



## PARAMEDIC TRAINING PROGRAM APPROVAL/REQUIREMENTS

### PURPOSE

To establish the approval process and ongoing requirements for Paramedic and/or Critical Care Paramedic (CCP) Training Programs located in the YEMSA region.

### AUTHORITY

Health & Safety Code, Division 2.5, Chapter 4, Article 1, §§ 1797.200-1797.220  
California Code of Regulations, Title 22, Division 9, Chapter 4, Article 1, § 100137

### POLICY

- I. Any Paramedic and/or CCP Training Program located in the YEMSA region, with the exception of those conducted by a qualified statewide public safety agency and that have received California EMS Authority approval, shall be approved by YEMSA.
- II. An approved Paramedic Training Program shall obtain/maintain accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), in order to operate.
  - A. An approved Paramedic Training Program shall:
    1. Receive a Letter of Review (LoR) from CoAEMSP prior to starting classes.
    2. Submit their application, fee, and Initial Self-Study Report (ISSR) to CoAEMSP for accreditation within six (6) months of the first class' graduation.
    3. Receive and maintain CAAHEP accreditation no later than two (2) years from the date of the ISSR submission to CoAEMSP for accreditation.
    4. Provide the following information, in writing, to all their Training Program Applicants prior to the applicants' enrollment in the training program:
      - a. The date the Paramedic Training Program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR, or the date their application for accreditation renewal was sent to CoAEMSP.
      - b. The date by which the Paramedic Training Program must be initially accredited, or the date its accreditation must be renewed by CAAHEP.
  - B. Failure of the Paramedic Training Program to maintain its LoR, submit its RAS form and ISSR to CoAEMSP, or obtain/maintain its CAAHEP accreditation as specified in this policy, shall result in withdrawal of program approval.
  - C. Students graduating from a Paramedic Training Program that fails to apply for, receive, or maintain CAAHEP accreditation as specified in this policy, are not eligible for state licensure as a Paramedic.
  - D. Paramedic Training Programs shall submit to YEMSA all documents submitted to, and received from, CoAEMSP and CAAHEP for obtaining/maintaining accreditation.



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- III. Approved Paramedic Training Programs shall participate in the YEMSA Emergency Medical Services Quality Improvement Program (EMSQIP).
  - IV. Eligibility for Paramedic Training Program approval shall be limited to the following institutions:
    - A. Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau for Private Postsecondary Education.
    - B. Medical training units of the United States Armed Forces or Coast Guard.
    - C. Licensed general acute care hospitals which meet the following criteria:
      - 1. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of CCR, Title 22, Division 5; and
      - 2. Provide Continuing Education (CE) to other health care professionals; and
      - 3. Are accredited by a Centers for Medicare and Medicaid Services accreditation organization with deeming authority.
    - D. Agencies of Government.
  - V. Paramedic and CCP Training Program Requirements:
    - A. Training Program Teaching Staff:
      - 1. Each Training Program shall have a Program Medical Director who is a Physician currently licensed in the State of California, has experience in emergency medicine, and has education or experience in methods of instruction. Duties of the Program Medical Director shall include the following:
        - a. Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
        - b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program
        - c. Approval of hospital clinical and field internship experience provisions.
        - d. Approval of the Principal Instructor.
      - 2. Each Training Program shall have a Program Director who is either a California licensed Physician, a Registered Nurse (RN) who has a baccalaureate degree, or a Paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The Program Director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position, and have a minimum of three (3) years academic or clinical experience in prehospital care education. Duties of the Program Director shall include the following:
        - a. Administration, organization and supervision of the educational program.
        - b. In coordination with the Program Medical Director, approve the Principal Instructor, Teaching Assistants, Field and Hospital Clinical Preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and



