PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)

PMAC MEMBERS PER POLICY 8202:

Air Transport Provider Representative
11-Brian Harrison

American Medical Response
5-Douglas Key
Seth Dukes, MD (Chair)

BLS Ambulance Service Representative
12-Lori Lopez

Cathedral City Fire Department
5-Justin Vondriska

Corona Regional Medical Center
1-Robert Steele, MD
4-Tamera Roy

County Fire Chiefs' Non-Transport ALS Provic
10- Jennifer Antonucci

County Fire Chiefs' Non-Transport BLS Provic
9- Vacant

Desert Regional Medical Center
1-Joel Stillings, D.O
4-G. Stanley Hall

Eisenhower Health
1-Mandeep Daliwhal, MD (Ibanez)
4-Thomas Wofford

EMT / EMT-P Training Programs
6-Maggie Robles

EMT-at-Large
13 - Vacant

Paramedic-at-Large
14-Patrick Anderson

Hemet Valley Medical Center
1-Todd Hanna, MD
4-Trish Rita-Rita

Idyllwild Fire Protection District
5-Mark Lamont

Inland Valley Regional Medical Center
1-Zeke Foster, MD
4-Daniel Sitar

JFK Memorial Hospital
1-Timothy Rupp, MD
4- Evelin Millsap

Kaiser Permanente Riverside
1-Jonathan Dyreyes, MD
4-Carol Fuste

This Meeting of PMAC is on:
Monday, August 23, 2021
9:00 AM to 11:00 AM
Virtual Session via Microsoft TEAMS

1. **CALL TO ORDER & HOUSEKEEPING (3 Minutes)**
   Seth Dukes, MD (Chair)

2. **VIRTUAL ATTENDANCE (taken based on participant list)**
   Evelyn Pham (REMSA)

3. **APPROVAL OF MINUTES (3 Minutes)**
   May 17, 2021 Minutes— Seth Dukes, MD (Attachment A)

4. **STANDING REPORTS**
   4.1. Trauma System—Shanna Kissel (Attachment B)
   4.2. STEMI System— Leslie Duke (Attachment C)
   4.3. Stroke System— Leslie Duke (Attachment D)

5. **Other Reports**
   5.1. EMCC Report – Dan Bates

6. **DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS**
   6.1. Unfinished Business –
   6.1.1. PMAC Representation
   6.1.1.1. RCFCA Non-Transport BLS provider position
   6.1.1.2. EMT-at-Large position
   6.1.2. EMS Physician on Scene Proposal – Seth Dukes, MD (Attachment E)
   6.2. Recognitions
   6.3. CQI Update – Lisa Madrid (Attachment F = Reports)
   6.4. Education / Policy Update – Dustin Rascon (Attachment G)
   6.5. Supraglottic Airways Presentation – Alayna Prest, MD
   6.6. RODA Grant Update – Stephani Harrington/ Sean Hakam
   6.7. +EMS Project – Nicholas Ritchey
   6.8. COVID Update – Misty Plumley
   6.9. Action Item Review – REMSA Clinical Team

7. **REQUEST FOR DISCUSSIONS**
   Members can request that items be placed on the agenda for discussion at the following PMAC meeting. References to studies, presentations and supporting literature must be submitted to REMSA three weeks prior to the next PMAC meeting to allow ample time for preparation, distribution and review among committee members and other interested parties.

Loma Linda University Med. Center Murrieta
1-Kevin Flaig, MD
4-Kristin Butler

Menifee Valley Medical Center
1-Todd Hanna, MD
4-Matt Johnson

Kaiser Permanente Moreno Valley
1-George Salameh, MD
4-Katherine Heichel-Casas

Palo Verde Hospital
1-David Sincavage, MD
4-Nena Foreman

Parkview Community Hospital
1-Chad Clark, MD
4-Allan Patwaran

Rancho Springs Medical Center
1-Zeke Foster, MD
4-Sarah Young

Riverside Community Hospital
1-Stephen Patterson, MD
4-Sabrina Yamashiro

Riverside County Fire Department
5- Richard Harvey
8-Jeff Stout

Riverside County Police Association
7-Sean Hadden

Riverside University Health System Med. Center
1-Michael Mesisca, DO (Vice Chair)
4-Lori Maddox

San Gorgonio Memorial Medical Center
1-Richard Preci, MD
4-Angie Brady

Temecula Valley Hospital
1-Pranav Kachhi, MD
4-Jacquelyn Ramirez

Trauma Audit Comm. & Trauma Program Managers
2- Vacant
3-Brandon Woodward

Ex-officio Members:
1-Cameron Kaiser, MD, Public Health Officer
2-Reza Vaezazizi, MD, REMSA Medical Director
3-Trevor Douville, REMSA Director
4-Jeff Grange, MD, LLUMC
5-Phong Nguyen, MD, Redlands Community Hospital
6-Rodney Borger, MD, Arrowhead Regional Medical Center

8. ANNOUNCEMENTS (15 Minutes)

This is the time/place in which committee members and non-committee members can speak on items not on the agenda but within the purview of PMAC. Each announcement should be limited to two minutes unless extended by the PMAC Chairperson.

9. NEXT MEETING / ADJOURNMENT (1 Minute)

—Virtual Session via web platform

Members are requested to please sit at the table with name plates in order to identify members for an accurate count of votes

Please come prepared to discuss the agenda items. If you have any questions or comments, call or email Evelyn Pham at (951) 358-5029 / epham@rivco.org. PMAC Agendas with attachments are available at: www.rivcoems.org. Meeting minutes are audio recorded to facilitate dictation for minutes.

PMAC Draft Minutes
May 17, 2021

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	PMAC Chair Dr. Seth Dukes called the meeting to order at 9:04 a.m.	
2. Virtual Attendance	Attendance taken based on participant list on Microsoft TEAMS.	
3. Approval of Minutes		The February 22, 2021 PMAC meeting minutes were approved with no changes.
4. STANDING REPORTS		
4.1 Trauma System Updates	2020 Trauma plan update was approved by EMSA in April and is available online at rivcoems.org. Traumatic arrest data continues to be reported out at TAC and CQILT meetings. Trauma policies in 5300 section updated and reviewed at TAC specifically to the addition of Level IV trauma centers in the future.	Information only.
4.2 STEMI System Updates	2020 STEMI plan update was approved by EMSA. STEMI dashboard posted on rivcoems.org and remsa.us was updated to reflect quarter 4, 2020 data. A STEMI/ACS treatment audit tool has been developed using the First Pass platform and is in the validation stages. Performance metric reports continue to be developed to improve tracking and guidance for CQI initiatives. Currently E2B times are being audited for opportunities for improvement. Policies: no changes to STEMI treatment policies. The regional STEMI Committee meeting was cancelled for April. The next meeting is scheduled for July 13, 2021. STEMI Destination: auditing related to OHCA w/ ROSC was completed for quarter 1, 2021 with opportunities for improvement identified and discussed at CQILT. PMAC discussed the findings from the auditing and reviewed the two most likely factors for OHCA ROSC patients being transferred to a non-STEMI center was due to ROSC was lost mid transport and EKG interpretation. REMSA re-emphasized the importance of once the field providers makes the decision to transport patient, generally, they should be committed to going to a STEMI center. Data has shown that the vast majority of these patients would benefit more by going to a STEMI center.	Information only.
4.3 Stroke System Updates	2020 Stroke Plan update was approved by EMSA. Stroke dashboard posted on rivcoems.org and remsa.us was updated to reflect quarter 4, 2020 data. Performance metric report continue to be developed. Additional stroke data will be added to current reporting measures related to: percentage of LAMS score >/=4 on mLAPSS positive scales, thrombectomy volume of transferred	Information only.

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	patients across the County, door to CT time as a system, and door to need times as a system. A stroke treatment audit tool is being developed using the First Pass platform. Policies: No changes to stroke treatment policies. REMSA Stroke Committee met as a regional meeting with ICEMA on May 13, 2021. The next stroke meeting is scheduled for August 12, 2021. Temecula Valley Hospital was surveyed and designated by REMSA as a Comprehensive Stroke Center. Patients will continue to be transported to the closest receiving center by EMS.	
5. OTHER REPORTS		
5.1 EMCC Report	EMCC update tabled to next meeting.	Information only.
6. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS		
6.1 Unfinished Business	Unfinished business	
6.1.1 PMAC Representation **6.1.1.1 RCFCA Non-Transport BLS Provider position** **6.1.1.2 EMT-at-Large position** **6.1.2 HEMS Unified Protocol**	PMAC Representation tabled to next meeting. PMAC continued discussion on the HEMS Unified Scope of Practice proposal. Brian Harrison reiterated their goal is to establish a uniform approach to patient care between the qualified Paramedic and RN partner (to work as a team) during patient care, with the purpose to ensure proper balance of work while avoiding task saturation to ensure the highest quality of patient care. He highlighted 6 unified scope procedures that they would like for/may EMTP's to perform while working with a qualified transport nurse, which includes: pediatric intubation, rapid sequence intubation, video laryngoscopy, supraglottic airway devices, ventilator initiation, maintenance and management, along with intraosseous access for adult and pediatric patients. Dr. Uner noted that each LEMSA may tailor the unified scope procedures/ skills to their own and will be renewed every 3 years. In response to the last discussion at PMAC regarding pediatric RSI / intubation success rates; Dr. Davis presented data that showed first attempt success vs. first attempt success without adverse event (relevant to airway management) in comparison to other published reports. As PMAC deliberated, REMSA clarified that this is not for every agency and only applies to agencies who use paramedic nurses in conjunction with field providers, which in our county right now applies to air transports but is not limited to only air.	PMAC unanimously approved the HEMS Unified Scope of Practice Proposal.

