



ORANGE COUNTY AMBULANCE DRIVER/ATTENDANT LICENSE – TRAINING PROGRAM REQUIREMENTS

I. AUTHORITY:

County of Orange Codified Ordinances, Division 9, 4-9-11(B), H&S Code, Division 2.5 §1797.204 & 1797.107; California Code of Regulations, Title 22 § 100061 & § 100063.

II. APPLICATION:

This policy describes the application process and curriculum requirements for approving an Orange County EMS Ambulance Driver/Attendant License training program.

III. DEFINITIONS:

"Approving Authority" means Orange County Emergency Medical Services (OCEMS).

"Emergency Medical Technician" or **"EMT"** means a person who has successfully completed an approved EMT course which meets the requirements of OCEMS policy #510.00, has passed all required tests, and who has been certified by an EMT Certifying Authority.

NOTE: An individual currently certified in California as an EMT by another approved certifying entity is deemed to be certified as an EMT statewide.

IV. ELIGIBLE TRAINING PROGRAMS:

Orange County EMT Ambulance Driver/Attendant License training may be offered only by approved Continuing Education (CE) providers or approved EMT training programs.

V. APPLICATION FOR PROGRAM APPROVAL:

Eligible training programs shall submit a written request to teach the Orange County Ambulance Driver/Attendant License curriculum, to OCEMS. Information to be submitted shall include:

- A. A statement verifying usage of the Orange County Ambulance Driver/Attendant License curriculum which includes learning objectives, skills protocols and treatment guidelines.
- B. A statement verifying that the CE Provider or EMT Training program has appropriate equipment to conduct the training (see VIII below).
- C. A course outline, if different from the Orange County Ambulance Driver/Attendant License curriculum format.
- D. Skills competency examinations as approved or provided by OCEMS.
- E. A final written examination as approved or provided by OCEMS.
- F. The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).
- G. The location at which the courses are to be offered and their proposed dates.
- H. Annual notification of skills competency verifiers.



**ORANGE COUNTY AMBULANCE DRIVER/ATTENDANT LICENSE –
TRAINING PROGRAM REQUIREMENTS**

VI. COMPONENTS OF AN APPROVED PROGRAM:

An approved Orange County Ambulance Driver/Attendant License training program shall consist of the following:

- A. The approved Orange County Ambulance Driver/Attendant License course curriculum
- B. Final written and skill competency examinations.

VII. REQUIRED COURSE HOURS:

The Orange County Ambulance Driver/Attendant License course shall consist of not less than four (4) hours.

- A. A minimum of three (3) hours of classroom and laboratory instruction; and
- B. A minimum of one (1) hour for written and skills testing.

VIII. REQUIRED COURSE EQUIPMENT:

Each approved Orange County Ambulance Driver/Attendant License training program provider shall have the following equipment and resources to ensure for complete skills testing:

- A. Appropriate space to accommodate the number of students and is conducive to learning.
- B. Appropriate quantity of teaching staff to accommodate timely skills testing.
- C. Appropriate secured storage of student records for a minimum of four years.
- D. Appropriate supplies for teaching Orange County Spinal Motion Restriction procedure.
- E. Auto-injector trainers.
- F. Glucometer with required supplies.
- G. Airway manikin for endotracheal tube.
- H. Intravenous solution bag(s) and tubing.
- I. Metered-dose inhaler cartridge or trainer.
- J. Standard body substance isolation (BSI) equipment or personal protective equipment (PPE).
- K. Sharps Containers.
- L. 12 -lead electrodes or equivalent / mock leads.
- M. Naloxone Nasal Medication Trainer
- N. (optional) manikin for 12 lead placement (a student or volunteer may be used as appropriate).



**ORANGE COUNTY AMBULANCE DRIVER/ATTENDANT LICENSE –
TRAINING PROGRAM REQUIREMENTS**

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- O. Additional equipment, supplies, or further resources may be required with advance notice at the discretion of OCEMS.

IX. PROGRAM STAFF REQUIREMENTS:

Each Orange County Ambulance Driver/Attendant License 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.

Each CE Provider or EMT Training Program providing the Orange County Ambulance Driver/Attendant License training shall meet criteria as outlined in Title 22, Division 9 (Prehospital Emergency Medical Services), Chapter 11 (EMS Continuing Education), Section 100395 with regard to program director, clinical director and instructor qualifications.