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- approve all methods of evaluation.
    - c. Ensure Training Program compliance with applicable laws/regulations.
    - d. Sign all course completion records.
    - e. Ensure Field and Hospital Clinical Preceptors are trained according to the curriculum specified in this policy.
  3. Each Paramedic Training Program shall have a Principal Instructor, who is responsible for areas including, but not limited to, curriculum development, course coordination and instruction, and who shall meet the following criteria:
    - a. Be a Physician, RN, Physician Assistant (PA), or Paramedic, currently licensed in the State of California.
    - b. Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards (DOT HS 811 077E).
    - c. Have six years (6) of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
    - d. Be qualified by education and experience with at least at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
    - e. The Principal Instructor may also be the Program Medical Director or Program Director.
  4. Each CCP Training Program shall have a Principal Instructor who is either licensed in California as a Physician with knowledge in the subject matter, a RN knowledgeable in the subject matter, or a Paramedic with current CCP certification or a Flight Paramedic (FP) certification from the International Board of Specialty Certification (IBSC) or Board for Critical Care Transport Paramedic Certification (BCCTPC).
  5. Instructors of Tactical Casualty Care (TCC) topics shall be qualified by education and experience in TCC methods, materials and evaluation of instruction.
  6. Each Training Program may have Teaching Assistants who have training and experience to assist with teaching the course. The Teaching Assistants shall be supervised by the Principal Instructor, the Program Director and/or the Program Medical Director.
  7. Each Training Program may have a Clinical Coordinator who is either a Physician, RN, PA, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the Program Clinical Coordinator shall include, but not be limited to, the following:
    - a. The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as specified in this policy.
    - b. Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contacts established by the program as required for continued CAAHEP accreditation.
    - c. The tracking of student internship evaluation and terminal competency documents.



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8. Each Paramedic Training Program shall have an adequate number of Field Preceptors who meet the following criteria:
  - a. Be licensed as a Paramedic.
  - b. Be working in the field as a licensed Paramedic for the last two (2) years.
  - c. Be under the supervision of the Principal Instructor, the Program Director and/or the Program Medical Director.
  - d. Have completed a Field Preceptor Training Program approved by YEMSA, in accordance with current CAAHEP Standards and Guidelines. Training shall include curriculum that will result in preceptor competency in the evaluation of Paramedic students during the internship phase of the training program and the completion of the following:
    - i. Conduct a daily field evaluation of students.
    - ii. Conduct cumulative and final field evaluations of all students.
    - iii. Rate students for evaluation using written field criteria.
    - iv. Identify ALS contacts and requirements for graduation.
    - v. Identify the importance of documenting student performance.
    - vi. Review the Field Preceptor requirements contained in this policy.
    - vii. Assess student behaviors using cognitive, psychomotor, and affective domains.
    - viii. Create a positive and supportive learning environment.
    - ix. Measure students against the standards of entry level Paramedics.
    - x. Identify appropriate student progress.
    - xi. Counsel the student who is not progressing.
    - xii. Identify training program support services available to the student and the preceptor.
    - xiii. Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.
9. Each Training Program shall have an adequate number of Hospital Clinical Preceptors who meet the following criteria:
  - a. Be a Physician, RN or PA currently licensed in the State of California.
  - b. Have worked in emergency medical care services or areas of medical specialization for the last two (2) years.
  - c. Be under the supervision of the Principal Instructor, the Program Director, and/or the Program Medical Director.
  - d. Receive training in the evaluation of Paramedic students in clinical settings. Instructional tools may include, but need not be limited to, educational brochures, orientation, training programs, or training videos. Training shall include the following components of instruction:
    - i. Evaluate a student's ability to safely administer medications and perform assessments.
    - ii. Document a student's performance.
    - iii. Review Clinical Preceptor requirements contained in this policy.
    - iv. Assess student behaviors using cognitive, psychomotor, and affective domains.
    - v. Create a positive and supportive learning environment.