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	Douglas Key, AMR motioned to move the HEMS Unified Scope of Practice proposal forward. Dr. Ibanez, Eisenhower Health, seconded the motion. There were 0 opposed and 1 abstained from the motion. PMAC gave a unanimous recommendation to move the HEMS Unified Scope of Practice proposal forward.	
6.2 Recognitions	Recognizing outstanding performance from our providers, REMSA and PMAC congratulated and thanked first responders and their team for exceptional service in patient care from an incident involving a ROSC patient. This incident highlights community partnership along with great training in CPR and the use of AED. Awards of Excellence were given to the recipients below: **Menifee Police Department** Officer Houstan Downey Officer Andrew Aivazian Sergeant Matt Bloch **AMR** Craig Dailey Byron Alexander **Cal Fire** Captain Steven De La Hoya Fire Apparatus Engineer Kieran Navarro Fire Apparatus Engineer Tomas Luna Fire Apparatus Engineer Humberto Estrada Fire Fighter II Jake Washington Paramedic Captain Scott Philippbar Fire Fighter II Paramedic Christopher Valenzuela Fire Apparatus Engineer/ Paramedic Jeff Pizillo was a bystander on scene	
6.3 CQI Update	CORE Measure group has had two meetings and will be finalizing the 2020 manual hopefully by June. Medication errors have been identified as a system wide issue and require some discussion on the direction for how to prevent further errors in the future. Education vs. protocol changes were brought up as a solution. The CQILT group agreed that education should be the first step. REMSA is open to additional suggestions from the group and hope to have a review process at the next CQILT before it is added into Fall PUC. An email was sent to all EMS Coordinators and the PLN group with details on the CQI plan submission changes. The decision has been made to implement an annual cycle of submission. All providers need to have a current 2021 plan submitted by June	Information only.

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	30, 2021. All plans will need to be evaluated and updated every year. Within the plan, data collected and reviewed should be on a one-year continuous calendar-year cycle. In addition, each plan needs to have an actual Indicator Detail Specifications Sheet for the plan to be complete according to Title 22. Please reach out to Lisa Madrid with any additional questions or if assistance is needed. REMSA is working with our neighboring counties and Riverside County Fire to update the HEMS dispatch process. The data team has added a new tab to the SCOPE dashboard called Cardiac Arrest 2021 and was previewed at the meeting. Base Hospital Audits are ongoing.	
6.4 Education/Policy Update	The REMSA App is live and can be downloaded for free at: https://remsaapp.rivcoready.org/ it can be used on a mobile device or on a computer desktop. The app includes the policy manual, ALS drug index, weight-based calculator, home medications, skills list, notification log, other contacts etc. A new education link will also be added shortly for new education updates. Fall PUC education will not have as many changes as the Spring update. No changes to the treatment protocols. However, it will be a more enhanced and deeper look into the current education. Education will be presented via the same format as the Spring update in an interactive video training.	Information only.
6.5 2020 REMSA CARES Data	2020 CARES data was released in April. Data was presented and compared across Riverside County, State (CA) and Nationally. Some of the notable differences include higher case numbers in 2020 that could be due to COVID-19. PMAC evaluated additional data elements that correlated with the timing of targeted policy changes and its outcomes.	Information only.
6.6 BVM Device	Dr. Foster brought back a tabled discussion from the November 2020 PMAC regarding using a new smaller BVM device. The smaller BVM device was made to avoid over ventilating patients and will only be used for adult patients. Dr. Foster motioned to move this forward as a new device to be used in the field. REMSA responded since the BVM device fits under the equipment definition for BVM, PMAC does not need to give approval for providers to use this device. Dr. Foster will share his findings with the group after usage of this new device.	Information only.
6.7 EMS Fellow Field Response Policy	Dr. Dukes introduced a policy discussion that was presented at ICEMA regarding EMS physician on scene. The draft policy purpose is to establish criteria for LEMSA approved EMS physicians "County EMS Physician" (CEMSPs) to serve as direct	Information only.

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	medical control when present in the field and could bypass the call for Base Hospital (BH) order. PMAC discussed the different challenges along with the logistics of adding and identifying physicians while they are out in the field. To avoid confusion, REMSA recommended this policy to mirror the one in ICEMA. One process that we endorse in both counties. Once ICEMA has theirs finalized, then the policy can be brought back to Riverside County for approval.	
6.8 RODA Program Update	The RODA program had their first meeting with co-response units. The program oversees overdose and fatality cases along with providing education to the community and public. The RODA program proposed a State project that they would also like to see in Riverside County, distribution of Naloxone by EMS providers. To participate in this program, providers can apply online for free Naloxone. The state requires guidelines be properly met along with keeping track of how many were used. REMSA will look at future tools to be added to the Elite/ePCR system to aide with documentation.	
6.9 COVID-19 Update	Riverside County is currently assigned to the Orange Tier. PCR testing and antigen testing are still being performed around the County. Riverside County is also actively vaccinating with all 3 vaccines available (Pfizer, Moderna and Johnson&Johnson). Riverside County has also started to vaccinate the age group of 12+ with the Pfizer vaccine.	
6.10 Action Item Review	• HEMS Unified Protocol, REMSA will work on moving this LOSOP forward • Review EMS Physician on Scene policy proposal	
7. Request for Discussions	How will we conduct our meetings going forward? Will we continue with meeting on a virtual platform, hybrid or in person meetings?	
8. Announcements	Happy EMS Week to all our providers! Thank you for your service.	
9. NEXT MEETING/ADJOURNMENT	Monday, August 23, 2021 (9:00 – 11:00 a.m.) Virtual Platform – Microsoft TEAMS	Information only.

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PMAC Attendance:

Aaron Kleinschmidt,	Zeke Foster, MD, IVMC
Patrick Anderson, Riverside City Fire	Brian Harrison, Mercy Air
Byron Alexander	Thomas Crain, Air Methods
Atilla Uner, MD,	Chris Madrid, Air Methods
Dan Davis, MD, Mercy Air	Andrew Kassinove, MD, JFK
Julius Ibanez, MD, EH	Leslie Duke, REMSA
Seth Duke, MD, AMR	Stephanie Dvorak, Cal Fire
Wayne Ennis, AMR	Desiree Estrada, Air Methods
Catherine Farrokhi, REMSA	Robert Fontaine, MVC Edu
Gregory McCain, RUHS	Sean Hakam, REMSA
Stanley Hall, DRMC	Esita Harper, REMSA
Stephanie Harrington, REMSA	Richard Harvey, Cal Fire
Vanessa Hayflich, Air Methods	Lisa Higuchi, AMR
Jennifer Antonucci, Murrieta Fire	Douglas Key, AMR
Sudha Mahesh, REMSA	L. Judo Bartlett
James Lee, REMSA	Christopher Linke, AMR
Christian Linnemann,	Brent Lopez, REACH
Lori Maddox, RUHS	Christopher Lowder, Cal Fire
Lisa Madrid, REMSA	Melissa Schmidt, Hemet Fire
Michael Mesisca, DO, RUHS	Evelin Millsap, JFK
Dustin Rascon, REMSA	Magdalena Robles, RCOE
Ryan Barrier, Palm Springs Fire	Sabrina Yamashiro, RCH
Dan Sitar, IVMC	Stephen Patterson, MD, RCH
Steve De La Hoya, Cal Fire	Thomas Wofford, EH
Noelle Toering, Riverside City Fire	Tony Espique,
Reza Vaezazizi, MD, REMSA	Zak Saxton,
Steven Wells, Corona Fire	Chad Clark, MD, PCH
Evelyn Pham, REMSA	

FOR CONSIDERATION BY PMAC

DATE: August 23, 2021

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. Trauma Audit Committee is discussing guidelines for a Level IV trauma center.
2. Riverside University Health System- Medical Center was designated as a Level I trauma center. This does not change field criteria or destination.
3. Trauma System Plan update to be submitted to EMSA in October 2021.

ACTION: PMAC should be prepared to receive the information and provide feedback to REMSA.

FOR CONSIDERATION BY PMAC

Date: August 23, 2021

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: STEMI System

1. The STEMI dashboard posted on Rivcoems.org was updated to reflect Q1 2021 data related to the Image Trend STEMI patient registry.
2. Performance metric reports continue to be developed to improve tracking and guidance for CQI initiatives.
3. Expansion of data presented on the dashboard continues to be developed.
4. Policies: No changes to STEMI treatment or administrative policies in Fall PUC.
5. STEMI-specific education is finalized and has been sent to providers for the Fall 2021 Policy Update Course.
6. A STEMI specific orientation handbook has been developed for new STEMI managers to become knowledgeable about the relationship between REMSA and specialty care facilities, to become familiar with specialty policies, role of the REMSA specialty care coordinator, and to develop a partnership in systems care.
7. The next Regional STEMI System Advisory Committee is scheduled for October 12, 2021.

Next STEMI Committee meeting is on October 12th, 2021 via video conference

Action: PMAC should be prepared to receive the information and provide feedback to the EMS Agency

FOR CONSIDERATION BY PMAC

Date: August 23, 2021

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: Stroke System

1. The Stroke dashboard posted on Rivcoems.org was updated to reflect Q1 2021 data related to the Image Trend Stroke patient registry.

