

SUBJECT: ADVANCED EMT TRAINING PROGRAMS

Date: 7/01/10

- I. **Authority:** Health and Safety Code, Division 2.5, Sections 1797.107, 1797.171, 1797.200, 1797.208, 1797.218 and 1798.
- II. **Purpose:** To establish a mechanism for application and approval of Advanced Emergency Medical Technician (AEMT) training programs in San Diego County.
- III. **Policy:**
 - A. AEMT training programs must meet the requirements of the California Code of Regulations, Title 22, Division 9, Chapter 3, pertaining to AEMT training program approval, and the County of San Diego, Emergency Medical Services (EMS) requirements listed in the attached training program application.
 - B. Students accepted into AEMT training will already have a year's experience as an EMT, preferably with 911 responses, as a minimum requirement for enrollment in AEMT course.
 - C. AEMT 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 "Advanced Emergency Medical Technician (AEMT) Training Program Application".
 - D. 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.
 - E. EMS shall establish the effective date of program approval, in writing, upon the satisfactory documentation of compliance with all program requirements.
 - F. Program approval shall be for four (4) years following the effective date of

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Medical Director

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approval and may be renewed every four (4) years, subject to the procedure for program approval specified in Section C above.

- G. Approved AEMT 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.
- H. 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.
- I. 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.
- J. 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 AEMT 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.

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Administration



Medical Director

COUNTY OF SAN DIEGO EMS AGENCY

APPLICATION FORM

ADVANCED EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM

1. Name of Institution/Agency _____
Street _____
City _____
Contact Person _____
Telephone Number _____ Extension _____
2. Personnel:
 - * Program Medical Director () _____
 - * Course Director () _____
 - * Principal Instructor(s) () _____
 - ** Teaching Assistants () _____
 - * Field Preceptors () _____
 - * Hospital Clinical Preceptors () _____
3. Course Hours (min. 88 hr.):
 - Didactic/Lab (min. 48 hrs.) () _____
 - Clinical (min. 16 hrs.) () _____
 - Field (min. 24 hrs.) () _____
4. Units of Credit: _____
5. Text: _____

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

CHECK LIST: ADVANCED EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM APPLICATION

MATERIALS TO BE SUBMITTED		CHECK ONE		
		ENCLOSED	TO FOLLOW	FOR COUNTY USE ONLY
1.	Letter to AEMT approving authority requesting approval. 100113*			
2.	Check list for AEMT Program approval.			
3.	Completed application Form for Program Approval.			
4.	Program Medical Director Qualification Form. 100109(a) *			
5.	Program Course Director Qualification Form 100109(b) *			
6.	Principal Instructor Qualification Form. 100109(c) *			
7.	Teaching Assistant(s) 100109(d) Submit names and subjects assigned to each Teaching Assistant.			
8.	Field Preceptor (s) Qualification Form. 100109(e) *			
9.	Hospital Clinical Preceptor(s) Qualification Form 100109(f) *			
10.	Copy of written agreement with (1 or more) Acute Care Hospital(s) to provide clinical experience. 100111*			
11.	Copy of written agreement with (1 or more) Advanced EMT or Paramedic agency(ies) to provide field experience. 100112(b)*			
12.	Statement verifying usage of the State AEMT Model curriculum, EMSA #133.			
13.	Basic course description, including: 100113*			
	a. Statement of course objectives			
	b. At least six (6) sample lesson plans			
	c. Course outline (if different than the State AEMT Basic curriculum format).			
	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).			
14.	Class schedules; places and dates (estimate if necessary)			
15.	Copy of Course Completion Certificate			
16.	Copy of liability insurance on students			
17.	Table of contents listing the required information on this application, with corresponding page numbers.			

* Reference to specific Article within California Code of Regulations, Title 22, Division 9, Chapter 3.

Attachment 360-A

COUNTY OF SAN DIEGO EMS AGENCY
AEMT INSTRUCTOR QUALIFICATIONS

Institution: _____

Check One
Course Director _____
Principal Instructor _____
Teaching Assistant _____
Field Preceptor _____
Hospital Preceptor _____

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>
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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>
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a. _____

b. _____

c. _____

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

Approvals:

Medical Director

Course Director

COUNTY OF SAN DIEGO EMS AGENCY
APPLICATION FORM
ADVANCED 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 ₂ cylinders	_____
2. Flow meter	_____
3. O ₂ masks and nasal cannula	_____
4. Inhalers/spacers/T-tubes/nebulizers	_____
5. Suction equipment	_____
6. Suction tubing	_____
7. Rigid and flexible suction catheters	_____
8. Pocket mask	_____
9. Bag-valve-mask resuscitator	_____
10. Demand-valve-mask resuscitator (optional)	_____
11. Oral and nasal airways of various sizes	_____
11. Perilaryngeal Airway Adjuncts	_____
c. Tourniquets	_____
d. Various bandages and splints	_____
e. IV tubing and solution – Normal Saline	_____
f. Capillary Finger-stick blood draw equipment	_____
g. IV catheters	_____
h. IV saline locks	_____
i. Vacutainers & Blood tubes	_____
j. Blood glucose testing equipment	_____
k. Blood pressure cuffs and stethoscopes	_____
l. Intubation mannequins	_____
m. AED equipment for training	_____
n. Examples of medications in AEMT scope	_____