



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician Training Program Approval		Policy Number 1100	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 13, 2017	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 13, 2017	
Origination Date:	February 2001		
Date Revised:	July 13, 2017	Effective Date: July 13, 2017	
Date Reviewed:	July 13, 2017		
Review Date:	July, 2020		

- I. **PURPOSE:** To identify the procedure for approval of Emergency Medical Technician programs in Ventura County in accordance with the California Code of Regulations. 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.
- II. **AUTHORITY:** California Code of Regulations, Title 22, Division 9, Chapter 2, Article 3, Sections 100065 – 10078,
- III. **POLICY:** EMT training may be offered only by approved training programs.
  - A. The Approving Authority for Emergency Medical Technician (EMT) training programs that will be managed or conducted by a qualified statewide public agency shall be the Director of the California EMS Authority. This shall apply to the California Highway Patrol, California Department of Forestry, etc.
  - B. The approving authority for Emergency Medical Technician training programs shall be the local emergency medical services agency (Ventura County Emergency Medical Services Agency).
  - C. Programs eligible 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 of the United States including the Coast Guard.
    3. Licensed general acute care hospitals which meet the following criteria:

- a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5 of the California Code of Regulations; and
- b. Provide continuing education to other healthcare professionals.
4. Agencies of government, including public safety agencies.
5. Local EMS Agencies

#### IV PROCEDURE:

##### A. Program Approval

1. Eligible training programs shall submit a written request for EMT program approval to the Ventura County EMS Agency (VCEMS).
2. The Ventura County EMS Agency shall review and approve the following prior to approving an EMT training program.
  - a. A statement verifying usage of the United States Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).
  - b. A statement verifying CPR training equivalent to the current American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT Basic course.
  - c. Samples of lesson plans including:
    - 1) At least two lecture or didactic sessions, and
    - 2) At least two practical (skills or psychomotor) sessions.
  - d. Samples of written and skills examinations used for periodic testing, including:
    - 1) At least two written examinations or quizzes.
    - 2) A final skills competency examination
    - 3) A final written examination
  - e. The certification written examination shall be the National Registry EMT Cognitive Examination. National Registry examinations will be administered by the approved National Registry testing site.
  - f. The final skills examination shall be administered by the approved EMT training program. Each training program shall adopt the National Registry EMT psychomotor skills examination.
  - g. Educational Staff:

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.

- 1) Program Director: 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. Following, are examples of courses that meet the required instruction in teaching methodology:
  - a) California State Fire Marshal Fire Instructor 1A and 1B,
  - b) National Fire Academy's Instructional Methodology,
  - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
- 2) Duties of the Program Director, in coordination with the Clinical Coordinator, shall include but not be limited to:
  - a) Administering the training program
  - b) Approving course content
  - c) Approving all written examinations and the final skills examination.
  - d) Coordinating all clinical field activities related to the course.
  - e) Approving the principal instructor(s) and teaching assistants.
  - f) Assuring that all aspects of the EMT training program are in compliance with all applicable VCEMS policies and other related laws.
  - g) Signing all course completion records
- 3) Clinical Coordinator: Must be either a physician, registered nurse, physician assistant, or a paramedic currently licensed in California 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 years. Duties of the program clinical coordinator shall include, but are not limited to:

- a) Responsibility for the overall quality of medical content of the program;
- b) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

4) Principal Instructor:

- a) Must be a physician, registered nurse, physician assistant or paramedic licensed in California; or,
- b) Be an EMT or Advanced EMT who is currently certified in California
- c) Have at least two years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five years.
- d) Shall be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty (40) hours in teaching methodology. See IV.A.2.g.1)a-c for examples of courses that meet this requirement.
- e) 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.
- f) All principal instructors from approved EMT training programs shall meet the minimum qualifications outlined in this policy.

5) Teaching Assistants

- a) Each training program may have teaching assistants 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.

h. Provisions for Clinical Experience

- 1) Each program shall have a written agreement with one or more general acute care hospital(s) and/or operational ambulance provider and/or rescue vehicle provider sufficient to ensure clinical rotations for every student. 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).
  - 2) Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant.
  - 3) No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.
  - 4) Every student shall be aware of clinical expectations and exactly what skills and/or assessments they may utilize during the session.
  - 5) Students shall be clearly identified as an "EMT Student" by an easily identifiable means such as a nametag, smock, etc.
  - 6) The EMT Training Program shall develop a check sheet for verification of no less than five patient contacts during the session. Patient care simulations may be utilized to meet the contact requirements if less than five patients have been evaluated in the course of the clinical experience.
- i. Provisions for Course Completion by Challenge, including a challenge examination (if different from the program's final examination)  
All applicants who wish to challenge course completion and certification shall be approved by the Ventura County EMS Agency, and shall meet the requirements and provisions outlined in VCEMS Policy 304 – EMT Course Completion by Challenge Examination. Each EMT Training Program shall provide a statement of understanding to the Ventura County EMS Agency at the time of initial program approval, and for subsequent re-approval applications.
- j. Provisions for a twenty-four (24) hour refresher course including subdivisions (1)-(6) above, required for recertification.
- 1) A statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. The U.S.

Department of Transportation's EMT-Basic Refresher National Standard Curriculum can be accessed through the U.S. Department of Transportation's website,  
<http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>  
Refer to VCEMS policy 302, EMT Recertification

- k. Course Location, Time, and Instructor Ratios
  - 1) Each EMT Training Program shall submit an annual listing of course dates and locations.
  - 2) In the event that an approved EMT Training Program wishes to add a course to the schedule, notification must be received in writing to VCEMS no less than sixty days prior to the proposed start date.
  - 3) No greater than ten students shall be assigned to one instructor during the practical portion of course.
- l. A table of contents listing the required information detailed in this policy with corresponding page numbers
- m. Facilities and Equipment
  - 1) Facilities must comfortably accommodate all students including those with disabilities.
  - 2) Restroom access must be available.
  - 3) Must permit skills testing so that smaller break-out groups are isolated from one another.
  - 4) Training equipment and supply shall be modern and up to date as accepted by the industry and shall be maintained and/or replaced as necessary.
- n. Quality Assurance and Improvement
  - 1) Each program shall submit a quality assurance and improvement plan that addresses the following:
    - a) Methods of student remediation.
    - b) A plan for continuous review and update of examinations and student materials.
    - c) Identify the text and resource materials that will be utilized by the program.
    - d) Samples of student course evaluations
- o. Research Agreement Decree

- 1) Each approved program shall provide a statement agreeing to participate in research data accumulation. This information shall be utilized to enhance the emergency medical services system in Ventura County.
3. Program Approval Time Frames
    - a. Upon receipt of a complete application packet, VCEMS shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:
      - 1) The request for approval has been received,
      - 2) The request does or does not contain all required information, and
      - 3) What information, if any, is missing from the request for EMT program approval.
    - b. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program, within a reasonable period of time, after receipt of all required documentation, not to exceed three (3) months.
    - c. VCEMS shall establish an effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
    - d. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified by VCEMS in this policy.
    - e. VCEMS 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 the program approval.
  4. Withdrawal of Program Approval
    - a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by VCEMS.
    - b. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

- 1) VCEMS shall notify the EMT training program director in writing, by registered mail, of the provisions of this policy with which the EMT training program is not in compliance.
- 2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMT training program shall submit in writing, by registered mail, to VCEMS one of the following:
  - a) Evidence of compliance with the provisions outlined in this policy, or
  - b) A plan for meeting compliance with the provisions outlined in this policy within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
- c. Within fifteen (15) working days of the receipt of the response from the approved EMT training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMT training program, VCEMS shall notify the California EMS Authority and the approved EMT training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the EMT training program approval.
- d. If VCEMS decides to suspend, revoke, or place an EMT training program on probation the notification specified in IV.A.4.c of this policy shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of VCEMS' letter of decision to the California EMS Authority and the EMT training program.

B. Program Review and Reporting

1. All program materials are subject to periodic review by VCEMS.
2. All programs are subject to periodic on-site evaluation by VCEMS representatives.
3. VCEMS shall be advised of any program changes in course content, hours of instruction, or instructional staff.
4. Approved programs shall issue a tamper resistant course completion record to each student who successfully meets all requirements for certification. This course completion record shall include:
  - a. Student full legal name.



- b. The date the course was completed
  - c. The type of EMT course completed (i.e., EMT, refresher, or challenger).
  - d. Number of hours of instruction completed.
  - e. The name and signature of the program director.
  - f. The name and location of the training program issuing the record.
  - g. The name of the approving authority (ie; Approved by the Ventura County EMS Agency)
  - h. The following statements in bold print:
    - 1) "THIS IS NOT AN EMT CERTIFICATE"
    - 2) This course completion record is valid to apply for certification up to a maximum of two years from the course completion date and is recognized statewide.
5. Each program shall submit a course completion roster on the appropriate form provided by VCEMS. Students will not be processed for certification until the course completion roster is received by VCEMS.
- C. Required Course Hours
1. The minimum course hours shall consist of not less than one hundred seventy (170) hours. These hours shall be divided as follows:
    - a. A minimum of one hundred forty-six (146) hours of didactic instruction and skills laboratory; and
    - b. A minimum of twenty-four (24) hours of supervised clinical experience. The clinical experience shall include a minimum of ten (10) documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.
      - 1) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts.
        - i. High fidelity simulation means using computerized manikins that are operated by a technologist from another location to produce audible sounds and to alter, simulate and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of oxygen.
  2. Training programs in operation prior to July 1, 2017 shall submit evidence of compliance with the provisions of this policy, including the updated required course content outlined in CCR Section 100075, no later than July 1, 2018.