2. Performance metric reports continue to be developed to improve tracking and guidance for CQI initiatives.

3. Expansion of data presented on the dashboard continues to be developed.

4. Policies: No changes to stroke treatment or administrative policies in Fall PUC.

5. Stroke-specific education is finalized and has been sent to providers for the Fall 2021 Policy Update Course.

6. A Stroke specific orientation handbook has been developed for new STEMI managers to become knowledgeable about the relationship between REMSA and specialty care facilities, to become familiar with specialty policies, role of the REMSA specialty care coordinator, and to develop a partnership in systems care.

7. The REMSA Stroke System Advisory Committee met as a Regional meeting with ICEMA on May 13, 2021 and decided as a committee to continue meeting as a Region. The next meeting is scheduled for November 16, 2021.

Next Stroke Committee meeting is on November 16th, 2021 via video conference

Action: PMAC should be prepared to receive the information and provide feedback to the EMS Agency

EMS FELLOW FIELD RESPONSE

I. PURPOSE

To establish criteria for approved EMS Fellows and EMS Fellowship Leadership to serve as direct medical control when present in the field.

An EMS Fellow is a licensed physician who is participating in an accredited postgraduate EMS Fellowship training program following successful completion of a residency program. The EMS Fellowship Leadership are the licensed attending physicians responsible for the education of the EMS Fellows.

This policy will allow an EMS Fellow and Fellowship Leadership to assist and/or direct paramedic personnel in advanced life support procedures according to ICEMA policies, protocols, and procedures,

This policy applies specifically to physicians performing in the role as an EMS Fellow and/or Fellowship Leadership on scene, and does not pertain either to physicians who present as bystander citizens on scene or to physicians who are part of an established EMS response element (i.e. tactical physician, aeromedical flight team, search and rescue team).

II. POLICY/PROCEDURE

- ICEMA, the participating Provider, along with EMS Fellow will determine field schedule.
- EMS Field personnel will be notified of the EMS Fellow's Field Schedule.
- Paramedics shall obtain proper identification from the EMS Fellow and Fellowship Leadership.
- The EMS Fellow and Fellowship Leadership have the authority to provide on-scene medical direction.
- EMS Field personnel may receive orders from the EMS Fellow and/or Fellowship Leadership within the Paramedic Scope of Practice and in compliance with ICEMA Policy.
- The base hospital does not need to be contacted for orders.
- All EMS Fellow and Fellowship Leadership orders must be consistent with ICEMA Policies and Protocols.
- The EMS Fellow and Fellowship Leadership may perform medical care & procedures at the scene of an emergency.

1. Patient Destination

   A. EMS field personnel are required to notify the receiving hospital that they are inbound.

   B. Patient will be transported to the most appropriate hospital in accordance with Reference No 9030 ICEMA Destination Policy.

2. Liability

   A. Liability insurance is the responsibility of the EMS Fellowship Program.

	Operational Policy	6202d
	Effective XX/XX/2021	Expires XX/XX/2021
Policy: **EMS Fellow on Scene**	Approval: Medical Director **Reza Vaezazizi, MD**	Signature ***DRAFT***
Applies To: **EMR, EMT, AEMT, PM, BH, EMS System**	Approval: REMSA Administrator **Trevor Douville**	Signature ***DRAFT***

DEFINITIONS

EMS Fellow

A licensed physician who is participating in an accredited postgraduate EMS Fellowship training program following successful completion of a residency program.

EMS Fellowship Leadership

The licensed attending physicians responsible for the education of the EMS Fellow.

PURPOSE

To establish criteria for approved EMS Fellows and EMS Fellowship Leadership to assist paramedic personnel in advanced life support procedures according to REMSA policies & protocols and / or to serve as direct medical control when at the scene of an incident.

APPLICATION

This policy applies specifically to REMSA approved physicians performing in the role as an EMS Fellow and / or EMS Fellowship Leadership, and does not apply to:

- Physician bystanders on scene who wish to assume medical control **OR**
- Physicians at the scene who are part of an established EMS response element (i.e., tactical physicians, aeromedical flight teams, Search and Rescue teams, etc.)

AUTHORITY

California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]
California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services

Required Training for All Participants in the EMS Fellow Program

- Advanced Life Support Skills Competency Verification (ALS SCV), found here: http://remsa.us/documents/forms/ALSskillscompetencyVerificationCompletePacket.pdf
- REMSA protocol orientation with a current REMSA base hospital physician
- REMSA protocol test administered by a current base hospital PLN
- Two (2) observation shifts with current transport provider

Once proof of completion of all items (above) has been obtained, an ImageTrend License Management System (LMS) account will be created. All documentation must be uploaded into the LMS, then verified, before an EMS Fellow and / or member of EMS Fellowship Leadership is considered approved by REMSA to participate in the EMS system.

Procedure

- The EMS Fellow and / or EMS Fellowship Leadership will be added to the ePCR as an additional crew member.
- The EMS Fellow and / or EMS Fellowship Leadership may perform medical care and procedures at the scene of an emergency.
- The EMS Fellow and / or EMS Fellowship Leadership have the authority to provide on-scene medical direction for procedures and / or medications that are designated as Base Hospital Orders (**BHOs**) in all REMSA treatment protocols.

- EMS Field personnel may receive and carry out **BHOs** orders from the EMS Fellow and / or EMS Fellowship Leadership so long as they fall within their scope of practice **AND** what is currently permitted per the appropriate REMSA treatment protocol.
  - In these instances, the EMS Fellow and / or EMS Fellowship Leadership are acting as an Alternate Base Hospital and no further Base Hospital contact is required; however, thorough and appropriate documentation of the orders given and carried out must be included in the ePCR.

- In the event of an MCI / MPI, REMSA policy #3305 (*Multiple Patient / Casualty Incident (MPI / MCI) Management*) will be followed; the EMS Fellow and / or EMS Fellowship Leadership will act in a supportive function.

Patient Destination

Patient destination is indicated by the patient's preference, their clinical needs, and the current operational requirements of the EMS system. In all cases, EMS personnel may utilize the EMS Fellow and / or EMS Fellowship Leadership at the scene to collaboratively determine the medically appropriate destination.

Presence of an EMS Fellow and / or EMS Fellowship Leadership at the scene does not excuse prehospital providers from the requirement to notify receiving facilities of their inbound patient. Additionally, early activation / notification is still required when transporting patients to a specialty care center.

Medical Cardiac Arrest- 4/1/2020-6/30/2021

"911 Response", "Cardiac arrest during EMS event is not blank ", Primary or Secondary impression "Cardiac arrest"

		2020						2021				Average	
		Qtr2		*Qtr3*		*Qtr4*		*Qtr1*		*Qtr2*			
	Total Incidents	1610		1631		2072		2030		1491		**1767**	
	Total Approx., Patients	1212		1260		1472		1447		1089		**1296**	
By Age group	Children (<=12)	15	1%	11	1%	13	1%	14	1%	14	1%	**13**	**1%**
	Adolescents (13-17)	4	0.3%	7	1%	5	0.3%	8	0.6%	5	0.5%	**6**	**0%**
	Young Adults (18-35)	94	8%	113	9%	113	8%	100	7%	122	11%	**108**	**8%**
	Adults(36-64)	393	32%	424	34%	503	34%	484	33%	395	36%	**440**	**34%**
	Adults(65-79)	415	34%	426	34%	477	32%	492	34%	339	31%	**430**	**33%**
	Older Adults (>=80)	291	24%	279	22%	361	25%	349	24%	214	20%	**299**	**23%**
ROSC	Yes	173	14%	183	15%	206	14%	227	16%	150	14%	**188**	**14%**
	No	1039	86%	1077	85%	1266	86%	1220	84%	939	86%	**1108**	**86%**
Cardiac Arrest during EMS event	Yes, Prior to EMS Arrival	1117	92%	1174	93.2%	1377	93.5%	1339	92.5%	1029	94.5%	**1207**	**93.1%**
	Yes, After EMS Arrival	95	8%	84	6.7%	92	6.3%	107	7.4%	60	5.5%	**88**	**6.8%**
	No			2	0.2%	3	0.2%	1	0.1%		0.0%	**2**	**0.2%**
Disposition	Treated and Transported	262	22%	274	22%	316	21%	325	22%	223	20%	**280**	**22%**
	Prounounced in Field	949	78%	986	78%	1156	79%	1122	78%	866	80%	**1016**	**78%**