X. DIDACTIC AND SKILLS TESTING:

All approved Orange County Ambulance Driver/Attendant License training programs shall assure that no more than five (5) students are assigned to one (1) principal instructor/teaching assistant during skills testing sessions.

- A. Each candidate for Orange County Ambulance Driver/Attendant License shall pass the written accreditation test with a minimum score of 80%.

*Those candidates not meeting the 80% requirement may retake that exam. If a candidate does not pass the written license exam after two unsuccessful attempts, the candidate shall be required to participate in a second Orange County Ambulance Driver/Attendant License course.

- B. Each candidate for Orange County Ambulance Driver/Attendant License shall successfully complete the skills test, Orange County Ambulance Driver/Attendant License skills are determined by the OCEMS medical director.

XI. APPROVAL PROCESS:

- A. OCEMS shall notify applying training programs, for Orange County Ambulance Driver/Attendant License training program approval, if:

1. Written requests have been received.
2. The request contains or does not contain the information requested.
3. There is any missing information in the written request.

- B. Program approval or disapproval shall be made in writing by OCEMS within a reasonable period of time after receipt of all required documentation. The application review process shall not exceed three (3) months.

- C. OCEMS shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.

- D. Programs shall be approved for four (4) years following the effective program approval date and may be renewed every four (4) years subject to the procedure for program approval specified in this policy.



**ORANGE COUNTY AMBULANCE DRIVER/ATTENDANT LICENSE –
TRAINING PROGRAM REQUIREMENTS**

XII. PERIODIC PROGRAM REVIEW AND REPORTING:

- A. All program materials specified in this policy shall be subject to periodic review by the Approving Authority. Training programs must submit revised or updated information as OCEMS policy and Orange County Ambulance Driver/Attendant License training curriculum updates are made.
- B. All programs shall be subject to periodic on-site evaluation by OCEMS.
- C. Any person or agency conducting a training program shall notify OCEMS in writing, in advance when possible, and in all cases within thirty (30) days of any change in primary instructor, program director, or program clinical coordinator.

XIII. WITHDRAWAL OF PROGRAM APPROVAL:

Non-compliance with any criterion required for program approval, use of any unqualified teaching personnel, or non-compliance with any other applicable provision of this policy may result in suspension or revocation of program approval by OCEMS. An approved Orange County Ambulance Driver/Attendant License training program shall have no more than sixty (60) days from date of written notice to comply with this policy.

XIV. COURSE COMPLETION RECORD:

An approved Orange County Ambulance Driver/Attendant License training program provider shall issue a course completion certificate to each person who has successfully completed the Orange County Ambulance Driver/Attendant License training course.

The course completion record shall contain the following:

- A. The name of the individual.
- B. The date of course completion.
- C. Name of course completed "**OC Ambulance Driver/Attendant License 2023**" and the number of hours completed.
- D. The signature of Program Director or Primary Instructor.
- E. The name and location of training program issuing the record.
- F. The following statement in bold print. "**This is not an EMT Certificate**".

Approved:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 10/19/2009
 Reviewed Date(s): 4/1/2015; 4/1/2017; 3/28/2023; 7/20/2023
 Revised Date(s): 4/1/2015; 4/1/2017; 7/20/2023
 Effective Date: 4/1/2017; 4/1/2023; 10/1/2023



EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM CRITERIA

I. AUTHORITY:

Sections 1797.107; 1797.109, 1797.170, 1797.173 Health and Safety Code. Title 22 Sections 100060, 100065 - 100078, EMSA letter 8/13/2009 subj. Eligibility Criteria for EMT.

II. APPLICATION:

This policy describes the application process and curriculum requirements for approving an Emergency Medical Technician (EMT) training program.

III. POLICY:

- A. OCEMS will follow regulations outlined in Title 22, Health & Safety Code and EMSA publications.
- B. Eligibility for EMT training programs 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 including the Coast Guard of the United States.
 - 3. Licensed general acute care hospitals which meet criteria outlined in Title 22, Chapter 2, Section 100065.
 - 4. Agencies of government including public safety agencies.
- C. Institutions interested in applying to become an approved EMT training program should contact the EMS Licensing Desk at Orange County EMS (EMSLicensing@OCHCA.com) for an application packet (#510.00 Attachment 1). This packet can be found on the EMS website under EMS Policies.

