

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	TRAINING AND EDUCATION		S-308
	EMERGENCY MEDICAL SERVICES (EMS) TRAINING PROGRAMS		
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I. PURPOSE

To establish the approval and reapproval process for Public Safety–First Aid (PS-FA), Emergency Medical Technician (EMT), Advanced EMT (AEMT), and Paramedic training programs under San Diego County EMS oversight.

To ensure that all San Diego County EMS training programs provide high-quality, professional, evidence-based, and patient-centered instruction delivered by qualified educators whose credentials, experience, and teaching methods meet the needs of EMS personnel.

To define the standards and expectations that guide San Diego County EMS training programs in maintaining educational excellence and regulatory compliance.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.107, 1797.170, 1797.182 and 1797.183, 1797.206, 1797.208, and 1797.214

III. DEFINITION(S)

Clinical Coordinator: A Clinical Coordinator is a qualified, California-licensed healthcare professional (Physician, Registered Nurse, Physician Assistant, or Paramedic) appointed by the training program to oversee clinical and field education. Clinical Coordinators must have at least two years of recent academic or clinical experience in emergency medicine or prehospital care within the past five years.

EMS Clinician: Prehospital care personnel credentialed as Emergency Medical Technicians (EMTs), Advanced EMTs (AEMTs), Paramedics, or CoSD EMS-authorized Registered Nurses operating within the organized EMS delivery system and within established local and state scopes of practice.

Hybrid Program: A training program that combines traditional in-person classroom instruction with remote, online instruction.

In-Person: Students and instructors physically report to the training facility.

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Online Asynchronous: Materials or recorded instruction that students individually review remotely, at their convenience.

Online Synchronous: Remote live instruction, with an approved instructor. All students have cameras on. Attendance is taken by the instructor at the beginning and end of class.

Principal Instructor: A Principal Instructor is an individual who teaches at least 50 percent of any course or cohort. Principal Instructors shall hold all California credentials required by state regulation and maintain current BLS and/or ACLS certification at the healthcare provider level or equivalent.

Program Director: The Program Director is appointed by the training program to administer, organize, and oversee all aspects of EMS education and program operations. Program Directors must meet the qualifications required by California regulation and have sufficient training and experience to manage curriculum delivery, instructional staff, clinical and field education components, and regulatory compliance. The Program Director is responsible for ensuring that the program meets all state and local requirements, maintains educational integrity, and supports student competency and program quality.

Program Medical Director: The Program Medical Director is a current California licensed physician appointed by the AEMT or Paramedic Training Program to ensure the medical accuracy and integrity of all instructional content. Program Medical Directors shall have at least two years of recent academic or clinical emergency medicine experience within the past five years and be qualified through education or experience in instructional methodologies.

San Diego County EMS Office (CoSD EMS): The designated Local EMS Agency (LEMSA) for the County of San Diego. LEMSAs function, as authorized in California Health and Safety Code, Division 2.5, Sections 1797 & 1798 et seq., include providing medical oversight and assuring medical accountability through the planning, implementation, and evaluation of the emergency medical system within the LEMSAs' geographic boundaries.

Tamper Resistant: A procedure or technique to prevent alteration, fraud, or forgery of a course completion certificate, designed by the training program.

Teaching Assistant: A Teaching Assistant is an individual appointed by the training program to support instructional delivery under the supervision of a Principal Instructor, Clinical Coordinator, or Program Director. Teaching Assistants shall be qualified by training and experience to assist in teaching assigned topics and must be approved by the Program Director in coordination with the Clinical Coordinator.

Teaching Methodology Courses: The following are examples of courses that fulfill the forty-hour teaching methodology requirement: California State Fire Marshal Fire Instructor 1A and 1B, the

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National Fire Academy Fire Service Instructional Methodology course, four semester units in educational materials, methods, and curriculum development, or a training program that meets the U.S. Department of Transportation's 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator Course from the National Association of EMS Educators.

IV. POLICY

- A.** The Public Safety-First Aid, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic Training programs must meet the requirements of the California Code of Regulations (CCR), Title 22, Division 9, Chapters 2.3, 3.1, 3.2, and 3.3, respectively, and County of San Diego, Emergency Medical Services Office (CoSD EMS) requirements.
- B.** Only training programs and satellite locations with current Emergency Medical Services Authority (EMSA) statewide approval, CoSD EMS approval, or that are federally exempt¹ may provide training in San Diego County. This requirement applies to all phases of EMS training.
- C.** All training programs are required to participate in CoSD EMS Quality Assurance and Quality Improvement (QA/QI) activities. Each program shall designate its Clinical Coordinator, or an equivalent qualified designee, as the primary QA/QI coordinator and the liaison to the CoSD EMS Medical Director.
- D.** Training programs must have the approval of CoSD EMS prior to the program being offered. To receive program approval, requesting training programs must apply for approval to CoSD EMS and shall submit all materials listed in the corresponding training program application at least 120 days prior to the beginning of the first proposed course offering.
- E.** Current, approved training programs applying for reapproval shall submit a complete application at least 90 days prior to their current approval expiration date.
- F.** Training programs shall utilize current curriculum. Curriculum shall not be more than two years or editions old.
- G.** Didactic instruction and/or skills training shall not exceed eight (8) hours in any 24-hour period.
- H.** Training programs shall be subject to periodic review by EMSA and CoSD EMS. This may involve the review of all program materials and announced or unannounced on-site evaluations.

¹ Includes programs administered by the Armed Forces of the United States or federal emergency services agencies.
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- I. All program records/materials shall be kept at the program's main campus, which shall be located within the County of San Diego, and available upon request by EMSA or CoSD EMS.
- J. Training programs provided by approved EMS service providers must also meet all California and CoSD EMS service provider requirements. Failure to meet EMS service provider requirements shall require CoSD EMS to institute training program probation or terminate approval until service provider standards are met.
- K. CoSD EMS shall maintain a list of current approved training programs, including the contact person for the program, approval issue date, and expiration date.

L. Teaching Methodology Requirements

- 1. EMT, AEMT, and Paramedic Program Directors shall complete applicable Teaching Methodology training.
- 2. EMT, AEMT, and Paramedic Primary Instructors shall complete applicable Teaching Methodology training.
- 3. EMT, AEMT, and Paramedic Clinical Coordinators are recommended to complete applicable Teaching Methodology training.
- 4. EMT, AEMT, and Paramedic training programs shall maintain documentation of teaching methodology training for their Program Director, Principal Instructors, and any staff who have also received this training.

M. Hybrid Program Requirements

- 1. All skills training, hands-on practice sessions, and testing shall be in-person.
- 2. Only in-person and online synchronous instruction will qualify for the required hours of didactic instruction.
- 3. Online asynchronous instruction and other homework will not qualify for the required hours of didactic instruction.
- 4. All major tests (e.g., block or section) and final exams shall be administered in person and must be proctored.
- 5. No more than 20% of any class or cohort didactic curriculum may be remotely administered. These hours must be synchronous.
 - a. In rare emergency situations, training program directors may request time-limited CoSD EMS authorization to administer a higher curriculum percentage in a remote method.
- 6. A process for monitoring online student attendance and engagement to ensure competency shall be in place. This process is subject to CoSD EMS approval.
- 7. A course calendar with hybrid/online time clearly identified shall be submitted for every cohort. This calendar is subject to CoSD EMS approval.

8. An active link to the online courses, including valid login credentials, at the time of course upload. Access shall remain active for the duration of the course and shall permit CoSD EMS to log in, review course content, assignments, and student activity during announced or unannounced visits.
9. A process to ensure compliance with other regulations and statutes, including ensuring student eligibility, shall be in place.

N. Course Completion Requirements

1. To be eligible for course completion, students must meet all of the following requirements:
 - a. Complete all required instructional components, including:
 - 1) Minimum course hours
 - 2) Required curriculum content
 - 3) Required clinical hours
 - 4) Required patient contacts (where applicable)
2. Pass all final evaluations, including:
 - a. A written, competency-based final examination
 - b. EMSA and NREMT psychomotor skills examinations (where applicable)
3. Course Scheduling and Attendance Requirements
 - a. Courses shall include designated breaks and meal periods within the total course hour calculation.
4. Training programs shall establish and implement a written process for students to make up missed instructional time, clinical hours, and required patient contacts. At a minimum, this process shall ensure the following:
 - a. Make-up hours must cover the same content and required competencies as the missed instruction, including any needed skills practice or evaluation.
 - b. Programs shall document the absence, time missed, make-up method used, and verification of competency, as well as compliance with course hour calculations, attendance standards, and Title 22 requirements.
 - c. Make-up hours must be completed within the same course or cohort unless the program receives prior written approval from CoSD EMS.
 - d. Instructors and preceptors must verify competency following make-up activities, and the Program Director is responsible for ensuring compliance with course-hour, attendance, and Title 22 standards.
 - e. Make-up hours cannot reduce or replace required minimums for course hours, clinical hours, field internship hours, or patient contacts.

O. Course Scheduling and Completion Record Submission

1. Training programs shall submit preliminary training schedules for the upcoming calendar year to CoSD EMS no later than December 31 of the preceding year.

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2. Training programs shall submit all class schedules through CoSD EMS' online platform no later than 24 hours before the start of each class.
3. Training programs shall submit preliminary student rosters for each class no later than 24 hours before the start of each class/cohort.
4. Training programs shall submit a course completion record for each student completing the course within 15 days of course completion.

P. Training Program Administrative and Facility Standards

1. Training programs shall notify CoSD EMS in writing within 30 calendar days of any change in any of the following:
 - a. Program Contact and Administrative Information
 - 1) Program address
 - 2) Program phone number
 - 3) Primary contact person
 - 4) Program Director
 - 5) Medical Director
 - 6) Clinical Coordinator
 - 7) Principal Instructor(s)
 - b. Course Structure and Instructional Elements
 - 1) Course objectives
 - 2) Course content or curriculum version
 - 3) Hours of instruction
 - c. Clinical and Field Training Arrangements
 - 1) Provisions for hospital clinical experience
 - 2) Provisions for field internship
2. Training programs offering services to the general public shall maintain a free-to-access web presence that includes, at a minimum, the following information:
 - a. Program Contact and Administrative Information
 - 1) Program address
 - 2) Program phone number
 - 3) Primary contact person
 - 4) Program Director name and contact information
 - 5) Designated Infection Control Officer name and contact information
 - 6) Hours of operation
 - b. Course Information
 - 1) Course titles
 - 2) Course calendar
 - 3) Course completion rates and National Registry pass rates
 - c. Program Policies

- 1) Policies related to tuition payment, attendance, curriculum/course completion requirements, and refund processes.
- d. Exception for Public Entities
 - 1) Training programs administered by a public entity may request a variation from this requirement when existing institutional regulations, rules, or policies conflict with these standards. The relevant standing policy shall be provided to CoSD EMS for review and determination prior to approval.
3. Training facilities shall provide an environment that is safe, accessible, and conducive to effective learning. At a minimum, facilities must include:
 - a. Learning Environment
 - 1) Classroom space supports a safe, comfortable, and professional learning atmosphere.
 - 2) Seating and workspace arranged to ensure all students can clearly see and hear presentations.
 - 3) Comfortable chairs and tables/desks with adequate space for student belongings and instructional materials.
 - 4) Well-lit interior spaces with appropriate climate control.
 - b. Accessibility and Safety
 - 1) Compliance with the Americans with Disabilities Act (ADA) and all other required accessibility standards.
 - 2) Facilities free from health and safety hazards (e.g., exposed electrical wiring, mold, uneven flooring).
 - 3) Access to clean, fully operational restroom facilities.
 - 4) Ample, safe, and proximate parking for students and staff.
 - c. Skills Training Areas and Equipment
 - 1) A carpeted or padded clinical skills practice area appropriately sized for cohort activities and demonstrations.
 - 2) Sufficient quantities of clinical skills training equipment—maintained in good working order—to ensure all students have hands-on access to EMSA and NREMT required skills throughout the course.
 - 3) Equipment availability must allow every student to practice and demonstrate skill proficiency without limitation.

Q. Competency Exams

1. EMT, AEMT, and Paramedic programs shall administer a Title 22 Final Skills Competency Exam to include all Title 22 approved skills and an NREMT Certifying Psychomotor Exam in accordance with NREMT policy and the following standards:
 - a. All psychomotor examinations shall evaluate the student's competency to perform patient assessments, critical medical interventions, and make patient-centered care decisions.

- b. The exams shall be pass/fail, meaning candidates must demonstrate competency in all skills to pass.
 2. Testing Environment:
 - a. Students shall be tested individually, separated from other students.
 - b. All necessary equipment and supplies shall be in good working condition and available for students at each skills testing station.
 3. Evaluator Standards:
 - a. Shall not prompt students
 - b. Shall ensure there are no conflicts of interest
 - c. Shall adhere to objective evaluation criteria

R. Quality Management

1. EMT, AEMT, and Paramedic Training Programs approved by CoSD EMS must establish and implement a Quality Improvement Program. This program should include evaluation methods focusing on structure, process, and outcomes. Its goal is to identify root causes of issues, intervene to address or eliminate them, and improve processes. The program should also recognize excellence in performance and care delivery. Ongoing evaluation should cover personnel, curriculum content, and clinical resources.
 - a. The program shall use NREMT first-time pass rates as one measure to evaluate overall program effectiveness.
2. PSFA training programs shall implement a Quality Improvement Program that includes, at a minimum, skills maintenance and refresher assessments every two (2) years, with documentation made available to CoSD EMS office.
3. Quality improvement activities shall comply with the CoSD EMS Quality Management Plan.

S. Training Program Applications for Approval

Training program applications—both initial and reapproval—shall include all required materials.

1. Program Documentation
 - a. A memo on program letterhead, signed by the Program Director, requesting approval or reapproval of the training program.
 - b. A Quality Management (QM) plan describing the program's Quality Improvement (QI) evaluation methodology and educational needs assessment, along with supporting documentation demonstrating QI processes.
 - c. A copy of the program's Course Completion Certificate that conforms to all format requirements established in state regulation.
 - d. A memo on program letterhead, signed by the Program Director, outlining the procedure for issuing tamper-resistant course completion records, including:
 - 1) methods used for tamper resistance,
 - 2) processes for issuing duplicate certificates, and

- 3) electronic tracking mechanisms, if applicable.
2. Program Access and Resources
 - a. Provision of CoSD EMS access to the program's course delivery platform(s) to allow review and verification of course materials, student attendance, and completion records; or submission of equivalent digital records.
 - b. A detailed inventory of required training equipment available on site, including quantities sufficient to support the largest proposed class size.
3. Payment of the established application fee, if applicable, submitted at the time of application.
 - a. Applications are deemed complete once CoSD EMS has received all necessary documentation, including program staff credentials.
 - b. Program Directors, Program Medical Directors, and Clinical Coordinators must be vetted and approved by CoSD EMS during initial approval, reapproval, and whenever changes or updates are made.
 - c. CoSD EMS shall provide training program approval or denial in writing within 90 calendar days of receipt of the complete application package.
 - d. Program approval shall be for four years following the effective date of approval and may be renewed every four years, subject to the procedure for program approval.
 - e. Any training course offered by an approved program must be completed within the approval period. Courses beginning or ending outside of an approval period may not be considered approved.

T. Denial, Suspension, Revocation

CoSD EMS may take disciplinary action against any training program, including denial of approval or reapproval, probation, suspension, or revocation of approval. These actions may be taken independently or in combination, as warranted.

1. Types of Disciplinary Actions
 - a. Denial – CoSD EMS may deny an application for initial approval, reapproval, or reinstatement.
 - b. Revocation – CoSD EMS may revoke an existing training program approval.
 - c. Probation – CoSD EMS may place a training program on probation with terms and conditions determined at the discretion of CoSD EMS.
2. Grounds for Disciplinary Action
 - a. Disciplinary actions may be imposed for any of the following causes, including but not limited to:
 - 1) Violating, attempting to violate, assisting or abetting the violation of, or conspiring to violate any requirements or provisions of:
 - 2) CCR, Title 22, Division 9
 - 3) California Health and Safety Code, Division 2.5

- 4) CoSD EMS policies
 - 5) Failure to correct identified deficiencies within the time frame specified in written notice from CoSD EMS.
 - 6) Misrepresentation of any required information by the program or applicant.
 - 7) Evidence that the program has operated, or is operating, a substandard EMS training program. Evidence may include, but is not limited to, validated complaints submitted by students, staff, clinical partners, employers, or other stakeholders.
3. Disciplinary Procedures
- a. When CoSD EMS determines that probation, denial, or revocation is warranted, all proceedings shall follow the California Administrative Procedure Act, Chapter 5, beginning with Government Code section 11500.
 - b. If training program approval is denied or revoked, any course completion credit issued after the effective date of the action shall be considered invalid.
 - c. A training program, including its owner, co-owner, program director, and clinical coordinator, is ineligible to reapply for training program approval for a minimum of 12 months following a denial or revocation.
4. Probation Requirements
- a. Programs placed on probation must obtain prior approval from CoSD EMS for all course offerings during the probationary period.
 - b. Course documents must be submitted to CoSD EMS at least 30 days prior to each planned course.
 - c. CoSD EMS shall provide written notification of course approval within 15 days of receiving a complete request.
 - d. CoSD EMS may impose additional probationary terms or conditions at its discretion.
 - e. CoSD EMS may extend a probationary period into the next approval cycle if the program is granted reapproval.
 - f. Renewal of unrestricted program approval is contingent upon successful completion of the probationary period.

U. Public Safety-First Aid Programs

Public Safety-First Aid training programs shall ensure that public safety personnel are properly equipped to recognize and provide immediate, competent care for injuries, sudden illness, and life-threatening medical emergencies prior to the arrival of licensed medical professionals. Through standardized instruction in first aid, cardiopulmonary resuscitation (CPR), automated external defibrillator (AED) use, and other essential emergency skills, the program enhances responder readiness, promotes seamless integration with the EMS system, and strengthens community safety by equipping personnel to act swiftly and effectively during critical incidents.

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1. Public Safety-First Aid training programs must meet the requirements of the CCR, Title 22, Division 9, Chapter 2.3 and CoSD EMS requirements.
2. Programs that wish to include training on the optional skills listed in CCR, Title 22, Division 9, Section 100027.03 shall also meet the following requirements:
 - a. Two hours of additional training shall be completed for each optional skill taught, to include demonstration of competency in the skill(s) to be performed.
 - b. Instructors shall be approved by CoSD EMS prior to instruction, and meet the following requirements:
 - 1) Be competent in the medication(s) and skill(s) being taught
 - 2) Have experience in adult teaching methods
 - 3) Be a Physician, Registered Nurse, or Paramedic currently licensed in California or,
 - 4) Be an Emergency Medical Technician currently certified in California.

V. Emergency Medical Technician Programs

EMT Training Programs shall prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during inter-facility transfer within an organized EMS system.

1. EMT training programs must meet the requirements of the CCR, Title 22, Division 9, Chapter 3.1 and CoSD EMS requirements.
2. Current 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 enrollment in an EMT course. EMT training programs shall verify that each enrollee meets this requirement before the course begins.
 - a. CPR courses completed entirely online, without an in-person hands-on skills component, do not meet this requirement
 - b. CPR training shall not be included in the EMT initial course instructional hours
3. Programs shall establish an Advisory Committee and hold meetings no less than annually. The committee shall advise the program on revisions to the program format, curriculum, and goals based on the changing needs and expectations of the program's communities of interest, and on an assessment of program effectiveness. Committee members shall include, but not be limited to, faculty members, administrators, current students, graduates, clinical training providers, and employers.
4. Program Director Responsibilities

The Program Director is responsible for the overall administration and oversight of the training program. Duties shall include, but are not limited to:

 - a. Administering and managing all aspects of the training program in accordance with state regulations and CoSD EMS policies
 - b. Establishing instructional objectives and methods of evaluation
 - c. Approving all course content

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- d. Approving all written examinations and final skills examinations
- e. Coordinating all clinical and field activities associated with the course
- f. Approving all instructors and teaching assistants
- g. Signing and managing all course completion records
- h. Being accessible to students and staff during class hours
- i. Ensuring the Program Director's and Clinical Coordinator's names and contact information are included in all student syllabi
- j. Maintaining a regular onsite presence at all training facility locations
- k. Serve as the primary point of contact between the training program and CoSD EMS.

5. Clinical Coordinator Responsibilities

The Clinical Coordinator is responsible for ensuring the quality and accuracy of all medical content within the program. Duties shall include, but are not limited to:

- a. Ensuring the overall quality and integrity of the program's medical content
- b. Approving the qualifications of all instructors and teaching assistants
- c. Monitoring all clinical and field activities
- d. Being accessible to students and staff during class hours.

6. Principal Instructor Responsibilities

The Principal Instructor oversees curriculum delivery and ensures student competency. Duties shall include, but are not limited to:

- a. Developing and maintaining program curriculum, including instructional objectives
- b. Ensuring compliance with California regulations and CoSD EMS policies
- c. Coordinating instruction to ensure students achieve required competencies
- d. Supervising teaching assistants
- e. Maintaining current knowledge of EMS standards, evidence-based medical practices, national curriculum, and CoSD EMS policy and protocol.

7. Teaching Assistant Responsibilities

Teaching Assistants support instruction and skills development under the direction of the Principal Instructor. Duties shall include, but are not limited to:

- a. Providing high-quality instruction under the supervision of the Principal Instructor
- b. Maintaining current knowledge of EMS standards, evidence-based medical practices, national curriculum, and CoSD EMS policies and protocols.
- c. Clinical Coordinators, Principal Instructors, and Teaching Assistants may be required to complete regular knowledge assessments conducted by CoSD EMS.

8. Skills Competency Verification

If the EMT Training Program offers California EMT Skills Competency Verification (SCV) services, the following apply:

- a. The EMT Training Program maintains an orientation process and inter-rater reliability training for all approved SCV faculty.

- b. Maintains all required equipment for SCV testing.
 - c. Maintains procedures for documenting skills verification, issuing duplicate SCV forms, and tracking of EMTs tested.
 - d. All EMT skills competency verifications are conducted under direct observation in an appropriate training environment by an approved SCV faculty.
 - e. The EMT Training Program Director and Clinical Coordinator are responsible for ensuring SCV faculty are qualified by knowledge, training, and experience to assess EMT skills competency.
 - f. SCV faculty must be a current California licensed EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician.
 - g. SCV faculty shall be registered in the CoSD EMS online training platform in advance of any SCV form completion.
 - h. SCV faculty shall legibly complete the California EMSA EMT SCV form.
9. Program Directors, Clinical Coordinators, Principal Instructors, and Teaching Assistants, and preceptors may be required to complete periodic knowledge updates or assessments conducted by CoSD EMS.

W. Advanced Emergency Medical Technician Programs

AEMT Training Programs shall prepare individuals to render prehospital limited advanced life support at the scene of an emergency, during transport of the sick and injured, or during inter-facility transfer within an organized EMS system.

1. AEMT training programs must meet the requirements of the CCR, Title 22, Division 9, Chapter 3.2 and CoSD EMS requirements.
2. Training programs shall complete the "Student Internship Tracker" in the CoSD EMS online platform for all AEMT student hospital clinical and field internship assignments. This tracker must be updated in the CoSD EMS online platform within 2 business days of any changes or milestone updates.

3. Program Medical Director Responsibilities

The Program Medical Director ensures the clinical integrity and medical accuracy of the training program. Duties shall include, but are not limited to:

- a. Approving all course content
- b. Approving the content of all written and skills examinations
- c. Approving provisions for hospital clinical and field internship experiences
- d. Approving the qualifications of all Principal Instructors
- e. Coordinating implementation of any program-level or systemwide quality improvement initiatives as directed by the CoSD EMS Medical Director

4. Program Director Responsibilities

The Program Director is responsible for the administration, organization, and oversight of the training program. Duties shall include, but are not limited to:

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- a. Ensuring all aspects of the program comply with state and county regulations, policies, and related requirements
- b. In coordination with the Program Medical Director, approving Principal Instructors, Teaching Assistants, field preceptors, clinical preceptors, and internship assignments
- c. Coordinating curriculum development in collaboration with instructional and clinical leadership
- d. Signing and managing all course completion records
- e. Being accessible to students and staff during class hours
- f. Ensuring the Program Director's name and contact information are included in all student syllabi
- g. Maintaining a regular onsite presence at all training facility locations

5. Principal Instructor Responsibilities

Principal Instructors oversee curriculum delivery and student competency development.

Duties shall include, but are not limited to:

- a. Developing curriculum, including instructional objectives
- b. Coordinating course instruction to ensure student competency
- c. Maintaining current knowledge of EMS standards, evidence-based medical practices, national curriculum, and CoSD EMS policies and protocols
- d. Supervising Teaching Assistants.

6. Teaching Assistant Responsibilities

Teaching Assistants support instructional activities under the direction of the Principal Instructor. Duties shall include, but are not limited to:

- a. Providing high-quality instruction under the supervision of the Principal Instructor
- b. Maintaining current knowledge of EMS standards, evidence-based medical practices, national curriculum, and CoSD EMS policies and protocols
- c. Clinical Preceptor Responsibilities
- d. Clinical Preceptors provide supervised clinical instruction in approved clinical settings. Duties shall include, but are not limited to:
- e. Maintaining current licensure as a California physician, registered nurse, or physician assistant
- f. Meeting all applicable California professional experience requirements
- g. Completing required clinical preceptor orientation or training related to evaluation and instruction of AEMT students.

7. Field Preceptor Responsibilities

Field Preceptors provide supervised field instruction during EMS internships. Duties shall include, but are not limited to:

- a. Maintaining current, unrestricted California licensure as a physician, registered nurse, physician assistant, paramedic, or Advanced EMT

- b. Having at least two (2) years of academic or clinical experience in emergency medicine within the past five (5) years
 - c. Being approved by the Program Director in coordination with the Program Medical Director to instruct and evaluate AEMT trainees during field internship
 - d. Completing all CoSD EMS field preceptor orientation or training requirements
 - e. Creating and maintaining a positive learning environment
 - f. Maintaining thorough knowledge of CoSD EMS policies and procedures
 - g. Being accountable for patient care and documentation, including care provided by the assigned AEMT intern
 - h. Continuously monitoring the intern's performance and intervening when necessary to prevent harmful or detrimental patient outcomes
 - i. Being physically present in the ambulance patient compartment and actively engaged in patient care when the assigned AEMT intern is providing care during transport
 - j. Precepting no more than one AEMT intern or other student at a time
Avoiding any conflicts of interest
8. Program Directors, Principal Instructors, Teaching Assistants, and AEMT Field Preceptors may be required to complete periodic knowledge updates or assessments conducted by CoSD EMS.

X. Paramedic Training Programs

Paramedic Training Programs shall prepare individuals to render prehospital advanced life support at the scene of an emergency, during transport of the sick and injured, or during inter-facility transfer within an organized EMS system.

1. Paramedic training programs must meet the requirements of the CCR, Title 22, Division 9, Chapter 3.3, and CoSD EMS requirements.
2. All approved Paramedic training programs shall:
 - a. Receive a letter of review (LoR) from the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) prior to starting classes; and
 - b. Submit their application, fee, and Initial Self-Study Report (ISSR) to CoAEMSP for accreditation within six (6) months of the first class' graduation; and
 - c. Receive and maintain Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation no later than two (2) years from the date of the ISSR submission to CoAEMSP for accreditation.
3. Training program staff shall complete the "Student Internship Tracker" in the CoSD EMS online platform for all paramedic student hospital clinical and field internship assignments. This tracker must be updated in the CoSD EMS online platform within 2 business days of any changes or milestone updates.
4. Program Medical Director Responsibilities

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The Program Medical Director ensures clinical integrity, medical accuracy, and instructional quality within the paramedic program. Duties shall include, but are not limited to:

- a. Reviewing and approving all educational content, including clinical and field training objectives
- b. Reviewing and approving the quality of medical instruction, supervision, and student evaluation in all program components
- c. Reviewing the progress of each student and assisting in determining appropriate corrective measures
- d. Ensuring each graduate demonstrates competence in cognitive, psychomotor, and affective domains
- e. Approving hospital clinical and field internship experience provisions
- f. Coordinating implementation of any program-specific or systemwide quality improvement projects as directed by the CoSD EMS Medical Director

5. Program Director Responsibilities

The Program Director is responsible for administering, organizing, and overseeing the paramedic training program. Duties shall include, but are not limited to:

- a. Ensuring all aspects of the program comply with state and county regulations, policies, and related requirements
- b. In coordination with the Program Medical Director, approving Principal Instructors, Teaching Assistants, clinical preceptors, field preceptors, and clinical and internship assignments
- c. Ensuring program preceptors are trained according to Title 22 requirements and CoSD EMS policies and protocols
- d. Signing and managing all course completion records
- e. Being accessible to students and staff during class hours
- f. Ensuring the Program Director's name and contact information are included in all student syllabi
- g. Maintaining a regular onsite presence at all training facility locations.

6. Clinical Coordinator Responsibilities

If a Clinical Coordinator position is designated within the program, duties shall include, but are not limited to:

- a. Coordinating and scheduling students with qualified clinical preceptors in approved clinical settings
- b. Ensuring adequate clinical resources exist to meet required student patient contact numbers and types
- c. Tracking all student internship evaluations and terminal competency documentation
- d. Being accessible to students and staff during class hours and ensuring contact information is listed in all student syllabi.

7. Principal Instructor Responsibilities

Principal Instructors oversee curriculum delivery and support student competency development. Duties shall include, but are not limited to:

- a. Developing program curriculum, including instructional objectives
- b. Ensuring training program compliance with California requirements and CoSD EMS policies
- c. Coordinating instruction to ensure student competency
- d. Supervising Teaching Assistants
- e. Maintaining current knowledge of EMS standards, evidence-based medical practices, national curriculum, and CoSD EMS policies and protocols.

8. Teaching Assistant Responsibilities

Teaching Assistants support instructional activities under the direction of the Principal Instructor. Duties shall include, but are not limited to:

- a. Providing high-quality instruction under the supervision of the Principal Instructor
- b. Maintaining current knowledge of EMS standards, evidence-based medical practices, national curriculum, and CoSD EMS policies and protocols.

9. Clinical Preceptor Responsibilities

Clinical Preceptors provide supervised clinical instruction in approved clinical settings. Duties shall include, but are not limited to:

- a. Maintaining current licensure as a California physician, registered nurse, or physician assistant
- b. Meeting all applicable California professional experience requirements
- c. Completing required clinical preceptor orientation or training related to the evaluation and instruction of paramedic students.

10. Field Preceptor Responsibilities

11. Field Preceptors supervise and evaluate students during field internship activities. Duties shall include, but are not limited to:

- a. Maintaining current unrestricted California paramedic licensure and CoSD EMS paramedic accreditation
- b. Having at least two (2) years of direct patient-care experience as a licensed paramedic within the San Diego County EMS system
- c. Completing a CoSD EMS office approved field preceptor orientation or training
- d. Creating and maintaining a positive learning environment
- e. Maintaining thorough knowledge of, and adherence to, all CoSD EMS policies and procedures
- f. Being accountable for patient care and documentation, including care provided by the assigned paramedic intern
- g. Continuously monitoring the intern's performance and intervening as necessary to prevent harmful or detrimental patient outcomes

- h. Being physically present in the ambulance patient compartment and actively engaged in patient care when the intern is providing care during transport
- i. Precepting no more than one paramedic intern or other student at a time
- j. Avoiding any conflicts of interest.

12. Knowledge Assessments

- a. Program Directors, Clinical Coordinators, Principal Instructors, Teaching Assistants, and Paramedic Field Preceptors may be required to complete periodic knowledge assessments conducted by CoSD EMS.

Y. Reporting Requirements

Annual Quality Management Report

EMT, AEMT and paramedic training programs shall submit an annual quality management report to the CoSD EMS office for the preceding calendar year. The report is due no later than February 15 of each year and shall include but is not limited to:

- a. Program outcomes for the preceding year including retention, first time NREMT pass rates, and positive placement of graduates (within 6 months of graduation)
- b. Number of students enrolled and number who successfully completed the program, by course
- c. Progress metrics on CoSD EMS and program specific quality management initiatives
- d. Enhancements or modification to instructional methodology, course content, or clinical competency assessment practices
- e. Summaries of student evaluations of clinical and field experiences
- f. Changes to program leadership or teaching staff
- g. Course dates and locations for the coming year
- h. Advisory committee meeting summaries

Submission of this report does not replace the requirement to notify CoSD EMS office of program changes as outlined in this policy.

Z. Insurance Requirements

All EMT, AEMT, and Paramedic training programs shall carry County-required insurance.

- 1. EMT, AEMT, and Paramedic training programs shall carry student liability insurance as follows: An occurrence policy of Commercial General Liability insurance including Premises, Operations, Products and Completed Operations, Contractual Liability, and Independent Contractors Liability, insuring Contractor against liability for bodily injury, personal injury or property damage arising out of or in connection with the Contractor's performance of work or service under this Contract of not less than \$1,000,000 per occurrence and \$2,000,000 general aggregate. This can be documented by adding a

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statement to the Certificate of Insurance (COI) such as “coverage is extended to EMT, AEMT, and/or Paramedic students

2. CoSD EMS shall be listed as a certificate holder on the COI, as follows:

San Diego County EMS Office
5560 Overland Ave. Suite 400
San Diego, CA 92123

3. The County of San Diego shall be covered by an additional insured endorsement as follows:

“The County of San Diego, the members of the Board of Supervisors of the County and the officers, agents, employees and volunteers of the County, individually and collectively are to be covered as additional insureds on the General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General Liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO from CG 2010 11 85 or **both** CG 2010, CG 2026, CG 2033, or CG 2038; **and** CG 2037 forms if later revisions used).”

4. County of San Diego reserves the right to establish additional insurance requirements as needed. Any changes will be published no less than 60 days in advance.