	2020						2021				Average	
	Qtr2		*Qtr3*		*Qtr4*		*Qtr1*		*Qtr2*			
Total Transports	**263**		**276**		**316**		**325**		**223**		**281**	
STEMI center	**151**	**57%**	**167**	**61%**	**177**	**56%**	**181**	**56%**	**134**	**60%**	**162**	**58%**
Riverside Community Hospital	49	32%	49	29%	60	34%	64	35%	50	37%	54	34%
Desert Regional Medical Center	23	15%	30	18%	27	15%	22	12%	24	18%	25	16%
Loma Linda University Medical Center, Murrieta	31	21%	36	22%	37	21%	47	26%	27	20%	36	22%
Eisenhower Medical Center	20	13%	17	10%	24	14%	23	13%	14	10%	20	12%
JFK - John F Kennedy Memorial Hospital	25	17%	25	15%	24	14%	19	10%	15	11%	22	13%
Temecula Valley Hospital	3	2%	10	6%	5	3%	6	3%	4	3%	6	3%
Non-STEMI Center	**112**	**43%**	**109**	**39%**	**134**	**42%**	**141**	**43%**	**88**	**39%**	**117**	**42%**
Hemet Valley Medical Center	24	22%	20	15%	28	20%	30	21%	20	23%	24	21%
Riverside University Health System Medical Cente	14	13%	18	13%	18	16%	32	23%	22	25%	21	18%
Corona Regional Medical Center	20	18%	18	13%	19	17%	19	13%	10	11%	17	15%
San Gorgonio Memorial Hospital	8	7%	14	10%	13	12%	11	8%	5	6%	10	9%
Inland Valley Medical Center	7	6%	5	4%	8	7%	8	6%	5	6%	7	6%
Parkview Community Hospital Medical Center	14	13%	5	4%	18	16%	10	7%	7	8%	11	9%
Kaiser Permanente, Riverside	4	4%	11	8%	9	8%	10	7%	7	8%	8	7%
Menifee Valley Medical Center	4	4%	1	1%	4	4%	5	4%	2	2%	3	3%
Kaiser Permanente, Ontario	2	2%	2	1%	7	6%	5	4%	3	3%	4	3%
Palo Verde Hospital	5	5%	2	1%	1	1%	1	1%	4	5%	3	2%
Rancho Springs Medical Center	4	4%	3	2%	3	3%	2	1%	1	1%	3	2%
Kaiser Permanente, Moreno Valley	2	2%	3	2%	1	1%	2	1%	0	0%	2	1%
Loma Linda University Medical Center	1	1%	2	1%	2	2%	4	3%	2	2%	2	2%
Kindred Hospital, Ontario							1	1%	0	0%	1	0%
Kaiser Permanente, Fontana	1	1%	1	1%	2	2%			0	0%	1	1%
St. Bernardine Medical Center							1	1%	0	0%	1	0%
Facility name not available	2	2%	4	3%			3	2%	1	1%	3	2%

Median Time		2020			2021	
		Qtr2	Qtr3	Qtr4	Qtr1	Qtr2
Patient contact time (etimes07-etimes03)	First Response	0:07:59	0:07:57	0:07:52	0:07:45	0:07:23
	Ground Transport	0:08:29	0:08:46	0:09:18	0:08:49	0:08:34
	Total	**0:08:11**	**0:08:19**	**0:08:15**	**0:08:10**	**0:07:47**
Scene time (etimes09-etimes07)	First Response	0:19:57	0:22:49	0:23:00	0:21:59	0:21:35
	Ground Transport	0:18:58	0:18:00	0:19:44	0:18:39	0:18:22
	Total	**0:19:22**	**0:19:34**	**0:21:10**	**0:20:00**	**0:20:13**
First CPR to Determination of Death (earrest15-earrest19) Disposition :"Dead at Scene"	First Response	0:24:58	0:24:43	0:24:46	0:24:51	0:24:21
	Ground Transport	0:25:44	0:26:40	0:26:00	0:25:32	0:25:56
	Total	**0:25:11**	**0:25:10**	**0:25:00**	**0:25:00**	**0:25:00**
First CPR to Transport (etimes09-earrest19)	Ground Transport	0:24:19	0:24:02	0:26:12	0:24:08	0:35:32
Patient contact to transport time (etimes11-etimes07) Dispo= "Patient treated and transported by this unit"	**Ground Transport**	0:29:18	0:30:15	0:30:02	0:29:59	0:32:44
Patient contact to detemination of death (earrest15-etimes07)	**First Response**					
	Dead at Scene, No Resuscitation,	0:01:00	0:00:42	0:01:00	0:00:46	0:00:25
	Resuscitation Attempted, Dead at	0:23:08	0:23:06	0:23:00	0:23:07	0:22:48
	Ground Transport					
	Dead at Scene, No Resuscitation,	0:01:05	0:01:00	0:01:00	0:01:06	0:01:00
	Resuscitation Attempted, Dead at	0:22:00	0:21:43	0:21:27	0:21:39	0:21:00

Data is based on Incidents and documentation

Traumatic Cardiac Arrest Summary Report- 2020-21

"911 Response", "Cardiac arrest during EMS event=Yes", Cardiac arrest Etiology="Trauma"

		2020						2021				Average	
		Qtr2		*Qtr3*		*Qtr4*		*Qtr1*		*Qtr2*			
	Total Incidents	129		175		176		140		157		**155**	
Age	Average Age	41		42		47		43		37		**42**	
	Median Age	34		40		40		40		30		**37**	
By Age group	0-9	6	3%	12	7%	2	1%	7	4%	11	7%	**8**	**5%**
	10-14	4	2%	2	1%	2	1%	4	3%	2	1%	**3**	**2%**
	15-24	17	10%	14	8%	14	10%	20	13%	23	15%	**17**	**11%**
	25-34	38	22%	36	20%	48	34%	25	16%	51	32%	**43**	**28%**
	35-44	16	9%	46	26%	27	19%	21	13%	27	17%	**29**	**19%**
	45-54	7	4%	17	10%	25	18%	23	15%	12	8%	**15**	**10%**
	55-64	12	7%	17	10%	23	16%	9	6%	12	8%	**16**	**10%**
	65-79	20	11%	18	10%	11	8%	26	17%	8	5%	**14**	**9%**
	80+	9	5%	13	7%	24	17%	5	3%	11	7%	**14**	**9%**
By Ambulance Zone	Northwest Zone	40	31%	38	22%	43	24%	40	25%	49	31%	**43**	**27%**
	Desert Zone	18	14%	38	22%	37	21%	33	21%	40	25%	**33**	**21%**
	Southwest Zone	16	12%	29	17%	29	16%	26	17%	21	13%	**24**	**15%**
	Central Zone	27	21%	30	17%	23	13%	21	13%	16	10%	**24**	**15%**
	San Jacinto Zone	22	17%	22	13%	27	15%	11	7%	16	10%	**22**	**14%**
	Pass Zone	3	2%	7	4%	5	3%	5	3%	13	8%	**7**	**5%**
	Mountain Plateau Zone	1	1%	10	6%	7	4%	3	2%	1	1%	**5**	**3%**
	Palo Verde Zone	2	2%	1	1%	3	2%	1	1%	1	1%	**2**	**1%**
Injury Mechanism	Blunt only	82	64%	80	46%	105	60%	72	46%	93	59%	**90**	**58%**
	Penetrating	19	15%	46	26%	34	19%	24	15%	34	22%	**33**	**21%**
	Blunt and penetrating	3	2%	3	2%	2	1%	3	2%	2	1%	**3**	**2%**
	Burn			1	1%	1	1%	2	1%	0	0%	**1**	**0%**
	Blunt and Burn			2	1%	0	0%	2	1%	2	1%	**1**	**1%**
	Other	13	10%	33	19%	19	11%	16	10%	16	10%	**20**	**13%**
	Not documented	12	9%	10	6%	15	9%	21	13%	10	6%	**12**	**8%**
Odomeater Reading	Total Incidents documented Odometer reading	20		25		28		23		29		**26**	
	Sum of Odometer Reading	172		229		251		220		181		**208**	
	Average of Odometer Reading	9		9		9		10		6		**8**	
	Max of Odometer Reading	20		25		25		27		27		**24**	

Traumatic Cardiac Arrest *Transport Facility*

	2020						2021				Average	
	Qtr2		*Qtr3*		*Qtr4*		*Qtr1*		*Qtr2*			
Total Transports Dispo:Treated and Transported by this unit	**20**		**25**		**28**		**23**		**25**		**24**	
Trauma center	**13**	**65%**	**14**	**56%**	**17**	**61%**	**15**	**65%**	**14**	**56%**	**15**	**60%**
Riverside Community Hospital	1	5%	3	12%	7	25%	6	26%	7	28%	5	20%
Riverside University Health System Medical Center	7	35%	5	20%	4	14%	5	22%	3	12%	5	20%
Desert Regional Medical Center	1	5%	5	20%	4	14%	0	0%	2	8%	2	10%
Inland Valley Medical Center	4	20%	1	4%	2	7%	4	17%	2	8%	3	11%
Non-Trauma Center	**7**	**35%**	**11**	**44%**	**11**	**39%**	**8**	**35%**	**11**	**44%**	**10**	**40%**
Hemet Valley Medical Center	3	12%	3	11%	3	13%			4	16%	3	13%
JFK - John F Kennedy Memorial Hospital	1	4%	1	4%	3	13%			2	8%	2	7%
Corona Regional Medical Center	1	4%	2	7%							2	6%
San Gorgonio Memorial Hospital			1	4%			2	9%	1	4%	1	6%
Eisenhower Medical Center	1	4%			1	4%	2	9%	2	8%	2	6%
Palo Verde Hospital	1	4%	1	4%							1	4%
Loma Linda University Medical Center, Murrieta			2	7%	2	9%	2	9%			2	8%
Temecula Valley Hospital					1	4%	1	4%			1	4%
St. Bernardine Medical Center							1	4%	1	4%	1	4%
Parkview Community Hospital Medical Center			1	4%							1	4%
San Gorgonio Memorial Hospital									1	4%	1	4%
Kaiser Permanente, Ontario					1	4%					1	4%