IV. EMT PROGRAM REVIEW AND REPORTING:

- A. All program materials shall be subject to periodic review by OCEMS.
- B. All programs shall be subject to periodic on-site evaluation by OCEMS.
- C. All approved EMT training programs shall notify OCEMS in writing, in advance when possible and in all cases within thirty (30) calendar days, of any change in program director, program clinical coordinator, principal instructor, assistant instructors, address, phone number, contact person and EMT skills competency verifiers.
- D. If an EMT Training Program applicant cannot correct items of non-compliance within 30 days of a notice of deficiencies in the application process, their application will be ineligible for reconsideration for 180 days.
- E. If there is evidence of intent to mislead the agency in the initial application, the application will be denied and ineligible for reconsideration for 730
- F. Programs with multiple sites must complete an "EMT Training Program" application for each site, indicating the site address, principal instructor and teaching assistants.



EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM CRITERIA

V. FEES

- A. Please refer to OCEMS policy #470.00 for all applicable fees applied to an initial or renewal EMT program application.

Approved:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 01/1984
Reviewed Date(s): 09/02/2014; 4/1/2015; 7/25/2023
Revised Dates(s): 09/02/2014; 4/1/2015; 8/9/2023
Effective Date: 4/1/2015; 10/1/2023



APPROVAL PACKET

for

Emergency Medical Technician (EMT) Training Program



Emergency Medical Technician (EMT) Training Program

Approval Packet

California regulations require OCEMS to review prospective training programs to assure compliance with State regulations prior to approving the eligible institution's training program. Only approved training programs may offer the training listed below. The purpose of this document is to define the application requirements for Emergency Medical Technician (EMT) Training Program.

REQUIREMENTS FOR EMT TRAINING PROGRAM APPROVAL:

The eligibility and program requirements for Emergency Medical Training Programs are listed in California Code of Regulations (COR), Title 22, Social Security, Division 9, Prehospital Emergency Medical Services, Chapter 2, Emergency Medical Technician, Article 3, Sections 100065 - 100078 and referenced in the attached application and checklist.

Complete and submit OCEMS EMT Training Program approval forms and checklist for EMT Training Program Approval.

EMT TRAINING PROGRAM

I. PROCEDURES

- A. Complete and submit the following to OCEMS:
- Application for EMT Training Program Approval
 - Applicable Fees
 - Checklist for EMT Training Program Approval
 - Hospital/Ambulance Affiliation Information Form
- B. The following should be retained by the Training Institution:
- Certification Exam, i.e., passing grade
 - Attendance Requirements, etc.
 - Certification Exam Eligibility, Clinical Time Verification Form



Application for EMT Training Program Approval

New Renewal Update

Program Name _____

Mailing Address _____ City _____ ST _____ ZIP _____

Training Site(s) Address _____ City _____ ST _____ ZIP _____

Phone _____ FAX _____

Website _____ E-mail _____

Program Director _____ Title _____

E-mail _____

License Number _____ Type _____

Include evidence of 40 hours in teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

Clinical Coordinator _____ Title _____

E-mail _____

License Number _____ Type _____

Principal Instructor _____ Title _____

E-mail _____

License Number _____ Type _____

Attach required documents for all principal instructors as indicated in COR, Title 22, Division 9, Chapter 2, Section 100070.

Teaching Assistant _____ Title _____

E-mail _____

License Number _____ Type _____

Attach qualifications for teaching assistants.

Use separate page for additional principal instructor(s) and teaching assistant(s).

Attach Hospital and EMS Service Provider Contracts for clinical and field training.

Provider type (check one):

- Branch of the Armed Forces
- College or University
- Licensed acute care hospital
- Public safety agency
- Private post-secondary school
- School district/ROP
- Other: Specify _____



I certify that all information is accurate, to the best of my knowledge, and that I have read and understand the program responsibilities and expectations as outlined in COR, Title 22, Division 9, Chapter 2 (Emergency Medical Technician).