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- vi. Identify appropriate student progress.
  - vii. Counsel the student who is not progressing.
  - viii. Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.
- B. Didactic and Skills Laboratory:
1. A Paramedic Training Program and/or CCP Training Program shall assure that no more than six (6) students are assigned to one (1) Instructor/Teaching Assistant during skills practice/laboratory.
- C. Hospital Clinical Education and Training for Paramedic:
1. A Paramedic Training Program shall provide for and monitor a supervised clinical experience at a hospital, licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by YEMSA. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in this policy.
  2. Hospital Clinical Training, for an approved CCP training program, shall consist of no less than ninety-four (94) hours in the following areas:
    - a. Labor & Delivery (8 hours).
    - b. Neonatal Intensive Care (16 hours).
    - c. Pediatric Intensive Care (16 hours).
    - d. Adult Cardiac Care (16 hours).
    - e. Adult Intensive Care (24 hours).
    - f. Adult Respiratory Care (6 hours).
    - g. Emergency/Trauma Care (8 hours).
  3. An approved Paramedic and/or CCP Training Program shall not enroll any more students than they can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the program. The Training Program Director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances. This agreement shall be in writing.
  4. Paramedic and/or CCP Training Programs in nonhospital institutions shall enter into written agreements with licensed general acute care hospitals that hold a permit to operate a basic or comprehensive emergency medical service for the purpose of providing supervised clinical experience.
  5. Paramedic Clinical Training Hospitals and other expanded settings shall provide clinical experience, supervised by a Clinical Preceptor. The Clinical Preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one (1) preceptor or health professional during the supervised clinical experience. The clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications,



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approved by the YEMSA Medical Director, to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.

### D. Field Internship Education and Training for Paramedic:

1. A Field Internship shall provide emergency medical care training and experience to Paramedic students under continuous supervision, instruction, and evaluation by an authorized Preceptor, and shall promote student competency in medical procedures, techniques, and administration of medications as specified in CCR, Title 22, Division 9, Chapter 4, § 100146 in the prehospital emergency setting within an organized EMS system.
2. An approved Paramedic Training Program shall enter into written agreements with Paramedic Service Providers to provide field internship services to students as specified in this policy.
3. The Medical Director of the LEMSA where the internship is located shall have medical control over the Paramedic Intern.
4. The assignment of a student to a Field Preceptor shall be a collaborative effort between the training program and the provider agency.
5. The assignment of a student to a Field Preceptor shall be limited to duties associated with the student's training or the student training program.
6. If the Paramedic Service Provider is located outside the Yolo County EMS region, the Paramedic Training Program shall do the following:
  - a. Ensure the student receives an orientation in collaboration with the LEMSA where the field internship will occur. The orientation shall include that LEMSA's local policies, procedures, and treatment protocols.
  - b. Report to the LEMSA where the field internship will occur, the name of the Paramedic Intern, the name of the Field Internship Provider, and the name of the Preceptor.
  - c. Ensure the Field Preceptor has the required experience and training specified in this policy.
7. The Paramedic Training program shall enroll only the number of students it is able to place in field internships within ninety (90) days of completion of their hospital clinical education and training phase of the training program. The Training Program Director and student may agree to start the field internship at a later date in the event of special circumstances. This agreement shall be in writing.
8. The internship, regardless of the location, shall be monitored by the Training Program staff, in collaboration with the assigned Field Preceptor.
9. Training Program staff shall, upon receiving input from the assigned field preceptor, document the progress of the student. Documentation shall include the identification of student deficiencies and strengths and any training program obstacles encountered by, or with the student.
10. Training Program staff shall provide documentation reflecting student progress to the student at least twice during the student's internship.
11. No more than one (1) trainee, of any level, shall be assigned to a response vehicle at any one time during the Paramedic student's field internship.



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### E. Training Program Required Course Content:

1. The Paramedic Course Content shall meet the objectives contained in the January 2009 U.S. DOT National EMS Education Standards (DOT HS 811 077E – available at: <http://www.nhtsa.gov/>), and be consistent with the Paramedic Basic Scope of Practice specified in CCR, Title 22, Division 9, Chapter 4, § 100146(a). In addition, the course content shall include a minimum of four (4) hours of tactical casualty care (TCC) principals as specified in CCR, Title 22, Division 9, Chapter 4, § 100155(b).
2. The content of the CCP course shall include all items specified in CCR, Title 22, Division 9, Chapter 4, § 100155(c).