Traumatic Cardiac Arrest *Base Hospital Contact*

Base Hospital contact("Yes/No") (itdisposition.007)	2020						2021				Average	
By Agency	*Qtr2*		*Qtr3*		*Qtr4*		*Qtr1*		*Qtr2*			
	129		**175**		**176**		**140**		**157**		**155**	
Yes	**27**	**21%**	**32**	**18%**	**20**	**11%**	**21**	**15%**	**28**	**18%**	**21**	**14%**
First Response	15	12%	13	7%	13	7%	11	8%	15	10%	11	7%
Ground Transport	12	9%	19	11%	7	4%	10	7%	13	8%	10	7%
No	**102**	**79%**	**143**	**82%**	**156**	**89%**	**119**	**85%**	**129**	**82%**	**108**	**70%**
First Response	72	56%	96	55%	100	57%	77	55%	90	57%	73	47%
Ground Transport	30	23%	47	27%	56	32%	42	30%	39	25%	36	23%
By Disposition (edisposition.12)												
Yes	**27**	**21%**	**32**	**18%**	**20**	**11%**	**21**	**15%**	**28**	**18%**	**21**	**25%**
Patient Treated and Transported by this EMS Unit	10	37%	8	25%	6	30%	8	38%	12	43%	7	37%
Dead at scene	7	26%	9	28%	5	25%	4	19%	7	25%	5	29%
Patient Treated and Transported with this Crew in Another EMS Unit	9	33%	6	19%	9	45%	9	43%	9	32%	7	28%
Patient Treated and Care Transferred to Another EMS Unit	1	4%									1	4%
No	**102**	**79%**	**143**	**82%**	**156**	**89%**	**119**	**85%**	**129**	**82%**	**108**	**75%**
Dead at scene	86	84%	127	89%	122	78%	90	76%	106	82%	89	82%
Patient Treated and Transported by this EMS Unit	10	10%	8	6%	22	14%	15	13%	13	10%	11	11%
Patient Treated and Transported with this Crew in Another EMS Unit	6	6%	6	4%	11	7%	12	10%	7	5%	7	6%
Patient Treated and Care Transferred to Another EMS Unit			2	1%	1	1%	2	2%	3	2%	2	1%

Traumatic Cardiac Arrest *Response Times*

Median Time		2020			2021	
		Qtr2	Qtr3	Qtr4	Qtr1	Qtr2
Patient contact time (etimes07-etimes03)	First Response	0:08:22	0:08:18	0:08:35	0:07:37	0:07:55
	Ground Transport	0:08:06	0:08:20	0:09:03	0:08:20	0:09:57
	Total	**0:08:20**	**0:08:18**	**0:08:43**	**0:07:52**	**0:08:14**
Scene time (etimes09-etimes07)	First Response	0:11:01	* 0:25:07	0:16:06	0:13:00	0:07:59
	Ground Transport	0:09:16	0:09:11	0:10:22	0:10:55	0:06:22
	Total	**0:11:01**	**0:13:56**	**0:14:11**	**0:12:48**	**0:07:07**
First CPR to Determination of Death (earrest15-earrest19) Disposition :"Res., attempted, Dead at Scene"	First Response	*N<10*	0:24:00	*N<10*	0:21:35	0:18:24
	Ground Transport	*N<10*	0:26:04	*N<10*	*N<10*	*N<10*
	Total	**0:13:04**	**0:24:11**	**0:16:49**	**0:22:00**	**0:20:00**
First CPR to Transport (etimes09-earrest19)	Ground Transport	N<10	0:18:51	N<10	N<10	0:08:49
Patient contact to transport time (etimes11-etimes07) Dispo= "Patient treated and transported by this unit"	Ground Transport	0:24:59	0:24:28	0:25:42	0:27:45	0:15:02
Patient contact to detemination of death (earrest15-etimes07)	**First Response**					
	Dead at Scene, No Resuscitation, No Transport	0:01:00	0:00:50	0:01:00	0:01:00	0:01:00
	Resuscitation Attempted, Dead at Scene, No Transport	0:11:32	** 0:20:30	0:20:49	0:20:00	0:18:58
	Ground Transport					
	Dead at Scene, No Resuscitation, No Transport	0:00:40	0:01:57	0:01:20	0:01:44	0:01:34
	Resuscitation Attempted, Dead at Scene, No Transport	0:17:11	0:19:29	0:18:00	0:19:20	0:17:30

** In Q3, 2020 12 responses by First Response agencies reported >20min scene time. These included 8 penetrating, 1 blunt, and 3 drowning incidents.*

*** In Q3,2020 15 responses by First Response Agencies had time intervals greater than 20 minutes. Of these, 8 involved drowning incidents.*

Number of Responses		2020			2021	
		Qtr2	Qtr3	Qtr4	Qtr1	Qtr2
Patient contact time (etimes07-etimes03)	First Response	85	100	113	88	105
	Ground Transport	42	66	63	52	52
	Total	**127**	**166**	**176**	**140**	**157**
Scene time (etimes09-etimes07)	First Response	17	22	23	23	19
	Ground Transport	21	25	29	23	24
	Total	**38**	**47**	**52**	**46**	**43**
First CPR to Determination of Death (earrest15-earrest19) Disposition :"Res., attempted, Dead at Scene"	First Response	8	16	5	11	10
	Ground Transport	4	12	5	7	7
	Total	**12**	**28**	**10**	**18**	**17**
First CPR to Transport (etimes09-earrest19)	Ground Transport	9	10	8	9	13
Patient contact to transport time (etimes11-etimes07) Dispo= "Patient treated and transported by this unit"	Ground Transport	20	24	28	22	25
Patient contact to detemination of death (earrest15-etimes07)	**First Response**	**60**	**69**	**80**	**56**	**71**
	Dead at Scene, No Resuscitation, No Transport	41	46	65	39	53
	Resuscitation Attempted, Dead at Scene, No Transport	19	23	15	17	18
	Ground Transport	**20**	**35**	**33**	**27**	**25**
	Dead at Scene, No Resuscitation, No Transport	10	16	20	16	14
	Resuscitation Attempted, Dead at Scene, No Transport	10	19	13	11	11
		80	**104**	**113**	**83**	**96**

GUIDE FOR CONTINUING EDUCATION PROVIDERS

Effective Date: 10/01/2021
Review Date: XX/XX/20XX

RIVERSIDE COUNTY EMS AGENCY

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Addendums

PURPOSE OF THIS GUIDE

To establish procedures which allow for the program approval of prehospital continuing education providers in Riverside County and to assist those providers so that they meet the standards and requirement for CE providers according to Title 22, Division 9, Chapter 11 of the California Code of Regulations.

All procedures and instructions, as outlined in this guide, meet or exceed the language contained in Title 22, Division 9, Chapter 11 of the California Code of Regulations.

DEFINITIONS

- Continuing Education (CE)
  A course, class, activity, or experience designed to be educational in nature, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training as well as knowledge to enhance individual and system proficiency in the practice of pre-hospital emergency medical care.

- Continuing Education Hour (CEH)
  One (1) CEH is any one of the following:

  1. Every fifty (50) minutes of approved classroom or skills laboratory activity.
  2. Each hour of structured clinical or field experience when monitored by a preceptor assigned by an EMS training program, EMS service provider, hospital or alternate base station approved according to this guide.
  3. Each hour of media based / serial production CE as approved by the CE provider approving authority.
     a. CE courses or activities shall not be approved for less than one (1) hour of credit.
     b. For courses greater than one (1) CEH, credit may be granted in no less than half hour (30 minute) increments.
     c. Ten (10) CEHs will be awarded for each academic quarter unit or fifteen (15) CEHs will be awarded for each academic semester unit for college courses in physical, social or behavioral sciences (e.g., anatomy, physiology, sociology, psychology).
     d. CE hours will not be awarded until the written and / or skills competency-based evaluation has been passed.

- CE Provider Approving Authority
  1. Courses and / or CE providers approved by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), which previously operated as the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), or those approved by EMS offices of other states, are approved for use in California and need no further approval.
  2. Courses in physical, social or behavioral sciences offered by accredited colleges and universities are approved for CE and need no further approval.
  3. REMSA shall be the agency responsible for approving EMS Continuing Education Providers whose headquarters are located within Riverside county, if they are not already approved according to #1 or #2 as noted above.
  4. The EMS Authority (hereinafter referred to as “Cal EMSA”) shall be the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state, if not approved according to #1 or #2 as noted above.

- CE Provider Status

  Active: The CE provider has met all requirements as set forth in this guide and is currently approved by REMSA to provide CE courses.

  Probation: The CE provider is
  - within the first twenty-four (24) months of their CE Provider status or
  - is under review for noncompliance of any criterion required for continued CE provider approval.

  CEHs submitted to REMSA from a provider that is on probation will be accepted.

  Expired: The CE Provider is no longer approved to provide CE classes as of the expiration date identified on their most recent provider approval notification. Provider still has the ability to renew their status for up to twelve (12) months after the identified approval expiration date.
  - If a renewal application is not received within 12 months of the expiration date documented on the most recent approval notification, Provider will be considered closed.

  CEHs submitted to REMSA from a provider that is expired will NOT be accepted.

  Suspended: The CE provider is not approved to provide CE courses and will not be approved again until they meet any and all requirements set forth by REMSA.
  - If a provider fails to resolve the issue(s) that caused suspension of their approval within 12 months from the date of their initial suspension, they will be considered closed.

  CEHs submitted to REMSA from a provider that is suspended will NOT be accepted.

  Closed: The CE Provider
  - has not submitted a renewal application within twelve (12) months of the expiration date documented on the most recent approval notification or
  - has failed to resolve the issue(s) that caused suspension of their approval within twelve (12) months from the date of their initial suspension or
  - they have notified REMSA that they are closed.

  CEHs submitted to REMSA from a provider that is closed will NOT be accepted.

  Revoked: The CE provider is not approved to provide CE courses and will not be approved again for a minimum of one whole licensure cycle (four (4) years).
  - At the end of the four (4) year period, Provider may re-apply for reinstatement; however, if approved, they will be subject to a twenty-four (24) month probation period which will include enhanced oversight by REMSA until Active status is approved (minimum of twenty-four (24) months).

