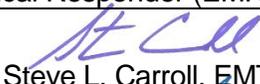


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Responder (EMR) Training Program Approval		Policy Number 1102	
APPROVED: Administration:	 Steve L. Carroll, EMT-P	Date: June 1, 2017	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2017	
Origination Date:	April 13, 2017		
Date Revised:	May 11, 2017	Effective Date June 1, 2017	
Date Last Reviewed:	May 11, 2017		
Review Date:	May, 2018		

- I. **PURPOSE:** As the Ventura County EMS Agency has primary responsibility for approving and monitoring the performance of EMR training programs located with the County of Ventura, this policy has been established to outline the process for approval of Emergency Medical Responder training programs to ensure their compliance with local policy, as well as national standards and guidelines.
- II. **AUTHORITY:** California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1797.210, and 1797.212; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100026
- III. **POLICY:** The approving authority for Emergency Medical Responder (EMR) training programs operating within the County of Ventura will be the Ventura County EMS Agency (VCEMSA). This does not apply to statewide public safety agencies such as California Highway Patrol, California State Parks, etc.
 - A. Programs eligible for program approval shall be limited to:
 1. Accredited universities and colleges including junior and community colleges, school districts, or 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; and
 - b. Provide continuing education to other healthcare professionals.
 4. Agencies of government
 5. Public safety agencies

6. Local EMS Agencies

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for EMR program approval to VCEMSA.
2. VCEMSA shall review and approve the following prior to approving an EMR training program.
 - a. A statement verifying usage of the United States Department of Transportation's (US DOT) National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009, which includes learning objectives, skills protocols, and treatment guidelines. (Available at <http://www.ems.gov/pdf/811077b.pdf>).
 - b. A statement verifying CPR training equivalent to the current Emergency Cardiovascular Care guidelines.
 - 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 periodic examinations or assessments including:
 - 1) At least two written examinations or quizzes.
 - 2) Statement of utilization of the National Registry EMR Skills Check-Off Sheets
 - e. A final psychomotor skills competency examination
 - f. A final cognitive (written) examination
 - g. Educational Staff:

Each EMR 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 EMR training program shall have an approved program director who 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 adult teaching methodology or a k-12 teaching credential. Duties of the Program Director 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) Approving the principal instructor(s) and teaching assistant(s).
- e) Signing all course completion records.
- f) Assuring that all aspects of the EMR training program are in compliance with applicable California Code of Regulations, local VCEMS policies and procedures and any other applicable regulations, guidelines, or laws.

2) Principal Instructor:

Each training program shall have principal instructor(s), who may also be the program director, who shall be qualified by education and experience with at least forty (40) hours of documented adult teaching methodology instruction or a k-12 teaching credential and shall meet the following qualifications:

- a) Be a Physician, Registered Nurse, Physician Assistant or Paramedic licensed in California; or,
- b) Be an EMT, Advanced EMT, who is currently certified in California.
- c) 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.
- d) Be approved by the program director as qualified to teach the topics to which s/he is assigned.
- e) All principal instructors from an approved EMR training programs shall meet the minimum qualifications outlined in this policy.

3) Teaching Assistants

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 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 and the program director.

- k. Course Location, Time, and Instructor Ratios
 - 1) Each EMR Training Program shall submit an annual listing of course dates and locations.
 - 2) In the event that an approved EMR Training Program wishes to add a course to the schedule, notification must be received in writing by VCEMSA 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 psychomotor 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 update of examinations and student materials.
 - c) Identify the text and resource materials that will be utilized by the program.
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- d) Student course evaluations
 - o. Research Agreement Decree
 - 1) Each approved training program shall provide a statement agreeing to participate in research data accumulation. This information shall be utilized to enhance the emergency medical services systems 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.
 - 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.
 - 4. Withdrawal of Program Approval

Noncompliance with any criterion required for EMR training program approval, use of any unqualified personnel, or noncompliance with any other applicable regulation, guidelines or laws may result in suspension or revocation of program approval by VCEMS. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

 - a. VCEMS shall notify the EMR training program director in writing, by registered mail, of the provisions of this policy with which the EMR training program is not in compliance.
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- b. Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMR training program shall submit in writing, by registered mail, to VCEMS one of the following:
 - 1) Evidence of compliance with the provisions outlined in this policy, or
 - 2) 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 EMR training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMR training program, VCEMS shall notify the approved EMR 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 EMR training program approval.
 - d. If the EMR training program approving authority decides to suspend, revoke, or place an EMR training program on probation the notification specified in 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 EMR training program.
- B. Program Review and Reporting
- 1. All program materials are subject to periodic review by VCEMSA.
 - 2. All programs are subject to periodic on-site (scheduled or unscheduled) evaluation by VCEMSA.
 - 3. VCEMSA 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. The name of the individual
 - b. The date the course was completed
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- c. The name of the course completed "Emergency Medical Responder"
- 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 course completion.
- 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 EMR 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 shall be recognized statewide.

- V. Each program shall submit the Agency provided Course Completion Roster no greater than fifteen (15) days following the completion of the program. This roster shall include the name and address of each person receiving a course completion record and the date of course completion.
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Ventura County Emergency Medical Services Agency Emergency Medical Responder Training Program

Application Checklist

Sections 1-4 to be completed by training program

For additional information on requirements and approval process, please refer to VCEMS Policy 1102 – EMR Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Training Program Affiliation		
a. Training program is affiliated with a: <ul style="list-style-type: none"> <input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Post-Secondary School <i>(Submit Post-Secondary School Approval Document)</i> <input type="checkbox"/> Armed Forces Medical Unit <input type="checkbox"/> Licensed Acute Care Hospital <i>(Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)</i> <input type="checkbox"/> Agency of Government <input type="checkbox"/> Public Safety Agency <input type="checkbox"/> Local EMS Agency 		Name of Affiliated Agency, Institution, or Business
3. Program Administration and Staff		
a. Program Director <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in adult teaching methodology or a k-12 teaching credential. 		Name of Program Director
b. Principal Instructor(s) <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License(s) Received <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) <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received <input type="checkbox"/> Approval by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned. 		Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic, Advanced EMT, EMT)

Checklist Continued on Next Page

<p>c. Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license(s) received (if applicable) <input type="checkbox"/> Qualified by training and experience to assists with teaching <input type="checkbox"/> Approval by program director in coordination with the clinical coordinator 	<p>Names(s) and Title(s) of Teaching Assistant(s)</p>
<p>4. Program Representative Completing Application</p>	
<p>Name of Program Representative Completing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>

VCEMS Office Use Only

<p>1. Submission Checklist</p>	
<p style="text-align: center;">Required Item</p>	<p style="text-align: center;">Date Received</p>
<p><input type="checkbox"/> Written request for program approval</p>	
<p><input type="checkbox"/> A statement verifying usage of the US DOT National Highway Traffic Safety Administration (NHTSA) National EMS Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009</p>	
<p><input type="checkbox"/> Statement verifying implementation of current ECC / ILCOR guidelines</p>	
<p><input type="checkbox"/> Session guides and/or lesson plans</p>	
<p><input type="checkbox"/> Samples of skills and written exams used for periodic testing</p>	
<p><input type="checkbox"/> Final psychomotor skills competency exam</p>	
<p><input type="checkbox"/> Final cognitive (written) exam</p>	
<p><input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered</p>	
<p>2. Application Status</p>	
<p>Initial Application Received</p>	<p>Date</p>
<p>Additional Information Requested</p>	<p>Date</p>
<p>All Requirements Submitted</p>	<p>Date</p>
<p>Approval Letter Issued</p>	<p>Date</p>
<p>Approval Expiration</p>	<p>Date</p>
<p>3. EMS Agency Representative Information</p>	
<p>Name of EMS Agency Representative Reviewing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>