### F. Training Program Required Course Hours:

1. The total Paramedic Training Program shall consist of not less than 1094 hours.
2. These training hours shall be divided into:
3. A minimum 454 hours of didactic instruction and skills laboratories that shall include not less than four (4) hours of training in Tactical Casualty Care.
4. The Hospital Clinical Training shall consist of no less than 160 hours.
5. The Field Internship shall consist of no less than 480 hours.
  - a. The student shall have a minimum of forty (40) documented ALS patient contacts during the Field Internship. An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and CPR, on a patient.
  - b. For at least half of the ALS patient contacts, the Paramedic student shall be required to provide the full continuum of care of the patient, beginning with the initial contact with the patient upon arrival at the scene through transfer of care to hospital personnel.
  - c. The student shall have a minimum of twenty (20) documented experiences performing the role of team lead during the Field Internship. A team lead shall be defined as a student who, with minimal to no prompting by the Preceptor, successfully takes charge of EMS operations in the field including, at least, the following:
    - i. Lead coordination of field personnel,
    - ii. Formulation of field impression,
    - iii. Comprehensively assessing patient conditions and acuity,
    - iv. Directing and implementing patient treatment,
    - v. Determining patient disposition, and
    - vi. Leading the packaging and movement of the patient.
  - d. When available, up to ten (10) of the required ALS patient contacts may be satisfied through the use of high-fidelity adult simulation patient contacts.
  - e. Students shall document patient contacts utilizing an EHR system under supervision of the Preceptor.
6. The minimum hours shall not include the following:
  - a. Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
  - b. Examination for student eligibility.



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- c. The teaching of any material not prescribed in CCR, Title 22, Division 9, Chapter 4, § 100155.
        - d. Examination for Paramedic licensure.
    7. The total CCP Training Program shall consist of not less than 202 hours. These training hours shall be divided into:
      - a. A minimum of 108 hours of didactic and skills laboratories.
      - b. No less than ninety-four (94) hours of Hospital Clinical Training as specified in this policy.
  - G. Training Program Required Testing:
    1. Approved Paramedic and CCP Training Programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency - based examinations to test the knowledge and skills specified in this policy.
    2. Documentation of successful student clinical and filed internship performance shall be required prior to course completion.
  - H. Paramedic Training Program Course Completion Record:
    1. A tamper resistant course completion record shall be issued to each student who has successfully completed the Paramedic and/or CCP Training Program. The course completion record shall be issued no later than ten (10) working days from the date of the student successfully completes the Paramedic and/or CCP Training Program. The course completion record shall contain the following:
      - a. The name of the individual.
      - b. The date of completion.
      - c. The following statement:
        - i. "The individual named on this record has successfully completed an approved Paramedic Training Program", or
        - ii. "The individual named on this record has successfully completed an approved Critical Care Paramedic Training Program.
      - d. The name of the Paramedic and/or CCP Training Program approving authority.
      - e. The signature of the Program Director.
      - f. The name and location of the Training Program issuing the record.
      - g. The following statement in bold print: "This is not a Paramedic License."
      - h. For Paramedic Training, a list of the approved local optional scope of practice procedures and/or medications taught in the course.
      - i. For CCP Training, a list of the approved procedures and medications taught in the course.
- VI. Procedure for Paramedic Training Program Approval:
  - A. Eligible training institutions shall submit a completed Paramedic Training Application to YEMSA.
  - B. YEMSA shall receive and review the following documentation prior to program approval:





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1. An attestation statement verifying that the course content meets the requirements as specified in this policy.
  2. An outline of course objectives.
  3. Performance objectives for each skill.
  4. The names and qualifications of the Training Program Director, Program Medical Director, and Principal Instructor.
  5. Provisions for supervised Hospital Clinical Training, including student evaluation criteria and standardized forms for evaluating Paramedic students; and monitoring of Preceptors by the Training Program.
  6. Provisions for supervised Field Internship, including student evaluation criteria and standardized forms for evaluating Paramedic students; and monitoring of Preceptors by the Training Program.
  7. The location at which the courses are to be offered and their proposed dates.
  8. Written agreements between the Paramedic Training Program and Hospitals and other clinical settings, if applicable, for student placement for clinical education and training.
  9. Written contracts or agreements between the Paramedic Training Program and EMS Provider Agencies for student placement for Field Internship Training.
  10. A copy of a CoAEMSP LoR issued to the training institution applying for approval, or documentation of current CAAHEP accreditation.
  11. Samples of written and skills examinations administered by the Training Program for periodic testing.
  12. Samples of a final written examination(s) administered by the Training Program.
  13. Evidence of adequate Training Program facilities, equipment, examination securities, and student record keeping.
- C. YEMSA shall submit to the California EMS Authority an outline of program objectives and eligibility on each Training Program being proposed for approval in order to allow the California EMS Authority to make the determination required by HSC § 1797.173. Upon request by the California EMS Authority, any or all materials submitted by the Training Program shall be submitted to the California EMS Authority.
- D. Paramedic Training Programs will be approved by meeting all requirements specified in this policy. Notification of program approval or deficiencies with the application shall be made in writing by YEMSA to the requesting Training Program in a time period not to exceed ninety (90) days.
- E. YEMSA shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements. Paramedic Training Program approval shall be valid for four (4) years, ending on the last day of the month in which it was issued, and may be renewed every four (4) years subject to the procedure for program approval specified in this policy.
- VII. Paramedic Training Program Review and Reporting:
- A. All program materials shall be subject to periodic review by YEMSA, and shall also be made available for review upon request by the EMS Authority.
  - B. All programs shall be subject to on-site evaluation by YEMSA and may also be



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evaluated by the EMS Authority.

- C. Any entity conducting a Training Program shall provide written notification of changes to YEMSA of course objectives, hours of instruction, Program Director, Program Medical Director, Principal Instructor, provisions for Hospital Clinical experience, or Field Internship. Written notification shall be provided in advance, when possible, and no later than thirty (30) days after a change(s) has been identified.
- VIII. Denial or Withdrawal of Paramedic Training Program Approval:
- A. Failure to comply with any criteria required for Training Program approval, may result in denial, probation, suspension or revocation of Training Program approval.
  - B. The requirements for Training Program noncompliance notification and actions are as follows:
    1. YEMSA shall provide written notification of noncompliance to the Paramedic Training Program Provider found in violation. The notification shall be in writing and sent by certified mail to the Paramedic Training Program Director.
    2. Within fifteen (15) days from receipt of the noncompliance notification, the Training Program shall submit in writing, by certified mail, to YEMSA one (1) of the following:
      - a. Evidence of compliance with the criteria for Training Program approval, or
      - b. A plan to comply with the criteria for Training Program approval within sixty (60) days from the day of receipt of the notification of noncompliance.
    3. Within fifteen (15) days from receipt of the Training Program's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the Training Program, YEMSA shall issue a decision letter by certified mail to the California EMS Authority and the Training Program. The letter shall identify YEMSA's decision to take one (1) or more of the following actions:
      - a. Accept the evidence of compliance provided.
      - b. Accept the plan for meeting compliance provided.
      - c. Place the Training Program on probation.
      - d. Suspend or revoke the Training Program approval.
    4. The decision letter shall also include, but need not be limited to, the following information:
      - a. Date of YEMSA's decision.
      - b. Specific provisions found noncompliant by YEMSA, if applicable.
      - c. The probation or suspension effective and ending date, if applicable.
      - d. The terms and conditions of the probation or suspension, if applicable.
      - e. The revocation effective date, if applicable.
    5. YEMSA shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter as described in this section.