  - **CEHs submitted from a provider that is revoked will NOT be accepted.**

  - **Causes for immediate revocation of CE provider approval may include, but are not limited to:**
    - **Intentionally providing fraudulent CEHs to pre-hospital EMS personnel (ex: courses that personnel did not physically attend when practical skills were required, courses that were not actually held, etc.)**

- **Intentional circumvention of any required regulations for continued approval as a CE provider as outlined by Title 22, Division 9, Chapter 11 (*Continuing Education*) of the California Code of Regulations**

- EMS Continuing Education Provider
  An individual or organization approved by the requirements of Title 22, Division 9, Chapter 11 (*Continuing Education*) of the California Code of Regulations, to conduct continuing education courses, classes, activities or experiences and issue earned continuing education hours to EMS personnel for the purposes of maintaining certification / licensure or re-establishing lapsed certification or licensure.

- EMS Service Provider
  An organization employing certified EMT-I, certified EMT-II or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer.

- EMS System Quality Improvement Program or "QIP"
  Methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process pursuant to Title 22, Division 9, Chapter 12 (*EMS System Quality Improvement*) of the California Code of Regulations.

- National Standard Curriculum
  The curricula 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 which includes the following incorporated herein by reference:

  - Emergency Medical Technician-Basic: National Standard Curriculum, DOT HS 808 149, August 1994
  - Emergency Medical Technician-Intermediate: National Standard Curriculum, DOT HS 809 016, December 1999
  - Emergency Medical Technician-Paramedic: National Standard Curriculum DOT HS 808 862, March 1999.

  These curricula are incorporated herein by reference and can be accessed at the U.S. Department of Transportation, National Highway Traffic Safety Administration website https://www.ems.gov/education.html.

- Pre-hospital Emergency Medical Care Personnel
  For the purpose of this guide, Pre-hospital Emergency Medical Care personnel or EMS personnel means EMT-I, EMT-II or EMT-Paramedic as defined in Health and Safety Code Sections 1797.80, 1797.82, and 1797.84, respectively.

APPROVED CONTINUING EDUCATION TOPICS

Continuing education for EMS personnel shall be in any of the topics contained in the respective National Standard Curricula for training EMS personnel, except as provided below (*Approved Continuing Education Delivery Formats and Limitations, #8*).

All approved CE courses shall contain a written and / or skills competency-based evaluation related to course, class, or activity objectives.

Approved CE courses shall be accepted statewide.

APPROVED CONTINUING EDUCATION DELIVERY FORMATS AND LIMITATIONS

Delivery formats for CE courses shall be by any of the following:

1. Classroom - didactic and / or skills laboratory where direct interaction with instructor is possible.
2. Organized field care audits of patient care records;
3. Courses offered by accredited universities and colleges, including junior and community colleges;
4. Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual.
5. Media based and / or serial productions (e.g. films, videos, audiotape programs, magazine articles offered for CE credit, home study, computer simulations or interactive computer modules).
6. Precepting EMS students or EMS personnel as a hospital clinical preceptor, as assigned by an EMS training program, an EMS service provider, a hospital or alternate base station approved according to Title 22, Division 9 (*Prehospital Emergency Medical Services*).
    a. In order to issue CE for precepting EMS students or EMS personnel, an EMS service provider, hospital or alternate base station must be a CE provider approved by REMSA. CEHs for precepting can only be given for actual time spent precepting a student or EMS personnel and must be issued by the EMS training program, EMS service provider, hospital or alternate base station that has an agreement or contract with the hospital clinical preceptor or with the preceptor's employer.
7. Precepting EMS students or EMS personnel as a field preceptor, as assigned by an EMS training program or an EMS service provider approved according to Title 22, Division 9 (Prehospital Emergency Medical Services).
    a. CEHs for precepting can only be given for actual time precepting a student and must be issued by the EMS training program or EMS service provider that has an agreement or contract with the field preceptor or with the preceptor's employer. In order to issue CEHs for precepting EMS students or EMS personnel, an EMS service provider must be a CE provider approved by REMSA.
8. Advanced topics in subject matter outside the scope of practice of the certified or licensed EMS personnel but directly relevant to emergency medical care (e.g. surgical airway procedures).
9. At least fifty percent (50%) of required CE hours must be in a format that is instructor based, which means that instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).
    a. This provision shall not include precepting or magazine articles for CE credit.
    b. REMSA shall determine whether a CE course, class or activity is instructor based.
10. When guided by the EMS service provider's QIP, an EMS service provider that is an approved CE provider may issue CEHs for skills competency demonstrations to address any deficiencies identified by the service provider's QIP. Skills competency demonstrations shall be conducted in accordance

with the respective National Standard Curriculum skills outline or in accordance with REMSA policies and procedures.

REMSA cannot require more continuing education hours for the purposes of re-accreditation than what is outlined in Title 22, § 100080 (EMT Certification Renewal) and § 100167 (Paramedic License Renewal, License Audit Renewal, and License Reinstatement) of the California Code of Regulations.

Determining Continuing Education Hours

Continuing education hours shall be assigned on the following basis:

1. Classes or activities less than one (1) CEH in duration will not be approved.
2. For courses greater than one (1) CEH, credit may be granted in no less than half hour (30 minute) increments.

All CE hours awarded shall be reasonable in number, commensurate with the course curriculum length and appropriate for the level of licensure / certification of the attendees.

CONTINUING EDUCATION PROVIDER APPROVAL PROCESS

Application for Approval

In order to be an approved CE provider, an organization or individual shall submit an application packet to REMSA for approval. The application can be found here:
http://remsa.us/policy/REMSACEProviderApplication.pdf

The application shall include, at a minimum:

1. Name and address of the applicant;
2. Name of the program director, program clinical director, and contact person, if other than the program director or clinical director;
3. The type of entity or organization requesting approval; and,
4. The resumes of the program director and the clinical director.
    a. Transcripts may be required if qualification by education and / or experience is not evident on a resume (Unofficial transcripts are acceptable)

To assist all potential, and current, CE providers with the completion of their application packet, a checklist has been created. It can be found here:
http://remsa.us/policy/REMSACEProviderApplicationChecklist.pdf

Application packets may be emailed to CEprovider@rivco.org or physically mailed to REMSA. When emailing application packets, all required documentation must be in PDF form and in one multi-page document. Incomplete applications will not be reviewed until all required documentation has been received.

REMSA shall, within fourteen (14) business days of receiving a request for approval, notify the CE provider that the request has been received and shall specify what information, if any, is missing.

- Any materials missing from the application packet must be submitted to REMSA within thirty (30) days of notification.
- Missing materials submitted after thirty (30) days will not be accepted and the application will be denied. A complete reapplication will be necessary for approval / re-approval.

REMSA shall approve or disapprove the CE provider request within sixty (60) calendar days of receipt of the completed request. All decisions will be provided to the applicant in writing.

- If the CE provider request is approved, REMSA shall issue a CE provider number according to the standardized sequence developed by Cal EMSA.

REMSA may approve CE providers for up to four (4) years and will monitor the compliance of all CE providers to pre-established standards.

- CE providers that are newly established in Riverside county shall be placed on probationary status for the first twenty-four (24) months after program approval in order to ensure successful implementation, and appropriate use, of their CE provider status. Once the probation period has been successfully completed, the CE provider may be approved for a period of up to four (4) years.

Once approval has been granted, CE Provider must sign and return the REMSA CE Provider Agreement, which shall remain on file for the duration of the approval period.

When a CE provider is approved by REMSA, they are approved to conduct CE courses statewide. If the provider intends to conduct CE courses outside of Riverside county, they are expected to notify the appropriate LEMSA and follow all applicable CE Provider guidelines set forth by that LEMSA.

Application for Renewal

The CE provider should submit a completed renewal application packet at least sixty (60) calendar days before the expiration date of their CE provider approval in order to maintain continuous approval. If a lapse occurs, CE Provider approval is not retroactive.

- As a courtesy, REMSA may remind CE providers of an impending approval expiration; however, it is the ultimate responsibility of the CE provider to initiate the renewal process at the appropriate time.

All CE provider requirements shall be met and maintained for renewal as specified below, in the section titled *Maintenance of CE Provider Status*.

REQUIRED STAFF

Each CE provider shall provide for the functions of administrative direction, medical quality coordination and actual program instruction through the designation of a program director, a clinical director and instructors. Nothing in this guide precludes the same individual from being responsible for more than one of these functions.

Program Director

Each CE provider shall have an approved program director, who is 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. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:

1. California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B"; or
2. National Fire Academy (NFA) "Fire Service Instructional Methodology" course; or
3. A training program that meets the U. S. Department of Transportation / National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator Course of the National Association of EMS Educators.
4. Individuals with equivalent experience may be provisionally approved for up to two (2) years by REMSA, pending completion of the above specified requirements. Individuals with equivalent experience who teach in geographic areas where training resources are limited and who do not meet the above program director requirements may be approved upon review of experience and demonstration of capabilities.

The duties of the program director shall include, but not be limited to:

1. Administering the CE program and ensuring adherence to state regulations and established local policies.
2. Approving course, class, or activity, including instructional objectives, and assigning CEH to any CE program which the CE provider sponsors; approving all methods of evaluation, coordinating all clinical and field activities approved for CE credit; approving the instructor(s) and signing all course, class, or activity completion records and maintaining those records in a manner consistent with these guidelines. The responsibility for signing course, class, or activity completion records may be delegated to the course, class, or activity instructor.

Clinical Director

Each CE provider shall have an approved clinical director who is currently licensed as a physician, registered nurse, physician assistant, or paramedic. In addition, the clinical director shall have had two (2) years of academic, administrative or clinical experience in emergency medicine or EMS care within the last five (5) years. The duties of the clinical director shall include, but not be limited to, monitoring all clinical and field activities approved for CE credit, approving the instructor(s), and monitoring the overall quality of the EMS content of the program.

