

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration
Emergency Medical Services Program

EMS Educational Institution Administrative Manual



POLICY:

The purpose of the following sections is to establish standards to ensure that Emergency Medical Services (EMS) education offered in Washington DC is provided by approved, qualified, and standardized institutions and instructors. These standards apply to any entity providing courses of education for certification at any level. Any entity who will conduct initial certification courses, or whose primary goal is to conduct EMS continuing education, must apply, be evaluated and endorsed by the DC Health EMS Program as an EMS Educational Institution. Application and evaluation processes shall be completed in a manner prescribed by the program. Said entities must be eligible, as determined by the DC Health EMS Program, to provide such education and must continuously maintain all minimum requirements once approved. EMS Educational Institutions can be credentialed for a maximum of two (2) years and shall be required to be recertified/re-endorsed, at that point, utilizing the method prescribed by this policy. EMS Educational Institutions are subject to audit at any time by the DC Health EMS Program. EMS Educational Institutions failing to meet any accreditation requirements may have their certification to instruct suspended or revoked. For additional information or clarification please contact the DC Health EMS Program at (202) 671-4222 or ems.hepra@dc.gov.

I. Table of Contents

- II. GENERAL EMS EDUCATIONAL INSTITUTION REQUIREMENTS 5
 - ROLES & RESPONSIBILITIES 5
- III. ADMINISTRATIVE REQUIREMENTS 9
 - STUDENT REGISTRATION 9
 - FEDERAL COMPLIANCE 9
 - ADMISSION POLICIES & PROCEDURES 10
 - PROGRAM DELIVERY 10
 - HIPAA COMPLIANCE..... 10
 - OSHA COMPLIANCE 11
 - INDUSTRY STANDARD COMPLIANCE 11
 - EQUIPMENT RESOURCES 11
- IV. PROGRAM OVERSIGHT & MANAGEMENT 12
 - CURRICULUM 12
 - COURSE SUBMISSION 12
 - DC HEALTH EMS PROGRAM DAY 12
 - SKILLS COMPETENCY 12
 - CLINICAL RESOURCES 13
 - VENUES 13
 - PATIENT ENCOUNTERS 14
 - STUDENT CLINICAL INFORMATION 14
 - ADVISORY COMMITTEE..... 14
 - COURSE OPERATIONS 15
 - STUDENT RECORDKEEPING..... 15
 - STUDENT ASSESSMENT 16
 - COGNITIVE EXAMINATIONS 16
 - PRACTICAL EXAMINATIONS 16
 - STUDENT REMEDIATION 16
 - STUDENT DISMISSAL 17
 - STUDENT EVALUATION & NREMT REPORTING 17
 - PROGRAM EVALUATION 17
 - QUALITY ASSURANCE 18
 - COURSE CLOSURE 18

V. ACCREDITATION 19
 CERTIFICATION MAINTENANCE 19
 ENDORSEMENT RENEWAL 19
 ENDORSEMENT SUSPENSION & REVOCATION 19
 ADVANCED LIFE SUPPORT PROGRAM STANDARDS..... 20
APPENDIX A EMS EDUCATIONAL INSTITUTION EQUIPMENT INSPECTION FORM 21
APPENDIX B EMS Educational Institution Equipment List..... 22
REFERENCES 31

II. GENERAL EMS EDUCATIONAL INSTITUTION REQUIREMENTS

ROLES & RESPONSIBILITIES

The following roles and enumerated responsibilities represent the minimum organizational designations required and/or allowed to operate an EMS Educational Institution in the District of Columbia.

EMS Educational Institution Qualifications:

The following must be met by all prospective EMS Educational Institutions to qualify for certification in the District of Columbia.

1. Shall adhere to all articles of Section 24 of the Emergency Medical Services Act of 2008 (Act), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.23 (2012 Repl.)); and Mayor's Order 2009-89, dated June 1, 2009
2. Entities shall apply in a format prescribed by the Director
3. Endorsement of an EMS training institution shall be issued for a maximum period of two (2) years
4. Only entities authorized under applicable District or Federal law to provide post-secondary education, or; those entities authorized by legislative rule to be qualified to deliver EMS education shall be considered for endorsement

EMS Educational Institution Responsibilities:

The following activities are intrinsic to EMS education and remain the sole responsibility of the EMS Educational Institution.

1. Management of student admissions
2. Curriculum planning consistent with national standards
3. Coordination of classroom teaching
4. Appointment and management of qualified faculty
5. Management of clinical/laboratory practice appropriate to education of EMS personnel
6. Compilation and documentation of student educational records
7. Compliance with DC Health EMS Program requirements related to the provision of EMS education

Every approved EMS Educational Institution shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the EMS

education program. EMS Educational Institutions shall identify personnel for the following functional positions in the initial application, as well as notify the DC Health EMS Program of any personnel changes within thirty (30) business days.

