and contact person.

4. Student records shall be kept for a period of not less than four (4) years.

J. Withdrawal of EMT Training Program Approval:

1. Failure to comply with the provisions of this policy/California regulations may result in S-SV EMS denial, probation, suspension or revocation of program approval.

2. The requirements for training program noncompliance notification and actions are as follows:

- S-SV EMS shall provide notification of noncompliance to the EMT training program provider found in violation. The notification shall be in writing and sent by certified mail to the EMT training program course director.
- Within 15 working days from receipt of the noncompliance notification, the EMT training program shall submit in writing, by certified mail, to S-SV EMS one of the following:
 - Evidence of compliance, or
 - A plan to comply within 60 calendar days from the day of receipt of the notification of noncompliance.
- Within 15 working days from receipt of the EMT training program's response, or within 30 calendar days from the noncompliance notification mailing date if no response is received from the EMT training program, S-SV EMS shall issue a decision letter by certified mail to the California EMS Authority and the EMT training program. The letter shall identify the decision of S-SV EMS to take one (1) or more of the following actions:
 - Accept the evidence of compliance provided.
 - Accept the plan for meeting compliance.
 - Place the training program on probation.
 - Suspend or revoke the training program approval.
- The decision letter shall also include, but not be limited to, the following:
 - Date of decision by S-SV EMS;
 - Specific provisions found noncompliant by S-SV EMS if applicable;
 - The probation or suspension effective and ending date, if applicable;
 - The terms and conditions of the probation or suspension, if applicable; and
 - The revocation effective date, if applicable.
- If the EMT training program found noncompliant does not respond to the S-SV EMS issued notice of noncompliance, as indicated in this section, S-SV EMS may uphold the noncompliance finding and initiate a probation, suspension, or revocation action as described in this section.
- S-SV EMS shall establish the probation, suspension, or revocation effective dates no sooner than 60 days after the date of the decision letter, as described in this section.

K. Components of an Approved Program:

1. An approved EMT training program shall consist of all of the following:
 - The EMT course, including clinical experience;
 - Periodic and a final written and skills competency examinations to include all skills covered by course content listed in this policy and applicable regulations;
 - A challenge examination; and
 - A refresher course required for renewal or reinstatement.
2. S-SV EMS may approve a training program that offers only refresher course(s).

L. EMT Training Program Required Course Hours:

1. The EMT course shall consist of not less than 170 hours, divided into:
 - A minimum of 146 hours of didactic instruction and skills laboratory; and
 - A minimum of 24 hours of supervised clinical experience. The clinical experience shall include a minimum of 10 documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.
 - High fidelity simulation, when available, may replace up to three (3) documented patient contacts.
2. The minimum hours shall not include the examinations for EMT certification.

M. Required Course Content:

1. The content of an EMT course shall meet the objectives contained in the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009), to result in the EMT being competent in the EMT basic scope of practice specified in California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100063. The U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety Administration at the following website address:
<http://ems.gov/pdf/811077a.pdf>
2. Training in the use of hemostatic dressings shall result in the EMT being competent in the use of the dressing. Included in the training shall be the following topics/skills:
 - Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings;
 - Review treatment of open chest wall injuries;
 - Types of hemostatic dressings; and
 - Importance of maintaining normal body temperature.

3. Training in the administration of naloxone shall result in the EMT being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose and shall include the following topics/skills:
 - Common causative agents.
 - Assessment findings.
 - Management to include, but not be limited to:
 - Need for appropriate PPE and scene safety awareness.
 - Profile of Naloxone to include, but not be limited to:
 - Indications.
 - Contraindications.
 - Side/adverse effects.
 - Routes of administration.
 - Dosages.
 - Mechanisms of drug action.
 - Calculating drug dosages.
 - Medical asepsis.
 - Disposal of contaminated items and sharps.
 - Medication administration.

4. Training in the administration of epinephrine for suspected anaphylaxis and/or severe asthma shall result in the EMT being competent in the use and administration of epinephrine by auto-injector and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training shall be the following topics/skills:
 - Common causative agents.
 - Assessment findings.
 - Management to include, but not be limited to:
 - Need for appropriate PPE and scene safety awareness.
 - Profile of epinephrine to include, but not be limited to:
 - Indications.
 - Contraindications.
 - Side/adverse effects.
 - Mechanisms of drug action.
 - Administration by auto-injector.
 - Medical asepsis.
 - Disposal of contaminated items and sharps.

5. Training in the use of finger stick blood glucose testing shall result in the EMT being competent in the use of a glucometer and managing a patient with a diabetic emergency. Included in the training shall be the following topics/skills:
 - Blood glucose determination.

- Assess blood glucose level.
 - Indications.
 - Decreased level of consciousness in the suspected diabetic.
 - Decreased level of consciousness of unknown origin.
 - Procedure for use of finger stick blood glucometer.
 - Medical asepsis.
 - Refer to manufacturer's instructions for device being used.
 - Assess blood glucose level.
 - Disposal of sharps.
 - Limitations.
 - Lack of calibration.
 - Interpretation of results.
 - Patient assessment.
 - Managing a patient before and after finger stick glucose testing.
6. In addition to the above, the content of the EMT training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles applied to violent circumstances with at least the following topics and skills, and shall be competency based:
- History and Background of Tactical Casualty Care:
 - Demonstrate knowledge of tactical casualty care.
 - History of active shooter and domestic terrorism incidents.
 - Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS.
 - Review of local active shooter policies.
 - Scope of practice and authorized skills and procedures by level of training, certification, and licensure.
 - Terminology and definitions.
 - Demonstrate knowledge of terminology.
 - Hot zone/warm zone/cold zone.
 - Casualty collection point.
 - Rescue task force.
 - Cover/concealment.
 - Coordination Command and Control.
 - Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations.
 - Demonstrate knowledge of team command, control and communication.
 - Incident Command System (ICS)/National Incident Management System (NIMS).
 - Mutual Aid considerations.
 - Unified Command.
 - Communications, including radio interoperability.
 - Command post.

- Staging areas.
- Ingress/egress.
- Managing priorities.
- Tactical and Rescue Operations.
 - Demonstrate knowledge of tactical and rescue operations.
 - Tactical Operations – Law Enforcement.
 - The priority is to mitigate the threat.
 - Contact Team.
 - Rescue Team.
 - Rescue Operations – Law Enforcement/EMS/Fire.
 - The priority is to provide life-saving interventions to injured parties.
 - Formation of Rescue Task Force (RTF).
 - Casualty collection points.
- Basic Tactical Casualty Care and Evacuation.
 - Demonstrate appropriate casualty care at your scope of practice and certification.
 - Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit.
 - Understand the priorities of Tactical Casualty Care.
 - Demonstrate competency through practical testing of the following medical treatment skills:
 - Bleeding control.
 - Apply Tourniquet.
 - Self-Application.
 - Application on others.
 - Apply Direct Pressure.
 - Apply Pressure Dressing.
 - Apply Hemostatic Dressing with Wound Packing.
 - Airway and Respiratory management.
 - Perform Chin Lift/Jaw Thrust Maneuver.
 - Recovery position.
 - Position of comfort.
 - Airway adjuncts.
 - Chest/torso wounds.
 - Apply Chest Seals, vented preferred.
 - Demonstrate competency in patient movement and evacuation.
 - Drags and lifts.
 - Carries.
 - Demonstrate knowledge of local multi-casualty/mass casualty incident protocols.
 - Triage procedures (START or SALT).
 - CCP – Triage, Treatment and Transport.
- Threat Assessment.
 - Demonstrate knowledge in threat assessment.

- Understand and demonstrate knowledge of situational awareness.
 - Pre-assessment of community risks and threats.
 - Pre-incident planning and coordination.
 - Medical resources available.
7. EMT training programs in operation prior to July 1, 2017 shall submit evidence to S-SV EMS of compliance with this section of the policy no later than June 30, 2018.

N. Required Testing:

Each component of an approved program shall include periodic and final competency-based examinations to test the knowledge/skills specified in this policy. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course. Satisfactory performance shall be determined by pre-established standards developed and/or approved by S-SV EMS.

O. EMT Training Program Course Completion Record:

1. An approved EMT training program shall issue a tamper resistant course completion record to each person who has successfully completed the EMT course, refresher course, or challenge examination.
2. The course completion record shall contain the following:
 - The name of the individual.
 - The date of course completion.
 - The type of EMT course completed (initial, refresher, or challenge), and the number of hours completed.
 - The EMT approving authority (S-SV EMS).
 - The signature of the program director.
 - The name and location of the training program issuing the record.
 - The following statement in bold print: **“This is not an EMT certificate”**.
3. This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide.
4. The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to S-SV EMS within 15 working days of course completion.

P. EMT Training Program Course Completion Challenge Process:

1. An individual may obtain an EMT course completion record from an approved EMT training program by successfully passing by pre-established standards, developed

and/or approved by S-SV EMS, a course challenge examination if s/he meets one of the following eligibility requirements:

- The individual is currently licensed in the United States as a Physician, Registered Nurse, Physician Assistant, Vocational Nurse, or Licensed Practical Nurse.
 - The individual provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets the U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009). Upon review of documentation, S-SV EMS may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete CE courses as a condition of certification.
2. The course challenge examination shall consist of a competency-based written and skills examination to test knowledge of the topics and skills prescribed in this policy and applicable regulations.
 3. An approved EMT training program shall offer an EMT challenge examination no less than once each time the EMT course is given (unless otherwise specified by S-SV EMS).
 4. An eligible individual shall be permitted to take the EMT course challenge examination only one (1) time.
 5. An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.