Instructor(s)

Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one (1) year of experience within the last two (2) years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.

Courses taken to become an instructor of a particular course (i.e., train-the-trainer type courses) will not be accepted to meet the minimum teaching requirement.

MAINTENANCE OF CE PROVIDER STATUS

In order to be approved as an EMS continuing education provider, the provisions in this section shall be continuously met.

An approved CE provider shall ensure that:

1. The content of all CE is relevant, designed to enhance the practice of EMS emergency medical care, and be related to the knowledge base or technical skills required for the practice of emergency medical care.
2. Records shall be maintained for four (4) years and shall contain the following:
    a. Complete outlines for each course given, including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance;
    b. Record of time, place, and date each course is given and the number of CE hours granted;
    c. A curriculum vitae or resume for each instructor;
    d. A roster signed by course participants, or in the case of media based/serial production courses, a roster of course participants, to include name and certificate or license number of EMS personnel taking any CE course, class, or activity and a record of any course completion certificate(s) issued.

REMSA shall be notified within thirty (30) calendar days of any change in provider name, address, telephone number, program director, clinical director, contact person or instructor staff. Use this form for all notifications: http://remsa.us/policy/NotificationofCEProviderProgramChange.pdf

For the purposes of program evaluation, CE providers shall be subject to scheduled site visits and shall make all records available to REMSA upon request.

For the purposes of individual course, class, or activity evaluation, CE providers shall be subject to scheduled, or unscheduled, visits by REMSA.

Annual Reporting Requirements

Each CE Provider shall submit a prospective summary of all CE courses to be offered for the new calendar year, due no later than January 31st of that year. Summaries shall include:

1. Agency name and location(s) where they will be held
2. Course names, dates, and proposed CEHs to be awarded per course
3. Name(s) of instructor(s)
    a. Instructor resumes (if not already on file) that indicate educational and / or experiential qualifications to provide continuing education
4. Any restrictions on attendance, if applicable, and the phone number to call for additional course information.

Intentional failure to submit a prospective summary may result in revocation of a CE provider's status.

Post Activity Reporting

Course Roster (Addendum B)

No more than ten (10) calendar days following the offering of a CE course, CE Provider shall submit to REMSA:

1. A course roster, which may be emailed to CEprovider@rivco.org. A physical copy may also be mailed to REMSA. The CE provider shall maintain the original hardcopy roster with the course materials, which must include a record of date, time, and place of each course given, and the number of CE hours granted.
    a. The roster must include, at a minimum, the names, certification numbers and wet signatures of all prehospital care personnel that attended and a record of any CE certificates issued.
2. A curriculum vitae or resume for each instructor (if not already on file).

Certificate of Course Completion (Addendum C)

As proof of successful CE course completion, providers shall utilize and issue a printed copy of a REMSA authorized Certificate of Course Completion. Prior to distribution, a tamper resistant seal must be affixed to the original printed copy. Preferably, distribution should occur on the same day as, and at the conclusion of, the course; however, providers are allowed thirty (30) calendar days after completion to deliver certificates to participants.

NOTE: effective January 1st, 2022, course completion certificates produced by individual CE providers will not be accepted. All CEHs MUST be submitted using Addendum C, which bears an official REMSA watermark

The CE certificate will contain the first and last name of the participant, their certificate or license number, the title of the class attended, the CE provider name and address, the date of course, class, or activity and the signature of the program director or class instructor.

- A digitally reproduced signature of the program director or class instructor is acceptable for media based / serial production CE courses only.

In addition, and in accordance with Title 22, Chapter 9, Division 11, the following statements shall be printed on the certificate of completion with the appropriate information filled in:

"This course has been approved for (number) hours of continuing education by an approved California EMS CE Provider and was (check one) ____ instructor-based, ____ non-instructor based".

"This document must be retained for a period of four years"

"California EMS CE Provider # _____ - _____"

Course Evaluation (Addendum D)

Course evaluations are required for all CE offerings and must include, at a minimum:

1. The extent to which the course met its stated objectives
2. The adequacy of the instructor's knowledge of the subject matter
3. Appropriateness of the teaching techniques / tools used
4. Applicability / usability of the information to the participants' practice
5. The extent to which the information was presented at a level that the participant could understand and assimilate

Advertisement of CE courses (Scheduled)

Information disseminated by CE providers publicizing continuing education must include, at a minimum, the following:

1. CE provider's policy on refunds in cases of nonattendance by the registrant or cancellation by provider;
2. A clear, concise description of the course, class or activity content, objectives and the intended target audience (e.g. paramedic, EMT-II, EMT-I, First Responder or all);
3. CE provider name, as officially on file with REMSA; and
4. Specification of the number of CE hours to be granted. Copies of all advertisements disseminated to the public shall be sent to REMSA. However, REMSA may request that copies of the advertisements not be sent to them.

When two or more (2+) CE providers co-sponsor a course, class, or activity, only one (1) approved CE provider number will be used for that course, class, or activity and the CE provider, whose number is used, assumes the responsibility for meeting all applicable requirements of this guide.

An approved CE provider may sponsor an organization or individual that wishes to provide a single course, class or activity. The approved CE provider shall be responsible for ensuring the course, class, or activity meets all requirements and shall serve as the CE provider of record. The approved CE provider shall review the request to ensure that the course, class, or activity complies with the minimum requirements of this guide.

Unscheduled / As-needed Courses

In order to deliver immediately needed and targeted education, CE providers are allowed to provide unscheduled / as-needed continuing education, so long as the following requirements are met:

1. CE provider status is Active. CE providers who are on probation are not permitted to provide unscheduled continuing education
2. All required course documentation is provided to REMSA no less than five (5) business days before the course will be held. Documentation may be emailed to CEprovider@rivco.org. This documentation shall include:
    a. Agency name and location where the course will be held
    b. Course name, date, and proposed CEHs to be awarded
    c. Name(s) of instructor(s)
        i. Instructor resumes (if not already on file) that indicate educational and / or experiential qualifications to provide continuing education
    d. Any restrictions on attendance, if applicable, and the phone number to call for additional course information.

Approval and denial of unscheduled / as-needed CE courses are at the sole discretion of REMSA. Unscheduled / as-needed CE courses must be approved by REMSA before CEH's may be awarded to participants.

CONTINUING EDUCATION RECORD RETENTION FOR PROVIDERS

Providers must maintain CE records in a secure environment and are responsible for the security and integrity of the records they maintain.

Records shall be maintained a minimum of four (4) years.
The name, address, and license / certification number of each person receiving a course completion (CE) certificate will be kept on file and will be made available at the request of REMSA or Cal EMSA.

Copies of each of the following will be maintained with each class file:

1. Course advertisement(s)
2. Instructor resume(s)
3. Course roster – one (1) for each day, if a multi-day course
4. Course overview, learning objectives, and detailed / comprehensive outline (teaching outline and / or lecturer's notes)
5. Copies of any student handouts (controlled notes, articles, etc.)
    a. Handout distribution (course overview) is mandatory for all PUC courses
6. Copy (blank) of the learning evaluation tool(s)
7. Copies of the completed learning evaluations from the participants or a summary / analysis of their scores
8. Copies of the completed course evaluations from the participants or a summary of their findings
9. A copy of the course completion certificate

REMSA may audit CE provider records as part of the continuing education verification process or for cause.

CE PROVIDER DENIAL / PROBATION / SUSPENSION / REVOCATION PROCESS

Noncompliance with any criterion required for CE provider approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this guide may result in probation, suspension or revocation of CE provider approval.

Notification of noncompliance and action to place on probation, suspend or revoke approval shall be carried out as follows:

1. REMSA shall notify the program director in writing, by certified mail, of the provision(s) of this guide with which the CE provider is not in compliance.
2. Within fifteen (15) calendar days of receipt of the notification of noncompliance, the CE provider shall submit in writing, by certified mail to REMSA, one of the following:
    a. Evidence of compliance with the provision(s) in question, or
    b. A plan for meeting compliance with the provision(s) within sixty (60) calendar days from the date of receipt of the notification of noncompliance.
        - Within fifteen (15) calendar days of receipt of the response from the approved CE provider, REMSA shall respond in writing, by certified mail, of the decision to accept either the evidence of compliance or accept the plan for meeting compliance
3. If no response is received from the CE provider within thirty (30) calendar days from the mailing date of the noncompliance notification, REMSA shall notify Cal EMSA and the CE provider in writing, by certified mail, of the decision to place on probation, suspend or revoke CE provider approval.
4. If REMSA places the CE provider on probation or suspends or revokes the CE provider's approval, the notification specified above shall include the effective and ending dates of the probation, suspension or revocation period. Terms and conditions for lifting probation or being removed from suspension shall be included in the letter. The minimum period for probation and / or suspension may not be less than sixty (60) calendar days from the date of REMSA's letter of decision to Cal EMSA and the CE provider.

If the CE provider's status is suspended or revoked, approval for CE credit shall be withdrawn for all CE programs scheduled after the date of action. Provider approval is non-transferrable and cannot be re-assigned or "given" to another individual or agency in an effort to maintain an Active status.

REMSA shall notify Cal EMSA of each CE provider approved, placed on probation, suspended or revoked within its jurisdiction within thirty (30) calendar days of action.

Cal EMSA shall maintain a list of all CE providers that are approved, placed on probation, suspended or revoked and shall post the listing on the Cal EMSA website.