Program Director Qualifications:

The following must be met by all prospective EMS Educational Institution Program Directors to operate in the role.

1. Be designated by a DC Health EMS Program licensed EMS Educational Institution
2. Be qualified to instruct initial and continuing education for a DC Health EMS Program certified EMS Educational Institution per the following minimum criteria:
 - a. Possess a current DC Health EMS Program Emergency Medical Technician (EMT) provider certification (or higher) for Basic Life Support (BLS) topics
 - b. Possess a current DC Health EMS Program Advanced Emergency Medical Technician (AEMT) provider certification (or higher) for Intermediate Advanced Life Support (IALS) topics
 - c. Possess a current DC Health EMS Program Paramedic provider certification for Advanced Life Support (ALS) topics
 - d. Meet/Exceed applicable Lead Instructor requirements

Program Director Responsibilities:

The following activities are intrinsic to EMS education program management and remain the sole responsibility of the EMS Educational Institution Program Director.

1. Organization and supervision of EMS education programs
2. Oversight of continuous quality improvement for the EMS Educational Institution
3. Process applications and manage the student selection process
4. Course scheduling and assignment of instructors to meet a six-to-one (6:1), student-to-instructor ratio
5. Provision and maintenance of required educational equipment
6. Submission of course and student records in a manner specified by the Director
7. Request and/or conduct written and practical examinations
8. Management of EMS education program accounting and procurement
9. Management of student grievance procedures for the EMS education program
10. Oversight of selection and supervision of qualified instructional faculty

Program Directors may delegate responsibilities to other faculty as appropriate; provided that written policies and procedures are in place to assure responsibility for delegated task completion. Delegation of instruction or administration to personnel who do not have the required experience or do not hold the requisite credentials for a task is not permitted. Program Directors may not serve as concurrent Medical Directors.

Medical Director Qualifications:

The following must be met by all prospective EMS Educational Institution Medical Directors to operate in the role.

1. Shall be a DC Health credentialed, board certified EMS or Emergency Medicine Physician
2. Shall have current knowledge of emergency care of acutely ill and injured patients
3. It is recommended that the Medical Director be knowledgeable of EMS personnel education, including all professional, legislative, and regulatory aspects related to said education

Medical Director Responsibilities:

The following activities are intrinsic to EMS education program medical direction and should be performed by EMS Educational Institution Medical Directors.

1. Provide medical and clinical oversight for students enrolled in EMS education programs
2. Assist with practical skills development and testing
3. Assist with selection and orientation of faculty and clinical preceptors
4. Provide medical advice and assistance to EMS education program faculty and students

EMS Educational Institution Medical Directors may appoint Assistant Medical Directors, provided they meet all enumerated qualifications. Medical Directors may delegate responsibilities to assistants but remain accountable for all activities incumbent to the role. Medical Directors and their assistants may not serve as concurrent Program Directors.

Instructional Faculty Qualifications:

The following must be met by all prospective EMS Educational Institution Instructional Faculty to operate in the role.

1. Lead Instructor, meeting requirements of the DC Health EMS Program Instructor Credentialing Policy, must be appointed for each EMS course presented

2. Instructional Faculty, meeting requirements of the DC Health EMS Program Instructor Credentialing Policy, may instruct independently for EMS initial and continuing education programs
3. Visiting instructors, or subject matter experts meeting requirements of the DC Health EMS Program Instructor Credentialing Policy may be utilized under the direct supervision of a certified DC EMS Instructor
4. Institution selected and trained clinical preceptors shall be utilized to assist students during clinical rotations if applicable
5. DC Health EMS Program credentialed instructors shall be utilized as evaluators for final psychomotor testing evaluation
6. There shall be sufficient instructional faculty to maintain a six-to-one (6:1) student-to-instructor ratio that provides students with adequate psychomotor instruction and supervised practice

Instructional Faculty Responsibilities:

The following activities are intrinsic to EMS education program instruction and should be performed by all EMS Educational Institution Instructional Faculty.

1. Provide students with contemporary and accurate information regarding the treatment and transport of the acutely ill or injured patient
2. Safeguard the health and wellbeing of EMS students throughout the learning process
3. Demonstrate competence and convey understanding of modern EMS practice and credentialing standards
4. Physically demonstrate skills to the level of clinical education performed
5. Discern success and/or failure of cognitive, affective and psychomotor performances by learners

Both Program Directors and Medical Directors may serve as Instructional Faculty provided they meet the requirements of the DC Health EMS Program Instructor Credentialing Policy. It is recommended that every approved EMS Educational Institution provide sufficient administrative personnel to assist the Program Director, Instructional Faculty and learners. Facilities, equipment and technology should be employed and maintained consistent with needs of the learner and program curriculum.