Signed, Program Director

Date

(OCEMS Use Only)

Date Application Received	Approval Date	Expiration Date	Receipt # / Date Paid



CHECKLIST FOR EMT TRAINING PROGRAM APPROVAL

Materials to Submit for Program Approval		Page No.	Check Completed
1.	Table of Contents and checklist listing required information with corresponding page numbers (this form)		<input type="checkbox"/>
2.	Application form for EMT training program approval		<input type="checkbox"/>
3.	Statement of eligibility for training program approval		<input type="checkbox"/>
4.	Written request to OCEMS for EMT training program approval		<input type="checkbox"/>
5.	Statement verifying course content is equivalent to the US DOT National Emergency Medical Services Education Standards Emergency Medical Technician Instructional Guidelines (DOT HS 811 077A, January 2009)		<input type="checkbox"/>
6.	Statement verifying CPR training equivalent to the current American Heart Association Guidelines at the Healthcare Provider level		<input type="checkbox"/>
7.	Samples of written and skills examinations used for periodic testing		<input type="checkbox"/>
8.	Final skills competency examination		<input type="checkbox"/>
9.	Final written examination		<input type="checkbox"/>
10.	Name and qualifications of the program director, program clinical coordinator, and principal instructor(s)		<input type="checkbox"/>
11.	Evidence the course/program director has completed 40 hours in teaching methodology or equivalent per COR, Title 22, Division 9, Chapter 2, §100070		<input type="checkbox"/>
12.	Provisions for course completion by challenge, including a challenge examination (if different from final examination)		<input type="checkbox"/>
13.	Provisions for a 24 hour refresher required for renewal or reinstatement		<input type="checkbox"/>
14.	Statement verifying usage of the US DOT EMT - Basic Refresher National Standard Curriculum (DOT HS 808 624, September 1996)		<input type="checkbox"/>
15.	Location where courses are to be offered and the proposed dates		<input type="checkbox"/>
16.	Copy of written agreement with 1 or more acute care hospital(s) to provide clinical experience, or		<input type="checkbox"/>
17.	Copy of written agreement with 1 or more operational ambulance provider(s) to provide field experience		<input type="checkbox"/>
18.	Application fees		<input type="checkbox"/>



REQUIRED SUPPLIES FOR EMT TRAINING PROGRAM

REQUIRED SUPPLIES FORM TO BE COMPLETED BY OCEMS PERSONNEL

Required Supplies with Quantities		Check Completed
BSI Materials	<input type="checkbox"/> Gloves (1 Pair) <input type="checkbox"/> Surgical Masks (1) <input type="checkbox"/> N95s (1) <input type="checkbox"/> Disposable Gowns (1) <input type="checkbox"/> Goggles/Glasses (1)	<input type="checkbox"/>
Spinal Immobilization Devices	<input type="checkbox"/> Adult C-Collar (Either Adjustable or 1 of Each Size) <input type="checkbox"/> Pediatric C-Collar (1) <input type="checkbox"/> Head Immobilizer (1) <input type="checkbox"/> KED Device (1) <input type="checkbox"/> Backboard with Straps (1)	<input type="checkbox"/>
Trauma	<input type="checkbox"/> Trauma Tag (1)	<input type="checkbox"/>
Airway Adjuncts	<input type="checkbox"/> Nasopharyngeal Airway Adjuncts (No Less the 4 Standard Sizes) <input type="checkbox"/> Oropharyngeal Airway Adjuncts (1 of Each Size, Sizes 0-5) <input type="checkbox"/> Water-Soluble Lubricant (1)	<input type="checkbox"/>
Oxygen	<input type="checkbox"/> Adult BVM (1) <input type="checkbox"/> Pediatric BVM (1) <input type="checkbox"/> Infant BVM (1) <input type="checkbox"/> Adult, Pediatric, & Infant Oxygen Non-Rebreather Masks (1 of Each) <input type="checkbox"/> Adult & Pediatric Nasal Cannulas (1 of Each) <input type="checkbox"/> Oxygen Cylinder & Regulator (1 of Each)	<input type="checkbox"/>
Vital Signs	<input type="checkbox"/> Adult, Pediatric, and Infant Blood Pressure Cuff (1 of Each) <input type="checkbox"/> Stethoscope (1) <input type="checkbox"/> Training Glucometer (1) <input type="checkbox"/> Pulse Oximeter (1) <input type="checkbox"/> Pen Light (1) <input type="checkbox"/> Thigh Blood Pressure Cuff (1) *OPTIONAL*	<input type="checkbox"/>
Suction Equipment	<input type="checkbox"/> Mechanical Portable Suction Device (1) <ul style="list-style-type: none"> <input type="checkbox"/> Tubing (1) <input type="checkbox"/> Yankauer (1) <input type="checkbox"/> Suction Catheter (1) **OR** <ul style="list-style-type: none"> <input type="checkbox"/> Manual Portable Suction Device (1) <input type="checkbox"/> Suction Catheter Attachment (1) 	<input type="checkbox"/>
CPR & AED	<input type="checkbox"/> Adult & Infant CPR Manikin (1 of Each, Either Mechanical or Manual) <input type="checkbox"/> AED Trainer with Adult & Pediatric AED Pads (1) <input type="checkbox"/> Towel (1) <input type="checkbox"/> Training Razor (1)	<input type="checkbox"/>



REQUIRED SUPPLIES FOR EMT TRAINING PROGRAM

REQUIRED SUPPLIES FORM TO BE COMPLETED BY OCEMS PERSONNEL

Required Supplies		Check Completed
Hemorrhage Control	<input type="checkbox"/> 4" x 4" Dressings (1) <input type="checkbox"/> Roller Gauze or Kerlix (1) <input type="checkbox"/> Petroleum Gauze (1) <input type="checkbox"/> Arterial Tourniquet (1) <input type="checkbox"/> Triangular Bandage (1) <input type="checkbox"/> 1", 2", 3" Tape (1 of Each) <input type="checkbox"/> Trauma Sheers (1) <input type="checkbox"/> Arm, Leg, and Wrist Cardboard Splint (1 of Each) <input type="checkbox"/> Cold Pack, or Simulated Equivalent (1) <input type="checkbox"/> Burn Blanket (1) <input type="checkbox"/> Standard Blanket (1) <input type="checkbox"/> Biohazard Bag (1)	<input type="checkbox"/>
Epinephrine & Naloxone	<input type="checkbox"/> Epinephrine Auto-Injector Training Device (1) <input type="checkbox"/> Naloxone Auto-Injector Training Device (1) <input type="checkbox"/> Sharps Container (1)	<input type="checkbox"/>
Obstetrical	<input type="checkbox"/> Obstetrical Kit (1) <ul style="list-style-type: none"> <input type="checkbox"/> Bulb Syringe (1) <input type="checkbox"/> Baby Blanket (1) <input type="checkbox"/> Towel (1) <input type="checkbox"/> Umbilical Cord Clamps (1) <input type="checkbox"/> Umbilical Cord Scissor (1) <input type="checkbox"/> Breslow Tape (1) <input type="checkbox"/> Childbirth Manikin *OPTIONAL*	<input type="checkbox"/>
Traction Splint	<input type="checkbox"/> Adult Traction Splint (1) <input type="checkbox"/> Pediatric Traction Splint (1)	<input type="checkbox"/>
Ambulance Cot OPTIONAL	<input type="checkbox"/> Mechanical Ambulance Cot *OPTIONAL* <input type="checkbox"/> Manual Ambulance Cot *OPTIONAL*	<input type="checkbox"/>
Manikin OPTIONAL	<input type="checkbox"/> Full Size Manikin *OPTIONAL*	<input type="checkbox"/>



EMT TRAINING PROGRAM HOSPITAL/AMBULANCE AFFILIATION INFORMATION

(ATTACH SIGNED AGREEMENT)

Name(s) of general acute care hospital(s) providing supervised in-hospital clinical experience for the EMT student.

Name: _____

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____

Name: _____

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____

Name(s) of ambulance provider agencies providing supervised instruction on an operational ambulance for the EMT student:

Level of Service

Name: _____ ALS BLS

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____

Name: _____ ALS BLS

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

E-mail: _____



EMS MONITORING OF APPROVED TRAINING PROGRAMS

I. AUTHORITY:

California Administrative Code Title 22, Division 9, Chapter 2, Section 100071.

II APPLICATION:

This policy describes the monitoring process for OCEMS approved training programs.

III. PROCEDURE:

The OCEMS may, for the purpose of periodic monitoring of compliance or investigating complaints, perform evaluations of OCEMS approved training programs.

A. Scheduled Monitoring

1. The OCEMS staff member shall contact the EMT-I training Program Director to arrange a time for monitoring the program and/or class presentations.
2. When monitoring classroom lectures or student testing, the OCEMS staff shall invite the Program Director to be present during the monitoring process.

B. Unscheduled Monitoring

1. Upon arrival at the training program the OCEMS staff will attempt to contact the Program Director.
 - a. If the Program Director is available, OCEMS staff will invite the Program Director to be present during the monitoring.
 - b. If the Program Director is unavailable, the OCEMS staff member will introduce himself/herself to the instructor and proceed to monitor the class.

IV. REPORTING:

Following completion of the monitoring, OCEMS shall submit to the Program Director a report within 14 days which will include the following:

- A. Training program name.
- B. Date and time monitoring was conducted.
- C. Name(s) of the OCEMS staff conducting the monitoring.
- D. Name of the instructor(s) monitored.
- E. Documentation identifying the criteria not being met by the training program.
- F. If deficiencies are found:
 1. Time frame for the program to respond and to comply with state regulations and OCEMS policies and procedures.
 2. A statement of consequences and appeal process OCEMS Policy and Procedure 645.00.



EMS MONITORING OF APPROVED TRAINING PROGRAMS

Approved:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Effective Date: 10/01/2023
Reviewed Date(s): 09/02/2014; 8/24/2023
Original Date: 08/1989



EMT SKILLS COMPETENCY VERIFICATION

I. AUTHORITY:

Health & Safety Code, Division 2.5, Section 1797.220 and 1798; Title 22, Division 9, Section 100080(5).

II. APPLICATION:

The purpose of this policy is to establish a process for operationalizing the verification of Emergency Medical Technician (EMT) skills competency.

III. POLICY:

A. The following types of organizations are authorized to verify skills competency:

1. Local EMS agency (LEMSA)-approved training programs, including EMT training programs, paramedic training programs and EMS continuing education providers; and
2. EMS providers, including public safety agencies, private ambulance providers, and other locally-authorized EMS providers that have a state of California continuing education number issued to their program.

B. Authorized organizations may designate individuals that are currently Orange County certified or accredited as an EMT, paramedic, MICN, flight nurse or other Registered Nurse working for an Orange County provider or physician licensed in the State of California and are affiliated with a training program that has a continuing education number, to verify EMT skills competency.

1. ONLY employees of the authorized organization with certificates or licenses in good standing are eligible for designation by the organization.

C. Authorized organizations shall maintain lists of current agency-approved skills signers.

1. Authorized organizations will submit skills verifiers lists to OCEMS when a skills verifier is added or taken off their organizations list. Use Attachment A for this purpose.
2. Certifying entities who authorize their skills verifiers to sign off skills for EMTs outside of their organization must maintain a list of current agency-approved skills signers (use Attachment A).
3. Authorized organizations will maintain a roster with the date, authorized organizations name, skills verifiers name(s), and name(s) of the skills competency testing attendees.

IV. CRITERIA:

- A. Individual EMT skills shall only be verified using the state approved EMSA form (SCV 01/17), Attachment B.
- B. Orange County EMS will ONLY accept the most current state approved EMSA skills verification form with signatures for EACH skill verifying competency. The affiliation and certification/license number of the skills verifier must be present for each skill signed.
- C. Any skills verification form that does not contain the signature, printed name, affiliation and/or license number of the person for each skill verified, will result in a denial in processing of the certificate or accreditation.



EMT SKILLS COMPETENCY VERIFICATION

- D. Skills verification forms with digital signatures will result in a denial in processing of the EMT renewal certification.
- E. Verification of skills competency will be verified by direct observation of an actual or simulated patient contact. (i.e. skills station).
- F. The OCEMS EMT skills competency verification requirements found in this policy, “# 510.10 EMT Skills Competency Verification Process”, exceed those found on the second page of the EMSA “EMT Skills Competency Verification Form” SCV (01/17). Completed “EMT Skills Competency Verification” forms must meet the requirements of this policy for EMT certification renewal.

Approved:

Carl Schultz, MD, FACEP
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 9/2/2014
 Reviewed Date(s): 9/2/2014; 4/1/2015; 11/1/2016; 10/18/2022; 7/2023
 Revised Date(s): 9/2/2014; 4/1/2015; 11/1/2016; 10/18/2022; 8/7/2023
 Effective Date: 10/18/2022; 10/1/2023



EMS CONTINUING EDUCATION (CE) PROVIDER APPROVAL

I. AUTHORITY:

*Health and Safety Code, Division 2.5, Sections 1797.170, 1797.171, 1797.172, 1797.174, and 1797.175.
California Code of Regulations, Title 22, Chapter 11, Sections 100390-100395.*

II APPLICATION:

This policy describes the process and criteria for application for Orange County Emergency Medical Services (OCEMS) initial approval and renewal as an EMS Continuing Education (CE) Provider. (Application attached.)

III. POLICY:

- A. Orange County EMS will follow EMSA regulations outlined in Title 22, and OCEMS policies.
- B. Institutions or agencies with headquarters located within the geographical jurisdiction of Orange County are eligible for approval by Orange County EMS.
- C. Institutions or agencies interested in applying to become local EMS continuing education providers can locate the application at WWW.OCHCA.com under EMS policies, policy #530.00. Applications shall be submitted to EMSLicensing@OCHCA.com email.
- D. CE providers, at the time of application or renewal, shall submit a listing (or catalog) of all courses and will include comprehensive topical course outlines. All courses shall meet National Standard course curriculum criteria as specified in Title 22, Division 9, Chapter 11. Applicants will also submit:
 - 1. The number of CE hours to be awarded for each CE course upon student successful completion.
 - 2. The method of evaluation of learning, e.g. essay, written test with number of questions, and percent required to pass.
- E. Approved CE providers shall provide a listing of all CE courses taught in the prior year, to include the name of the course and the number of CE hours awarded. This report is to be submitted to OCEMS by January 31 of the subsequent year. (See attachment to policy)
 - 1. All courses must meet "National Standard Curriculum" developed under the auspices of the United States Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS Personnel as stated in EMSA regulations Title 22, Division 9, Ch. 11.
- F. Approval of online course instruction will be made on an individual basis.
- G. Initial and Renewal EMT Training Program Application Process:
 - 1. Submit Completed OCEMS EMT Training Program Application
 - 2. Submit résumés of CE Program Director and Clinical Director, and the primary instructor if identified.
 - 3. Submit Program Director's course completion certificate of teaching methodology class (e.g., NAEMSE, CSFM Instructor Course)
 - 4. Provide sample course completion certificate (CE slip)
 - 5. Provide CE Course Curriculum meeting national standard curriculum as specified in Title 22, Division 9, Ch. 11.



EMS CONTINUING EDUCATION (CE) PROVIDER APPROVAL

6. Pay the established fee (Reference OCEMS Policy #470.00)

IV. CE PROVIDER PROGRAM REVIEW AND REPORTING:

- A. All program materials specified in this policy shall be subject to periodic review by OCEMS.
 - 1. CE provider programs offering continuing education hours for self-study or online learning that is not in the classroom (non-instructor-based) must provide the methodology for calculation of continuing education hours. Hours must be calculated in a logical and defensible manner.
- B. All programs shall be subject to periodic on-site evaluation by OCEMS.
- C. All approved CE providers shall notify the OCEMS in writing, in advance when possible and in all cases within thirty (30) calendar days of any change in program director, program clinical coordinator, principal instructor, change in address, phone number, and contact person.
- D. If a CE Provider applicant cannot correct items of non-compliance within 30 days of a notice of deficiencies in the application process, their application will be ineligible for reconsideration for 180 days.
- E. Noncompliance with any criterion required for CE provider approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter (Title 22, Division 9, Chapter 11) may result in denial, probation, suspension or revocation of CE provider approval by OCEMS.
- F. If there is evidence of intent to mislead the agency in the initial application or renewal application, the application will be denied and ineligible for reconsideration for 730 days.

V. FEES

- A. Please refer to OCEMS policy #470.00 for all applicable fees applied to an initial or renewal CE program application.

Carl H. Schultz, MD, FACEP
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 12/28/1994
 Reviewed Date(s): 9/2/2014; 4/1/2015; 4/1/2017; 8/15/2023
 Revised Date(s): 9/2/2014; 4/1/2015; 4/1/2017; 8/23/2023
 Effective Date: 4/1/2017; 10/1/2023



FIRST AID AND CPR TRAINING PROGRAM CRITERIA FOR PUBLIC SAFETY PERSONNEL

I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.170, 1797.171, 1797.172, 1797.174, and 1797.175. California Code of Regulations, Title 22, Division 9, Chapter 1.5.

II. APPLICATION:

This policy describes the process and criteria for application for Orange County Emergency Medical Services (OCEMS) initial approval and renewal as a provider of training for Public Safety Personnel. (Application attached.)

A. The application will include:

1. Name of sponsoring institution, organization, or agency
2. A detailed course outline
3. Final written examination with pre-established scoring standards; and
4. Skill competency testing criteria, with pre-established scoring standards; and
5. Name and qualifications of instructors

B. OCEMS may request additional materials or documentation as a condition of course approval.

III. POLICY:

A. Orange County EMS will follow regulations outlined in Title 22, Health & Safety Code and EMSA publications. Training requirements may be satisfied by completion of ONE of the following course options as outlined in Title 22, Division 9, Chapter 1.5, Section 100023:

1. A course in public safety first aid, including CPR and AED, developed and/or authorized by the California Department of Forestry and Fire Protection (CAL FIRE) and approved by the EMS Authority; OR
2. A course in public safety first aid, including CPR and AED, authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the EMS Authority; OR
3. A course in public safety first aid, including CPR and AED, developed and authorized by the California Department of Parks and Recreation (DPR) and approved by the EMS Authority; OR
4. A course in public safety first aid, including CPR and AED, developed and authorized by the Department of the California Highway Patrol (CHP) and approved by the EMS Authority; OR
5. The US Department of Transportation's emergency medical responder (EMR) course which includes first aid practices and CPR and AED, approved by OCEMS; OR
6. A course of at least 21 hours in first aid equivalent to the standards of the American Red Cross and healthcare provider level CPR and AED equivalent to the standards of the American Heart Association in accordance with the course content contained in Title 22, Division 9, Chapter 1.5, Section 100017 AND approved by OCEMS.



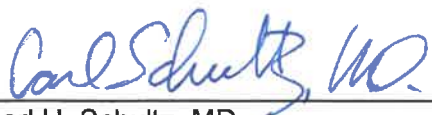
FIRST AID AND CPR TRAINING PROGRAM CRITERIA FOR PUBLIC SAFETY PERSONNEL

- 7. Completion of OCEMS-approved EMT training programs or paramedic training programs by public safety first responders may also satisfy this training requirement (Section 100023 (g) through (j))
- B Institutions or agencies with headquarters located within the geographical jurisdiction of Orange County EMS are eligible for approval by Orange County EMS.
- C Institutions or agencies interested in applying to become local EMS Continuing Education (CE) providers should contact the EMS Licensing Desk at EMSLicensing@OCHCA.com for an application packet.

IV. PROGRAM REVIEW AND REPORTING:

- A. All program materials specified in this policy shall be subject to periodic review by OCEMS.
- B. All programs shall be subject to periodic on-site evaluation by OCEMS.
- C. All approved CE providers shall notify the OCEMS in writing, in advance when possible and in all cases within thirty (30) calendar days of any change in program outline, instructor(s), change in address, phone number, and contact person.
- D. If a training program applicant cannot correct items of non-compliance within 30 days of a notice of deficiencies in the application process, their application will be ineligible for reconsideration for 180 days.
- E. If there is evidence of intent to mislead the agency in the initial application, the application will be denied and ineligible for reconsideration for 730 days.
- F. City, county, or state agencies with public safety first aid training programs providing optional scope training with intent to practice those optional scope skills must submit a request and provide optional scope training materials to the EMS Licensing Desk at EMSLicensing@OCHCA.com. The Orange County EMS Medical Director will review requests and training materials and provide a letter of approval or rejection within 15 business days.

Approved:


 Carl H. Schultz, MD
 OCEMS Medical Director


 Tammi McConnell, MSN, RN
 OCEMS Administrator

Original Date: 11/01/1989
 Reviewed Date(s): 2016; 2023
 Revised Date(s): 08/16/1989; 09/1992; 02/2004; 11/01/2016; 08/22/2023
 Effective Date: 11/01/2016; 10/01/2023