3. The minimum hours shall not include the examinations for EMT certification
4. The minimum hours shall not include CPR.

## EMT TRAINING PROGRAM APPROVAL CHECKLIST

<b>PROGRAM APPROVAL APPLICATION PROCEDURE</b>	
<b>TRAINING PROGRAM AFFILIATION:</b>	
<p><b>The Training Program is affiliated with a:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accredited University or College</li> <li><input type="checkbox"/> Junior or Community College</li> <li><input type="checkbox"/> School District</li> <li><input type="checkbox"/> Private Post-Secondary School (Submit Post-Secondary School Approval Document)</li> <li><input type="checkbox"/> Armed Forces Medical Unit</li> <li><input type="checkbox"/> Licensed Acute Care Hospital (Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)</li> <li><input type="checkbox"/> Agency of Government</li> <li><input type="checkbox"/> Public Safety Agency</li> </ul>	<p><b>Name of Agency of Affiliation</b></p>
<b>PROGRAM ADMINISTRATION AND INSTRUCTION</b>	
<p><b>Name of Program Director:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current License received</li> <li><input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section IV.A.2.g.1) for examples of qualifying education)</li> </ul>	<p><b>Title (MD, RN, PA, Paramedic)</b></p>
<p><b>Name of Clinical Coordinator:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current License received</li> <li><input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received.</li> </ul>	<p><b>Title (MD, RN, PA, Paramedic)</b></p>
<p><b>Name of Principal Instructor:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current License received</li> <li><input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section III.A.2.g.3) for examples of qualifying education)</li> </ul>	<p><b>Title (MD, RN, PA, Paramedic, Advanced EMT or EMT)</b></p>
<p><b>Name(s) of Teaching Assistant(s)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current License received</li> </ul>	

PROGRAM APPROVAL APPLICATION PROCEDURE	
	Title (MD, RN, PA, EMT-P, EMT Advanced, or EMT)
<b>Submission of the following:</b>	<b>Date Received</b>
<input type="checkbox"/> Written request for program approval	
<input type="checkbox"/> Statement verifying use of the US DOT National EMS Education Standards (DOT HS 811 077A, January 2009).	
<input type="checkbox"/> Statement verifying program meets or exceeds required course hours outlined in Section IV.C.1 of this policy and meets all content requirements outlined in section 100075 of the California Code of Regulations.	
<input type="checkbox"/> A statement verifying implementation of the current American Heart Association Guidelines for CPR and ECC.	
<input type="checkbox"/> Session guides or lesson plans	
<input type="checkbox"/> Samples of skills and written exams used for periodic testing	
<input type="checkbox"/> Final psychomotor skills competency exam	
<input type="checkbox"/> Final cognitive exam	
<input type="checkbox"/> Provisions for field/clinical experience for EMT (24 hrs. and 10 patient contact minimum).	
<input type="checkbox"/> Provisions for course completion by challenge, including a challenge examination (if different from final course examination).	
<input type="checkbox"/> Provisions for refresher course and/or continuing education	
<input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered.	

\_\_\_\_\_  
Signature of person completing Checklist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name



All Requirements submitted

Date:

Approval letter sent

\_\_\_\_\_

Date:

Re-approval date

\_\_\_\_\_

Date

\_\_\_\_\_

## Ventura County Emergency Medical Services Agency EMT COURSE COMPLETION ROSTER

Program Name: \_\_\_\_\_  Initial  Recert

Program Director: \_\_\_\_\_ Course End Date: \_\_\_\_\_

- Do not attach any additional paperwork unless your program is adding or updating instructional staff records (i.e.: copies of certifications, resume, etc. Do not attach copies of completion certificate, CPR cards, etc.).
- Fax or mail this form to the EMS Agency no greater than ten days following the course completion date. Students will not be processed until this form has been received by the VCEMSA.

Primary Instructor \_\_\_\_\_  MD  RN  Paramedic  Other

Clinical Coordinator \_\_\_\_\_  MD  RN  Paramedic  Other

Assisting Instructors

\_\_\_\_\_  MD  RN  Paramedic  Other

\_\_\_\_\_  MD  RN  Paramedic  Other

\_\_\_\_\_  MD  RN  Paramedic  Other

Practical Instructors (skills)

\_\_\_\_\_  MD  RN  Paramedic  Other

\_\_\_\_\_  MD  RN  Paramedic  Other

\_\_\_\_\_  MD  RN  Paramedic  Other

Total number of students enrolled on the first course day \_\_\_\_\_

Total number of students who successfully completed the course \_\_\_\_\_