III. ADMINISTRATIVE REQUIREMENTS

STUDENT REGISTRATION

EMS Educational Institutions will develop a student registration policy that gathers and utilizes student information in a method that complies with industry standards. The DC Health EMS Program views the following statutes to be the standard practice for protecting student information and standardizing enrollment without equal protection violations based on race, color, national origin, sex, and religion.

1. Family Educational Rights and Privacy Act (FERPA)
2. Civil Rights Act
3. Education Amendments Act
4. Americans with Disabilities Act

FEDERAL COMPLIANCE

In addition to all District of Columbia Municipal Regulations, EMS Educational Institutions must comply with all federal laws governing professional education. Including but not limited to:

1. EMS Educational Institutions that participate in Title IV of the Civil Rights Act (or any other Federal or State Program), shall have a written default management plan and comply with prevailing governmental guidelines regarding program responsibilities.
2. EMS Educational Institutions with responsibilities under Title IV of the Civil Rights Act (or other Federal or State programs), shall comply with any results of financial or compliance audits, program review, and such other information as may be provided to the DC Health EMS Program.
3. EMS Educational Institutions drawing on federal assistance have responsibilities under Title VI of the Civil Rights Act and shall comply with any results of financial or compliance audits, program review, and such other information as may be provided to the DC Health EMS Program to investigate discrimination.
4. EMS Institutions drawing on federal assistance have responsibilities under Title IX of the Education Amendments Act and are prohibited from using pregnancy status as criteria to deny admission or dismiss a student from a program.
5. EMS Institutions drawing on federal assistance shall comply with the Family Educational Rights Act (FERPA) in regard to maintaining, storing and disclosing of student personal identifying information (PII) and academic performance.

ADMISSION POLICIES & PROCEDURES

Admission of students shall be made in accordance with clearly defined and published practices of the EMS Educational Institution.

1. Specific academic and technical standards required for program admission shall be clearly defined and published; readily accessible to prospective students and the public.
2. Every approved EMS Educational Institution shall establish written policy and procedure to determine whether the health status of an applicant or student will allow them to meet required physical and mental activity required for the provider and documented in the EMS Educational Institution's written technical standards.
3. Admission cost and all associated program fees shall be clearly defined and published prior to student registration and conveyance to the learner.

PROGRAM DELIVERY

The approved EMS Institution shall maintain, or by agreement make available for all courses, facilities for provision of EMS education in a suitable setting for the course, including, but not limited to:

1. Classroom areas
2. Laboratory/skills practice areas
3. Appropriate clinical sites, if applicable

Facilities shall have adequate storage space for all equipment and supplies required and remain in compliance of all Federal and State Laws and Codes.

HIPAA COMPLIANCE

EMS Educational Institutions will develop a documented Health Insurance Portability and Accountability Act (HIPAA) training that meets the requirements of the 2003 HIPAA rule, and the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act. Training must include the eighteen (18) types of protected health information (PHI), tools to protect information and breach notification policies. HIPAA training documentation should be provided to clinical sites and to the DC Health EMS Program on request. This does not supersede the need for students to complete site specific training as tasked by the clinical site.

OSHA COMPLIANCE

EMS Educational Institutions will develop a documented Occupational Safety and Health Administration (OSHA) training that meets the requirements of the 1910.1030 standard. Training needs to include the fourteen (14) training elements as listed in the standard. OSHA training documentation should be provided to clinical sites and to the DC Health EMS Program on request. This does not supersede the need for students to complete site specific training as tasked by the clinical site.

INDUSTRY STANDARD COMPLIANCE

EMS Educational Institutions will develop and document training that ensures all EMS certification program graduates meet or exceed the federal training requirements for entry level emergency responders. EMS certification students will be required to complete Hazardous Materials Awareness training that complies with National Fire Protection Association (NFPA) 472 standards. Additionally, EMS certification students must comply with the 2003 Homeland Security Presidential Directive Number Five (#5) by demonstrating knowledge of the National Incident Management System (NIMS) by completing Introduction to the Incident Command System (ICS-100) and An Introduction to the National Incident Management System (ICS-700) 700. Successful completions must be documented using external certificates from approved course accreditors.

EQUIPMENT RESOURCES

The approved EMS Institution shall provide appropriate and sufficient educational equipment and supplies for student use and for teaching didactic and psychomotor components of the curriculum. Par Levels for required EMS educational institute equipment is listed in APPENDIX B of this manual. Required equipment compliments shall be determined by the Director. Programs may augment these minimum par levels but may not detract. EMS Educational Institutions utilizing controlled substances or equipment throughout the training process must be sufficiently licensed/certified to do so.