ADDENDUM A

Provider Application Packet Checklist

	Applicant (attached)	REMSA (received)	Complete	Incomplete
Completed application for CE provider approval (initial or renewal)				
Resume of CE Provider Program Director • PD resumes are only required for initial applicants and renewing applicants whose PD is new for this cycle				
Resume of CE Provider Clinical Director • CD resumes are only required for initial applicants and renewing applicants whose CD is new for this cycle				
Resumes of all course instructors, if not already on file				
Prospective summary of all CE courses to be offered for the remainder of the calendar year				
Sample course documentation • To include, at a minimum: a course outline, objectives and course / student evaluation tools				
Sample advertisement of a scheduled CE course				
<u>Renewing applicants only</u>: Documentation of program CQI processes / program improvement				
Signed CE Provider Agreement				

(REMSA USE ONLY)

CE Provider number:	*#33-*	*Application received date:*	
Reviewed by:		*Approved:*	*Yes / No*
Approved date:		*<u>If not approved, explain</u>:*	
Updated status with EMSA	*Yes / No*	*Updated status with REMSA*	*Yes / No*

REMSA USE ONLY

Program Director Qualifications	Meets	Does not meet	Comment(s)
Education (40 hours): • *CSFM "Fire Instructor 1A and 1B"* • *NFA "Fire Service Instructional Methodology"* • *NHTSA "NAEMSE Level 1 Course"*			
Experience:			
Licenses / certifications:			

Clinical Director Qualifications			
Education:			
Experience (min 2 years within the last 5): o *Academic* o *Administrative* o *Clinical*			
Licenses / certifications: • *Must be a / an:* o *Physician* o *RN* o *PA* o *EMT-P*			

Instructor Qualifications			
Education: • *Evidence of specialized training* • *Advanced degree*			
Experience (min 1 year within the last 2): • *Specialized area in which they are instructing* • *Evidence of knowledge, skill and current subject matter mastery*			
Licenses / certifications:			

Prospective Course Summary			
Tentative dates and times included			
Tentative locations included			

Tentative CEHs to be awarded, per course			
Tentative course classification(s) included: • Instructor based • Non-instructor based			

Sample Course Documentation			
Lesson plan outline, to include: • Method of delivery (PPT, video, etc.) • Title, description, goals and objectives of the course • Date of course • CE hours to be provided • Academic references and resources • Materials / equipment to be used			
• Method of performance evaluation with passing criteria and answer key			
• Handouts, if not the main delivery resource			

Sample Course Advertisement			
• Contact information To include, at a minimum: o Phone number OR o Email address OR o Web address • Refund policy in cases of nonattendance by the registrant or cancellation by provider • A clear, concise description of the course, class or activity content • Objectives and the intended target audience (e.g. paramedic, EMT-II, EMT-I, First Responder or all) • CE provider name and number, as officially on file with REMSA • Specification of the number of CE hours to be granted			

<u>Renewing applicants only</u>: Quality Improvement Plan which evaluates the effectiveness of the program and the courses offered			

ADDENDUM B

Course Roster (Sample)

CE Provider: _____ Course title: _____

Course location: _____ Date: _____

Total CE Hours: ____ Type of education: ___ Instructor based ___ Non-instructor based

Instructor(s): _____ _____ _____

First Name	Last Name	Signature	License / Cert #

Course instructor name: _____

Course instructor signature: _____

California EMS CE Provider # 33 - _____

ADDENDUM C

Certificate of Course Completion

This document certifies that

(Attendee first & last name) **Certificate / license number:** _____

Has completed: *(Course title)* **On:** *(Date of course)*

At: *(Location of course)* **By:** *(CE Provider name)*

This course has been approved for _____ hours of continuing education by an approved California EMS CE Provider and was (check one)

____ *instructor-based*

____ *non-instructor based*

This document must be retained for a period of four (4) years

California EMS CE Provider # 33 - _____

Course instructor name: _____ Course instructor signature: _____

A digitally reproduced signature of the program director or class instructor is acceptable for media based / serial production CE courses only

ADDENDUM D

Course Evaluation (SAMPLE)

Date: _____ Location _____

Instructor(s): _____ Course Title _____

Please evaluate this course by using the following 1 – 5 scale for the statements below.

1 = Strongly agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Strongly disagree

_____	This course met the stated objectives
_____	The instructor(s) exhibited mastery of the subject(s) that were taught
_____	The handouts were useful
_____	The audio and visual materials enhanced my learning
_____	The information provided is relevant and meaningful to me as a pre-hospital provider
_____	The information was provided in a manner that was easy for me to understand
_____	I believe that I will be able to retain the information that was provided

Feel free to leave any comments below.

_____

_____

_____

_____

_____

ADDENDUM E

CE Program Audit Checklist

PROGRAM INFORMATION				
Program Name:				
Address		**Approval letter on file?**	**Yes**	**No**
City, State, Zip		**Approval Date:** **Expiration Date:**		
Phone:	**Email:**		**Website:**	

PROGRAM TYPE	
Pre-hospital services provider	Individual
EMT-P / EMT-I training program	Other school
College / University	Other government agency
Base hospital	Other
Hospital	

PROGRAM ADMINISTRATION AND INSTRUCTION			
Program Director	**Name:**	**Licensure Level**	
	Copy of current license	**Physician**	**PA**
	Copy of current resume / CV on file with REMSA	**RN**	**Paramedic**
	Documentation of education and experience in methods, materials and evaluation by at least 40 hours in teaching methodology		
Clinical Director	**Name:**	**Licensure Level**	
	Copy of current license	**Physician**	**PA**
	Copy of current resume / CV on file with REMSA	**RN**	**Paramedic**
	Documentation of academic and/or clinical experience (2 years in last 5 years) received		
Instructors			
	Instructor name(s) and resumes on file with REMSA at the time of audit?		
	At least one of the following must apply to each instructor (check all that apply):		
	Approval by the Program Director and Clinical Coordinator as qualified to teach the topics assigned		
	Evidence of specialized training (certificate or advanced degree in subject area)		
	At least one (1) year of experience within the last two (2) years in the specialized area in which they are teaching,		
	Evidence of knowledge, skill and current subject matter mastery		

COURSE CURRICULUM AND CONTENT	Compliant?	
	YES	NO
Random record #1		
• Time, place and date of course documented		
• **Lesson plan outline, which includes:** o Method of delivery (PPT, video, etc.) o Title, description, goals and objectives of the course o Date of course o CE hours provided o Academic references and resources o Materials / equipment used		
Method of performance evaluation with passing criteria and answer key		
Handouts, if not the main delivery resource		
Course evaluations		
Course roster (*instructor-based courses must have rosters signed by all course participants*)		
General comments:		

	Compliant?	
	YES	NO
Random record #2		
• Time, place and date of course documented		
• **Lesson plan outline, which includes:** o Method of delivery (PPT, video, etc.) o Title, description, goals and objectives of the course o Date of course o CE hours provided o Academic references and resources o Materials / equipment used		
Method of performance evaluation with passing criteria and answer key		
Handouts, if not the main delivery resource		
Course evaluations		
Course roster (*instructor-based courses must have rosters signed by all course participants*)		
General comments:		

	YES	NO
Major deficiencies noted?		
If yes, describe:		

If yes, recommended action:		
	Action plan	Follow up date: Comments:
	Probation	Comments:
	Suspension	Comments:
	Revocation	Comments:

GENERAL COMMENTS:

Audit date / time:

Program representative name:

Program representative signature:

REMSA representative:

REMSA representative signature:

ADDENDUM F

REMSA CE Course Audit Form

Today's date:		CE Provider 33-	
CE Provider name:			
Location of course:			

Course title:		Intended audience	BLS ALS
Instructor(s):			
Course type:	Scheduled	Unscheduled	
Advertised course length		Actual course length	
Number of attendees		CE Hours awarded	

	Yes	No
The stated objectives of the course were met		
Objectives were clearly defined either verbally or in writing **Stated objectives**: _____		
All written and / or verbal learning objectives were covered by the end of the course		
Comments?		

The instructor(s) exhibited mastery of the subject(s) that were taught		
The instructor(s) language, appearance and mannerisms were professional		
The instructor(s) spoke clearly and projected his / her / their voice effectively		
The instructor(s) displayed enthusiasm for teaching		
The instructor(s) conveyed knowledge of the subject		
The instructor(s) used his / her / their time effectively		
Comments?		

	Yes	No
The equipment and resources used / provided were effective		
Handouts were meaningful (if distributed) ***Handout distribution is mandatory for PUC courses***		
AV tools were used effectively		
Adequate space, and time, were given for skill(s) practice, if applicable		
Appropriate and functional equipment was provided for skill review and testing, if applicable		
Comments?		

The information provided was relevant and meaningful to the participants		
The course materials, terms and concepts were targeted and appropriate		
The information provided was accurate		
The information provided reflected the treatment, operational, administrative and / or educational directives for the current protocol update cycle as communicated by REMSA (**PUC courses only**)		
Comments?		

The information provided was delivered in a manner that was easy for participants to understand		
Prior planning was evident / course materials were presented in a logical and organized manner		
Student participation was encouraged to ensure comprehension		
The presentation was summarized at the conclusion of the course		
Comments?		

	Yes	No
Overall Course Environment		
Adequate lighting, temperature control, seating, etc. were present		
The instructor-to-student ratio was acceptable		
Exam and / or course completion evaluations were distributed to all participants		
CE hours provided were equivalent (or within reason) to the amount of time spent participating in the course		
Comments?		

Overall comments?
Recommendations?
Follow up needed?

Program representative name:
Program representative signature:

REMSA representative:
REMSA representative signature: