

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Emergency Medical Technician Training Program**

Policy Number: 4510.19

Initial Date: 12/06/95

Last Approved Date: 12/12/25

Effective Date: 05/01/26

Next Review Date: 12/01/27

Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To establish roles and responsibilities for Sacramento County Emergency Medical Services Agency (SCEMSA) approved Emergency Medical Technician (EMT) Training Programs.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9
- C. Sacramento County Board of Supervisors, Resolution #2013-0478

**Policy:**

**A. Application Process:**

- 1. SCEMSA-approved Emergency Medical Technician (EMT) Training Programs must keep payment of EMT training fee current to maintain EMT Training Program approval.
- 2. The applicant's legal place of business and primary training site shall be within the geographical jurisdiction of Sacramento County.
- 3. The applicant shall submit the completed application, via the SCEMSA EMT Training Program Application link, and supporting documents at least sixty (60) days prior to the date of the first activity.
- 4. It shall be the responsibility of the EMT Training Program to submit the SCEMSA EMT Training Program Application for renewal at least sixty (60) days in advance before expiration in order to maintain continuous approval.
- 5. EMT Training Program approval is non-transferable.

6. All EMT Training Program requirements must be met and maintained for renewal.
7. EMT Training Programs may be offered only by approved training programs. Eligibility for program approval shall be limited to:
  - a. Accredited universities and colleges, including junior and community colleges, school districts, and private post-secondary schools.
  - b. Medical training units of a branch of the Armed Forces, including the Coast Guard of the United States.
  - c. Licensed general acute care hospitals that meet the following criteria:
    - i) Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5 (Title 22); and
    - ii) Provide continuing education to other health care professionals.
  - d. Agencies of government, including public safety agencies.
  - e. Local Emergency Medical Services Agency (LEMSA).

**B. EMT Training Program Requirements:**

1. SCEMSA-approved EMT Training Programs must keep payment of EMT Training Program fee current to maintain EMT Training Program approval.
2. Approved EMT Training Programs shall ensure:
  - a. A statement verifying 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 admission to an EMT basic course.
  - b. The EMT course shall consist of not less than one hundred seventy (170) hours. These training hours shall be divided into:
    - i) A minimum of one hundred forty-six (146) hours of classroom and skills laboratory instruction. The EMT training program shall ensure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions.
    - ii) A minimum of twenty-four (24) hours of supervised clinical experience is included in the basic training program, which includes ten (10) patient contacts wherein a patient assessment and other EMT skills are performed.

- iii) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts.
3. That the course content, at a minimum, meets the required EMT Training Program course content identified in California Code of Regulations (CCR), Title 22, Division 9; Chapter 2.
  4. The content of an EMT course shall meet the objectives contained in the [National Emergency Medical Services Education Standards](#) to result in the EMT being competent in the EMT basic scope of practice specified in California Code of Regulations, Title 22, Division 9, Chapter 3, Article 2, Section 100066.02.
  5. Training in the use of hemostatic dressings shall result in the EMT being competent in the use of the dressing. Included in the training shall be the following topics/skills:
    - a. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings.
    - b. Review treatment of open chest wall injuries.
    - c. Types of hemostatic dressings.
    - d. Importance of maintaining normal body temperature.
  6. Training in the administration of naloxone shall result in the EMT being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose and shall include the following topics/skills:
    - a. Common causative agents.
    - b. Assessment findings.
    - c. Management to include, but not be limited to:
      - i) Need for appropriate PPE and scene safety awareness.
    - d. Profile of Naloxone to include, but not be limited to:
      - i) Indications. Contraindications.
      - ii) Side/adverse effects.
      - iii) Routes of administration.
      - iv) Dosages.
      - v) Mechanisms of drug action.
      - vi) Calculating drug dosages.
      - vii) Medical asepsis.
      - viii) Disposal of contaminated items and sharps.
      - ix) Medication administration.

7. Training in the administration of epinephrine for suspected anaphylaxis and/or severe asthma shall result in the EMT being competent in the use and administration of epinephrine by auto-injector and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training shall be one of the following topics and skills:
  - a. Indications
  - b. Contraindications
  - c. Side/adverse effects
  - d. Mechanisms of drug action
  - e. Administration by auto-injector
  - f. Medical asepsis
  - g. Disposal of contaminated sharps
8. Training in the use of finger stick blood glucose testing shall result in the EMT being competent in the use of a glucometer and managing a patient with a diabetic emergency. Included in the training shall be the following topics/skills:
  - a. Blood glucose determination.
  - b. Access blood glucose level.
  - c. Indications:
    - i) Decreased level of consciousness in the suspected diabetic.
    - ii) Decreased level of consciousness of unknown origin.
  - d. Procedure for the use of finger stick blood glucometer:
    - i) Medical asepsis.
    - ii) Refer to the manufacturer's instructions for the device being used.
  - e. Assess blood glucose level.
  - f. Disposal of sharps.
  - g. Limitations.
    - i) Lack of calibration.
  - h. Interpretation of results.
  - i. Patient assessment.
  - j. Managing a patient before and after finger stick glucose testing.
9. In addition to the above, the content of the EMT training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles applied to violent circumstances with at least the following topics and skills and shall be competency-based:
  - a. History and Background of Tactical Casualty Care:

- i) History of active shooters and domestic terrorism incidents.
  - ii) Define the roles and responsibilities of first responders, including Law Enforcement, Fire, and EMS.
  - iii) Review of local active shooter policies.
  - iv) Scope of practice and authorized skills and procedures by level of training, certification, and licensure.
- b. Terminology and definitions:
  - i) Demonstrate knowledge of terminology.
  - ii) Hot zone/warm zone/cold zone.
  - iii) Casualty collection point.
  - iv) Rescue task force.
  - v) Cover/concealment
- c. Coordination Command and Control:
  - i) Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations.
  - ii) Demonstrate knowledge of team command, control, and communication.
  - iii) Incident Command System (ICS)/National Incident Management System (NIMS).
  - iv) Mutual Aid considerations.
  - v) Unified Command.
  - vi) Communications, including radio interoperability.
  - vii) Command post.
  - viii) Staging areas.
  - ix) Ingress/egress.
  - x) Managing priorities.
- d. Tactical and Rescue Operations:
  - i) Demonstrate knowledge of tactical and rescue operations.
- e. Tactical Operations – Law Enforcement.
  - i) The priority is to mitigate the threat.
  - ii) Contact Team.
  - iii) Rescue Team.
- f. Rescue Operations – Law Enforcement/EMS/Fire:
  - i) The priority is to provide life-saving interventions to injured parties.
  - ii) Formation of Rescue Task Force (RTF).
  - iii) Casualty collection points.
- g. Basic Tactical Casualty Care and Evacuation:

- i) Demonstrate appropriate casualty care at your scope of practice and certification.
      - ii) Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit.
      - iii) Understand the priorities of Tactical Casualty Care.
    - h. Demonstrate competency through practical testing of the following medical treatment skills:
      - i) Bleeding control.
      - ii) Apply Tourniquet.
      - iii) Self-Application.
      - iv) Application on others.
      - v) Apply Direct Pressure.
      - vi) Apply Pressure Dressing.
      - vii) Apply Hemostatic Dressing with Wound Packing.
    - i. Airway and Respiratory management:
      - i) Perform Chin Lift/Jaw Thrust Maneuver.
      - ii) Recovery position.
      - iii) Position of comfort.
      - iv) Airway adjuncts (i-Gels)
    - j. Chest/torso wounds:
      - i) Apply Chest Seals, vented preferred.
    - k. Demonstrate competency in patient movement and evacuation:
      - i) Drags and lifts.
      - ii) Carries.
    - l. Demonstrate knowledge of local multi-casualty/mass casualty incident protocols:
      - i) Triage procedures (START or SALT).
      - ii) CCP – Triage, Treatment and Transport.
    - m. Threat Assessment:
      - i) Demonstrate knowledge in threat assessment.
      - ii) Understand and demonstrate knowledge of situational awareness.
      - iii) Pre-assessment of community risks and threats.
      - iv) Pre-incident planning and coordination.
      - v) Medical resources available.
10. The minimum hours shall not include the examinations for EMT certification.
11. Periodic and final written and skills competency examinations.

12. That a challenge provision and/or examination is provided for those that meet the requirements of CCR, Title 22, Div. 9 Ch. 3.
13. That a refresher course is included for the basic program (programs may be approved that offer only refresher courses).
14. That SCEMSA is notified within thirty (30) calendar days of any change in program name, address, telephone number, program director, clinical coordinator, primary contact, and/or principal instructor(s).
15. All records are available to SCEMSA upon request. All approved EMT Training Programs are subject to scheduled or unscheduled site visits by SCEMSA staff.
16. Individual classes/courses are open for scheduled or unscheduled visits by SCEMSA staff and/or the LEMSA in whose jurisdiction the course is given.

**C. Training Program Staff Requirements:**

1. Each approved EMT Training Program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction through the designation of a program director, a clinical coordinator, and instructors. Nothing in this section precludes the same individual from being responsible for more than one of the functions as long as the minimum qualifications for each function are satisfied.
  - a. **Program Director:**
    - i) Each EMT Training Program shall have an approved program director who shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty hours (40) in teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
    - ii) The duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:
      - (a) Administering the EMT Training Program and ensuring adherence to State regulations and established SCEMSA policies.
      - (b) Approving course content.
      - (c) Approving all written examinations and the final skills examination.

- (d) Coordinating all clinical and field activities related to the course.
  - (e) Approving the principal instructor(s) and teaching assistants.
  - (f) Signing all course completion records
  - (g) Assuring that all aspects of the EMT Training Program are in compliance with this chapter and other related laws.
- b. **Clinical Coordinator:**
- i) Each approved EMT Training Program shall have an approved Clinical Coordinator who is currently licensed in California and is in good standing as a Physician, Registered Nurse, Physician's Assistant, 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 within the last five (5) years.
- c. The duties of the clinical coordinator shall include, but not limited to:
- i) Responsibility for the overall quality of the medical content of the program.
  - ii) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).
- d. **Principal Instructor:**
- i) Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or the program director, who shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:
  - ii) Be a Physician, Registered Nurse, Physician's Assistant or Paramedic currently licensed in California; or
  - iii) Be an Advanced EMT or EMT who is currently certified in California;
  - iv) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years;

v) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned. All principal instructors from approved EMT Training Programs shall meet the minimum qualification as outlined above.

**e. Teaching Assistants:**

i) Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned.

ii) A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

**D. Record Keeping:**

1. Each approved EMT Training Program shall maintain for four (4) years:
  - a. Records on each course offered, including but not limited to, course title, course objectives, and course outlines, qualification of instructors, dates of instruction, location, participation sign-in rosters, and course completion records issued.
  - b. Summaries of test results, course evaluations or other methods of evaluation. The type of evaluation used may vary according to the instructor, content or program, number of participants and method of presentation.

**E. Certificates and Documents as Proof of Completion:**

1. Approved EMT Training Programs shall issue a tamper-resistant course completion record to each person who successfully completes an EMT, EMT Refresher, or EMT Challenge course. The course completion record shall be issued within ten (10) calendar days of the completion of the class.
2. The course completion record must contain the following information:
  - a. Name of individual.
  - b. Date of course completion.
  - c. Type of EMT course completed (refresher or challenge) and the number of hours completed.
  - d. The EMT approving authority.

- e. The signature of the program director.
- f. The name and location of the training program issuing the record.
- g. The following statements MUST be printed on the course completion record:
  - i) In bold print, "**This is not an EMT certificate.**"
  - ii) "This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide."
- 3. The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to the appropriate EMT certifying authority within fifteen (15) days of course completion.

**F. Advertisement:**

- 1. Information disseminated by approved EMT Training Programs publicizing EMT courses must include, at a minimum, the following:
  - a. A copy of all advertisements disseminated to the public shall be sent to SCEMSA and the LEMSA in whose jurisdiction the course is presented prior to the beginning of the course/class.
  - b. Provider's policy on refunds in case of non-attendance by the registrant or cancellation by providers, if applicable.
  - c. Provider name, as officially on file with the approving agency.

**G. Program Approval:**

- 1. Program approval or disapproval shall be made in writing by SCEMSA to the requesting training program after receipt of all required documentation. This time period shall not exceed three (3) months.
- 2. SCEMSA shall establish the effective date of training program approval in writing upon the satisfactory documentation of compliance with all program requirements.
- 3. Program approval shall be valid for four (4) years, ending on the last day of the month in which it was approved.

**H. Withdrawal of EMT Training Program Approval:**

- 1. Failure to comply with the provisions of this policy/California regulation may result in SCEMSA denial, probation, suspension, or revocation of the program approval.
- 2. The requirements for training program noncompliance notification and actions are as follows:
  - a. SCEMSA shall provide notification of noncompliance to the EMT training.

- b. Program provider found in violation. The notification shall be in writing and sent.
- c. by certified mail to the EMT training program course director.
- d. Within 15 working days from receipt of the noncompliance notification, the EMT training program shall submit in writing, by certified mail, to SCEMSA one of the following:
  - i) Evidence of compliance, or
  - ii) A plan to comply within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
- e. Within 15 working days from receipt of the EMT training program's response, or within 30 calendar days from the noncompliance notification mailing date if no response is received from the EMT training program, SCEMSA shall issue a decision letter by certified mail to the California EMS Authority and the EMT training program. The letter shall identify the decision of SCEMSA to take one (1) or more of the following actions:
  - i) Accept the evidence of compliance provided.
  - ii) Accept the plan for meeting compliance.
  - iii) Place the training program on probation.
  - iv) Suspend or revoke the training program approval.
- f. The decision letter shall also include, but not be limited to, the following:
  - i) Date of decision by SCEMSA
  - ii) Specific provisions found non-compliant by SCEMSA if applicable; and
  - iii) The probation or suspension effective and ending date, if applicable; and
  - iv) The revocation effective date, if applicable.
- g. If the EMT training program found non-compliant does not respond to the SCEMSA-issued notice of noncompliance, as indicated in this section, SCEMSA may uphold the noncompliance finding and initiate a probation, suspension, or revocation action as described in this section.
- h. SCEMSA shall establish the probation, suspension, or revocation effective dates no sooner than 60 days after the date of the decision letter, as described in this section.

## **I. Site Inspections:**

Approved EMT Training Programs shall be subject to periodic site inspections by SCEMSA staff. Inspections may include, but are not limited to:

1. Inspections of individual student records;
2. Attendance in classroom or laboratory sessions;
3. Attendance in testing sessions.