IV. PROGRAM OVERSIGHT & MANAGEMENT

CURRICULUM

EMS Educational Institutions will submit curriculum every other recertification cycle (not to exceed four (4) years), or with any significant change in content, textbook, or schedule. Curriculum will be vetted by the DC Health EMS Program via the curriculum approval process, and must be approved prior to delivery.

COURSE SUBMISSION

Program Directors will submit an individual course application with every course they plan to teach, providing the DC Health EMS Program at least thirty (30) days to review and approve prior to the first class session. The application package must include the following:

1. Completed application
2. Curriculum document/s
3. Roster of contributing instructional faculty
4. Anticipated course schedule

The course schedule must identify didactic content and skills anticipated to be covered during each session day/date/time as well as a summation of instructor contact hours. Instructor contact hour calculations should specify synchronous (“in-person”) as well as asynchronous (“self-study”) and clinical internship time. Course submissions should be submitted electronically whenever possible to ensure timely review. Unapproved course conduction is not permitted within the District.

DC HEALTH EMS PROGRAM DAY

Each submitted course schedule shall include one (1) “DC Health EMS Program Day/Session” when a representative from the DC Health EMS Program will review the DC EMS system, the process for achieving certification/credentialing and best practices for student success. This session shall be up to three (3) hours in length.

SKILLS COMPETENCY

Student skills competency will be documented using the DC Health EMS Program EMS Skills Portfolio. The EMS candidate skills portfolio will be submitted to the DC Health EMS Program as part of the course closing process. Eighty percent (80%) of the documentation for each skill

may be completed through peer-to-peer review with no less than twenty percent (20%) documented by DC Health EMS Program certified instructor faculty or clinical preceptor partners. A copy of the skills portfolio summation form will be transmitted to the DC Health EMS Program, and the completed portfolio in its entirety will be maintained by the EMS Educational Institution for a period of no less than seven (7) years. Electronic record keeping is acceptable provided archives are discoverable and portable to the DC Health EMS Program upon request.

EMS Educational Institutions may choose to utilize an alternative method or vendor to meet the skills portfolio requirement (e.g., FISDAP, Sterling Credentials, or Platinum Planner). Alternative EMS skills management systems must track all requisite skills and iterations (as indicated in the DC Health EMS Program EMS Skills Portfolio and be able to generate a comprehensive skills completion report to submit at course closing. Comprehensive reporting would include documentation of student performance for each skill, the number of performance attempts and indication of success/failure per attempt. Reports indicating simple “pass” or “fail” status would not be considered comprehensive. Program Directors will ensure that each student has successfully completed all requisite, formative skills demonstrations prior to summative, NREMT psychomotor evaluation.

CLINICAL RESOURCES

Every approved EMS Educational Institution shall establish written agreements with certified/licensed EMS agencies, hospitals, or other institutions to provide appropriate clinical experiences for their students. Agreements shall clearly define learning goals and objectives the students should achieve, the student scope of practice and the clinical site’s role and responsibilities to students. Students should not be permitted to enter any internship with agreed clinical partners prior to an orientation to the established agency, facility and/or protocol.

VENUES

Clinical venues must be appropriate to ensure student experiences are safe and effective in achieving clinical objectives. EMS Educational Institutions shall have written policies and procedures concerning health and safety of students and instructional faculty in all learning venues. Further definition by venue type is noted below.

1. Pre-Hospital EMS

Clinical preceptors will ensure appropriate oversight and accountability where students may be operating as independent practitioners.

- A. Ensure students operate under appropriate clinical treatment protocols
- B. Ensure students remain situationally and operationally aware
- C. Ensure appropriate guidance and accountability when students are not operating as independent practitioners

2. Facility/Hospital

Clinical preceptors will ensure appropriate guidance and accountability where students are not operating as independent practitioners.

- A. Ensure students operate under the appropriate scope of practice
- B. Ensure students do not exceed their facility privileges or access

PATIENT ENCOUNTERS

EMS Educational Institutions shall document all student encounters with patients. Every hour of potential patient encounter clinical time must be documented. Student supervision shall be provided by appropriate EMS Educational Institution instructional faculty or by tertiary, clinical preceptors as defined by aforementioned written agreements. EMS Educational Institutions and clinical preceptors are jointly responsible to ensure that any assessment and care provided by students is within their scope of education and practice. Every EMS Institution shall have written policies and procedures documenting the process of selecting, training and orienting clinical preceptors.

STUDENT CLINICAL INFORMATION

Students shall be clearly identified by use of name badges, uniforms, or other means to distinguish them from partnered agency or facility personnel. Students must identify themselves as practitioners in training when seeking consent to treat, documenting patient encounters and interacting with other practitioners in any venue.

ADVISORY COMMITTEE

It is recommended that an advisory committee representing communities of interest or stakeholders be selected and charged with assisting EMS Educational Institutions in formulating appropriate goals, standards, benchmarks, expectations, and ensuring program quality and responsiveness to community need.

COURSE OPERATIONS

EMS Educational Institutions shall have written policies and procedures addressing student and instructional faculty recruitment, student admission, and instructional faculty employment practices. All employment practices should be consistent with the standards defined by the Equal Employment Opportunity Act (EEOA). All EMS Educational Institution course announcements, catalogs, publications and advertising shall accurately reflect the EMS education offered.

EMS Educational Institutions shall publish an academic calendar for all EMS courses. An EMS course syllabus or agenda shall specify number of instructor contact hours and credits (when applicable) required for successful completion of each program, including:

1. Didactic Hours
2. Laboratory/Psychomotor Skills Hours
3. Clinical Internship Hours

Synchronous and asynchronous educational hours should also be denoted in any published syllabus or agenda.

EMS Institutions shall publish accurate statements of all tuition and fees, including books, uniforms, and other requisite materials. All EMS Educational Institutions will publish student first and third attempt results at the NREMT cognitive and psychomotor exams for the prior three years. Published results should include at a minimum pass rate percentages for the defined period of performance and must be discoverable by prospective students prior to future course registration.

STUDENT RECORDKEEPING

All records and documentation of EMS instruction shall be maintained by the EMS Educational Institution for a minimum of seven (7) years, and shall include the following:

1. Records of student completion of didactic obligations
2. Records of student completion of practical skill competencies
3. Records of student completion of clinical obligations
4. Documentation of class and laboratory participation
5. Records of student admission, attendance, counseling and remediation (when applicable)

STUDENT ASSESSMENT

Methods used to assess students must be defined, and include didactic knowledge and practical skills competency. Student assessment shall emphasize the collection and analysis of data regarding the effectiveness of the program in meeting stated goals, objectives, and competencies. Assessment exercises should attempt to maximize both validity and reliability and should be observed for both with yielded results. EMS Educational Institutions shall publish written policies and procedures that define the assessment process for students in EMS education programs. These policies shall include, but are not be limited to:

1. Frequency which students will be assessed
2. Methods used to assess students
3. Process used to report evaluation outcomes
4. Determinates of success and failure of all assessments

COGNITIVE EXAMINATIONS

EMS Educational Institutions shall ensure that cognitive assessment of learning shall represent and/or include the following:

1. Examination content that conforms to national scope and the current National EMS Education Standards (NEMSES)
2. Examination content that has uniform passing standards
3. Means for performing statistical reporting of examination results
4. Suitable intervals between examinations commiserate with delivered content volumes
5. At least one (1) comprehensive final examination

PRACTICAL EXAMINATIONS

EMS Educational Institutions practical assessments shall be based upon criteria developed by the DC Health EMS Program as indicated in the DC Health EMS Program Practical Examination Manual. Skill assessments shall be conducted at suitable intervals throughout the course, and results should meet the aforementioned minimum competency standards and NREMT standards.

STUDENT REMEDIATION

EMS Educational Institutions shall publish policies and procedures to establish guidance or counseling systems to assist students pertaining to their understanding of course content, observing program policies, and provision of remediation for challenges that may interfere with students' progress. There shall be documentation of all formal guidance or counseling

encounters. Students shall have reasonable time to correct any identified deficiencies with the exclusion of summative evaluations.

STUDENT DISMISSAL

EMS Educational Institutions shall publish policies and procedures that address the guidelines for defining a student that was unsuccessful in the EMS program. Procedures for student dismissal from a course should be well documented and made known to each course cohort. Additionally, policies and procedures for the successful mitigation and/or redress of all valid student grievances should be available to both students and instructional faculty.

EMS Educational Institutions shall publish policies and procedures for student withdrawal and refund of tuition and fees (if applicable). These policies and procedures shall be made known to all applicants prior to matriculation. Documentation of student counseling by instructional faculty prior to withdrawal must be maintained.

STUDENT EVALUATION & NREMT REPORTING

At the conclusion of an EMS course, Program Directors must perform a final evaluation of all viable students. Provided all requisite assessments have been successfully completed and the student remains in good administrative standing with the EMS Educational Institution, a favorable evaluation should be made of the NREMT certification candidate. If so, Program Directors may grant the student a “Successful Course Completion” status with the National Registry. If not, and no additional remediation options remain for the student, Program Directors must denote a “No Course Completion” status with the National Registry. Students evaluated as not having met industry preparedness benchmarks should be observable in the DC Health EMS Program course closing process.

PROGRAM EVALUATION

The EMS Educational Institution shall analyze the effectiveness of its program through a consistent evaluation of program graduates when applicable and available. EMS Educational Institutions shall publish policies and procedures detailing an ongoing system of review that evaluates courses and the overall effectiveness of the program in achieving stated goals, objectives and competencies. This system shall demonstrate that these measured outcomes are consistent with national guidelines as defined by the current NEMSES. Program evaluations must include a method for gathering and measuring student feedback on their instructional experience. A program evaluation report should be compiled by the Program Director based on these findings. Quality assurance and improvement initiatives for future EMS courses should incorporate the data from these program evaluation reports

Program evaluations should also be used to discern instructional faculty efficacy and guide educator development. In addition to quantitative student assessment outcomes, and qualitative student instructor evaluations, peer-to-peer evaluations between instructional faculty members are highly recommended. Program Directors should observe this data prior to considering the remediation, advancement or retention of instructional faculty.

QUALITY ASSURANCE

EMS Educational Institutions and their stakeholders should make every attempt to continuously improve the quality of EMS educational programs offered. Utilizing program evaluation results, EMS programs shall attempt the following:

1. Adapt all appropriate, ongoing evaluation findings into operational dimensions of the EMS Educational Institution
2. Utilize the information obtained from evaluations to improve student achievement

There shall be a demonstrated systematic process with internal and external results validation; areas for review include, but are not limited to:

1. Admission criteria and processes
2. Curriculum development
3. Curriculum delivery
4. Student evaluation processes

COURSE CLOSURE

The EMS Educational Institution shall transmit a roster of successful candidates to the DC Health EMS Program with the following documentation.

1. A grade report with breakdown of each student's score and average
2. A clinical report with the clinical hours and number of patient contacts
3. A copy of the skill portfolio summation form
4. A copy of the list of candidates that are cleared for testing
5. A copy of the program evaluation report

Course closure documents will be submitted within fourteen (14) days of the completion of the last practical examination testing station identified on the approved schedule submission. Failure to do so may impact the approval of future course submissions.

V. ACCREDITATION

CERTIFICATION MAINTENANCE

EMS Educational Institutions must maintain an active certification sponsored by the DC Health EMS Program in order to conduct EMS instruction in the District of Columbia. Alternative certification statuses which preclude operation by the EMS Educational Institution operations include, pending certification application, suspension and revocation.

ENDORSEMENT RENEWAL

To renew DC Health EMS Program sponsorship of EMS Educational Institution certification the following process should be completed:

1. EMS Educational Institutions shall renew their endorsement in a manner prescribed by the Director
2. Meet all renewal requirements for EMS Educational Institutions:
 - a. Maintain continual compliance with all requirements for the respective service level
 - b. Proof of conduction of a minimum of two (2) DC Health EMS Program approved educational courses with a minimum, cumulative sixty percent (60%) NREMT certification rate for initially enrolled students

ENDORSEMENT SUSPENSION & REVOCATION

Suspended endorsements render EMS Educational Institution certifications temporarily inactive, and will include criteria for redress and reversal. Revoked endorsements render EMS Educational Institution certifications permanently inactive, and will require submission of a new EMS Educational Institution application (when permissive). Neither certification status will permit an EMS Educational Institution to engage in EMS instruction. Endorsement suspension or revocation may be enforced for any of the following:

1. Failure to comply with all regulations, policies and standards set forth by the DC Health EMS Program
2. Failure to complete two (2) EMS certification courses or achieve student enrollment in programs for two consecutive years
3. Failure to meet a minimum, cumulative sixty percent (60%) NREMT certification rate for initially enrolled students
4. Failure to meet performance measures established by the DC Health EMS Program
5. Loss of independent program accreditation status required for a specific course type

6. Any other reason determined by the Director which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life and property

The DC Health EMS Program shall give written notice to the EMS Educational Institution's Program Director thirty (30) days prior to withdrawing endorsement. The notice will identify specific reasons for the withdrawal of the endorsement. The EMS Educational Institution has fifteen (15) days to respond to the notice. The DC Health EMS Program will have final determination to verify or reconsider the withdrawal of sponsorship.

ADVANCED LIFE SUPPORT PROGRAM STANDARDS

Any ALS entity that conducts paramedic (NRP) level initial education must be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Application and evaluation processes for paramedicine instruction shall be completed in a manner prescribed by CAAHEP and recommended by the Committee on the Accreditation of EMS Programs (CoAEMSP). ALS Institution approval to instruct paramedicine may be granted by the DC Health EMS Program based on findings of CAAHEP, provided that the EMS Educational Institution maintains all other requirements of the EMS Act.

