

SUBJECT: EMT TRAINING PROGRAMS

Date: 7/01/10

---

- I. **Authority:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.208 and 1797.214.
- II. **Purpose:** To establish a mechanism for application and approval of EMT training programs in San Diego County.
- III. **Policy:**
  - A. All EMT training programs must meet the requirements of the California Code of Regulations, Title 22, Division 9, Chapter 2, pertaining to EMT training program approval, and the County of San Diego, Emergency Medical Services (EMS) requirements listed in the attached training program application.
  - B. All EMT training programs must have approval of EMS prior to the program being offered. To receive program approval, requesting training agencies must apply for approval to EMS and submit all materials listed on the "Check List: Emergency Medical Technician Training Program Application".
  - C. Program approval or disapproval shall be made in writing by EMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This period of time shall not exceed three (3) months.
  - D. EMS shall establish the effective date of program approval, in writing, upon the satisfactory documentation of compliance with all program requirements.

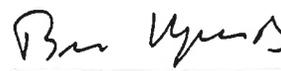
---

Document revised 7/1/2010

Approved:



Administration



Medical Director

SUBJECT: EMT TRAINING PROGRAMS

Date: 7/01/10

---

- E. Program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years, subject to the procedure for program approval specified in Section C above.
- F. All approved EMT training programs shall be subject to periodic review including, but not limited to:
1. Periodic review of all program materials.
  2. Periodic on-site evaluation by EMS.
- G. All approved training programs shall notify EMS, in writing, in advance, when possible, and in all cases, within thirty (30) days of any change in course content, hours of instruction, course director, and program director or program clinical coordinator.
- H. All approved training programs shall report, in writing, the name and address of each person receiving a course completion record and the date of course completion to EMS within fifteen (15) days of course completion.
- I. Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of the above may result in withdrawal, suspension or revocation of program approval by EMS subject to the provision that an approved EMT training program shall have a reasonable opportunity to comply with these regulations, but in no case shall the time exceed sixty (60) days from date of written notice to withdraw program approval.

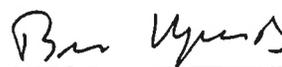
---

Document revised 7/1/2010

Approved:



Administration



Medical Director

COUNTY OF SAN DIEGO EMS AGENCY

APPLICATION FORM

EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM

1. Name of Institution Agency \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_
2. Personnel:  
\* Program Director ( ) \_\_\_\_\_  
\* Clinical Coordinator ( ) \_\_\_\_\_  
\* Principal Instructor(s) ( ) \_\_\_\_\_  
\*\* Teaching Assistants ( ) \_\_\_\_\_
3. Course Hours:  
Didactic/Lab (min. 100 hrs.)      EMT Course ( )      Refresher ( ) (min. 24 hrs.)  
Clinical (min. 10 hrs.)      ( ) N/A
4. Units of Credit: \_\_\_\_\_
5. Text: \_\_\_\_\_

\* Provide qualifications on appropriate forms for each person.  
\*\* Provide list of names and lecture subjects.

COUNTY OF SAN DIEGO EMS AGENCY

CHECK LIST: EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM APPLICATION

MATERIALS TO BE SUBMITTED		CHECK ONE		
		ENCLOSED	TO FOLLOW	FOR COUNTY USE ONLY
1.	Letter to EMT approving authority requesting approval. 100066(a)			
2.	Check list for EMT Program approval.			
3.	Application Form for Program Approval.			
4.	Program Director Qualification Form. 100070(a)			
5.	Program Clinical Coordinator. Qualification Form 100070(c)			
6.	Principal Instructor Qualification Form. 100070(d)			
7.	Teaching Assistant(s) 100070(e) Submit names and subjects assigned to each Teaching Assistant.			
8.	Copy of written agreement with (1 or more) Acute Care Hospital(s) to provide clinical experience. 100068 and			
9.	Copy of written agreement with (1 or more) ambulance agency(ies) to provide field experience. 100068			
10.	Statement verifying usage of the United States Department of Transportation's EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994. 100075 (a)			
11.	EMT Course description (100066), including:			
	a. Statement of course objectives			
	b. At least six (6) sample lesson plans			
	c. Course outline			
	d. Performance objectives for each skill			
	e. At least ten (10) samples of written questions and at least six (6) samples of Skills Examinations used in periodic testing			
	f. Final Examination (written and skills).			
12.	Refresher course description (100066), including:			
	a. Statement of course objectives			
	b. At least six (6) sample lesson plans			
	c. Course outline			
	d. Performance objective for each skill			
	e. At least ten (10) samples of written questions and at least six (6) samples of Skills Examinations used in periodic testing			
	f. Samples of Final Examination ten (10) written and six (6) skills questions.			
13.	Class schedules; places and dates (estimate if necessary) a. EMT Course b. Refresher Course			
14.	Copy of Course Completion Certificate 100077 (basic and refresher)			
15.	Copy of liability insurance on students			
16.	Table of contents listing the required information on this application, with corresponding page numbers. 100066(b) (11)			

\* Reference to specific Article within California Code of Regulations, Title 22, Division 9, Chapter 2.

COUNTY OF SAN DIEGO EMS AGENCY  
EMT INSTRUCTOR QUALIFICATIONS

Institution: \_\_\_\_\_

Check One  
Program Director \_\_\_\_\_  
Clinical Coordinator \_\_\_\_\_  
Principal Instructor \_\_\_\_\_  
Teaching Assistant \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Professional or Academic Degrees Held:

4. Professional License Number(s):

a. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

c. \_\_\_\_\_

5. Emergency care related education within the last five (5) years:

<u>Course Title</u>	<u>School</u>	<u>Course Length</u>	<u>Date Completed</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

6. Emergency care related experience (academic or clinical) within the last (5) years:

<u>Position</u>	<u>Duties</u>	<u>Organization</u>	<u>Dates</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

7. On the attached pages, initial to the left each subject this person is assigned to teach.

Approvals:

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Clinical Coordinator

COUNTY OF SAN DIEGO EMS AGENCY  
APPLICATION FORM  
EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM

List of equipment available in sufficient quantities to meet 1:10 student ratios for skills training (attached).

Equipment	Number Available
a. CPR mannequins, adult and baby	_____
b. Airway management equipment	_____
1. O <sub>2</sub> cylinders	_____
2. Flowmeter	_____
3. O <sub>2</sub> masks and nasal cannula	_____
4. Suction equipment	_____
5. Suction tubing	_____
6. Rigid and flexible suction catheters	_____
7. Pocket mask	_____
8. Bag-valve-mask resuscitator	_____
9. Demand-valve-mask resuscitator (optional)	_____
10. Oral and nasal airways of various sizes	_____
11. Combitube	_____
12. Endotracheal tube	_____
c. Traction Splint	_____
d. Extrication device	_____
e. Backboard, head immobilizer cervical collars	_____
f. Obstetrical mannequin and OB kit	_____
g. Tourniquets	_____
h. Various bandages and splints	_____
i. IV tubing and solution – Normal Saline	_____
j. Antishock garment	_____
k. Cardiac monitor (optional)	_____
l. Blood pressure cuffs and stethoscopes	_____
m. Intubation mannequins	_____
n. AED equipment for training	_____
o. Examples of medications in current scope	_____

SUBJECT: EMERGENCY MEDICAL TECHNICIAN (EMT)  
CERTIFICATION/RECERTIFICATION

---

Date: 7/01/2010

- I. **Authority:** Health and Safety Code, Sections 1797.170, 1797.175 and 1797.210.
- II. **Purpose:** To establish the requirements for EMT certification/recertification in the County of San Diego.
- III. **Policy:**
  - A. To be eligible for certification as an EMT in San Diego County, the candidate must meet the following criteria:
    1. **Initial Certification:**
      - a. Must be 18 years of age or older.
      - b. Must hold a valid EMT Course Completion Record from an approved EMT course.
      - c. Must hold a current EMT National Registry Card.
      - d. Must possess a current CPR Card (Health Care Provider/Professional Rescuer or equivalent).
      - e. Must submit to a California Department of Justice Live scan and Federal Bureau of Investigation criminal background check (separate from any agency requirement).
      - f. Application for certification must be made within two (2) years of being issued an EMT Course Completion record.
    2. **Recertification:**
      - a. Hold a Current EMT Certificate in the State of California.
      - b. Successfully complete an approved refresher course within the two (2) years prior to application for recertification, or

---

Document revised 7/1/2010  
Approved:



Administration



EMS Medical Director