Certification to provide IALS instruction to the AEMT level shall be evaluated and issued by the DC Health EMS Program. EMS Educational Institutions seeking to instruct to this level of care must demonstrate capability via the published application process. All ALS instruction entities must meet the same certification maintenance standards enumerated above to renew their endorsement in the District of Columbia.

APPENDIX A

EMS EDUCATIONAL INSTITUTION EQUIPMENT INSPECTION FORM



DC Health EMS Program EMS Educational Institution Equipment Inspection Form

_____	_____
EMS Educational Institute Name	Date Inspected
_____	_____
EMS Institute Program Director	DC Health Inspection Team

Type(s) of programs conducted:

BLS ONLY ALS ONLY ALS & BLS COMBINED

_____	_____
Course Name/Identification Number	Student-to-Instructor Ratio (Observed)

1. The following mandatory equipment minimums are based on the approved maximum student-to-instructor ratio of six-to-one (6:1). Multiple courses being held simultaneously may require additional documentation regarding shared equipment schedules. EMS Educational Institutions shall identify a structured plan of equipment utilization throughout all conducted courses (concurrent and asynchronous). Any change to these approved equipment par levels must be identified and documented by the DC Health EMS Program.
2. Advanced Life Support (ALS) EMS Education Institutions may use existing Basic Life Support (BLS) equipment during an ALS course provided it is identified as such in the equipment utilization plan. However, they must also make available the additional ALS equipment necessary to meet the advanced scope of practice topics of instruction at the appropriate student-to-instructor ratios.
3. BLS EMS Educational Institutions are not required to provide or maintain ALS equipment minimum par levels.

APPENDIX B

EMS Educational Institution Equipment List

BLS AIRWAY & CPR

Required items are based on the current National Emergency Medical Services Educational Standards (NEMSES) and DC Health EMS Program policy. Quantities are based on the mandatory student-to-instructor ratio of six-to-one (6:1). Only functioning, healthy equipment may be counted. Conditions represent approved variance from this ratio.

Required Item(s)	Quantity	Conditions
Oral Airway Kit (Including Sizes 0-5)	1	
Nasal Airway Kit (Including Sizes 16-34 FR)	1	
Oxygen Case or Bag	1	
Non-Rebreather Mask (adult and peds)	1	
Venturi Mask / Tracheostomy Mask	1	
Nasal Cannula (adult and peds)	1	
O2 Tubing	1	
Adult Bag Valve Mask w/ Reservoir Bag	1	
Child & Infant Bag Valve Mask	1	Each
Oxygen Bottles (filled) (Size "D" or "E")	1	Either
Oxygen Regulator (capable of 25 LPM or >)	1	Must be separate from bottle
Oxygen Key/Wrench and Spare "O" Ring	1	Non-sparking
CPAP unit	1	Per cohort

Battery Operated Suction Unit (capable of 300 mm/Hg or > negative pressure)	1	Per cohort
Rigid Catheter Suction Tip	1	
Flexible Catheter Suction Tip (French)	1	

BLS PATIENT ASSESSMENT / MANAGEMENT

Required items are based on the current National Emergency Medical Services Educational Standards (NEMSES) and DC Health EMS Program policy. Quantities are based on the mandatory student-to-instructor ratio of six-to-one (6:1). Only functioning, healthy equipment may be counted. Conditions represent approved variance from this ratio.

Required Item(s)	Quantity	Conditions
Bag or Carry Case*	1	
BP Cuff (Manual) - Adult	1	
BP Cuff (Manual) - Pediatric	1	
Stethoscope	1	
Pen Light	1	
Sterile Dressing (3X3 or 4X4)	Sufficient	
Sterile Dressings (4x4 or 8x10)	Sufficient	
Large Trauma and Burn Dressings	Sufficient	
Roller Gauze or Kling (2"and 6")	Sufficient	
Occlusive Dressing	1	
Pen and Documentation Pad	1	
Scissors (Trauma or Bandage)	1	
Obstetrical Kit	1	
Cold Pack	1	
Hot Pack	1	

Alcohol Preparatory Pad	6	
Water Soluble Lubricant	1	
Tongue Blade	1	
Adhesive Tape (1"-2")	Sufficient	
Triangle Bandage	2	
Pulse Oximeter w/ Probe	1	Each if not integrated
Commercial Tourniquet	1	
Glucometer	1	
Glucose Testing Strips	5	
Lancet (or equivalent)	5	
Oral Glucose (or Demi-Dose)	1	
Narcan (or Demi-Dose)	1	
MAD	1	

* Each bag or carrying case should include the items listed below it. Each item should be in good working order and of sufficient quality to be used in field work.

BLS SIMULATION & TRAINING

Required items are based on the current National Emergency Medical Services Educational Standards (NEMSES) and DC Health EMS Program policy. Quantities are based on the mandatory student-to-instructor ratio of six-to-one (6:1). Only functioning, healthy equipment may be counted. Conditions represent approved variance from this ratio.

Required Item(s)	Quantity	Conditions
Adult Intubation /Airway Manikin	1	Per cohort
Adult CPR Manikin	1	
AED Trainer	1	
Child CPR Manikin	1	
Infant CPR Manikin	1	
Dual Training Stethoscope	1	Per cohort
Bottle of Nitroglycerine (Placebo)**	1	
Bottle of Aspirin (Placebo)	1	
EpiPen Simulator (Placebo)	1	
Metered Dose Inhaler (Placebo)	1	
Nebulizer Mask or T-Piece w/ Tubing	1	
Albuterol (Placebo)	1	

** Medication placebos should be clearly marked as not being intended for actual administration or delivery. The use of a benign alternative (i.e., candy, breath freshener, saline, etc.) is encouraged to ensure safe handling. All appropriate precautions should be taken to ensure that no medication is actually capable of being delivered inadvertently

BLS SAFETY

Required items are based on the current National Emergency Medical Services Educational Standards (NEMSES) and DC Health EMS Program policy. Quantities are based on the mandatory student-to-instructor ratio of six-to-one (6:1). Only functioning, healthy equipment may be counted. Conditions represent approved variance from this ratio.

Required Item(s)	Quantity	Conditions
Non-Latex Gloves (Sizes: Small, Medium, Large and Extra Large)	Sufficient	
Body Substance Isolation (BSI) Kits***	2	
HEPA Mask / N95 (Regular & Small Adult)	2	One of each size
Surgical Masks	Sufficient	
Eye Protection	2	
Hand Sanitizer	Sufficient	
Personal Protection Equipment for Rescue Operations	2	Per cohort
Work Gloves	2	Per cohort
Helmet	2	Per cohort

*** BSI kits can be commercially made or "improvised" provided the content, sizing options and quantities are on commensurate.

BLS IMMOBILIZATION

Required items are based on the current National Emergency Medical Services Educational Standards (NEMSES) and DC Health EMS Program policy. Quantities are based on the mandatory student-to-instructor ratio of six-to-one (6:1). Only functioning, healthy equipment may be counted. Conditions represent approved variance from this ratio.

Required Item(s)	Quantity	Conditions
Long Spine Board	1	
Blanket (Wool or Disposable)	2	
Pillows	2	
Resizable Cervical Collar - Adult	1	
Resizable Cervical Collar - Pediatric	1	
9-Inch Straps (or "Spider Straps")	4	May substitute "Quick Clip" set (x1)
Cervical Spine Immobilization Device	1	
Traction Splint	1	Per cohort
Rigid Splint Set	1	
Moldable Splints	2	
Triangle Bandage	2	May substitute roller gauze, elastic bandages or improvised lashing material (x2)

BLS CLASS INFRASTRUCTURE

Required items are based on the current National Emergency Medical Services Educational Standards (NEMSES) and DC Health EMS Program policy. Quantities are based on the mandatory student-to-instructor ratio of six-to-one (6:1). Only functioning, healthy equipment may be counted. Conditions represent approved variance from this ratio.

Required Item(s)	Quantity	Conditions
Adult Human Skeleton (or Equivalent)	1	Per site
Anatomical Charts or Models (or Equivalent)	1	Per site
Television or Projection Screen	1	Per cohort
Computer (w/ Media Broadcast Capabilities)	1	Per cohort
Writing Board for Demonstration	1	Per cohort
Stairchair	1	Per cohort
Scoop / Orthopedic Stretcher	1	Per cohort
Reeves Stretcher	1	Per cohort
Wheeled Stretcher	1	Per cohort
Car seat / Pedimate / Ambulance Child Restraint (ACR)	1	Per cohort
Patient Care Reports	Sufficient	
Emergency Response Guidebook	1	Per cohort
Triage Tags	6	
Mechanical CPR Device	1	Optional

Full Body Simulation Manikin	1	Optional
Desk (writing space)	6	May be common or communal
Seating	6	May be common or communal

REFERENCES

Commission on Accreditation for Pre-Hospital Continuing Education. 2020 Accreditation Manual. 2020. Available at: www.capce.org.

Gridley, D. (Ed.). (2020). *Foundations of Education: An EMS Approach*. Jones & Bartlett Learning.

National Association of State EMS Offices. National Model EMS Clinical Guidelines. 2022. Available at: www.nasemso.org.

National Highway Traffic Safety Administration. National Emergency Medical Services Education Standards. 2021. Available at: www.ems.gov.